

Department of Economic Cooperation Administration

Washington, D. C.

April 15, 1951

Mr. Paul G. Hoffman
 Administrator
 Economic Cooperation Administration
 Washington 25, D. C.

Mr. Paul G. Hoffman, Administrator
 Economic Cooperation Administration
 Washington 25, D. C.

Dear Mr. Hoffman:

I understand that you have accorded an interview to Mr. Howard Hunt, with a view to considering his possible appointment to the staff of the Economic Cooperation Administration.

It may be of aid to you in considering Mr. Hunt's qualifications to know that the character of his work with the Office of Strategic Services during the war was primarily in the field of

operational requirements, and that he was previously served in China as a member of the staff of the Office of War Reliefs, in which capacity his duties consisted primarily of establishing and maintaining the reports to Washington of the various operations and activities of the Nationalist Government and its military and political units and of the war economy, and of the facilities with these services rendered by the Nationalist Government and the personnel thereof.

Very truly yours,

 Paul G. Hoffman

SECRET
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

HUNT E. HOWARD

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

- 1. Standard Form 3 (Notice to Federal Employee about Unemployment Compensation). *Obtained*
- 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). *Obtained*
- 3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).
- 4. Standard Form 2802 (Application for Refund of Retirement Deductions). *NA*
- 5. Form 2595 (Authorization for Disposition of Paychecks). *NO CHANGE*
- 6. Applicable to returnee (resignee from overseas assignment).
I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.
 - Appointment arranged with Office of Medical Services.
 - Appointment for Office of Medical Services examination declined.

Howard Hunt
Robert R. Mullen & Co.
1729 H Street, N.W.
Washington, D.C. 20006
ME 8-2526

conflict of interests' policy of the Agency and s-regard concerning my new employment.

Leave).

ment Rights of Federal Employees Performing Armed

10. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee

E. Howard Hunt

Date Signed

24 Apr

Address (Street, City, State, Zip Code)

1170 River Rd.
Baltimore, Md. 20854

Correspondence

Overt

Covert

SECRET

STANDARD FORM 64
Prescribed by GSA GEN. REG. NO. 27
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

MATERIAL REVIEWED AT CIA HEADQUARTERS BY _____
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: HUNT, E. HOWARD

INCLUSIVE DATES: 17 May 1948 - 21 June 1972

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY: _____

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
2/25/78	2/28/78	DAN HANDWAY	<i>Dan Handway</i>
3/15/78	3/15/78	DAN HANDWAY	<i>Dan Handway</i>

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

TERMINATED

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITING examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITING examination, read this application to the office named in the announcement. Be sure to read the same office application card required by the announcement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTION: (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4. DATE OF THIS APPLICATION
17 May 1948

5. NAME (First name) (Middle) (Maiden, if any) (Last)
Everette Howard Hunt (Jr.)

6. (A) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street
(B) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

7. (A) LEVEL OR TITLING REQUIREMENT (State) (B) OFFICE PHONE (C) HOME PHONE
New York 4-2101 3-6218

8. DATE OF BIRTH (month, day, year)
Oct. 9, 1918
TO MARRIED SINGLE

9. PLACE OF BIRTH (city and State if born outside U. S., name city and county)
Hamburg, Erie County, New York

10. MALE FEMALE (A) HEIGHT WITHOUT SHOES 5 FEET 9 INCHES (B) WEIGHT 165 POUNDS

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPROVED SUBMITTED RETURNED

NEW APPROVED RETURNED

INITIALS AND DATE

OPTION	GRADE	EARNED RATING	PRIOR SERVICE	ADJ. RATING
			<input type="checkbox"/> 5 YEARS' SERVICE	
			<input type="checkbox"/> 10 YEARS' SERVICE	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> ORphan	
			<input type="checkbox"/> BEING INVESTIGATED	

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$4,500 PER YEAR
You will not be considered for any position with a lower entrance salary.
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS
NOTE: An advance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
 OCCASIONALLY FREQUENTLY CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
 IN WASHINGTON, D. C. ANYWHERE IN THE UNITED STATES
 OUTSIDE THE UNITED STATES
(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE It is important for you to furnish all information requested below in such detail as to enable the Civil Service Commission and the employing office to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back to the earliest position with which you are connected. Do not include positions of temporary employment. Experience gained must be from 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be given in the space below in its proper sequence.
(A) If you were ever employed in any position under a name different from that shown on this application, show name and address. Description of your work for each position should be given.
(B) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① PRESENT POSITION

DATE OF EMPLOYMENT (month, year) FROM 1947 TO PRESENT TIME

TITLE OF YOUR PRESENT POSITION: Self employed

CLASSIFICATION GRADE (if in Federal Service)

SALARY OR EARNINGS: STARTING \$ PER YEAR PRESENT \$5000 PER YEAR

PLACE OF EMPLOYMENT (city and State): Albany, N.Y.

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization or person, if Federal name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance agency, manufacture of books, etc.): Writing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING TO OBTAIN EMPLOYMENT: Interest in ECA

DESCRIPTION OF YOUR WORK: Authoring novels and magazine stories.

18 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM <i>Jan. 1943</i> TO <i>Oct. 1943</i>		EXACT TITLE OF YOUR POSITION <i>War Correspondent</i>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER MTH YR
PLACE OF EMPLOYMENT (city and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Dan Poynevell - Editor</i>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <i>"LIFE"</i>		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale mfr., insurance agency, manufacture of books, etc.) <i>Publishing</i>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <i>Enlisting in AAF</i>			
DESCRIPTION OF YOUR WORK <i>Travel with Naval combat groups in S. Pacific. Report results of actions.</i>					

③ DATES OF EMPLOYMENT (month, year) FROM <i>Oct. 1942</i> TO <i>Jan. 1943</i>		EXACT TITLE OF YOUR POSITION <i>Script Writer</i>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER MTH YR
PLACE OF EMPLOYMENT (city and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Louis de Rochemont - Editor</i>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <i>The March of Time (Cinema)</i>		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale mfr., insurance agency, manufacture of books, etc.) <i>Newsreel producer</i>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <i>go overseas w/ life</i>			
DESCRIPTION OF YOUR WORK <i>Developing screen narrative of a particular subject - writing narration to footage. Writing & producing Naval Training Films</i>					

④ DATES OF EMPLOYMENT (month, year) FROM _____ TO _____		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER MTH YR
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale mfr., insurance agency, manufacture of books, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
DESCRIPTION OF YOUR WORK					

14-5800-1

5 DATES OF EMPLOYMENT (month, year) FROM _____ TO _____		CLASS OF POSITION (If an officer, indicate grade)		SALARY OR EARNINGS STARTING: _____ FINAL: _____ PER PER	
PLACE OF EMPLOYMENT (city and State)			NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)			KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale retail, insurance agency, manufacture of goods, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING		
DESCRIPTION OF YOUR WORK					
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of the application.					
17. MILITARY TRAINING: In the space below, describe any training received in the Armed Forces (not already listed under Item 16) that would assist you in performing your job more effectively. Indicate actual amount of training received, such as hours per week. (Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)					
DATES FROM TO		LOCATION		DESCRIPTION OF TRAINING	
2/41 5/41 1/44 6/44 6/44 8/44 1/45 3/45		U.S. Naval Academy Miami Beach Orlando, Fla Catalina Island		USNR Midshipman's Course AAF/OCS AAF Combat Intelligence School Office of Strategic Services Clandestine School	
18. EDUCATION (Circle highest grade completed)					
1 2 3 4 5 6 7 8 9 10 11					
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL					
(A) NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED			(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION (circle)		
Hamburg High School, N.Y.			English		
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY			(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS		
Brown University, Providence, R.I.			English Literature Economics Sociology		
(E) OTHER TRAINING SUCH AS VOCATIONAL BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN-SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT			(F) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS		
SUBJECTS STUDIED			DATES ATTENDED		
FROM TO DAY MONTH			YEARS COMPLETED		
Spanish			1936 1940 4 AB June 1940		
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES					
READING		SPEAKING		UNDERSTAND	
Spanish		X		X	
20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAME'S OF COUNTRIES (2) DATES AND LENGTH OF TIME spent there, AND (3) REASON FOR TRAVEL (e.g., military service, business, education, recreation)					
See list attached					
21. LIST ANY SPECIAL SKILLS YOUR BUSINESS AND MACHINERY AND EQUIPMENT YOU CAN USE. SET TYPE, ELECTRIC TYPING, KEY-PUNCH, TURKEY LATHE, SCIENTIFIC OR PROFESSIONAL LEVELS					
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND					
22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE.					
FIRST LICENSE OR CERTIFICATE (YEAR)					
LATEST LICENSE OR CERTIFICATE (YEAR)					
23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) YOUR MOST IMPORTANT PUBLICATIONS (do not submit copies unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL, TRADE, SCIENTIFIC SOCIETIES ETC. (5) AWARDS AND FELLOWSHIPS RECEIVED					
Covered in detail: "Who's Who in the East" Vol. II					

GENERAL INFORMATION		PERSONNEL		EQUIPMENT	
1. NAME	2. GRADE	3. POSITION	4. STATUS	5. TYPE	6. QUANTITY
7. MAKE	8. MODEL	9. YEAR	10. SERIAL	11. LOCATION	12. COMMENTS
13. DATE	14. BY	15. CHECKED	16. APPROVED	17. REVISIONS	18. NOTES
19. PARTS	20. ASSEMBLY	21. MAINTENANCE	22. REPAIRS	23. UPGRADES	24. REPLACEMENTS
25. INSPECTIONS	26. TESTS	27. CALIBRATIONS	28. ADJUSTMENTS	29. REPAIRS	30. DISPOSALS
31. WRECKAGE	32. LOSS	33. THEFT	34. DAMAGE	35. REPAIRS	36. REPLACEMENTS
37. DISPOSITION	38. DATE	39. BY	40. APPROVED	41. COMMENTS	42. NOTES

EQUIPMENT LOG		OPERATIONAL RECORD		MAINTENANCE HISTORY	
1. EQUIPMENT ID	2. OPERATOR	3. DATE	4. HOURS	5. TYPE	6. DESCRIPTION
7. PARTS	8. ASSEMBLY	9. MAINTENANCE	10. REPAIRS	11. UPGRADES	12. REPLACEMENTS
13. INSPECTIONS	14. TESTS	15. CALIBRATIONS	16. ADJUSTMENTS	17. REPAIRS	18. DISPOSALS
19. WRECKAGE	20. LOSS	21. THEFT	22. DAMAGE	23. REPAIRS	24. REPLACEMENTS
25. DISPOSITION	26. DATE	27. BY	28. APPROVED	29. COMMENTS	30. NOTES

[Illegible text block 1]

[Illegible text block 2]

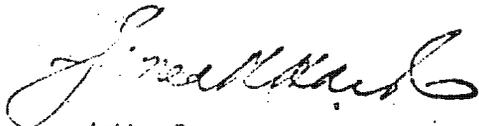
[Illegible text block 3]

STANDARD FORM NO. 50 (PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER, 1946

FORM APPROVED
BUDGET BUREAU NO. 10-7264

ECONOMIC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS.-MRS.-FIRST-MIDDLE INITIAL-LAST) Mr. E. Howard Hunt, Jr.		2. DATE OF BIRTH 10-9-18	3. JOURNAL OR ACTION NO. 64	4. DATE 5-17-48
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Temporary Appointment, C.S. Reg. 2.114(a)		6. EFFECTIVE DATE 5-17-48	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
		8. POSITION TITLE Information and Editorial Spec.		
		9. SERVICE GRADE, SALARY OAF-12, \$6905.20 per annum CSC No. 103 - Series 1230		
		10. ORGANIZATIONAL DESIGNATIONS Press Information Division		
		11. HEADQUARTERS Washington, D. C.		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS Subject to loyalty and security check. Subject to satisfactory medical examination. Affidavit "Striking Against the Federal Government" signed. Not eligible for within grade salary advancements. Entrance efficiency rating: Good				
			 Acting Director of Personnel	
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION		
NONE	5 P.T.	10 POINT	NEW VICE I.A. REAL	
	<input checked="" type="checkbox"/>	DISAB. WIFE WIDOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		WWII WWI OTHER	CSC No. 103, 5/14/48	
		<input checked="" type="checkbox"/>		
17. SEX M	18. RACE W	19. APPROPRIATION FROM: 118/95400(01) 100 01		20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) No
		TO:		21. DATE OF OATH (ACCESSIONS ONLY) 5-17-48
				22. LEGAL RESIDENCE New York

AFFIDAVIT

STRIKING AGAINST THE FEDERAL GOVERNMENT

Economic Cooperation Administration
(Dept. or Estab)

(Bureau or Office)

Washington, D. C.

(Place of Employment)

I. I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

II. I am loyal to the United States, its Constitution and form of Government, and I am not now a member of any organization advocating, to the best of my belief, contrary views, nor have I ever been a member of any organization advocating, to the best of my belief, contrary views during the period of my membership.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 17th day of May, 1948 at Washington, D. C., State of _____

Mary D. Nakamura (Name) Appointment Clerk (Title)
Economic Cooperation Administration, Washington, D. C.
Act of June 26, 1943, Sec. 206

Standard Form No. 61
Approved January 28, 1943
U. S. Civil Service Commission
G. S. C. Post. Or. No. 407

OATH OF OFFICE, AFFIDAVIT, AND DECLARATION OF APPOINTEE

Economic Cooperation Administration Washington, D. C.

(Department or Establishment) (Bureau or Division) (Grade or Employment)

A.
**OATH OF
OFFICE**

I, E. Howard Hunt, Jr.
Do solemnly swear (or affirm) that 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; and 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

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C.
**DECLARATION
OF APPOINTEE**

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee, and ~~strike out either (3) or (4)~~

~~(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;~~

(4) the answers contained in my Application for Federal Employment, Form No. 57, dated 17 May, 1948, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

E. Howard Hunt, Jr.
(Signature of Appointee)

Subscribed and sworn before me this 17th day of May, 1948 A. D., 19

at Washington, D. C.

[SEAL]

M. D. Buchanan
(Signature of Officer)

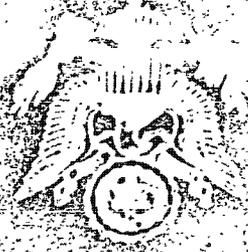
Appointment Clerk, Economic Cooperation Admin
Act of June 26, 1943, Section 206

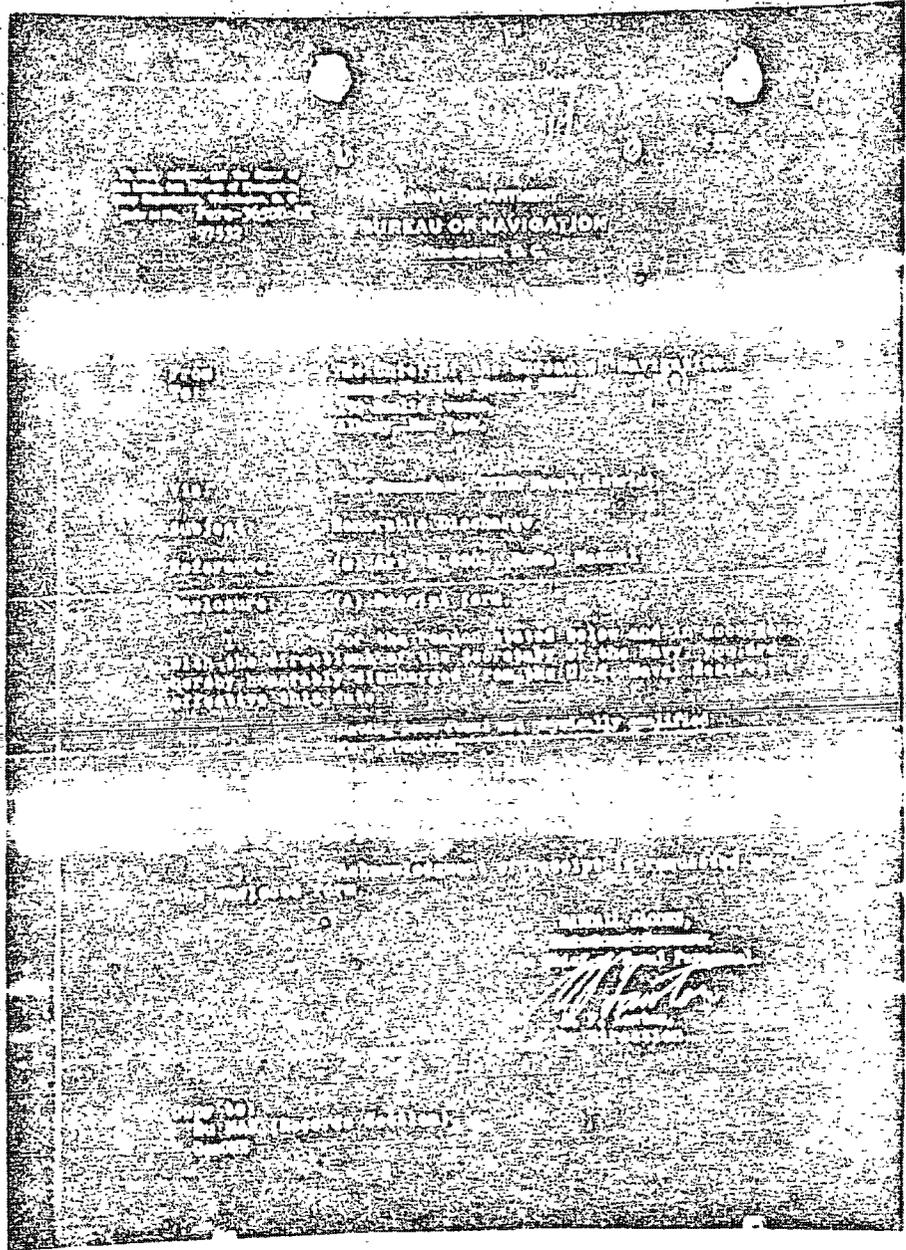
NOTE—If the oath is taken before a Notary Public the date of expiration of his commission should be shown



[Faint, illegible handwritten text]

[Faint, illegible handwritten text]





Army of the United States



Honorable Discharge

John J. [illegible]

[illegible]

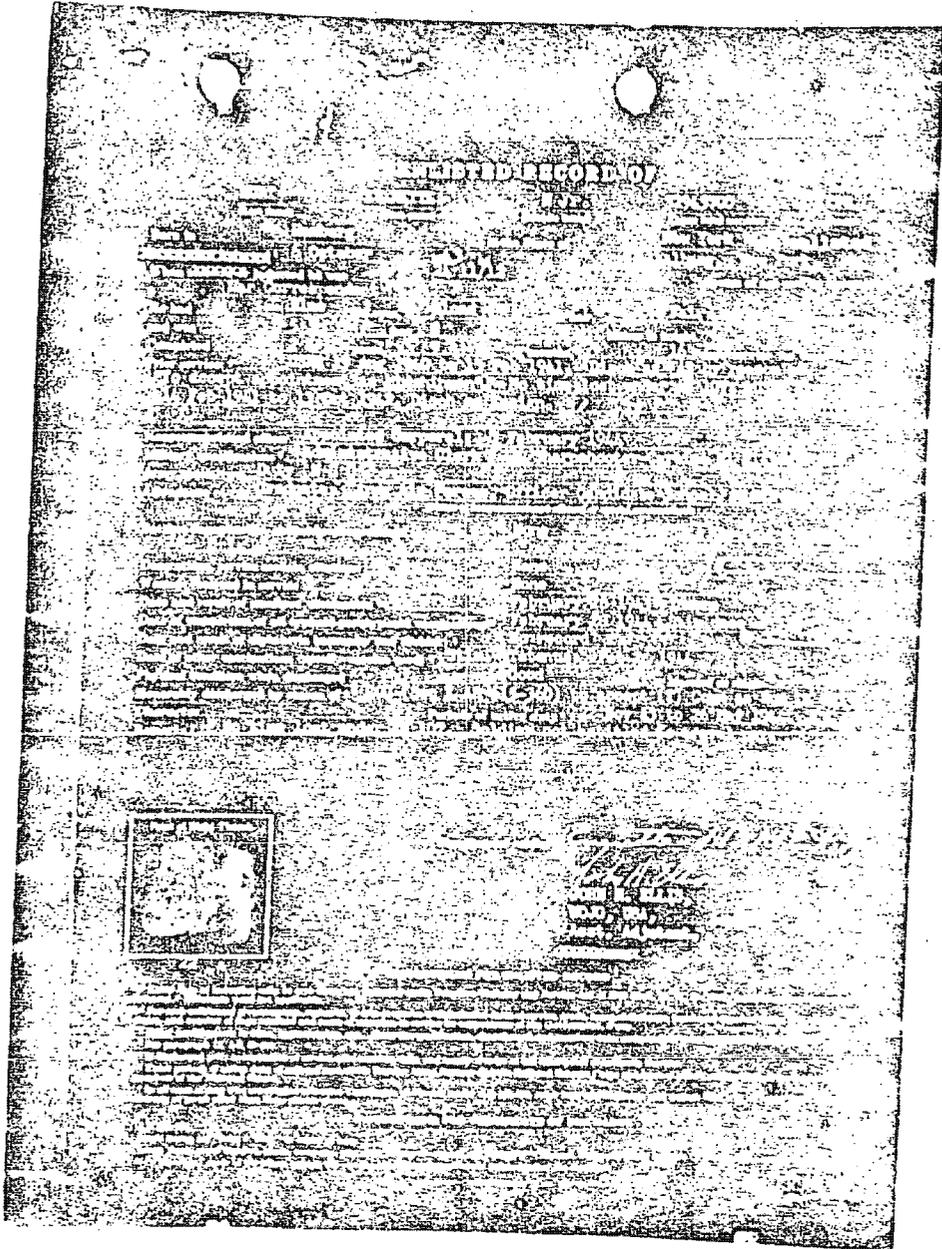
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]



APPLICATION FOR FEDERAL EMPLOYMENT

APPROVAL EXPIRES
NOV. 14, 1953

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write in INK. In applying for a position in the United States Civil Service examination, read the examination announcement carefully and follow all instructions. If you are applying for a WRITTEN examination, follow the

instructions on the advertisement regarding disposition of this application. If you are applying for an UNWRITTEN examination, read this application to the office named in the advertisement. For more to read in the office, see the form required by the advertisement. Notify the office with which you file this application of any change in your address.

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTION: (If mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4 DATE OF THIS APPLICATION
17 May 1948

5 MR (First name) (Middle) (Last) (Last)
MR (Everette) Howard Hunt (Jr.)

6 (A) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street
(B) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

7 (A) LEVEL OR RATING RESUME (State) 7 (A) OFFICE PHONE (B) HOME PHONE
New York 4-2101 3-6218

8 DATE OF BIRTH (month, day, year) 9 MARRIED SINGLE
Oct. 9, 1918

10 PLACE OF BIRTH (city and State, if born outside U. S., name city and country)
Hamburg, Erie County, New York

11 MALE FEMALE 12 (A) HEIGHT WITHOUT SHOES (B) WEIGHT
5 FEET 9 INCHES 165 POUNDS

14 (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPROVED DISMISSED INTERLU REVIEW

NOT APPROVED RETAINED

APPROVED:

OPTION	GRADE	EARNED RATING	PREFER ENCL.	ALIGN RATING
			<input type="checkbox"/> 5 POINTS (LEFT)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

15 (A) WHAT IS THE SMALLEST ENTRANCE SALARY YOU WILL ACCEPT? \$4,500 PER YEAR.
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
 OCCASIONALLY FREQUENTLY CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
 IN WASHINGTON, D. C. ANYWHERE IN THE UNITED STATES
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:

16 EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks for which you are applying or in one or more of the blocks for which your duties changed materially while working for the same employer; use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activities which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in each activity. Military experience should be described in the above in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION

DATED OF EMPLOYMENT (month, year) FROM 1947 TO PRESENT TIME

NAME AND TITLE OF YOUR PRESENT POSITION Self-employed

CLASSIFICATION GRADE (if in Federal Service)

SALARY OR EARNINGS STARTING \$5000 PER YEAR PRESENT \$5000 PER YEAR

NAME AND TITLE OF IMMEDIATE SUPERVISOR

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale etc., insurance agency, manufacture of goods, etc.)

REASON FOR LEAVING PREVIOUS EMPLOYMENT

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

DESCRIPTION OF YOUR WORK

Authoring novels and magazine stories

18 CONTINUED		CLASSIFICATION GRADE	SALARY OR EARNINGS	
② DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	(If in Federal service)	STARTING \$	PER MONTH
FROM <i>Jan. 1943</i> TO <i>Oct. 1943</i>	<i>War Correspondent</i>		FINAL \$ <i>600</i>	<i>Months</i>
PLACE OF EMPLOYMENT (city and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR			
<i>New York, N.Y.</i>	<i>Don Longwell - Editor</i>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)	KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.)			
<i>"LIFE"</i>	<i>Publishing</i>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING			
	<i>Enlisting in AAF</i>			
DESCRIPTION OF YOUR WORK				
<i>Travel with Naval combat group in S. Pacific. Report results of action.</i>				
③ DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	STARTING \$	PER MONTH
FROM <i>Oct. 1942</i> TO <i>Jan. 1943</i>	<i>Sight Writer</i>		FINAL \$ <i>600</i>	<i>Months</i>
PLACE OF EMPLOYMENT (city and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR			
<i>New York, N.Y.</i>	<i>Louis de Rochemont - Editor</i>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)	KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.)			
<i>The Marching Time (Cinema)</i>	<i>Financial producers</i>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING			
	<i>go overseas w/ life</i>			
DESCRIPTION OF YOUR WORK				
<i>Developing screen narrative of a particular subject - writing narration to footage. Writing & producing Visual Training Films</i>				
④ DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	STARTING \$	PER MONTH
FROM TO			FINAL \$	
PLACE OF EMPLOYMENT (city and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)	KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING			
DESCRIPTION OF YOUR WORK				

AFFIDAVIT
STRIKING AGAINST THE FEDERAL GOVERNMENT
DEPARTMENT OF STATE

Economic Cooperation Administration

(Place of Employment)

(Office or Division)

E. Howard Hunt, Jr.

I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I have not engaged in any strike against the Government of the United States, that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 3 day of June, 1948
at Washington, State of DC

M. Marvin W. Wolf
(Signature of Officer)

Notary Public

(Title)

NOTE: Any officer or employee of the Department of State who is designated in writing by the Secretary to administer oaths in connection with employment as required by law is authorized to administer the affidavit required incidental to the foregoing and such affidavit must be administered without charge or fee and has the same force and effect as affidavits administered by officers having seals.

STATUTORY PENALTY CLAUSE: "Any person who engages in a strike against the Government of the United States or who is a member of an organization of Government employees that asserts the right to strike against the Government of the United States *** and accepts employment the salary or wages for which are paid from any appropriation contained in this Act shall be guilty of a felony and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both: Provide: further, that the above penalty clause shall be in addition to, and not in substitution for, any other provisions of existing law."

OATH OF OFFICE, AFFIDAVIT AND DECLARATION OF APPOINTEE

Economic Cooperation Administration

(Department or Establishment)

(Bureau or Division)

(Place of Employment)

A.
OATH OF OFFICE

I, E. Howard Hunt, Jr.
Do solemnly swear (or affirm) that 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; and 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

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C.
DECLARATION OF APPOINTEE

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached information for Appointee; and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. _____, dated _____, 19____, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

E. Howard Hunt, Jr.
Signature of Appointee

Subscribed and sworn before me this 9 day of June A. D., 1948
at Washington DC
(City) (State)

Marvin W. Will
Notary Public
(Date)

[SEAL]

My commission expires 14 Dec., 1948

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

9 June, 1948
(Date of Entrance on Duty)

F33-5; U.S. Media Specialist
(Position to which appointed)

Oct. 9, 1918
(Date of Birth)

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address 50 Willet St. Albany, N.Y.
(Street and Number) (City and State)

2. Who should be notified in case of emergency? Mrs. E. H. Hunt Mother
(Name) (Relationship)

50 Willet St. Albany, N.Y.
(Street and Number) (City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? Yes. If so, for each such relative fill in the blanks below. If additional space is necessary, complete under item 12.

Name	Previous address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relation-ship	Married or single	Age
1.
2.
3.
1.
2.
3.
1.
2.
3.

4. Place of Birth Hamburg, One County, N.Y.
(Town) (State or County)

Indicate "Yes" or "No" answer by placing X in proper column

	Yes	No	12. Space for detailed answers to other questions.
5. Are you a citizen of the United States?	X		Write in left column numbers of items to which detailed answers apply <u>ECA Information</u> <u>Specialist</u> <u>CAF 12</u> <u>8.9.20</u>
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? (2) this agency in connection with this appointment?			
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you obtained your citizenship?		X	
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? If so, state the place, position, and salary under item 12. (b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?		X	
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act? If so, give details under item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act; and name, if retired from military or naval service.		X	
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, give under item 12 where employed, name and address of employer and the reason for discharge in each case.		X	
11. Since you filed application resulting in this appointment, have you been arrested, or sentenced into any civil or military court as a delinquent, or indicted for or convicted of any offense felony or misdemeanor? If so, for each case give under item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.		X	

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for history of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promises to observe provisions regarding personal agency, and particularly for the following:

(1) Identity of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The personal appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) Age.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment.

(3) Citizenship.—The responsibility for observing the provisions of appropriation acts prohibiting or restricting the employment of

officer. The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) Members of Family.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Minors do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, including all permanent residents, should be referred to the Civil Service Commission or its duly authorized representatives for decision. Under War Service Regulations, the members provision does not apply to temporary appointments for one year or less.

18 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM <u>Jan. 1943</u> TO <u>Oct. 1943</u>		EXACT TITLE OF YOUR POSITION <u>War Correspondent</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ <u>600</u> PER <u>Month</u> FINAL \$
PLACE OF EMPLOYMENT (city and State) <u>New York, N.Y.</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Sam Langwell - Editor</u>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <u>"LIFE"</u>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.) <u>Publishing</u>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <u>Enlisting in AAF</u>		
DESCRIPTION OF YOUR WORK <u>Travel with Naval combat groups in S. Pacific. Report results of actions.</u>				

③ DATES OF EMPLOYMENT (month, year) FROM <u>Oct. 1942</u> TO <u>Jan. 1943</u>		EXACT TITLE OF YOUR POSITION <u>Script Writer</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ <u>600</u> PER <u>Week</u> FINAL \$
PLACE OF EMPLOYMENT (city and State) <u>New York, N.Y.</u>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Joris de Rochemont - Editor</u>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <u>The March of Time (Cinema)</u>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.) <u>Documental producers</u>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <u>go overseas w/ life</u>		
DESCRIPTION OF YOUR WORK <u>Developing screen narrative of a particular subject - writing narration to footage writing & producing Naval training films.</u>				

④ DATES OF EMPLOYMENT (month, year) FROM: TO:		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sll, insurance agency, manufacture of locks, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		
DESCRIPTION OF YOUR WORK				

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
OFFICE OF THE SPECIAL REPRESENTATIVE IN EUROPE

2 rue Saint Florentin
PARIS. January 13, 1949.

Dear Howard:

I am genuinely sorry to hear that you feel obliged to resign your post in our Information Division here at ECA in Europe owing to the pressure of personal matters in the States.

All who have worked with you have been impressed by your prompt and efficient handling of assignments - no matter how difficult - as well as by your quick and imaginative grasp of what ECA is attempting to do for the peoples of Europe.

Let me thank you for the splendid work you have done and wish you the best of health and good fortune in the future.

Sincerely yours,



W. A. Harriman
U. S. Special Representative
in Europe.

*I am personally sorry we aren't going to have any more trips together
Wally*

Mr. Howard Hunt
Information Division
ECA 2 rue Saint Florentin
PARIS.

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						DATE 6-9-48		
						JOURNAL NO. 4B		
NAME (LAST) Hunt	(FIRST) E.	(MIDDLE) Howard	JR.	DATE OF BIRTH 10-9-18	LEGAL AUTHORITY PL 472, 80th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						SERVICE ECA		
NATURE OF ACTION Appointment by Transfer				EFFECTIVE DATE 6-9-48	DATE OF OATH 6-9-48			
FROM			TO					
POSITION TITLE			U. S. Media Specialist					
CLASS AND TOTAL SALARY			FAS-5, \$6120 per annum					
POST			Office of Special Representative Information Division Paris, France					
BASIC SALARY								
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT			118/95400(01) 100 01					
POSITION NUMBER			FAS-1230-5-28-36, admin. allocated 6-9-48					
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME
					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	10 POINTS	NATURE OF POSITION		
	<input checked="" type="checkbox"/>	NON-AMERICAN				NEW	REALLOCATION	
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE (NAME)		
New York	M	Single				Vacancy		<input checked="" type="checkbox"/>

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS: **Subject to items a, b, e, j, l, g.**

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

pay card delivered to Mr. Hunt

David H. Bellows
 TITLE: **Representative to ECA**

5

RECEIVING POST

DIVISION OF FOREIGN SERVICE PERSONNEL				DATE
DEPARTMENT OF STATE				JOURNAL NO.
ECONOMIC COOPERATION ADMINISTRATION				AB
NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY
Ernst	E.	Howard Jr.	10/9/18	PL 472 - 80th SERVICE
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:				ECA
NATURE OF ACTION			EFFECTIVE DATE	DATE OF OATH
Appointment by transfer			6/9/48	6/9/48
FROM		TO		
POSITION TITLE	U.S. Media Specialist			
CLASS AND TOTAL SALARY	FSS-5, \$6120 pa			
POST	Office of Special Representative Information Division Paris France			
BASIC SALARY				
TEMPORARY INCREASE				
APPROPRIATION-ALLOTMENT	118/95400(01)-100 01			
POSITION NUMBER	FSS-1230-5-SR-36, admin alloc 6/9/48			
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	NO	NON-AMERICAN		10 POINTS
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21		NATURE OF POSITION
New York	M	Single		NEW
				REALLOCATION
				ADDITIONAL IDENTICAL
				VICE NAME
				Vacancy <input checked="" type="checkbox"/>
<p>CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:</p> <p>REMARKS:</p> <p>Subject to items a b c e. j. i. g.</p> <p>Not to exceed the duration of the Foreign Assistance Program.</p> <p>Affidavit "Striking Against the Federal Government" signed.</p> <p>Previously employed by ECA, Wash. D.C. Departmental Service.</p>				

2

Errett H. Belton
 State Department
 Representative to ECA

DIVISION OF FOREIGN SERVICE PERSONNEL				DATE 6/9/48					
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION				JOURNAL NO. 48					
NAME (LAST) Hunt		(FIRST) E.	(MIDDLE) HOWARD JR.	DATE OF BIRTH 10/9/18	LEGAL AUTHORITY PL 472 - 80th				
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT					SERVICE PCA				
NATURE OF ACTION Appointment by transfer			EFFECTIVE DATE 6/9/48	DATE OF OATH 6/9/48					
FROM			TO						
POSITION TITLE			U.S. Health Specialist						
CLASS AND TOTAL SALARY			FSS-5, 10126						
POST			Office of Special Representative, Information Division						
BASIC SALARY			\$10,000.00						
TEMPORARY INCREASE									
APPROPRIATION-ALLOTMENT			118/4000(01) 100 01						
POSITION NUMBER			FSS-1250-5-27-36, Admin office 6/9/48						
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME	
RETIREMENT DEDUCTIONS	YES	NO	AMERICAN	NON-AMERICAN	VETERAN PREFERENCE	5 POINTS	10 POINTS	NATURE OF POSITION	
LEGAL RESIDENCE	New York	SEX	M	MARITAL STATUS AND CHILDREN UNDER 21	single	ADDITIONAL IDENTICAL	VICE (NAME)	None	
<p>CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:</p> <p>Subject to items a, b, c, e, f, i, g.</p> <p>Not to exceed the duration of the Foreign Assistance Program.</p> <p>Affidavit "Striking Against the Federal Government" signed.</p> <p>Previously employed by LCA, Wash, D.C. Departmental Service.</p>									
1	_____ (SIGNATURE) TITLE: _____								

DIVISION OF FOREIGN SERVICE PERSONNEL
DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION

DATE
6-9-48

JOURNAL NO.
48

NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH
Hunt E. Howard Jr. 10-9-18

LEGAL AUTHORITY
PL 472, 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

SERVICE
BCA

NATURE OF ACTION
Appointment by Transfer

EFFECTIVE DATE
6-9-48

DATE OF BIRTH
6-9-48

FROM

TO

POSITION TITLE

U. S. Media Specialist

CLASS AND TOTAL SALARY

FSS-5, \$6120 per annum

POST

Office of Special Representative

BASIC SALARY

Information Division

TEMPORARY INCREASE

Paris, France

APPROPRIATION-ALLOCATION

118/95400(01) 100 01

POSITION NUMBER

FSS-1230-5-SR-36, admin.

POSITION NUMBER

allocated 6-9-48

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
						<input checked="" type="checkbox"/>		

RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION		
	<input checked="" type="checkbox"/>				NEW	REALLOCATION	

LEGAL RESIDENCE	CIA	MARITAL STATUS AND CHILDREN UNDER 21	ADDITIONAL IDENTICAL	VICE DRAWS
New York	N	Single		Vacancy

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND CONTINUALITY OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS: **Subject to items a, b, e, j, i, g.**
Not to exceed the duration of the Foreign Assistance Program.
Affidavit "Striking Against the Federal Government" signed.
Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.

2

Kyverett H. Bellows
State Department
Representative to ECA

FOLDER

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						DATE 7-7-48			
						JOURNAL NO. 18E			
NAME (LAST)		FIRST		MIDDLE		DATE OF BIRTH		LEGAL AUTHORITY	
Grant		E.		Howard		Jr.		10-9-18	
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						SERVICE		FCA	
NATURE OF ACTION						EFFECTIVE DATE		DATE OF OATH	
Appointment by Transfer - Amendment						6-9-48		6-9-48	
FROM						TO			
POSITION TITLE						U. S. Media Specialist			
CLASS AND TOTAL SALARY						FES-5, \$6120 per annum			
POST						Office of Special Representative, Information Division, Paris, France			
BASIC SALARY									
TEMPORARY INCREASE									
APPROPRIATION-ALLOTMENT						11R/95400(01) 100 01			
POSITION NUMBER						FEB-1230-5-RR-36, admin, allocated 6-9-48			
NATURE OF EMPLOYMENT		PERMANENT	TEMPORARY	FULL TIME	PART TIME	PROBATIONARY	TEMPORARY	FULL TIME	PART TIME
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
RETIREMENT REDUCTIONS		YES	AMERICAN	YES/LEAF	PREFERENCE	5 POINTS	10 POINTS	NATURE OF POSITION	
		NO	NON-AMERICAN					NEW	REALLOCATION
LEGAL RESIDENCE		NEW YORK	M	MARITAL STATUS AND CHILDREN UNDER 21		SINGLE	ADDITIONAL IDENTICAL	VICE NAME	
								Vacancy	

CONDITIONS AND REQUIREMENTS APPLY TO ACTION AND FOR CHANGE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS: Subject to items a, b, c, j, i, g, d.
 In lieu of Appointment by Transfer on personnel action report dated 6-9-48 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement, and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Melbourne L. Spector
 Assistant State Department
 Representative to FCA

ENCLOSURE

DIVISION OF FOREIGN SERVICE PERSONNEL						DATE
DEPARTMENT OF STATE						JOURNAL NO.
ECONOMIC COOPERATION ADMINISTRATION						185
NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY		
BLUNT	E.	HOWARD J.	10-9-18	FL 472 87th		
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:						SERVICE
NATURE OF ACTION						DATE OF OATH
Appointment by transfer - Amendment						7/7/68
FROM			TO			
POSITION TITLE				U.S. Media Council List		
CLASS AND TOTAL SALARY				PL-565 GS-16		
POST				Office of Special Administrative Information Division		
BASIC SALARY				\$14,120.00		
TEMPORARY INCREASE						
APPROPRIATION-ALLOTMENT				11/9/66(01) loc 01		
POSITION NUMBER				10-100-5-00-1, Admin Officer 6/9/68		
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY
					X	
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	10 POINTS	NATURE OF POSITION
						NEW
LEGAL RESIDENCE	BLX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE (NAME)
New York	X	Single				None
CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HERELWITH						
REMARKS:						
Subject to items a, b, e, j, i, g, d.						
In lieu of appointment by transfer on personnel action report dated 6/9/68 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement and omitting subject to item d.						
Limited appointment. Duration limited to the period in which appointed's services are required by PCA and in any case limited to the duration of PCA.						
Previously employed by PCA Wash. D.C. Departmental Service.						
Affidavit "Striking Against the Federal Government" signed.						
						SIGNATURE
						Malbourne L.
						TITLE
						Asst. Sec. to Assistant
						Administrative Officer

3

*File 7/28
Post 7/28*

**DIVISION OF FOREIGN SERVICE PERSONNEL
DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION**

DATE
7-7-48

JOURNAL NO.
162

NAME (LAST) (FIRST) (MIDDLE) (DATE OF BIRTH)
Hart E. Sweet Jr. 12-9-18

LEGAL AUTHORITY
PL 472 - 604

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT.

SERVICE
ECA

NATURE OF ACTION

EFFECTIVE DATE

DATE OF OATH

Appointment by Transfer - Assistant

6-9-48

6-9-48

FROM

TO

POSITION TITLE

U. S. Media Specialist

CLASS AND TYPICAL SALARY

SES-7, \$6120 per annum

POST

**Office of Special Representative
Information Division
Paris, France**

BASIC SALARY

TEMPORARY INCREASE

APPROPRIATION-ALLOTMENT

**118/9/48(01) 100 01
PL-472-60-36, admin.
allotted 6-9-48**

POSITION NUMBER

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEW	REALLOCATION		
LEGAL RESIDENCE	YES	MANUAL SERVICE AND CHILDREN UNDER 21	10 POINTS	ADDITIONAL IDENTICAL		VICE INANEL		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Vacancy		<input checked="" type="checkbox"/>

CONDITIONS AND REQUIREMENTS: ALL OF ACTION AND CONTINUANCE OF STATUS IMPLICATED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREBY:

Subject to items a, b, c, j, i, g, d.

REMARKS: In lieu of Appointment by Transfer as personnel action report dated 6-9-48 indicating "Not to cancel the function of the Foreign Assistance Program" instead of the following statement, and certifying subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Provisionally employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Malbourne L. Specter
Assistant State Department

(Date) July 29, 1948

To: Director of Personnel
From: Director of Security
Subj: Notice of Loyalty and Security Certification of:
HUNT, E. Howard, Jr. ECA-43-189

This is to advise that the above named person has been certified by the Administrator as to loyalty and security in accordance with the requirements of Section 110(c), Public Law 472, 80th Congress, and appears on Certification Number 17, dated July 28, 1948.

J. W. Yeagley
Director of Security

Payroll copy attached.

Paul ...

jw:dy

14-00000

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
SPECIAL MISSION TO AUSTRIA

November 19, 1948

Mr. Averell Harriman,
U. S. Special Representative,
Economic Cooperation Administration,
Hotel Talleyrand,
Paris, France.

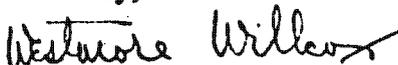
Dear Averell:

On the point of departure from Vienna, I want to record with you my appreciation of the services rendered me in this Mission over the last few weeks by Mr. Howard Hunt, Information Officer, temporarily assigned here from your staff.

Hunt has not only carried the duties and responsibilities of Information Officer, pending appointment of Mr. Wilson to that post, but he has, additionally, carried a large load for me in connection with the Ross murder incident. He has acted as a personal aide, to all intents and purposes, at a time when, understaffed as this Mission is, we were faced with a concentration of vitally important work in connection with our normal Mission operations.

I think Hunt has shown a broad-gauged grasp of what ERP is, what ECA is, and what Information work in behalf of both should be. Besides this, he is the right kind of person to have in this great ECA undertaking. I hope you will be able to keep him and to give him opportunities to express his abilities fully.

Sincerely,



Westmore Willcox
Chief of Special Mission

WW/ls

cc: Mr. Hoffman
Mr. Friendly

DIVISION OF FOREIGN SERVICE PERSONNEL
 DEPARTMENT OF STATE
 ECONOMIC COOPERATION ADMINISTRATION

DATE
 3-17-49

JOURNAL NO.
 4 B

NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH
HUNT E. HOWARD Jr. 10-9-18

LEGAL AUTHORITY
 PL 472 - 80th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

ECA

NATURE OF ACTION EFFECTIVE DATE DATE OF ORTH
Termination cob 2-19-49

POSITION TITLE FROM TO
Asst. Economic Commissioner * (U. S. Media Specialist)
 CLASS AND TOTAL SALARY
FSS-5 (ECA) \$6120 per annum
 POST
Office of Special Representative Information Division Paris, France
 BASIC SALARY
 TEMPORARY INCREASE
 APPROPRIATION-ALLOTMENT
118/95400(01).008
 POSITION NUMBER
FSS-5-SR-36 admin. allocated 6-9-48

NATURE OF EMPLOYMENT	PERMANENT	<input checked="" type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input checked="" type="checkbox"/>	PART TIME	<input type="checkbox"/>	PERMANENT	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input type="checkbox"/>	PART TIME	
RETIREMENT DEDUCTIONS	YLV	<input checked="" type="checkbox"/>	AMERICAN	<input checked="" type="checkbox"/>	VETERAN PREFERENCE	5 POINTS	<input checked="" type="checkbox"/>	10 POINTS		NATURE OF POSITION		NEW	REALLOCATION			
LEVEL OF RESIDENCE	NO		NON-AMERICAN							MARRIAGE STATUS AND CHILDREN UNDER 21		ADDITIONAL IDENTICAL	VICE INAMEL			

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND CONTINUANCE OF STATUS EXPECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS:
 * Equivalent to Attache.
 Completion of Assignment
 Mailing address: 30 Willett Street, Albany 6, New York

2

D. V. Stapleton
 State Department
 Representative to ECA EN

FOLDER

DIVISION C. FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION					DATE 3-17-49				
					JOURNAL NO. 4 B				
NAME (LAST) BOBT	(FIRST) E.	(MIDDLE) HOWARD	(LAST) Jr.	DATE OF BIRTH 10-9-18	LEGAL AUTHORITY PL 472 - 80th				
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					REASON ECA				
NATURE OF ACTION Termination			EFFECTIVE DATE Feb 2-19-49	DATE OF OATH					
FROM			TO						
POSITION TITLE Asst. Economic Commissioner * (U. S. Media Specialist)									
CLASS AND TOTAL SALARY PL-5 (EC) \$6120 per annum									
POST Office of Special Representative Information Division Paris, France									
BASIC SALARY									
TEMPORARY INCREASE									
APPROPRIATION-ALLOTMENT 113/92,000(01).003									
POSITION NUMBER PL-5-2B-36 advis. Allotted 6-9-48									
NATURE OF EMPLOYMENT	PERMA-NENT	<input checked="" type="checkbox"/> TEMPO-RARY	FULL TIME	<input checked="" type="checkbox"/> PART TIME	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME	
RETIREMENT DEDUCTIONS	YES	<input checked="" type="checkbox"/> AMERICAN	<input checked="" type="checkbox"/> VETERAN PREFERENCE	5 POINTS	<input checked="" type="checkbox"/> 10 POINTS	NATURE OF POSITION			
	NO	NON-AMERICAN				NEW	REALLOCATION		
LEGAL RESIDENCE NEW YORK	USA	MARITAL STATUS AND CHILDREN UNDER 21 SINGLE				ADDITIONAL IDENTICAL	VICE NAME		
CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CO. INITIALS OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.									
REMARKS: * Equivalent to Attache. Completion of Assignment Mailing address: 30 Willett Street, Albany 6, New York									
						[Signature] [Date]			
						D. V. Stapleton State Department Representative to ECA			

10

STANDARD FORM 57-NOV. 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYE

INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, read the application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR
Intelligence Officer

2. OPTION (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)
Washington, D.C.

4. DATE OF THIS APPLICATION
Nov 2, 1948

5. FULL NAME (First name) (Middle) (Maiden, if any) (Last)
Maxx Evrette Howard Hunt, Jr.

6. (A) STREET AND NUMBER OR R. D. NUMBER
30 Willett Street

(B) CITY OR POST OFFICE (including postal zone) AND STATE
Albany 6, New York

7. LEGAL OR VOTING RESIDENCE (State) (A) OFFICE PHONE (B) HOME PHONE
New York ----- **3-6218**

9. DATE OF BIRTH (month, day, year)
October 2, 1918

10. PLACE OF BIRTH (City and State; if born outside U. S., name city and country)
Hamburg, New York, USA

11. MALE FEMALE

12. (A) HEIGHT WITHOUT SHOES: **5 FEET 10 INCHES** (B) WEIGHT: **168 POUNDS**

13. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
PSS 5

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPROVED MATERIAL ENTERED REGISTER
 NON APPROVED SUBMITTED RETURNED

INITIALS: _____ APP. REVIEW: _____

OPTION	GRADE	EARNED RATING	PREFERENCE	ALPHA RATING
			<input type="checkbox"/> 9 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAB.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE: _____

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? **\$4,000** PER YEAR
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:
 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
 OCCASIONALLY FREQUENTLY CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
 IN WASHINGTON, D. C. ANYWHERE IN THE UNITED STATES
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

17. PRESENT POSITION **Not presently employed**

DATES OF EMPLOYMENT (month, year) FROM: _____ TO PRESENT TIME _____

EXACT TITLE OF YOUR PRESENT POSITION _____

CLASSIFICATION GRADE (if in Federal Service) _____

PLACE OF EMPLOYMENT (City and State) _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR _____

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) _____

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of goods, etc.) _____

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU _____

REASON FOR DESIRING TO CHANGE EMPLOYMENT _____

DESCRIPTION OF YOUR WORK _____

16 CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM Mar., 1948 TO Feb., 1949 EXACT TITLE OF YOUR POSITION U.S. Media Specialist CLASSIFICATION GRADE (if in Federal service) FSR 5 SALARY OR EARNINGS (if in Federal service) STARTING \$ 1,010 PER yr. FINAL 1,220 PER yr.

PLACE OF EMPLOYMENT (city and State) Washington, D.C.; Paris, France NAME AND TITLE OF IMMEDIATE SUPERVISOR J. L. Fleming, U.S. Media Officer
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Economic Cooperation Administration KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)
2 rue St. Florentin, Paris 1, France

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU _____ REASON FOR LEAVING Deterioration of personal affairs while abroad.
 DESCRIPTION OF YOUR WORK
General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American businessmen; liaison work with U.S. Embassy and U.S.I.S.I. liaison work with French and Austrian governments; writing and production of documentary films, press scrutiny; analysis of Communist propaganda

③ DATES OF EMPLOYMENT (month, year) FROM Jan., 1945 TO Oct., 1945 EXACT TITLE OF YOUR POSITION War Correspondent CLASSIFICATION GRADE (if in Federal service) _____ SALARY OR EARNINGS (if in Federal service) STARTING \$ 150 PER wk. FINAL 150 PER wk.

PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Lonwell, Editor of LIFE
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Rockefeller Plaza, N.Y. KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)
TIME, Inc. Publishing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None REASON FOR LEAVING Re-enter military service
 DESCRIPTION OF YOUR WORK
Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific

④ DATES OF EMPLOYMENT (month, year) FROM Oct., 1942 TO Jan., 1943 EXACT TITLE OF YOUR POSITION Script Writer CLASSIFICATION GRADE (if in Federal service) _____ SALARY OR EARNINGS (if in Federal service) STARTING \$ 150 PER wk. FINAL 150 PER wk.

PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont; producer
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) THE MARCH OF TIME KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)
369 Lexington Avenue, New York 16 Documentary films

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None REASON FOR LEAVING Opportunity to revisit combat zones
 DESCRIPTION OF YOUR WORK
Creating from researched themes the framework of the monthly commercial releases; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.

5 DATES OF EMPLOYMENT (month, year) FROM TO EXACT TITLE OF YOUR POSITION CLASSIFICATION (if in service) SALARY OR EARNINGS STARTING DATE PER PER

PLACE OF EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale and insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES		LOCATION	DESCRIPTION OF TRAINING
FROM	TO		
Feb 11	May 11	US Naval Academy	V-7 Midshipman's course
Feb 11	May 11	AAF OCS	Officer Candidate School
June 11	Aug 11	Orlando, Fla.	Air Combat Intelligence
Feb 15	March 15	Catalina I.	OCS Far East Training Course

18. EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF:
 ELEMENTARY SCHOOL, JUNIOR HIGH SCHOOL, SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED
 (B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

not applicable

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED		YEARS COMPLETED		DEGREES CONFERRED		SEMIESTER
		FROM	TO	DAY	NIGHT	TITLE	DATE	
Brown University, Providence, R.I.	English	1936	1940	4		A.B.	June 1940	

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS

English literature
 Spanish
 Economics

(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING		SPEAKING		UNDERSTANDING	
	EXCEL	GOOD	EXC.	GOOD	EXC.	GOOD
Spanish	X				X	X
French	X				X	X

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation)

Europe, Melanesia, Mexico
 1929-1939 pleasure and business

21. LIST ANY SPECIAL TOOLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATOR OF SHIRT WAIVER RADIO MULTITHREAD COMPIETER, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)

YES NO GIVE KIND OF LICENSE AND STATE:
 FIRST LICENSE OR CERTIFICATE (YEAR):
 LATEST LICENSE OR CERTIFICATE (YEAR):

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) YOUR MORE IMPORTANT PUBLICATIONS (do not submit copies unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (5) HONORS AND FELLOWSHIPS RECEIVED

4 published novels; short stories
 Guggenheim Fellowship 1946-1947

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND

24. REFERENCES List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)		BUSINESS OR OCCUPATION
	1	2	
Westmore Willcox, Jr.	69 William St.,	New York City	Investments
Robert G. North	2217 Ardona Drive,	Hollywood, Cal.	Textiles
Maj. J. K. Singlaub	"D" Bldg.,	Washington, D.C.	U. S. Army

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC?			35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X
26. ARE YOU A CITIZEN OF THE UNITED STATES OR ARE YOU A NATURALIZED CITIZEN?	X		36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 36 MONTHS?		X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?	X		37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	X		(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	

29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, SOCIETY, CLUB, OR COMBINATION OF PERSONS WHICH ADVOCATES THE CRESTION OF A CONSTITUTIONAL FORM OF GOVERNMENT, OR AN ORGANIZATION ASSOCIATED WITH THE GOVERNMENT OR THE GOVERNMENT WHICH HAS KNOWNLY AIDED OR ASSISTED IN THE OBTAINING OF CONTRACTS OR BUSINESS OR IN THE OBTAINING OF RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR FEDERAL LAWS OR UNDER THE LAWS OF ANY STATE OR TERRITORY OF THE UNITED STATES OR UNDER ANY OTHER LAWS?

If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.

30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO PAY FINE OR TO SUFFER FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE INCLUDING VIOLATION OF TRAFFIC REGULATIONS FOR WHICH A FINE OR PENALTY OF LESS THAN \$50 WAS IMPOSED?

If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?

If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.

32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TRAINING EXAMINATION OR ACCEPTING CIVIL SERVICE APPOINTMENT?

If your answer is "Yes," give dates of and reasons for such barment in Item 39.

33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?

If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.

34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

If your answer is "Yes," give complete details in Item 39.

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, or as a Veteran Preference Claim, CBC Form 14, together with proof specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?

(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?

(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: see below DATE OF SEPARATION OR DEPARTURE: see below

BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): see below SERIAL NO. (if none, give grade or rating at time of separation): see below

38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACE TIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?

(B) ARE YOU A DISABLED VETERAN? If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.

(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?

(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE PREFERENCE?

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____, 19____.

Agency: _____ Title: _____

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

ITEM NO.	ANSWER	ITEM NO.	ANSWER
37d	Navy: July, 1940 - Oct., 1942		File 97532
	Army: Oct., 1945 - Feb., 1946		Serial O-57211

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: *E. Howard Hunt*

(See your name in INK (one print name or Mrs. and initial of female, last name given name as "Mrs. Mary L. Doe")

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR Intelligence Officer		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only	
	2. OPTIONS: (if mentioned in examination announcement)			
ANNOUNCEMENT	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) Washington, D. C.		4. DATE OF THIS APPLICATION May 9, 1949	
	5. MR. (First name) (Middle) (Maiden, if any) (Last) Everette Howard Hunt, Jr.			
6. (A) STREET AND NUMBER OR R. D. NUMBER 30 Willett Street				
(B) CITY OR POST OFFICE (including postal zone) AND STATE Albany 6, New York				
7. LEGAL OR VOTING RESIDENCE (State)			8. (A) OFFICE PHONE (B) HOME PHONE	
New York			3-6218	
9. DATE OF BIRTH (month, day, year) October 9, 1916		10. <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE		
11. PLACE OF BIRTH (city and State; if born outside U. S., name city and country) Hamburg, New York, USA				
12. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		13. (A) HEIGHT WITHOUT SHOES 5 FEET 10 INCHES		(B) WEIGHT: 168 POUNDS
14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5				

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,000 PER YEAR. <i>You will not be considered for any position with a lower entrance salary.</i>		(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: <input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES	
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS		(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.	
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.			
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY			

16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

(1) PRESENT POSITION		Not presently employed	
DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE or SPECIAL PAYINGS in Federal Service	STARTING PER PER
FROM	TO PRESENT TIME		
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale firm, insurance agency, manufacture of locks, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR DESIRING TO CHANGE EMPLOYMENT	
DESCRIPTION OF YOUR WORK			

IF CONTINUED

② DATES OF EMPLOYMENT (month, year) From May 1948 to Feb. 1949		EXACT TITLE OF YOUR POSITION U.S. Media Specialist	CLASSIFICATION GRADE (if in Federal service) LESS 5	SALARY OR EARNINGS STARTING \$ 2940 PER YR. FINAL \$ 3400 PER YR.
PLACE OF EMPLOYMENT (city and State) Washington, D. C.; Paris, France		NAME AND TITLE OF IMMEDIATE SUPERVISOR J.F. Fleming, U.S. Media Officer		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) Economic Cooperation Administration 2 rue St. Florentin, Paris 1, France		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of goods, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING Deterioration of personal affairs while abroad.		

DESCRIPTION OF YOUR WORK
 General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films. Press scrutiny; analysis of Communist propaganda.

③ DATES OF EMPLOYMENT (month, year) From Jan. 1943 to Oct. 1943		EXACT TITLE OF YOUR POSITION War Correspondent	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER WK. FINAL \$ 150 PER WK.
PLACE OF EMPLOYMENT (city and State) New York, N.Y.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Longwell, Editor of LIFE		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) Rockefeller Plaza, N.Y. TIME, Inc.		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of goods, etc.) Publishing		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None		REASON FOR LEAVING Re-enter military service		

DESCRIPTION OF YOUR WORK
 Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific.

④ DATES OF EMPLOYMENT (month, year) From Oct. 1942 to Jan. 1943		EXACT TITLE OF YOUR POSITION Script Writer	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER WK. FINAL \$ 150 PER WK.
PLACE OF EMPLOYMENT (city and State) New York, N.Y.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont, producer		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) THE MARCH OF TIME 367 Lexington Avenue, New York 16		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of goods, etc.) Documentary films.		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None		REASON FOR LEAVING Opportunity to revisit combat zones.		

DESCRIPTION OF YOUR WORK
 Creating from researched themes the framework of the monthly commercial release; writing film scripts; liaison with Navy Department over preparation of contract training films; writing of Navy training films.

5 DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	CLASSIFICATION (if in Federal Service)	SALARY OR EARNINGS STARTING \$ PER PER		
PLACE OF EMPLOYMENT (city and State)			NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)			KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale/retail, insurance agency, manufacture of foods, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING			
DESCRIPTION OF YOUR WORK						
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.						
17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full description.)						
DATES FROM TO		LOCATION	DESCRIPTION OF TRAINING			
Feb. '41 May '41		US Naval Academy	V-7 Midshipman's course			
Feb. '44 May '44		AAF OGS	Officer Candidate School			
June '44 Aug. '44		Orlando, Fla.	Air Combat Intelligence			
Feb. '45 Mar. '45		Caroline I.	OGS Far East Training Course			
18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)						
(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED Hamburg (N.Y.) High						
(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED not applicable						
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF <input checked="" type="checkbox"/> ELEMENTARY SCHOOL <input checked="" type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL						
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY Brown University, Providence, R.I.		MAJOR AND SPECIALTY English	DATES ATTENDED FROM TO 1936 1940	YEARS COMPLETED DAY NIGHT 4	DEGREES CONFERRED TITLE DATE BS June 1940	SEMESTER HOURS CREDIT
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS English Literature Spanish Economics			LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS			
(E) OTHER TRAINING SUCH AS VOCATIONAL BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT						
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES		READING ENG. GOOD FAIR FRENCH X	SPEAKING ENG. GOOD FAIR FRENCH X	WRITING ENG. GOOD FAIR FRENCH X	21. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE FIRST LICENSE OR CERTIFICATE (YEAR) LATEST LICENSE OR CERTIFICATE (YEAR)	
20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRY, INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE AND (3) REASON OR PURPOSE (e.g., military, service, business, education, recreation) Europe, Indonesia, Mexico, 1959-1959, pleasure and business						
22. LIST ANY SPECIAL SKILLS IN MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATIONS OF SHIRT RAY, RADIO METER, COMPUTER, ETC., KEY-PUNCH, TUBES, LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES						
23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION, SUCH AS (1) YOUR MORE IMPORTANT PUBLICATIONS (do not include copies unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (5) HONORS AND FELLOWSHIPS RECEIVED 2 published novels; short stories Guggenheim fellowship 1952-1957						
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND						

24. REFERENCES List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 15 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Westmore Willcox, Jr.	67 William St., New York City	Investments
Robert G. North	3247 Fremont Drive, Hollywood, Cal.	Textiles
Maj. J.K. Singlaub	"L" Bldg., Washington, D. C.	U.S. Army

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. HAS ANYBODY IN MANY OF YOUR PRESENT EMPLOYERS REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC?			35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		36. DOES THE UNITED STATES GOVERNMENT EMPLOY A CIVILIAN CAPACITY ANY RELATIVE (A) TO AS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?		X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U.S.A. OR ANY COMMUNIST ORGANIZATION?		X	If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.		
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CBC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if approved, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		

29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ASSOCIATES THE OBTAINING OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR OF AN ORGANIZATION ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ASSOCIATING OR IDENTIFYING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO ANY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNLAWFUL MEANS?

If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.

30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPRISONED OR PLACED IN PROBATION OR HAVE YOU EVER BEEN ORDERED TO POST BAIL OR EXACTED FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, INCLUDING VIOLATION OF TRAFFIC REGULATIONS FOR WHICH A FINE OR FORTY DOLLARS OR LESS WAS IMPOSED?

If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

31. HAVE YOU EVER BEEN DISCHARGED OR ORDERED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?

If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.

32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?

If your answer is "Yes," give dates of and reasons for such barment in Item 39.

33. HAVE YOU ANY PHYSICAL HANDICAP, DISABILITY OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?

If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.

34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

If your answer is "Yes," give complete details in Item 39.

37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?

(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?

(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: DATE OF SEPARATION OR SEPARATIONS

See below

BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)

SERIAL NO. (if none, give grade or rating at time of separation)

See below

38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?

(B) ARE YOU A DISABLED VETERAN?

If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.

(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?

(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE PREFERENCE?

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 17, above, has been verified by comparison with the discharge certificate on _____, 19____.

Agency: _____ Date: _____

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

ITEM NO.	ANSWER	ITEM NO.	ANSWER
37a	Navy: July, 1943 - Oct. 1942 File 9732		
	Army: Oct. 1946 - Feb. 1946 Serial 0-37241		

If more space is required, use paper 17; use one on this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application, check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT _____

(Sign your name in INK (use given name, last name, and surname). If female, use Mrs. or Miss and if married, use own given name as "Mrs. Mary L. D.")

PERSONNEL ACTION REQUEST

291

NAME H. T. Howard Howard, Jr.	CLASSIFICATION	INITIAL	DATE
	VICE	OH	6/29/49
NATURE OF ACTION: Accepted Appointment	IA	✓	Order # 291
	VV		CSC # 3112
	NEW		6-2-49 11/20/49
EFFECTIVE DATE 8 Nov. 1949	QUALIFICATION & REVIEW	INITIAL	DATE
	2105912	✓	6/17/49
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY:	APPROVED:		
		<i>[Signature]</i>	107
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE			
		<i>[Signature]</i>	6/23/49

	FROM	TO
TITLE		Intelligence Officer (Editor)
GRADE AND SALARY		\$ 5-12-7600.00
OFFICE		457221 p.a.
BRANCH		Program Planning Staff
DIVISION		Group 11
SECTION		Editorial Prod Div
OFFICIAL STATION		Washington, D. C.
DEPT. or FIELD		Departmental - 130-

REMARKS:

Attached are 2 forms 57.
Security initiated 3 June 1949.

Searched 107 6/25/49

POSTED

[Signature]

RECOMMENDED: OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER	DATE
<i>[Signature]</i>	13 June 1949

PERSONAL HISTORY STATEMENT

- Instructions: 1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room. 2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes Yes or No

SEC. 1. PERSONAL BACKGROUND

A. FULL NAME Mr. Everotto Howard Hunt, Jr. Telephone: Office: Ext. Home: 3-8218

PRESENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A. PERMANENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A.

B. NICKNAME Howie WHAT OTHER NAMES HAVE YOU USED? Howard Hunt

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? nom de plume

HOW LONG? 7 years IF A LEGAL CHANGE, GIVE PARTICULARS

C. DATE OF BIRTH 10/9/18 PLACE OF BIRTH Hamburg, N.Y., U.S.A.

D. PRESENT CITIZENSHIP USA BY BIRTH? YES BY MARRIAGE? NO

BY NATURALIZATION CERTIFICATE / ISSUED BY

AT City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? No Yes or No Country

HELD BETWEEN WHAT DATES? TO ANY OTHER NATIONALITY? Country

GIVE PARTICULARS not applicable

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? No GIVE PARTICULARS:

not applicable

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? _____

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U.S. VISA _____
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE 30 SEX Male HEIGHT 5' 10 1/2" WEIGHT 168

EYES Blue HAIR Brown COMPLEXION Fair SCARS right eyebrow

BUILD medium OTHER DISTINGUISHING FEATURES None

SEC. 3. MARITAL STATUS

A. SINGLE MARRIED _____ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____
not applicable

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE not applicable
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE _____

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____
St. & No. City State Country

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN _____

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) None

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Evaratto Howard Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS 30 Willott street, Albany 6, N.Y., USA
St. & No. City State Country

DATE OF BIRTH 15 Dec '38 PLACE OF BIRTH Hamburg, New York, USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

OCCUPATION Lawyer LAST EMPLOYER Self

EMPLOYER'S OR OWN BUSINESS ADDRESS 11 NORTH PEARL ST. ALBANY, N.Y.
St. & No. City State Country

MILITARY SERVICE FROM 1916 TO 1918 BRANCH OF SERVICE Air Service, SC
Date Date

COUNTRY USA DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Ethel Jean Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 Willott Street, Albany 6, New York, USA
St. & No. City State Country

DATE OF BIRTH 15 March 191 PLACE OF BIRTH Canal Dover, Ohio

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

OCCUPATION Homemaker LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____

COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
not applicable

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME not applicable
First Middle Last AGE _____

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

2. FULL NAME _____
First Middle Last AGE _____

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

3. FULL NAME _____
First Middle Last AGE _____

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

4. FULL NAME _____
First Middle Last AGE _____

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

5. FULL NAME _____
First Middle Last AGE _____

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME not applicable
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

SEC. 9. MOTHER-IN-LAW

FULL NAME not applicable
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME not applicable RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT.

1. NAME not applicable RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

SEC. 12. EDUCATION

ELEMENTARY SCHOOL Hamburg PS ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1924-1932 GRADUATE? Yes

HIGH SCHOOL Hamburg High School ADDRESS Hamburg, N.Y., USA
City State Country
 DATES ATTENDED 1932-1936 GRADUATE? Yes

COLLEGE Brown University ADDRESS Providence 12, R.I., USA
City State Country
 DATES ATTENDED 1936-1940 DEGREE A.B.

COLLEGE _____ ADDRESS _____
City State Country
 DATES ATTENDED _____ DEGREE _____

SEC. 13. MILITARY, NAVAL OR OTHER GOVT SERVICE — U.S. OR FOREIGN

USA USAAF 1st Lt. 1943-1946
Country Service Branch Dates of Service
 USA USNR Ensign 1940-1942
Country Service Branch Dates of Service

HQ Det. 202, OSS China 0-587241
Last Station Serial No.
 Honorable
Type of Discharge

REMARKS: _____

SELECTIVE SERVICE BOARD NUMBER Hona ADDRESS _____

IF DEFERRED GIVE REASON _____

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS _____
not applicable

SEC. 14. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

1. FROM May, 1940 to February, 1949

EMPLOYING FIRM OR AGENCY Economic Cooperation Administration
 ADDRESS 2 rue St. Florentin, Paris 1, France
St. & No. City State Country
 KIND OF BUSINESS Public Relations NAME OF SUPERVISOR J. P. Fleming
 TITLE OF JOB U.S. Media Specialist SALARY: 3420. PER Year

YOUR DUTIES general PR work plus speech writing for Ambassador Harriman; film production.

REASONS FOR LEAVING My publishing affairs deteriorated to such an extent that my presence in America became imperative for financial reasons.

2. FROM January, 1943 to October, 1943

EMPLOYING FIRM OR AGENCY TIME, Inc.

ADDRESS Rockefeller Plaza, New York, New York, USA
St. & No. City State Country

KIND OF BUSINESS Publishing NAME OF SUPERVISOR DAN Longwell

TITLE OF JOB War Correspondent SALARY \$ 150. PER week

YOUR DUTIES Report on South Pacific campaign

REASONS FOR LEAVING To re-enter military service

3. FROM October, 1942 TO January, 1943

EMPLOYING FIRM OR AGENCY The March of Time (TIME, Inc.)

ADDRESS 362 Lexington Avenue, New York 16, New York, USA
St. & No. City State Country

KIND OF BUSINESS documentary films NAME OF SUPERVISOR Louis de Rochemont

TITLE OF JOB Script writer SALARY \$ 150. PER week

YOUR DUTIES Write Naval training films and assist on monthly release.

REASONS FOR LEAVING Opportunity to return to a combat zone for LIFE.

4. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

5. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 16. GIVE FIVE CHARACTER REFERENCES — IN THE U.S. — WHO KNOW YOU INTIMATELY — (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

- | | Street and Number | City | State |
|---------------------------|--|------|-------|
| 1. Mr. Murray Sprouse | BUS. ADD. State Bank of Albany, N.Y. | | |
| | RES. ADD. 321 State Street, Albany, N.Y. | | |
| 2. Mr. Chester T. Hubboll | BUS. ADD. Hubbell Lumber Co., Albany, NY, | | |
| | RES. ADD. Loudonville, New York | | |
| 3. Hon. Westmore Willcox | BUS. ADD. 63 William St., New York 5, NY | | |
| | RES. ADD. East End Avenue, New York, N.Y. | | |
| 4. Dr. Bruce Bigelow | BUS. ADD. Brown University, Providence, R.I. | | |
| | RES. ADD. Brown University, Providence, R.I. | | |
| 5. Dr. R. C. Noyes | BUS. ADD. Brown University, Providence, R.I. | | |
| | RES. ADD. 164 Anthony St., Providence, R.I. | | |

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

- | | Street and Number | City | State |
|--------------------------------|--|------|-------|
| 1. Hon. Archibald Douglas, Jr. | BUS. ADD. 120 Broadway, New York, New York | | |
| | RES. ADD. 455 E. 57th St., New York, N.Y. | | |
| 2. Hon. MacNeil Mitchell | BUS. ADD. 36 W. 11th Street, New York, NY | | |
| | RES. ADD. 137 East 35th St., New York, N.Y. | | |
| 3. Mr. Franklin A. Lindsay | BUS. ADD. "L" Bldg., Washington, D. C. | | |
| | RES. ADD. 3416 Que St., Washington, DC | | |
| 4. Mr. Robert G. North | BUS. ADD. 1719 North McCaddon Place, Hollywood | | |
| | RES. ADD. 3947 Fredonia Dr., Hollywood, Cal. | | |
| 5. Maj. J. K. Sinclaud | BUS. ADD. "L" Bldg., Washington, D. C. | | |
| | RES. ADD. 5509 Johnson Ave., Bethesda, Md. | | |

SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S. — (Give residence and business addresses where possible.)

	Street and Number	City	State
1. <u>Mr. J. Stanley Davis</u>	BUS. ADD. <u>3 Englewood Place</u>	<u>Albany</u>	<u>N.Y.</u>
	RES. ADD. <u>90 State St.</u>	<u>Albany</u>	<u>N.Y.</u>
2. <u>Mr. Peter Kiernan, Jr.</u>	BUS. ADD. <u>5 Englewood Place</u>	<u>Albany</u>	<u>N.Y.</u>
	RES. ADD. <u>120 State Street</u>	<u>Albany</u>	<u>N.Y.</u>
3. <u>Bishop E. L. Barry</u>	BUS. ADD. <u>----</u>		
	RES. ADD. <u>32 Willott Street</u>	<u>Albany</u>	<u>N.Y.</u>

SEC. 19. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME Royalties from book publishing

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS State Bank of Albany, N.Y.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No
GIVE PARTICULARS, INCLUDING COURT: not applicable

D. GIVE THREE CREDIT REFERENCES — IN THE U.S.

1. NAME Brooks Brothers ADDRESS 346 Madison Ave., New York, N.Y.
St. & No. City State

2. NAME Abercrombie & Fitch ADDRESS Madison Avenue, New York, N.Y.
St. & No. City State

3. NAME Hotels Statler ADDRESS New York, New York
St. & No. City State

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

FROM <u>1941</u> TO <u>Present</u>	<u>30 Willott Street, Albany 6, N.Y.</u>	<u>USA</u>
	<small>St. No. City State Country</small>	
FROM <u>1937</u> TO <u>1941</u>	<u>125 Lancaster Ave., Buffalo, N.Y.</u>	<u>USA</u>
	<small>St. No. City State Country</small>	
FROM <u>1918</u> TO <u>1937</u>	<u>35 Maple Avenue, Hamburg, New York</u>	<u>USA</u>
	<small>St. No. City State Country</small>	
FROM _____ TO _____	<small>St. No. City State Country</small>	
FROM _____ TO _____	<small>St. No. City State Country</small>	
FROM _____ TO _____	<small>St. No. City State Country</small>	
FROM _____ TO _____	<small>St. No. City State Country</small>	
FROM _____ TO _____	<small>St. No. City State Country</small>	

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM <u>June 1939</u> TO <u>Sept. 1950</u>	<u>Europe</u>	<u>Plaza</u>
	<small>City or Section Country Purpose</small>	
FROM <u>April 1947</u> TO <u>July 1947</u>	<u>Mexico</u>	<u>Guggenheim Fellowship</u>
	<small>City or Section Country Purpose</small>	
FROM <u>June 1948</u> TO <u>Feb. 1949</u>	<u>Europe</u>	<u>Business</u>
	<small>City or Section Country Purpose</small>	

FROM _____	TO _____	City or Section _____	Country _____	Purpose _____
FROM _____	TO _____	City or Section _____	Country _____	Purpose _____
FROM _____	TO _____	City or Section _____	Country _____	Purpose _____

B. LAST U.S. PASSPORT - NUMBER, DATE, AND PLACE OF ISSUE: _____

Diplomatic 4267, 10 June, 1943, Washington

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? Two GIVE APPROXIMATE

DATES: May, 1939 January, 1943

PASSPORTS OF OTHER NATIONS: _____

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Zeta Psi Fraternity, Epsilon; Providence, R.I., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: February 1937 to present
2. Brown University Club; 86 Park Ave., New York, N.Y., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1942 to present
3. Army & Navy Club, 1627 "I" St., Washington 6, D.C., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: June, 1948 to present
4. Fort Orange Club, 110 Washington Ave., Albany 6, N.Y., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: February, 1946 to present
5. Albany Country Club, Albany 3, N.Y., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: May, 1947 to November, 1948
6. Authors League of America, 6 E. 39th St., New York, N.Y., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1942 to present
7. Screen Writers Guild, 1655 North Cherokee, Hollywood, Cal., USA
Name and Chapter St. & No. City State Country
 DATES OF MEMBERSHIP: 1947 to present
8. American Legion, Fort Orange Post, Albany, N.Y., USA
 1942 to present

SEC. 23. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")

LANGUAGE Spanish SPEAK slight READ fluent WRITE fair

LANGUAGE French SPEAK fair READ fluent WRITE slight

LANGUAGE German SPEAK ----- READ slight WRITE -----

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Swimming - excellent Music(piano) - fair

Tennis - fair

Trap shooting - good

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Wartime OSS service as CBI Reports Officer

Graduate AAF Combat Intelligence School

Lecturer on Psychological Warfare at Army-Navy Staff College

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

Economic Cooperation Administration

E. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Office of Strategic Services - December, 1944

ECA - June, 1943

SEC. 24. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR, OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES", EXPLAIN: No

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Moderately

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Mrs. E. H. Hunt RELATIONSHIP Mother

ADDRESS 30 Willatt Street, Albany 6, New York, USA
St. & No. City State Country

SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Albany, New York DATE May 11, 1949
Robert Dickens City and State
Robert Dickens Signature of Applicant
67-21th St. Albany, NY Address

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14. Time unaccounted for in the Employment History was spent either in College, Military or Naval Service or in creative writing.
14. 1 Salary stated is inclusive of allowances.
19. A To date I have published 4 novels, one of which deals in part with OSS activities in Europe and the Far East during the war. In past years I have contributed to LIBERTY, THE NEW YORKER, and COSMOPOLITAN. My royalties yield me an average of \$3,000 a year above my salary. A fifth novel is to be published in August, 1949, and this year an estimated 1 million copies of two books in pocket editions will be in circulation.
22. American War Correspondents Association, 13 West 54th Street, New York, New York
23. C At the request of the Allied High Commissioner for Austria, Lt. Gen. Geoffrey Keyes, I was placed on assignment in Vienna to the ECA Special Mission for the purpose of writing and producing an official U.S. documentary film directed at the Anti-communist elements of Austria, and specifically toward Austrian labor groups. The film has received wide distribution in all Allied zones except the Russian Zone, and its showing at the Vienna Fair, I have been informed, was the subject of an official Russian protest. I was solely responsible for the creation of this film, MIT VERBINTEN INARPTEN.

SECURITY APPROVAL

CONFIDENTIAL

To : ~~XXXXXXXXXXXXXXXXXXXX~~ Deputy Personnel Officer Date: 30 September 1949
 From : Chief of Inspection and Security Number: 23500
 Subject: HUNT, Everette Howard, Jr.

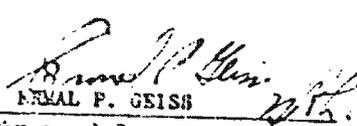
1. Note "X" below:

Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Memorandum dated 3 June 1949 stated Subject is an applicant for OPC.

LS

 ROYAL P. GEISS
 Chief, Personnel Security Division

CONFIDENTIAL

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? _____
 Yes or No

SEC. 1. PERSONAL BACKGROUND

Telephone: _____
 Office: _____
 A. FULL NAME ^{MRS} ~~MR.~~ EVERETTE HOWARD HUNTER ^{Ext.} _____
 (Use No Initials) ~~MRS.~~ First Middle Last Home: _____

PRESENT ADDRESS _____
 St. & No. City State Country

PERMANENT ADDRESS _____
 St. & No. City State Country

B. NICKNAME _____ WHAT OTHER NAMES HAVE YOU USED? _____

_____ UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? _____

HOW LONG? _____ IF A LEGAL CHANGE GIVE PARTICULARS _____

Where? By What Authority
 C. DATE OF BIRTH _____ PLACE OF BIRTH _____
 City State Country

D. PRESENT CITIZENSHIP _____ BY BIRTH? _____ BY MARRIAGE? _____
 Country

BY NATURALIZATION CERTIFICATE # _____ ISSUED _____ BY _____
 Date Court

AT _____
 City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? _____
 Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
 Country

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? _____ GIVE PARTICULARS: _____

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? _____
 PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____
 LAST U.S. VISA _____
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____ WEIGHT _____
 EYES _____ HAIR _____ COMPLEXION _____ SCARS _____
 BUILD _____ OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED DIVORCED _____ WIDOWED _____
 STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULLMENTS _____
 NOT APPLICABLE

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE DOROTHY LOUISE WETZEL HUNT
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE MILLERS ROCK NEW YORK SEPT 7-1944

HIS (OR HER) ADDRESS BEFORE MARRIAGE 9/6 ECA PARIS FRANCE
St. & No. City State Country

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 WILLET ST ALBANY NY USA
St. & No. City State Country

DATE OF BIRTH APR 1-1920 PLACE OF BIRTH DAYTON OHIO USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
City State Country

OCCUPATION HOUSE WIFE LAST EMPLOYER EDA PARIS FRANCE

EMPLOYER'S OR BUSINESS ADDRESS NOT APPLICABLE
St. & No. City State Country

MILITARY SERVICE FROM NOT APPLICABLE TO NOT APPLICABLE BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOV'T. SERVICE U.S. OR FOREIGN
US DEPT OF STATE JULY 1944 - JAN 1946 - BERN 3/44
US TREASURY DEPT APR 1946 - MAY 1947 - SHAKHNOVICH
ECA AIR 1948 - AUG 1949 - PARIS FRANCE

NOTE WIFE'S FUR MARRIED NAME 'GOUTIERE'

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN. _____

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE*

1. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR, LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN. _____

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

OCCUPATION _____ LAST EMPLOYER _____
 EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country
 MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
 COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship

2. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship

3. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship

4. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship

5. FULL NAME _____ AGE _____
First Middle Last
 PRESENT ADDRESS _____
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME ALBERT CHARLES WETZEL
First Middle Last

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 910 NCR DAYTON OHIO USA
St. & No. City State Country

DATE OF BIRTH JUNE 27 1891 PLACE OF BIRTH DAYTON OHIO USA

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
City State Country

OCCUPATION NATIONAL MAIL REGISTER LAST EMPLOYER DAYTON, OHIO

SEC. 9. MOTHER-IN-LAW

FULL NAME JEANNETTE ELNER DAVIS
First Middle Last

LIVING OR DECEASED LIVING DATE OF DECEASE — CAUSE —

PRESENT, OR LAST, ADDRESS 187 HAWTHORNE AVE SARASOTA
St. & No. City State Country FLA

DATE OF BIRTH SEPT 4-1891 PLACE OF BIRTH DAYTON, OHIO USA

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED BIRTH WHERE? —
City State Country

OCCUPATION RECEPTIONIST LAST EMPLOYER SARASOTA HOSPITAL

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES: NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —
CITIZENSHIP — ADDRESS —
St. & No. City State Country

2. NAME — RELATIONSHIP — AGE —
CITIZENSHIP — ADDRESS —
St. & No. City State Country

3. NAME — RELATIONSHIP — AGE —
CITIZENSHIP — ADDRESS —
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT. NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —
CITIZENSHIP — ADDRESS —
St. & No. City State
TYPE AND LOCATION OF SERVICE (IF KNOWN) —

2. NAME — RELATIONSHIP — AGE —
CITIZENSHIP — ADDRESS —
St. & No. City State
TYPE AND LOCATION OF SERVICE (IF KNOWN) —

3. NAME — RELATIONSHIP — AGE —
CITIZENSHIP — ADDRESS —
St. & No. City State
TYPE AND LOCATION OF SERVICE (IF KNOWN) —

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT SARASOTA, FLA.
City and State

DATE 11 Oct. 1949

Jeanette Davis
Witness

E. Howard Hunt
Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: ~~XXXXXXXXXXXXXXXXXXXX~~ E. Howard Hunt DATE: 22 August 1950

NATURE OF ACTION: Appointment EFFECTIVE DATE: 10 December 1950
~~27 August 1950~~ 10 Dec. 1950

TITLE	FROM	TO
GRADE AND SALARY		Intelligence Officer II Chief of Station
OFFICE		GS-13 \$7,600 p.a.
DIVISION		OPC
BRANCH		Latin America
OFFICIAL STATION		Operations
		Mexico, MEXICO CITY

QUALIFICATIONS: APPROVAL FOR ASSISTANT DIRECTOR *insert 50* EXECUTIVE

CLASSIFICATION: *W 139* PERSONNEL OFFICER

Joseph S. Ruff *C. D. Hulick EAD/OPC*

Armedy Roman *WBY/ky lrm*

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 11 December 1950

SECURITY CLEARED ON 7 December 1950 7 December 1950

OVERSEAS AGREEMENT SIGNED 11 December 1950

ENTERED ON DUTY 10 December 1950

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

Charge to Mexico slot #1, JBEDICT
 Budgetary allotment IA #3
~~Transfer annual & sick leave from unencumbered funds~~
~~from unencumbered funds~~

Transfer annual & sick leave from unencumbered funds. ✓ E.H. Sari

COPY IN PAYROLL FILES
 CONFIDENTIAL FUNDS BRANCH
JWS

WBY

APPOINTMENT AFFIDAVITS

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

..... Central Intelligence Agency Washington, D. C.
(Department or agency) (Bureau or division) (Place of employment)

I, E. Howard Hunt, 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 a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my 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.

11 Dec 1950 E. Howard Hunt, Jr.
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 11th day of December, A. D. 1950.

at Washington D. C.
(City) (State)

[SEAL]

Clifford D. Anderson
(Signature of officer)
Chief
(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. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

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

2. (A) DATE OF BIRTH (B) PLACE OF BIRTH (city or town and State or country)

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY (B) RELATIONSHIP (C) STREET AND NUMBER, CITY AND STATE (D) TELEPHONE NO.

E. H. HUNT *Father* *30 Willet St. Albany 6, N.Y.* *3-6218*

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO

If no, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITIVE (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS	
			ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?				
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>				
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>				
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.</i>				
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED 45 OR LESS, OR FORFEITED COLLATERAL OF 25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>				

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee*—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Unless such determination is made, the appointment may not be consummated.

(3) *Citizenship*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appointment acts. Form 64 constitutes an affidavit for both purposes and is a verifiable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) *Members of Family*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probationary or permanent appointment in the competitive service, no other member of such family may be appointed or promoted to permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

SECRET

MR file

CONFIDENTIAL FUNDS PERSONNEL ACTION			
NAME R. Howard Hunt, Jr.		DATE 13 December 1950	
NATURE OF ACTION Integration		EFFECTIVE DATE 13 December 1950	
TITLE	FROM	TO	
	Intelligence Officer GS-13	Attache FSB-4	
GRADE AND SALARY	GS-13 \$7,600.00	FSB-4	\$7,830.00 e
OFFICE	OPC	OPC	
DIVISION	IA	IA	
BRANCH			
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico	
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR	EXECUTIVE	
CLASSIFICATION	PERSONNEL OFFICER <i>See memo</i>		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
REMARKS:		SIGNATURE OF AUTHENTICATING OFFICER	
<p>Subject is due a lump sum payment for annual leave to be paid up to 12 December 1950.</p>		<p>POSTED <i>Jan 16 1951</i></p>	

File

SECRET

Agreement

AGREEMENT made this 17th day of December, 1950, effective the 17th day of December, 1950, by and between the United States of America (hereinafter referred to as the Government), as represented by the Central Intelligence Agency, and E. Howard Hunt, Jr. (hereinafter referred to as the Employee).

RECITALS

A. The Government desires the services of the Employee for CIA under circumstances requiring the Employee to receive [redacted] and proposes to send the Employee overseas to [redacted] for operations in the general area of [redacted].

B. The Employee desires as an employee of the Government to serve CIA abroad under the supervision and control of the Assistant Director for Special Operations, CIA (ARSO) and is willing to accept a designation [redacted] with the obligations thereof.

In consideration of the premises, the mutual covenants and promises herein contained, and for other good and valuable considerations, the parties hereto agree as follows:

[Large redacted area containing the main terms of the agreement]

SECRET

SECRET

SECRET

2. [redacted] and certain other key members of his staff will know about the Employee's status and relationship under the terms of the [redacted]

[redacted] Other personnel may discover that there are certain irregularities in travel orders, position numbers, pay accounts, and other internal administrative procedures [redacted]. Nevertheless, the Employee shall not divulge his relationship to CIA except with the expressed approval of the ADSO. While serving abroad, he shall for normal administration be under the control of [redacted] [redacted] to which he is attached, but for operations, including travel as specified below, he shall be under the control of CIA.

3. The travel of the Employee shall be governed as follows:

(a) For temporary duty outside the continental limits of the United States within or beyond the Employee's stipulated area, he shall perform CIA operational travel as directed by the ADSO or his designee with the consent of [redacted] [redacted] involved. TD travel customary and necessary in the performance of routine [redacted] functions may be performed without clearance from the ADSO.

(b) For any travel to the United States, either temporary duty or permanent change of station, the Employee shall travel only at the direction of the ADSO after clearance has been arranged through [redacted] Washington.

(c) All travel will be directed and performed in accordance with [redacted]

4. Although the Employee's [redacted] title, location, appointment, [redacted] and other pertinent information may be published in [redacted] list and other publications of [redacted] such listings shall not affect his employment and the obligations and duties stipulated in this contract.

5. All payments to be made under this contract, including reimbursement for travel expenses, shall be made to the Employee by [redacted] except payments referred to in ARTICLE II, Section 4.

- 2 -

SECRET

SECRET

ARTICLE II. Relationship of Employee to CIA. Although for all intents and purposes it will appear as though the Employee is employed by [redacted] as indicated in ARTICLE I above, he shall in fact be employed by and under the operational control of CIA. In so far as possible, he will be expected to abide by the rules, regulations, customary practices, and courtesies of [redacted] but his ultimate responsibility will be to CIA. In the event of any conflict of authority in the field between [redacted] and CIA, the matter shall be referred to the ADSQ for resolution.

1. The line of authority for the Employee shall be as follows:

- (a) Senior Representative [redacted]
- (b) [redacted] in Washington.
- (c) Chief of Operations [redacted]
- (d) ADSQ: ADPC
- (e) Director of CIA.

2. All travel shall be directed by the ADPC in accordance with ARTICLE I, Section 3. The Employee shall request appropriate [redacted] clearance for travel through the Senior [redacted] who shall be responsible for arranging such clearance.

3. It is understood and agreed that the Employee's overseas assignment is to be for a minimum period of two years from the date of his arrival at his overseas post of duty, unless terminated by the Government for its convenience. If the assignment is terminated in less than twenty-four months at the Employee's request, the following shall prevail:

(a) If the Employee resigns in less than twelve months from the date of his arrival at his overseas post of duty, he shall reimburse CIA for all travel expenses involved in the transportation of himself, his immediate family, household goods, and personal effects to the foreign station, and pay all such expenses for return to the United States. Such expenses for return to the United States and amounts expended by the Government on account of such travel and transportation shall be considered a debt due by the Employee to the United States.

(b) If the Employee desires to terminate between the twelfth and twenty-fourth month from the date of his arrival at his overseas post of duty, he shall pay all expenses for the travel and transportation of himself, his immediate family, household goods, and personal effects to the United States.

SECRET

SECRET

4. If deemed necessary by CIA, the Employee may be reimbursed or advanced funds for operational expenses. Such amounts must be advanced or reimbursement made in accordance with CIA regulations, which require a full accounting of the amounts expended by the Employee. Therefore, the Employee will be required to account fully for any such funds advanced or reimbursed in accordance with CIA regulations.

ARTICLE III. Overseas Allowances and Transportation Expenses. When specifically authorized by the ADBO, the expenses of travel and transportation of the Employee, his immediate family, household goods and effects, including personally owned automobile and other allowances, will be paid the Employee in accordance with the

When authorized by the ADBO, the Employee shall be paid a quarters allowance, cost of living allowance, or special foreign living allowance in accordance with and regulations issued thereunder. The amount of quarters and cost of living allowances and the special foreign living allowance is set forth in which is amended periodically to reflect adjustments in price indexes. Therefore, such allowances will be subject to change, and the amounts paid will vary according to

ARTICLE IV. Annual and Sick Leave. The Employee shall be permitted annual leave, sick leave, and leave of absence in accordance with. Under such, the Employee may be granted not to exceed sixty calendar days annual leave of absence with pay in each year. Annual leave which the Employee may receive and which is not used in any one year shall be accumulated for succeeding years until it totals 180 days. Sick leave with pay may be granted to the Employee at the rate of fifteen calendar days each calendar year and may be accumulated for succeeding years until it totals 120 days.

1. If the Employee is transferred from another Government Agency to this position, any annual or sick leave standing to his credit in such Agency, may be transferred, if appropriate, in accordance with E. O. 9837, 27 March 1947, issued pursuant to

ARTICLE V. Return to the United States. The Employee shall be ordered to the United States on leave of absence or permanent change of station upon completion of two years continuous service abroad or as soon as possible thereafter.

SECRET

ARTICLE VI. Retirement. The Employee occupies a position within the purview of the Civil Service Retirement Act. Accordingly, deductions shall be made at the rate provided by law (presently 5%) from the Employee's basic salary and placed in the Civil Service Retirement Fund. The Employee may not avail himself of the provisions of [redacted]

ARTICLE VII. Medical Care and Hospitalization. In the event of illness or injury to the Employee requiring hospitalization not the result of vicious habits, intemperance, or misconduct on his part, and incurred in the line of duty while assigned abroad, the expenses of treatment of such illness or injury at a suitable hospital or clinic, or transportation expenses to such hospital or clinic may be paid by the Government in accordance with [redacted] Under appropriate regulations, a physical examination of the Employee will be made, together with necessary inoculations, or vaccinations, or the expense thereof will be paid to the Employee.

1. In the event of the death or disability of the Employee, the Employee or his dependents shall be afforded the benefits of the United States Employees' Compensation Act of 7 September 1916, as amended.

ARTICLE VIII. Equipment. The Employee may be furnished technical equipment and supplies to assist in the rendition of services hereunder, including an automobile where necessary. The Employee shall be responsible for such equipment and supplies issued to him by CIA in accordance with CIA Property Regulations. All such material shall remain the property of the Government regardless of any apparently conflicting ownership or the manner of registration.

ARTICLE IX. Salary. The Employee shall receive a basic salary of \$[redacted] per year in accordance with [redacted] In-class promotions shall be granted to the Employee in accordance with regulations established in [redacted] Other changes in status will be made only as specifically authorized by the ADSO, ADPC

SEP 1942

ARTICLE X. Continuance of Pay and Allowances. If the Employee is determined by CIA to be absent in a status of "Missing", "Missing in Action", "Interned in a Neutral Country", "Captured by an Enemy", "Beleaguered", or "Besieged", he shall for the period he is determined to be in any such status be entitled to receive or to have credited to his account the same pay and allowances to which he was entitled at the beginning of such period of absence. Continuance of pay and allowances as specified above shall be as prescribed in the Missing Persons Act of 1942 (50 U.S.C.A. App 1001-1015, 7 March 1942).

ARTICLE XI. General. The Employee shall comply with the following provisions, and violation thereof by the Employee shall be deemed a breach of this contract.

1. In participating in the programs and activities of any private organization, the Employee shall make it clear that [redacted] has no official connection with such organization and that it does not sponsor or sanction the viewpoints which he may express. In general, his relations with private organizations shall be governed by applicable [redacted]

2. Neither the Employee nor the members of his family shall act as correspondents for American or foreign newspapers, press syndicates, or associations unless special authorization has been obtained in advance from the ADSO. He shall not write for publication any article or other manuscript on political or controversial subjects. Articles or manuscripts on nonpolitical or noncontroversial subjects shall be submitted to the ADSO for review and approval prior to their submission to a publisher.

3. Neither the Employee nor members of his family shall correspond privately on personnel or other official matters with members of Congress, or officers in [redacted] CIA, or other Governmental agencies.

4. Members of the Employee's family shall not be employed in the same [redacted] office except during grave emergencies or when special authorization has been obtained in advance of employment from [redacted] and CIA.

5. Before contracting marriage with a person of foreign nationality, the Employee shall request and obtain permission from the appropriate officials in [redacted] and CIA. Any such marriage with an alien without obtaining advance permission shall be deemed a breach of this contract and shall result in termination of service with the Government.

SECRET

6. In the event the Employee desires to resign from the service overseas, he shall submit a written resignation addressed to the ADSO, who will take appropriate steps to clear the matter with [REDACTED]

ARTICLE XII. Security. This contract contains information affecting the national defense of the United States within the meaning of the Espionage Act (50 U.S.C. 31 and 32, as amended). Its transmission or the revelation of its contents in any manner to an unauthorized person is prohibited by law. Violation of this ARTICLE or any security agreement signed by the Employee with the Government shall result in immediate disciplinary action, which may include suspension, separation from Government service, and may subject the Employee to criminal prosecution under the Espionage Act.

1. The termination of this contract will not release the Employee from the provisions of any security oaths which he may be required to take by CIA.

2. The Employee shall not publish, transmit, or divulge in any manner, information received by him as the result of his employment by the Government under this contract without specific written authority from the Director, CIA.

ARTICLE XIII. Orders and Directives. Orders and Directives received by the Employee from competent authority, including instructions received in briefing and training, shall be complied with by the Employee. No promises or commitments to the Employee of any nature whatsoever, beyond and in addition to the terms hereof, shall be binding on the Government unless and until such promise or commitment is reduced to writing and approved by an authorized official of CIA, and such writing placed with this contract thereby becoming an amendment hereto.

ARTICLE XIV. Amendments. The Government may at any time amend this contract and may terminate this contract upon thirty day prior notice to the Employee. If the Government proposes to amend this contract by reducing the salary provided for in ARTICLE IX (including class promotions, or other authorized increases, if any) and such reduction is unacceptable to the Employee, resignation by the Employee for such reason shall be considered as a termination of this contract for the convenience of the Government. Where the Employee is directed to proceed to a new post on a permanent change of station by the ADSO, this contract will be deemed to have been amended to the extent of such change.

~~SECRET~~
SECRET

ARTICLE XV. Special Provisions. The following special provisions shall apply to the Employee under this contract:

In the event any of the provisions in this Article are inconsistent with the provisions of any other Article in this contract, the provisions of this Article XV, shall govern and be determinative of the rights and obligations under this contract.

UNITED STATES OF AMERICA

WITNESS:

Joseph S. Rell
(~~Chief, Overseas Branch~~)
CHIEF, OVERSEAS BRANCH

APPROVED:

BY: J. P. Chiswick
(~~Chief, Overseas Branch~~)
CHIEF, EMPLOYEE'S DIVISION
E. Howard Smith, Jr.
(Employee)

[Signature]
CHIEF OF OPERATIONS

[Signature]
ASSISTANT CHIEF OF
SPECIAL OPERATIONS

SECRET

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION (lag)

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIALS, AND SURNAME) Mr. Edward Hunt		2. DATE OF BIRTH 9 Oct. 1918	3. JOURNAL OR ACTION NO. 74057	4. DATE 30 Dec. 1950
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Resignation*		6. EFFECTIVE DATE 9 Dec. 1950	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY COB	
FROM		TO		
Intelligence Officer GS-13 (Editor) GS-13-130-\$7600.00 per annum OPC Program & Planning Staff Program Group II Editorial Prod. Division Washington, D. C.		8. POSITION TITLE		
		9. SERVICE, SERIES, GRADE, SALARY		
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input checked="" type="checkbox"/> Da. 72971 CSC/3112 6/2/49			
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 2115900 TO: 801-101	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT OF AFFIDAVITS (ACCESSIONS ONLY)
				20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. * To accept other employment. LHD: 12/8/50 LSL: 155 hrs., 12/11/50 thru 11:30 am, 1/9/51.				
_____ _____ Employee Division 22. SIGNATURE OR OTHER AUTHENTICATION				
ENTRANCE EFFICIENCY RATING:				

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: E. Howard Hunt (Integree) DATE: 16 May 1951

NATURE OF ACTION: Promotion EFFECTIVE DATE: 10 June 1951

	FROM	TO
TITLE	Attache (I.O.) FSR-4 (GS-13)	Attache (I.O.) FSR-6 (GS-14)
GRADE AND SALARY	FSR-4 \$7830.00 (GS-13) \$7800 per annum	FSR-6 \$8800.00 (GS-14) \$8800 per annum
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico

QUALIFICATIONS: APPROVAL FOR ASSISTANT DIRECTOR EXECUTIVE

CLASSIFICATION: PERSONNEL OFFICER

Arthur J. Thomas *H. C. [unclear] 5/6/51*

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON

SECURITY CLEARED ON

OVERSEAS AGREEMENT SIGNED

ENTERED ON DUTY

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

Slot #1 - JBEDICT-Mexico
Semi-covert

Difference between \$8800 and \$7830 to be paid by CIA.

In grade since EOD 10 December 1950

[Handwritten initials]

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard HUNT		DATE 24 May 1951
NATURE OF ACTION Periodic Pay Increase		EFFECTIVE DATE 13 May 51
TITLE	FROM Attache Intelligence Officer	TO Attache Intelligence Officer
	GRADE AND SALARY PSR-4 \$7830.00 GS-13 \$7600.00	PSR-4 \$7830.00 GS-13 \$7800.00
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico

APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER	

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES NO

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____

SECURITY CLEARED ON _____

OVERSEAS AGREEMENT SIGNED _____

ENTERED ON DUTY _____

(SIGNATURE OF AUTHENTICATING OFFICER)

REMARKS:
L.S.I. 8 Nov. 1949

This is to certify that the conduct and services of the employee during this period were satisfactory in all respects.

 Division Chief

STANDARD FORM 52
PROPERTY OF THE
U. S. GOVERNMENT PRINTING OFFICE
GPO: 1953 O - 352220

SECRET
SECURITY INFORMATION UNCLASSIFIED

REQUEST FOR PERSONNEL ACTION

Handwritten notes:
5/1/53
98

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) Mr. Howard W. HUNT	2. DATE OF BIRTH 9 Oct. 1918	3. REQUEST NO. -	4. DATE OF REQUEST 30 Apr. 53
5. NATURE OF ACTION REQUESTED. A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) [Blank]		6. EFFECTIVE DATE A. PROPOSED: 7 Mar. 53 *	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: 7 Mar 53	

FROM: ATTACHE, [Blank] 98763 98200.00 p.a.	10. POSITION TITLE AND NUMBER INTEL-OFF
DDP WH III Mexico City, Mexico	11. SERVICE GRADE AND SALARY: GS-132-1h, \$9300.00 p.a.
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

14. REMARKS (Use reverse if necessary)
S-1
*** Subject resigned [Blank] in the field effective this date.**
Handwritten: COS, PCAP

15. REQUESTED BY (Name and title) <i>[Signature]</i>	16. REQUEST BY Signature: <i>[Signature]</i>
17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X-457	Title: D. P. P Admin.

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION																				
<table border="1"> <tr> <th>WAR</th> <th>OTHER</th> <th>S-PT.</th> <th>10 POINT</th> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>DIAB. OTHER</td> </tr> </table>	WAR	OTHER	S-PT.	10 POINT			<input checked="" type="checkbox"/>					DIAB. OTHER	<table border="1"> <tr> <th>NEW</th> <th>TICK</th> <th>I. A.</th> <th>REAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NEW	TICK	I. A.	REAL				
WAR	OTHER	S-PT.	10 POINT																		
		<input checked="" type="checkbox"/>																			
			DIAB. OTHER																		
NEW	TICK	I. A.	REAL																		

15. SEX / RACE M / W	17. APPROPRIATION FROM: 3522	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFILIATES (NECESSARY ONLY)	20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Virginia
--------------------------------	---	--	---	--

21. STANDARD FORM 50 REMARKS
FOSTERED
[Handwritten signature]

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E			

23. APPROVED BY
[Signature] 5/1/53

SECURITY INFORMATION

STANDARD FORM 52 OFFICE OF PERSONNEL HEADQUARTERS DOD, WASHINGTON, D.C.		SECRET		UNVOUCHERED	PP
REQUEST FOR PERSONNEL ACTION					
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., Mrs., Ms. - One given name, initials, and surname) Mr. S. Howard HUNT		2. DATE OF BIRTH 9 OCT 1918	3. REQUEST NO. 174-53	4. DATE OF REQUEST 18 MAY 1953	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Resignation Reassignment			6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY	
8. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED:		
FROM— Intelligence Officer S-1 GS-132-14 \$9800 DDP/MH III Mexico City, Mexico		9. POSITION TITLE AND NUMBER	10. SERVICE GRADE AND SALARY	11. ORGANIZATIONAL DESIGNATIONS	12. HEADQUARTERS
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	
13. REMARKS (Use reverse if necessary) Slot #1 Transfer leave to Vouchered Funds. <i>W. L. Stone</i> W. L. Stone					
14. REQUESTED BY (Typed name) <i>W. L. Stone</i>			15. SECRETARY Signature: _____ Title: _____		
16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X-457					
17. VETERAN PREFERENCE NONE WWII OTHER SPT 10 POINT USAR OTHER			18. POSITION CLASSIFICATION ACTION NEW VAC. P.A. REAL		
19. SEX: MALE RACE: 9522 FROM: _____ TO: _____		20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	21. (DATE OF APPOINTMENT AFFIDAVIT (ACQUISITION ONLY))	22. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED. STATE: _____	
23. STANDARD FORM 50 REMARKS					
24. CLEARANCES		INITIAL OR SIGNATURE	DATE	REMARKS	
A.					
B. CER. OR ACS CONTROL					
C. CLASSIFICATION					
D. PLACEMENT OR SUPPL.					
E.					
25. APPROVED BY <i>W. L. Stone</i> 6/18/53 SECRET					

Security Information

STANDARD FORM 52 PROVIDED BY THE U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540	SECRET	VOUCHERED PP
REQUEST FOR PERSONNEL ACTION		

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.-Mrs-Ms - One given name, initials, and surname) Mr. E. Howard HUNT	2. DATE OF BIRTH 9 OCT 1918	3. REQUEST NO. 174A-53	4. DATE OF REQUEST 18 May 1953
---	---------------------------------------	----------------------------------	--

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Appointment Reassignment	6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:

FROM—	8. POSITION TITLE AND NUMBER	TO—
	9. SERVICE, GRADE, AND SALARY	Operations Officer BD-22-14
	10. ORGANIZATIONAL DESIGNATION	GS-132-14 \$9800
	11. HEADQUARTERS	DDP/SE
		SE Political & PW Staff
		Office of the Chief
		Washington, D. C.
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Transfer leave from Unvouchered Funds.

10. REQUESTED BY (Name and title) JOSEPH BURN SS/ADMIN	11. REQUEST APP. Signature: <i>[Signature]</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) ROBERT DURNS X-3965	Title:

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

15. SEX M	16. RACE W	17. APPROPRIATION 4-3200-20 FROM TO	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
------------------	-------------------	---	--	---	--

21. STANDARD FORM 50 REMARKS

Approved 7/23/53
W. A. Babone

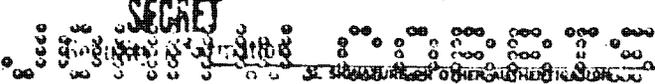
22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			

F. APPROVED BY <i>M. L. Shaw</i> 6/18/53	SECRET
--	---------------

CENTRAL INTELLIGENCE AGENCY

~~SECRET~~
~~SECRET~~

NOTIFICATION OF PERSONNEL ACTION Conc. 23 Jul 53 bn

1. NAME (MR., MISS, MRS., ORC, GIVE NAME, INITIAL(S), AND SURNAME) R. E. Howard Hunt		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 30 July 1953
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 2 Aug. 1953	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-6.116 (b)	
FROM		TO		
Intelligence Officer S-1 GS-137-14 \$9800.00 per annum DDP/WH III Mexico City, Mexico		Operations Officer 2D-27-14 GS-132-14 \$9800.00 per annum DDP/GE SE Political & PW Staff Office of the Chief Washington, D.C.		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
11. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWII <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> 1-PT. <input type="checkbox"/> 15-POINT <input type="checkbox"/> DISAB. NOTED <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W	16. RACE <input type="checkbox"/> H <input type="checkbox"/> W	17. APPROPRIATION FROM 4-3570-55-060 TO 4-3200-20	18. SUBJECT TO C. S. RETIREMENT ACT (YES/NO) yes	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) CD-PP
		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
Transfer TO vouchered funds FROM unvouchered funds				
Chief, Personnel Division ENTRANCE PERFORMANCE RATING:		SECRET  U. S. GOVERNMENT PRINTING OFFICE: 1952 210784		

STANDARD FORM 52
 PREPARED BY THE
 U. S. CIVIL SERVICE COMMISSION
 ALWAYS USE SPECIAL PERSONNEL
 MANUAL CHAPTER II

REQUEST FOR PERSONNEL ACTION

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, initials, and surname) Mr. E. Howard Hunt	2. DATE OF BIRTH 9 Oct. 1918	3. REQUEST NO.	4. DATE OF REQUEST 4 Aug. 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		6. EFFECTIVE DATE & PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>16 Aug 53</i>	

FROM— Operations Officer ED-22-14 GS-132-14 \$9800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO— Operations Officer ED-22 GS-132-15 \$10,800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

APPROVED BY PP/CSB

CONCURRED

[Signature]
 Chairman

[Signature]
 Chief SE Division

B. REQUESTED BY (Name and telephone extension)
PP CAREER SERVICE BOARD

D. REQUEST APPROVED BY (Name and telephone extension)
 Signature: *[Signature]*

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
PP/CSO

Title: **DD/P CAREER SERVICE BOARD**

13. VETERAN PREFERENCE

NONE	WWII	OWEN	S-PT.	10 POINT
				DISAB OTHER
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

14. POSITION CLASSIFICATION ACTION

NEW	VICE	L.A.	REAL

CD-PP

CD-PP

15. RACE
 16. SEX
 17. APPROPRIATION FROM: TO:

18. SUBJECT TO C.S. RETIREMENT ACT (YES—NO)

19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)

20. LEGAL RESIDENCE
 CLAIMED PROVED
 STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			

F. APPROVED BY
[Signature] **14 Aug 53**

STANDARD FORM 52
 PREVIOUS EDITIONS BY THE
 U. S. CIVIL SERVICE COMMISSION
 JANUARY 1950 - FEDERAL PERSONNEL
 MANUAL CHAPTER 10

SECRET

REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

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, initials, and surname) Mr. D. Howard HUNT		2. DATE OF BIRTH 9 Oct 1918	3. REQUEST NO.	4. DATE OF REQUEST
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: 28 Feb 1954		7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:		

FROM - Operations Officer - PD-22 GS-152-15 - \$10,800 Office of the Chief	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO - Ops Off - (PP Staff CH) PD-18 GS-0136,01-15 - 10,800 DDF/3E Political & Psychological Warfare Staff Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

13. REMARKS (Use reverse if necessary)

14. REQUESTED BY (Name and title) S-ADMIN	15. REQUEST APPROVED BY Signature: _____ Title: Personnel Officer
16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) 12345 6789	

17. VETERAN PREFERENCE		18. POSITION CLASSIFICATION ACTION																			
<table border="1"> <tr> <th>NONE</th> <th>WWI</th> <th>OTHER</th> <th>S-PT.</th> <th>10 POINT</th> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td>DISAB. OTHER</td> </tr> </table>	NONE	WWI	OTHER	S-PT.	10 POINT		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	DISAB. OTHER	<table border="1"> <tr> <th>NEW</th> <th>VICE</th> <th>E. A.</th> <th>REAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NEW	VICE	E. A.	REAL					CD - PP	
NONE	WWI	OTHER	S-PT.	10 POINT																	
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	DISAB. OTHER																	
NEW	VICE	E. A.	REAL																		

19. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	20. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N	21. APPROPRIATION FROM: 3200 - 20 TO: 4 - 3200 - 20	22. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	23. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	24. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---	--	---	---	--	---

25. STANDARD FORM 50 REMARKS

26. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL	<i>JH</i>	<i>1/22</i>	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			

27. APPROVED BY
2-16-54 _____

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION *Case. 21 May 1954 Jan*

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 21 May 1954
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Resignment		6. EFFECTIVE DATE B.O.B. 23 May 1954	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 J	
FROM		TO		
Ops Officer (PP Staff Ch) ED-18 GS-0136.31-15 \$10,800.00 per annum BDP/BE Political & Psych Warfare Staff Washington, D. C.		Ops Officer (PP) BFF 1455 GS-0136.31-15 \$10,800.00 per annum BDP/BE ER/EA Political & Psych Warfare Staff		
11. VETERAN'S PREFERENCE <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. POSITION CLASSIFICATION ACTION <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WW1 <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT DISAB. OTHER		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> CD-PP		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W		16. RACE		17. APPROPRIATION FROM: 4-3200-20 TO: 4-3700-55-121
18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.
21. REMARKS. This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<p>Subject to approved medical clearance prior to being sent overseas.</p> <p>"Transfer TO Unvouchered funds FROM Vouchered funds."</p>				
ENTRANCE PERFORMANCE RATING Deputy Assistant Director for Personnel				

4-145-15-34
PERSONNEL FOLDER COPY

STANDARD FORM 52
 FORM DATED BY THE
 U. S. CIVIL SERVICE COMMISSION
 JANUARY 1950 - FEDERAL PERSONNEL
 MANUAL CHAPTER 51

REQUEST FOR PERSONNEL ACTION

SECRET

UNVOUCHERED

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, initials, and surname) **Mr. E. Howard Hunt** 2. DATE OF BIRTH **9 Oct 18** 3. REQUEST NO. 4. DATE OF REQUEST **7 April 54**

5. NATURE OF ACTION REQUESTED:
 A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
REASSIGNMENT
 B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE A. PROPOSED:
 B. APPROVED: **Feb 23 May 54**
 7. C. S. OR OTHER LEGAL AUTHORITY

FROM - **Ops Officer (PP Staff Ch) ED-1S** & POSITION TITLE AND NUMBER
GS-0136.31-15 \$10,800.00 p/a & SERVICE GRADE AND SALARY
DDP/SE & ORGANIZATIONAL DESIGNATIONS
Political & Psych Warfare Staff
Washington, D.C. & HEADQUARTERS
 FIELD DEPARTMENTAL
 FIELD DEPARTMENTAL

TO - **Ops Officer (PP) EFF #1455**
GS-0136.31-15 \$10,800 p/a
DDP/FE
SR/NA
Political & Psych Warfare Staff
 FIELD DEPARTMENTAL

8. REMARKS (Use reverse if necessary)
Subject to be temporarily slotted with incumbent now occupying slot #1455 until the later transfers.

9. REQUESTED BY **H.C. Clinkscales** FE/Personnel Officer
 10. REQUEST APPROVED BY **[Signature]**
 11. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) **2566**
 12. TITLE **PP Advisor 4/23/54**

13. VETERAN PREFERENCE

NONE	WWII	OTHER	5-PT.	10-POINT
			<input checked="" type="checkbox"/>	DISAB. OTHER

 14. POSITION CLASSIFICATION ACTION

NEW	VICE	L. A.	REAL

CD:PP

15. SEX **M** 16. RACE **W** 17. APPROPRIATION FROM: **4-3200-20** TO: **4-3700-54-121**
 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) **Yes**
 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
 20. LEGAL RESIDENCE STATE: CLAIMED PROVED

21. STANDARD FORM 50 REMARKS
Effective about 26 E
Officer FE
24 May 54
Conc. (Osborne)
21 May 54
24 May 54
Approved APR 20 1954
PP/Career Service
CPB notified 24 May 54

22. CLEARANCES

	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR			
E.			

Apr 30 Apr 54
25 May 54

F. APPROVED BY **[Signature]** **SECRET**

1. Agency and organizational designation

2. Pay roll no.

3. Block no. **07**

4. Slip no.

5. Employee's name (and social security account number when appropriate)
Ward, E.

6. Grade and salary
GS-15 \$10,500

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F. I. C. A.	NET PAY
7. Previous normal								
8. New normal								
9. Pay this period								

10. Remarks
**PERMANENT TO DDI DIRECTIVE
EFFECTIVE 1/27/55**

11. Appropriation
22-14

12. Prepared by
1/21/55

13. Audited by

11,880

Periodic step-increase Pay adjustment Other step increase

14. Effective date
2/13/55

15. Date last equivalent increase
3/1/53

16. Old salary rate
\$10,600

17. New salary rate
\$11,050

18. Performance rating is satisfactory or better.

19. LWOP data (fill in appropriate space covering LWOP period):
 No excess LWOP. Total excess LWOP

(Check applicable box in case of excess LWOP)
 Excess LWOP state at end of reporting period.
 Excess LWOP state at end of reporting period.

STANDARD FORM NO. 112ad-Form
Form prescribed by Comp. Gen., U. S.
Nov. 8, 1950, General Regulation No. 107

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SECRET

REQUEST FOR PERSONNEL ACTION	UNVOUCHERED
------------------------------	-------------

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs. One given name, initials, and surname) Mr. E. Howard Hunt	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 3 May 1956
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: MAY 10 1956	

FROM— DDP/FE SR/NA Political & Psychological Warfare Staff	10. POSITION TITLE AND NUMBER Ops Officer - PP BFF-1455	11. SERVICE GRADE AND SALARY GS-0136.31-15 \$11,860.00 p/a	12. ORGANIZATIONAL DESIGNATIONS DDP/FS North Asia Station PP Staff
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	13. HEADQUARTERS	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	SD:DP ¹⁵

A. REMARKS (Use reverse if necessary)

T/O Charge

B. REQUESTED BY (Name and title) [Signature] CEE/PT	D. REQUEST APPROVED BY Signature: _____ Title: _____
---	--

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) [Signature] 2205	E. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT <input type="checkbox"/> DEAF <input type="checkbox"/> OTHER <input type="checkbox"/>
--	--

15. SEX	16. APPROPRIATION FROM _____ TO _____	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	18. DATE OF APPOINTMENT AFFIDAVITS (NECESSARY ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE _____
---------	---	--	---	--

20. STANDARD FORM 50 REMARKS

FOSTERED

23 MAY 1956

WPA

CONCUR

MAY 15 1956

PP Career Service

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p style="text-align: center;">USED IN LIEU OF SF50 NOTICE OF SEPARATION OF PERSONNEL</p> </div>
B. CEIL. OR POS. CONTROL	WPA	23 May 56	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.	WPA		
E.			

F. APPROVED BY **[Signature]**

SECRET

per [Signature] 16 May '56

SECRET
Security Information

JBA

Name: Last, First Middle

TO: All C. I. A. Personnel
FROM: Personnel Director
SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

CODED
FOR
QUALIFICATIONS
DATE 4 JUN 1956

George E. Meloon
George E. Meloon
Personnel Director

SECRET
Security Information

SECRET
Security Information

PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry) <u>512942</u>	2. NAME: (last) (first) (middle) <u> </u> , Jr. <u> </u> <u> </u>			3. Office <u> </u>
4. Date of Birth <u>Oct. 7, 1916</u>	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)	Martial Status <u> </u>	Nr. Dependents <u> </u>	6. CIA Entry Date: <u> </u>
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth <u> </u>			

SEC. I. EDUCATION

1. Extent: (circle one)

1. Less than high school	4. Two years college, or less	8. Masters degree
2. High school graduate	5. Over two years, no degree	9. Doctors degree
3. Trade, Business or Commercial school graduate	6. Bachelor degree	
	7. Post-graduate study (minimum 8 sem. hrs.)	

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
Brown University	Lib.		1935	1940			AB	1940	

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
US Naval Academy	1941	1941	4	7-7 USNA. Leadership course leading to Commission as ENS

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
Advanced Air Force School	1944	1944	4	Air Combat Intelligence course. Lecturer prior to completion of course, but received diploma with credit class.

SECRET
Security Information

SEC. II. WORK EXPERIENCE

1. **CIA Experience:** State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>1951</u> To <u>1953</u> Tot. mos. <u>17</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision of and direct command of all CIA or CIG activities in Mexico; established and maintained continuing relations with various agencies.</u>
Grade <u>GS 10</u> Salary <u>9,000</u>	
Office <u>Station, Mexico</u>	
Position Title: <u>Deputy Chief of Mission</u>	
Duty Title: <u>Deputy Chief of Mission</u>	Duty Station, if overseas: <u>Mexico</u>
From <u>1950</u> To <u>1951</u> Tot. mos. <u>3</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision of and direct command of all CIA or CIG activities in Mexico; established and maintained continuing relations with various agencies.</u>
Grade <u>GS 11</u> Salary <u>9,400</u>	
Office <u>Station, Mexico</u>	
Position Title: <u>Chief of Station</u>	
Duty Title: <u>Chief of Station</u>	Duty Station, if overseas: <u>Mexico</u>
From <u>1949</u> To <u>1950</u> Tot. mos. <u>12</u>	Description of Duties: <u>Plans and executes with CIA and CIG activities in Mexico; maintains liaison of CIA and CIG activities with various agencies.</u>
Grade <u>GS 13</u> Salary <u>7,400</u>	
Office <u>PI Division</u>	
Position Title: <u>Plans Officer</u>	
Duty Title:	Duty Station, if overseas:
From _____ To _____ Tot. mos. _____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position Title: _____	
Duty Title: _____	Duty Station, if overseas: _____

SECRET

Security Information

SEC. II. WORK EXPERIENCE (CONT'D.)

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From <u>1948</u> To <u>1949</u> Tot. mo's <u>9</u> Classification Grade (if in Federal Service) <u>FSS 5</u> Salary <u>6,900</u> Number and Class of Employees Supervised: <u>3 Prof. 6 Steno.</u> Employer <u>ECA</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position <u>Officer, ECA</u> Information Description of Duties: <u>Production of propaganda and films and radio programs in France and Austria</u> Duty Station if overseas: _____ Exact Title of your position _____ Description of Duties: _____
From <u>1946</u> To <u>1949</u> Tot. mo's <u>27</u> Classification Grade (if in Federal Service) _____ Salary <u>\$28,000 (av.)</u> Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas: <u>Paris, France</u> Exact Title of your position <u>Writer, self-employed</u> Description of Duties: _____ Duty Station if overseas: _____ Exact Title of your position _____ Description of Duties: _____
From <u>1943</u> To <u>1943</u> Tot. mo's <u>9</u> Classification Grade (if in Federal Service) _____ Salary <u>\$7,800</u> Number and Class of Employees Supervised: _____ Employer <u>T.E. Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Exact Title of your position <u>War Correspondent</u> Description of Duties: <u>accompany naval and air units in combat in SO Pacific Area. Write accounts and special stories of ensuing action</u> Duty Station if overseas: _____ Exact Title of your position _____ Description of Duties: _____
From <u>1942</u> To <u>1942</u> Tot. mo's <u>5</u> Classification Grade (if in Federal Service) _____ Salary <u>\$7,800</u> Number and Class of Employees Supervised: <u>2 Prof.; 3 Steno.</u> Employer <u>T.E. Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Duty Station if overseas: <u>South Pacific Area</u> Exact Title of your position <u>Screen writer</u> Description of Duties: <u>Prepare and write commentary for monthly newsletter THE MARCH OF TIME. Also prepare and write contract Naval Training Films.</u> Duty Station if overseas: _____ Exact Title of your position _____ Description of Duties: _____
From <u>1941</u> To <u>1942</u> Tot. mo's <u>16</u> Classification Grade (if in Federal Service) <u>Eng.</u> Salary _____ Number and Class of Employees Supervised: <u>168 seaman</u> Employer <u>USN</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas: _____ Exact Title of your position <u>Anti-aircraft Gunnery Officer (destroyers)</u> Description of Duties: <u>Provide for air protection of USS MAYO, and merchant ships under escort</u> Duty Station if overseas: _____ Exact Title of your position _____ Description of Duties: _____

SECRET
Security Information

SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- 01 U.S. Secret Service
- 02 Civil Police
- 03 Military Police
- 04 U.S. Border Patrol
- 05 U.S. Narcotics Squad
- 06 FBI
- 07 Criminal Investigation Div.
- 21 Office of Naval Intelligence
- 22 Office of War Information
- 23 Army G-2
- 20 Office of Strategic Services
- 24 Air Force A-2
- 25 Foreign Economic Admin.
- 26 Counter Intelligence Corps
- 27 Immigration & Naturalization
- 28 Strategic Services Unit
- 29 Foreign Service, State Dept.
- 30 Central Intelligence Group
- 31 Armed Forces Security Agency
- 32 Coordinator of Information
- 33 Office of Facts & Figures
- 34 Board of Economic Warfare
- 35 Federal Communications Comm.

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE						HOW ACQUIRED				
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic	Study (Inc. CIA training)
Spanish		X									X
French				X							
German					X				X		

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein _____

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. _____

SECRET
Security Information

SE

SECRET
Security Information

SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Aquired (check (X) one)		
		Residence	Travel	Study
Latin America	1946-7, 1950-53	X		X
France, Austria	1947-50	X		X
UK and Scandinavia	1950		X	
China	1952	X		X

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained
France	Political	Study at Univ. 1946-50
Poland	Political	" " " " "
Italy	Political	" " " " "
Mexico	Political	Study at Univ. 1950-51

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used		WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener	
	1.	2.		1. Yes	2. X No
Typing	1. 100	2. 0	50		X
Shorthand	1. 100	2. 0		1. Yes	2. No

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. sailing, skiing, writing, etc.

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

Under the name of [redacted] and [redacted] - will have published [redacted] Short stories have [redacted] in our publication and [redacted] at [redacted] was a [redacted] correspondent [redacted] and [redacted] contributions appeared [redacted] in [redacted] and [redacted].

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

SEC. X. CIA TESTS

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour ___ (2) 4 year Tour X (3) Not interested ___

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

SECRET

STANDARD FORM 52 PROVIDED BY THE U. S. CIVIL SERVICE COMMISSION BUREAU OF PERSONNEL - PERSONNEL SERIAL, CHAPTER 2		UN VOUCHERED	
REQUEST FOR PERSONNEL ACTION			
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) E. HOWARD Mr. Howard B. HUNT		2. DATE OF BIRTH 9 Oct 1916	3. REQUEST NO.
4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		5. EFFECTIVE DATE A. PROPOSED:	6. DATE OF REQUEST 16 Oct 56
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>[Signature]</i>	
FROM: Ops Officer (PP) GS-0136.31-15 \$12,150.00 p.a. DDP/FE North Asia Station PP Staff	7. POSITION TITLE AND NUMBER BFF-1155	8. SERVICE, GRADE, AND SALARY	TO: Area, Ops Off (CCS) RAF-162 GS-0136.01-15 \$12,150.00 p.a. DDP/WH Branch II
9. ORGANIZATIONAL DESIGNATION	10. HEADQUARTERS	11. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)
A. REMARKS (Use reverse if necessary) 2 copies to Security <i>[Handwritten signatures and initials]</i>			
B. REQUESTED BY <i>[Signature]</i>		D. REQUEST APPROVED BY <i>[Signature]</i>	
C. FOR ADDITIONAL INFORMATION CALL (Give name and telephone extension) X8212		Signature: <i>[Signature]</i> Title: CS/CSF	
13. VETERAN PREFERENCE NONE WWII OTHER S-PT. 10 POINT DISAB OTHER <input checked="" type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL	
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 7-376-55-121 TO: 7-3587-55-065	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes
19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. STANDARD FORM 50 REMARKS <i>[Handwritten notes and signatures]</i> Concurred in by: <i>[Signature]</i> PP/Career Service			
22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			<i>[Handwritten notes and signatures]</i>
B. CEIL. OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	QCP 10/2/56		
E.			
F. APPROVED BY <i>[Signature]</i> 1/10/57			

SECRET

11/5/49

SECRET
(When Filled In)

QCB WING 6
2000000000

573542		PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE January 6, 1957	
- 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 III in their entirety. You need complete Sections VII through XIII 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) HUNT, Jr. E. Howard					
2. CURRENT ADDRESS (No., Street, City, Zone, State)			3. PERMANENT ADDRESS (No., Street, City, Zone, State)		
			30 Willett Street, Albany 10, New York		
4. HOME TELEPHONE NUMBER 3-6218		5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE New York			
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. Hunt, Mrs. Everette H.			2. RELATIONSHIP Mother		
3. HOME ADDRESS (No., Street, City, Zone, State, Country). 30 Willett Street Albany 10, New York					
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE					
5. HOME TELEPHONE NUMBER 3-6218		6. BUSINESS TELEPHONE NUMBER		7. BUSINESS TELEPHONE EXTENSION	
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. Notification of Father not desired, due to cardiac condition.					
SECTION III MARITAL STATUS					
1. CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED					
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS					
WIFE OR HUSBAND: 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 fiance.					
3. NAME (First) (Middle) (Maiden) (Last) Dorothy Louise Wetzel HUNT					
4. DATE OF MARRIAGE Sept 7, 1949		5. PLACE OF MARRIAGE (City, State, Country) Millbrook, New York			
6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country) American Embassy, Paris					
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. DATE OF DEATH		9. CAUSE OF DEATH	
10. CURRENT ADDRESS (Give last address, if deceased) 30 Willett Street, Albany 10, New York					
11. DATE OF BIRTH 1 April 1920		12. PLACE OF BIRTH (City, State, Country) Dayton, Ohio			
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY		14. PLACE OF ENTRY			
15. CITIZENSHIP (Country) USA		16. DATE ACQUIRED		17. WHERE ACQUIRED (City, State, Country)	
18. OCCUPATION housewife		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)					
SECTION III CONTINUED TO PAGE 2					

SECRET
(When Filled In)

SECTION III CONTINUED FROM PAGE 1			
21. DATES OF MILITARY SERVICE (From- and To-) BY MONTH AND YEAR USNR July 1940- Oct. 1942 USAAF Nov 1945- Feb. 1946			
22. BRANCH OF SERVICE USNR USAAF		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED USA	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN ECA, Paris April 1948 - Feb. 1949			
SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS			
1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
2	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES			
SECTION V FINANCIAL STATUS			
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO			
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME Book royalties			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION		ADDRESS (City, State, Country)	
Riggs Nat'l Bank, F&M Branch		Washington 7, DC	
SECTION V CONTINUED TO PAGE 3			

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

6. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

9. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

8. 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

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

8. 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 INTERESTS? YES NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

SECTION VI

CITIZENSHIP

1. PRESENT CITIZENSHIP (Country) USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: BIRTH MARRIAGE OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE
	<input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/ QTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

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

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

SECRET

(When Filled In)

SECTION XI 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 PUBLICATION. (Scientific articles, general interest subjects, novels, short stories, etc.)

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

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

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.

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

1	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		
2	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		
3	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		
4	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		
5	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

SECRET

OFFICE OF PERSONNEL
MAIL ROOM
11/30 AM '57

SECTION XIII 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. **3**

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN UNDER 21 YEARS OF AGE WHO ARE AGE, SINGLE, UNEMPLOYED. **1**

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Dorothy L. Hunt	wife	1920		X	USA	
Lisa T. Hunt	daughter	1951		X	"	
Kevin T. Hunt	"	1952		X	"	
Howard St. John Hunt	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED: **6 Feb. 1957** SIGNATURE OF EMPLOYEE: *E. Howard Hunt*

SECRET

SECRET

STANDARD FORM 52
FORM 52 OF THE
U. S. CIVIL SERVICE COMMISSION
APPLICABLE TO FEDERAL PERSONNEL
MANUAL CHAPTER 9

REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

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) Mr. HUNT, E. Howard	2. DATE OF BIRTH 513842 9 October 1918	3. REQUEST NO.	4. DATE OF REQUEST 24 Jan 1957
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) []		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 25 January 1957	

FROM— Area Ops. Officer (COS) BAF 162 GS-0136.01-15 \$12,150 DDP/WH Branch 2	8. POSITION TITLE AND NUMBER	TO—
	9. SERVICE GRADE AND SALARY	
	10. ORGANIZATIONAL DESIGNATIONS	DDP/WH Branch 2
	11. HEADQUARTERS	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Sick and annual leave are to be held in escrow until subject reverts to GS status

B. REQUESTED BY (Name and title) FI/CPS/CCR/OCL	D. REQUEST APPROVED BY Signature: [] Title: Cover Officer
E. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) x8101	

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WAR <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> CASAB. OTHER	14. POSITION CLASSIFICATION ACTION SD-DI
--	--

15. SEX M	16. APPROPRIATION FROM: 7-3587-56-065 TO: <i>per branch</i>	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	--	--	--	---

20. STANDARD FORM 50 REMARKS

1/25 49

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	SP		
B. CELL OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY

SECRET

NOTIFICATION OF PERSONNEL ACTION

FD-50

1. NAME (MR - MISS - MRS - ONE GIVEN NAME INITIALS) AND SURNAME: Mr. E. HOWARD HUNT	2. DATE OF BIRTH 9 Oct 1913	3. GENERAL GS ACTION NO.	4. DATE 25 Jan 1957
---	---------------------------------------	--------------------------	-------------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment	6. EFFECTIVE DATE 13 Jan 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 433 f
---	---	---

8. POSITION TITLE Ops Officer (PP) BFF-1455	9. SERVICE, SERIES, GRADE, SALARY GS-0136.31-15 \$12,150.00 per annum	10. ORGANIZATIONAL DESIGNATIONS DDP/FE North Asia Station PP Staff	11. HEADQUARTERS 465130	12. FIELD OR DEPT'L 5	13. POSITION CLASSIFICATION ACTION Area Ops Off (COS) BAF-162	14. SERVICE, SERIES, GRADE, SALARY GS-0136.01-15 \$12,150.00 per annum	15. ORGANIZATIONAL DESIGNATIONS DDP/WH Branch II	16. HEADQUARTERS	17. FIELD OR DEPT'L
---	---	--	-----------------------------------	---------------------------------	---	--	--	------------------	---------------------

13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> S-PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/>	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>	15. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
--	---	---

16. APPROPRIATION FROM 7-3735-55-005 TO 7-3987-55-065	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	19. LEGAL RESIDENCE STATE:
---	--	---	----------------------------

20. REMARKS:
 3 ECD 11/03/49
POSTED
 25 JAN 1957
[Signature]
 ENTRANCE PERFORMANCE RATING:
 Director Of Personnel

NOTIFICATION OF PERSONNEL ACTION

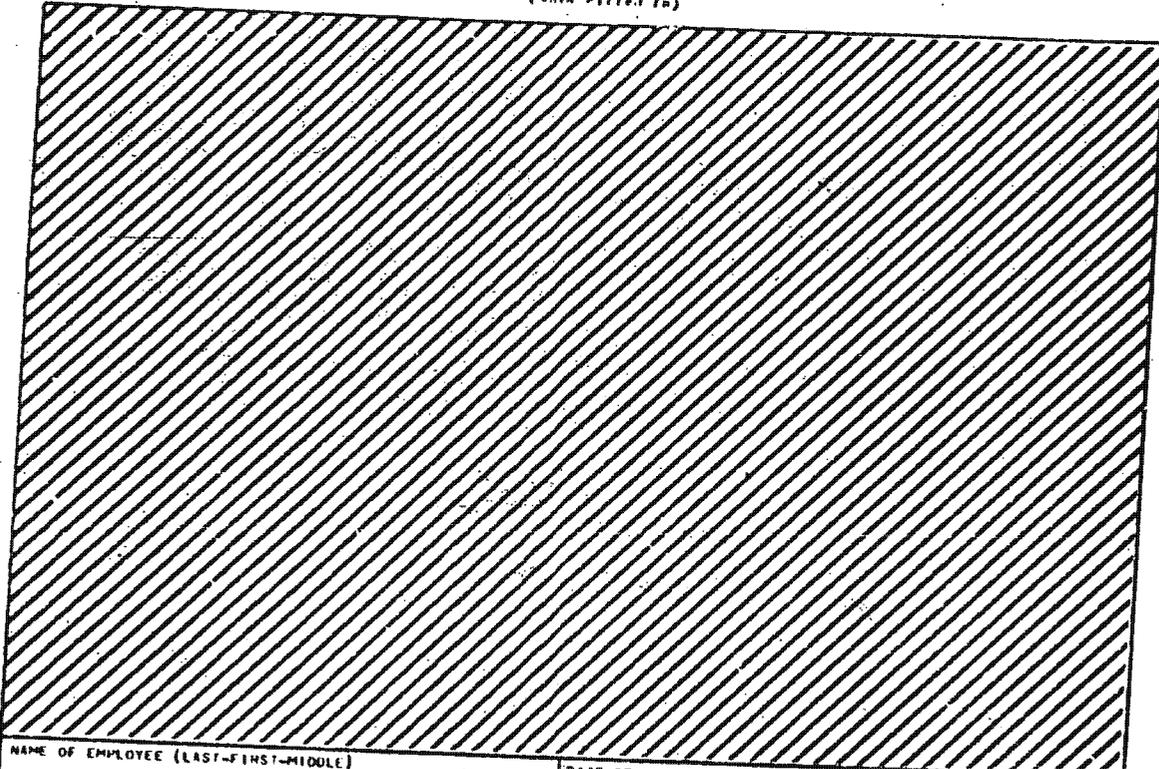
5000

1. NAME (LAST-FIRST-MIDDLE-ONE GIVEN NAME, INITIALS, AND SURNAME) MR. HOWARD E. HUNT 513842		2. DATE OF BIRTH 9 Oct 1918	3. JOURNAL OR ACTION NO.	4. DATE 31 Jan 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE 25 Jan 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
Area Ops. Officer (COS) BAF-162 GS-0136,01-15 \$12,150.00 per annum		8. POSITION TITLE Area Ops. Officer (COS) BAF-162 (Attache, [redacted] & [redacted]) (When Confirmed) GS-0136,01-15 \$12,150.00 per annum ([redacted]) \$12,100.00 per annum	9. SERVICE SERIES, GRADE, SALARY	
10. ORGANIZATIONAL DESIGNATIONS 466130		11. HEADQUARTERS 5		
12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE WWII OTHER 5-PT 10-POINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL SD/DI		
15. SEX M	16. APPROPRIATION FROM 7-3587-55-065 TO: 760-31	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION NO.)	19. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS Sick and annual leave are to be held in escrow until subject reverts to GS status 3 EOD 11/08/49 POSTED 1957 <i>SP</i> <i>William Stewart</i> ENTRANCE PERFORMANCE RATING: Director of Personnel				
21. SIGNATURE OR OTHER AUTHENTICATION				

SECRET

1. EMPLOYEE COPY
 2/1/31/57

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)

HUNT, Howard

DATE OF BIRTH

CASE OR CLAIM NUMBER

CHD 57-726-D

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 wife.

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

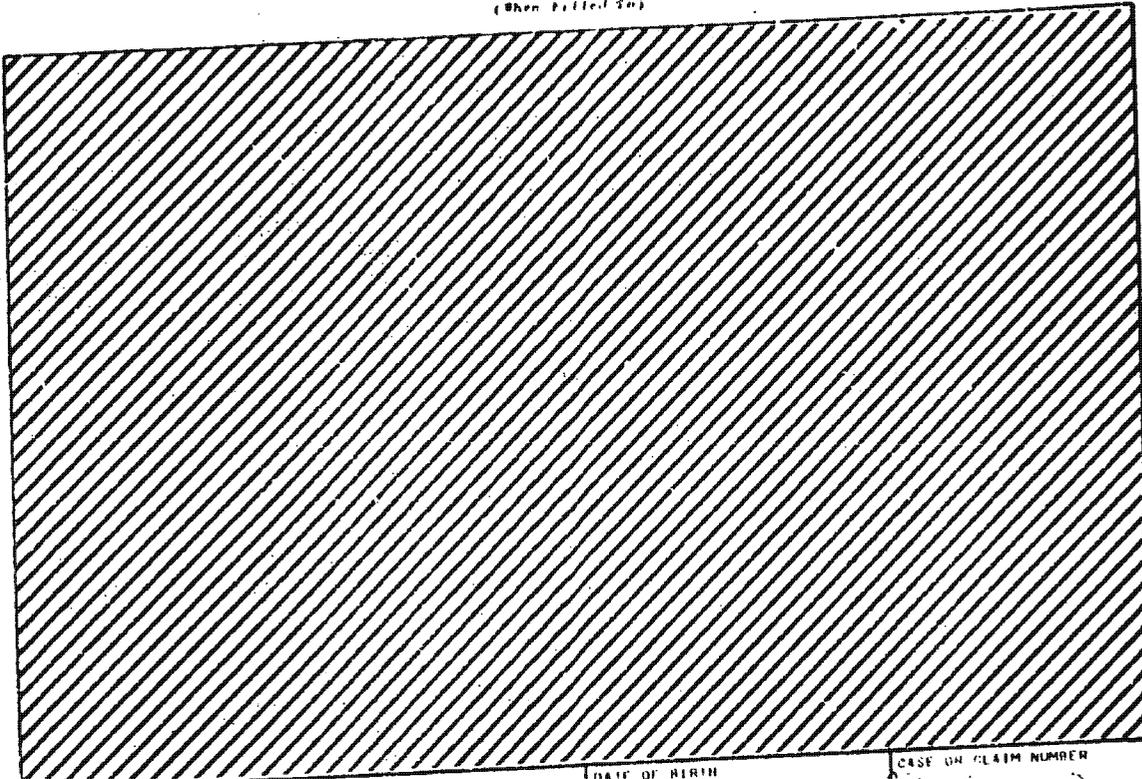
4 Dec 57

SIGNATURE OF BCD REPRESENTATIVE

B. E. [Signature]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>0658-31D</i>
---	---------------	---

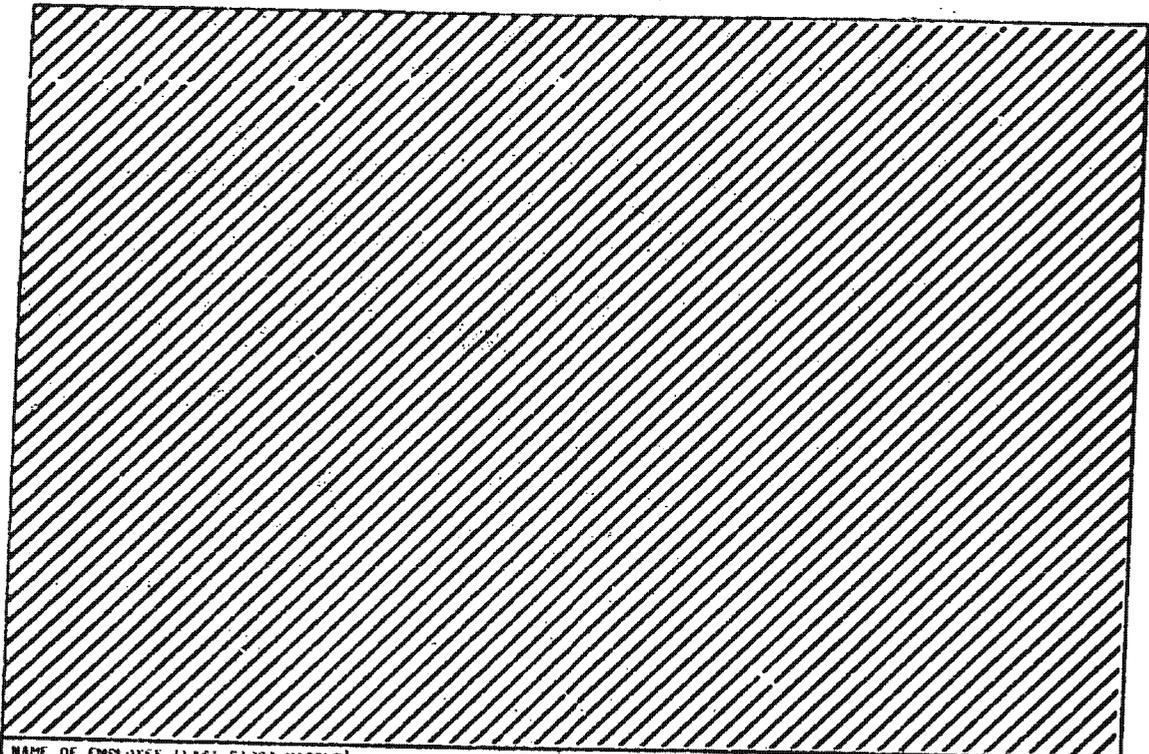
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 5-00.

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 <i>4 Feb 58</i>	SIGNATURE OF RED REPRESENTATIVE <i>[Signature]</i>
-----------------------------------	---

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)

HUNT, Howard E.

DATE OF BIRTH

CASE OR CLAIM NUMBER

CAS 58-167D

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 dependent wife.

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

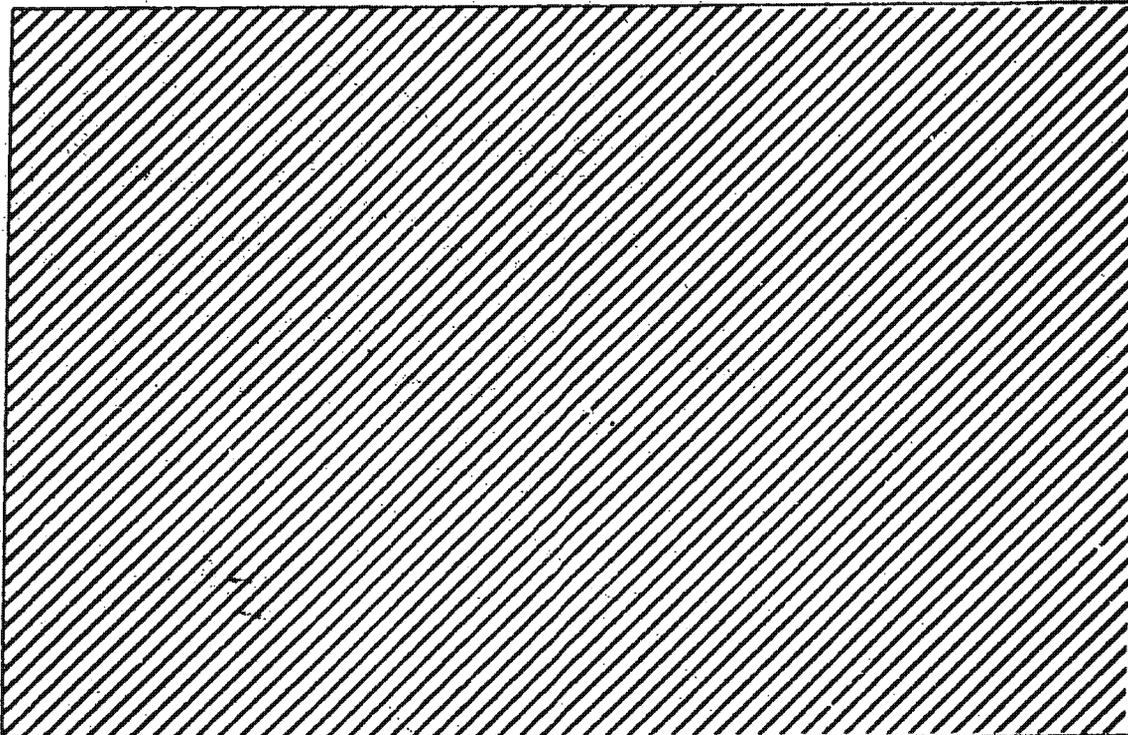
SEP 58

SIGNATURE OF BCD REPRESENTATIVE

B. De Felice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>CAB 54-68 D</i>
---	---------------	--

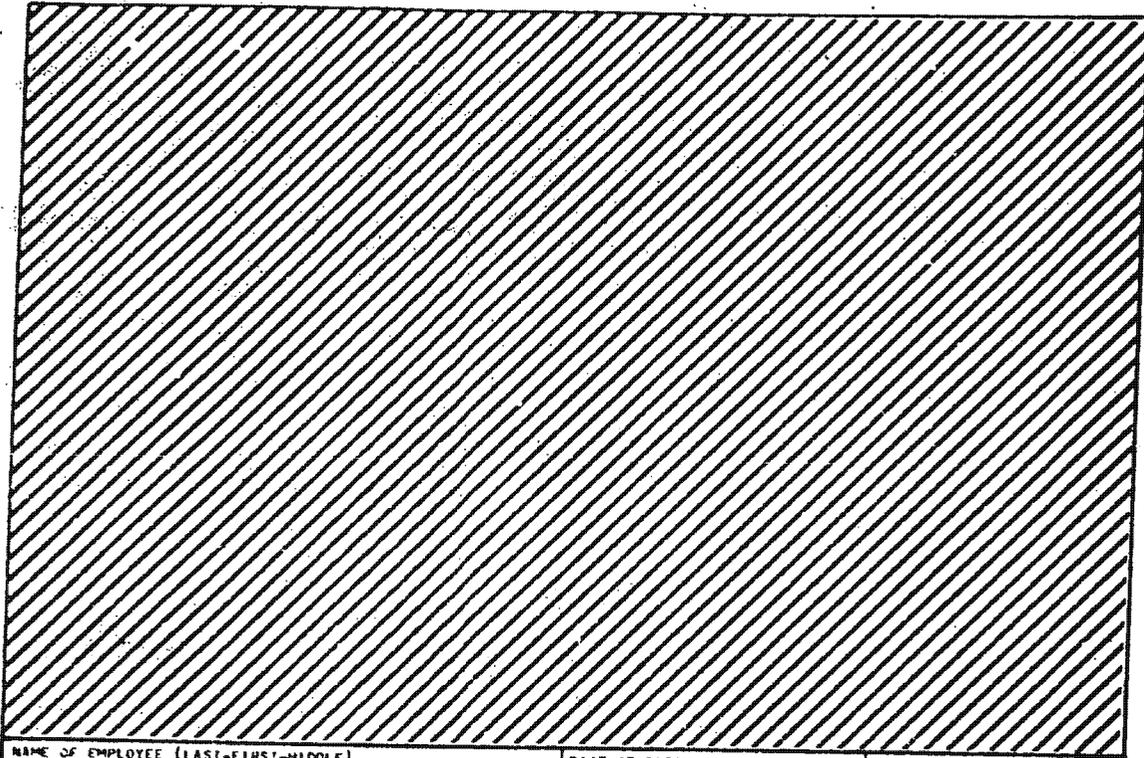
There is, on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on *approx. daughter*.

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 <i>14 May '58</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. De Felice</i>
-------------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>58-135 D</i>
---	---------------	---

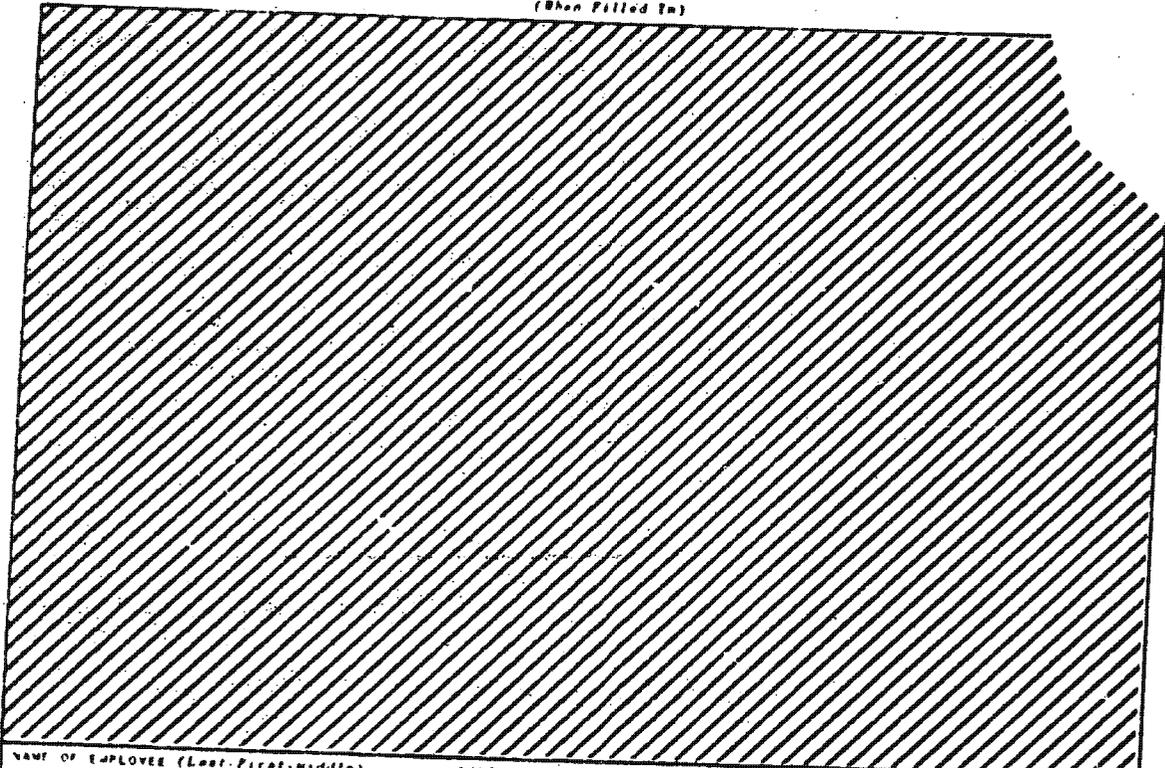
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on dependent daughter

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 <i>21 May 1958</i>	SIGNATURE OF BCS REPRESENTATIVE <i>D. DeFuria</i>
--------------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

NAME AND RELATIONSHIP OF DEPENDENT*

CLAIM NUMBER

Robert Edward

Daughter - Susan

100-110-10

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 (or his dependent*) for an illness, injury, or death incurred on 10 November 1958

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

18 Nov 58

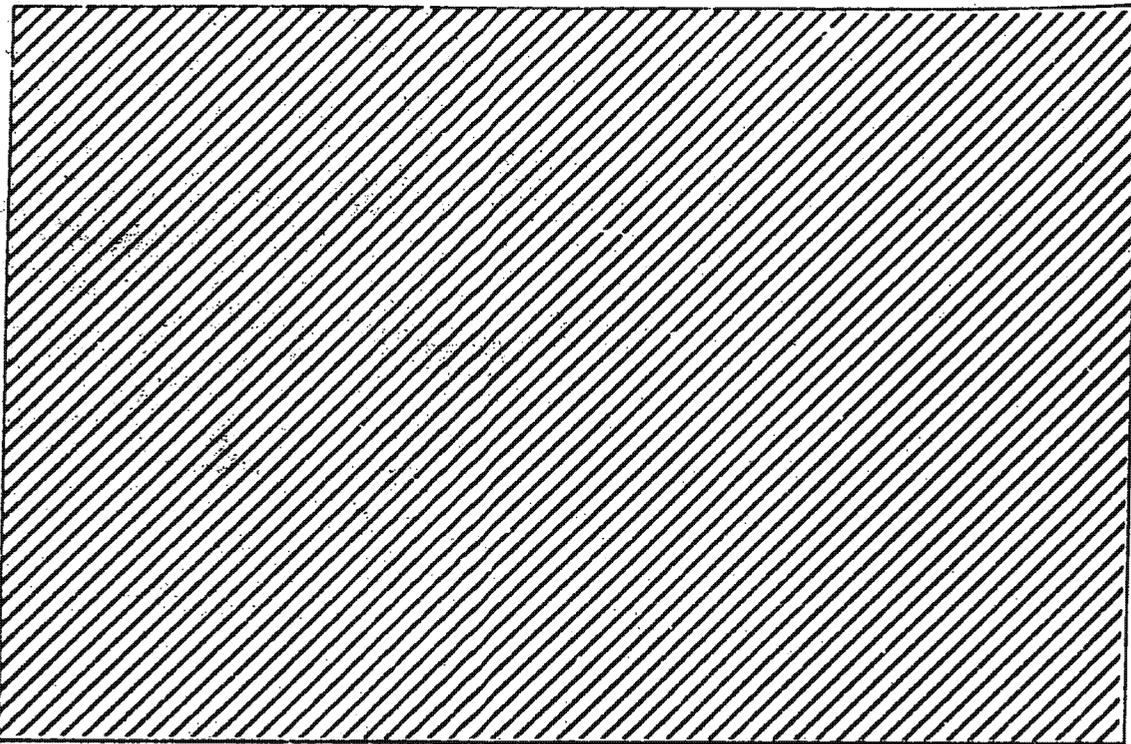
SIGNATURE OF BCD REPRESENTATIVE

B. DeFolice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

25



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard	Unk	57-726D

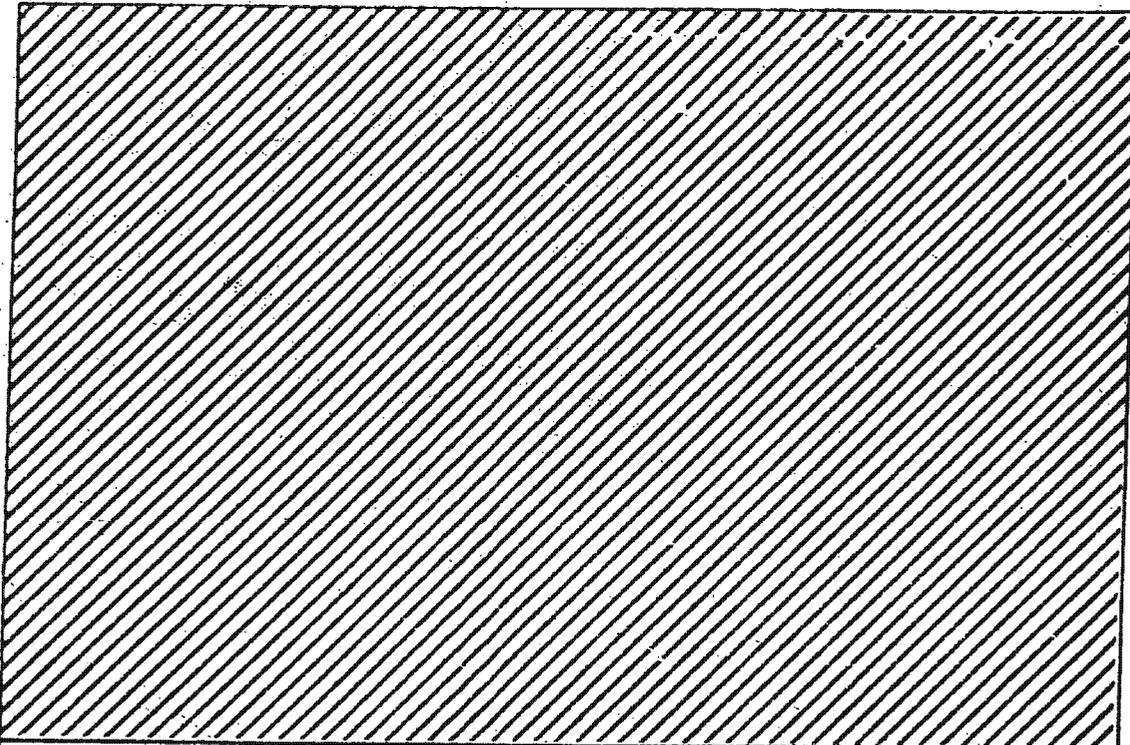
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

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	SIGNATURE OF AOS REPRESENTATIVE
21 Aug 1958	<i>D. McFiler</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
HUNT, Howard	Dorothy	58-399 D

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 (or his dependent*) for an illness, injury, or death incurred on _____.

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 Dec. 1958

SIGNATURE OF BCD REPRESENTATIVE

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p><i>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 <u>full</u> 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 data requires more complete coverage than you have previously reported.</i></p>		
SECTION I GENERAL		
1. FULL NAME (Last-First-Middle)		
HUNT, E. Howard		
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)
4. HOME TELEPHONE NUMBER	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE	
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.		2. RELATIONSHIP
Hunt, Ethel J.		Mother
3. HOME ADDRESS (No., Street, City, Zone, State, Country)		
75 Willett Street Albany 10, NY		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country); INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE		
5. HOME TELEPHONE NUMBER	6. BUSINESS TELEPHONE NUMBER	7. BUSINESS TELEPHONE EXTENSION
Hobart 3-6218		
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		
<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED
<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> ANNULLED
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
<p><i>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 fiancee.</i></p>		
3. NAME (First) (Middle) (Maiden) (Last)		
Dorothy Louise Wetzol HUNT		
4. DATE OF MARRIAGE	5. PLACE OF MARRIAGE (City, State, Country)	
Sept. 7 1940	Millbrook, New York	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)		
Springside, Florida		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
8. DATE OF DEATH		9. CAUSE OF DEATH
10. CURRENT ADDRESS (Give last address, if deceased)		
11. DATE OF BIRTH	12. PLACE OF BIRTH (City, State, Country)	
April 1 1920	Dayton, Ohio	
13. IF BORN OUTSIDE U.S., DATE OF ENTRY	13. PLACE OF ENTRY	
15. CITIZENSHIP (Country)	16. DATE ACQUIRED	17. WHERE ACQUIRED (City, State, Country)
USA		
18. OCCUPATION	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)	
none		
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)		
SECTION III CONTINUED TO PAGE 2		

SECRET

(When Filled In)

SECTION III. CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (Start and End) BY MONTH AND YEAR	
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

SECTION IV. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

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

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V. FINANCIAL STATUS

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

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR BENEFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? YES NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

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

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

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

publishing royalties

SECTION V CONTINUE TO PAGE 3

SECRET

SECRET

SECTION V CONTINUED FROM PAGE 2

BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Riggs Nat'l Bank	Wisconsin at P St., NW, Washington DC

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

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:
 BIRTH MARRIAGE OTHER (Specify)

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input checked="" type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE OR GREATER

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTH HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Brown University, Providence RI	Lit		1936	1940	AB	JUNE 1940	

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	

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

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
US MA, Annapolis	Reserve train.	Feb 1941	May 1941	12
AAFCAC, Orlando, Fla.	Intelligence	June 1943	Dec 1943	28

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

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
France	political	1939, 1948-49			X	X
Spain	political, coasts	May 1960		X		
Mexico	political, terrain	Dec-June 1946	X			

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

France 1939 - study at the Sorbonne
 " 1948-49 - ari. asst to Amb. Harriman at ECA (speechwriter)
 Mexico 1946 - Residence at Acapulco as Guggenheim Fellow for that year

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		
			HDQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING
Mexico	Pol, terrain	1950-53		XX	
	Political	1954-56		XX	
	Political terrain	1957-60		XX	
Balkans	Political	1953-54	XX		
Greece	Political	1952-54	XX		

SECTION IX **TYPING AND STENOGRAPHIC SKILLS**

1. TYPING (W.P.M.) 40 2. SHORTHAND (W.P.M.) _____ 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):
-------	--------------	-----------	------------------

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)

SECTION X **SPECIAL QUALIFICATIONS**

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

squash - good hunting, shooting - good tennis - v, good
 equitation - good fishing - fair

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

3. EXCLUDING EQUIPMENT NOTED IN SECTION 4, 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.

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.

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 4

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, serials, articles, general interest subjects, novels, short stories, etc.)

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

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

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.

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

1. INCLUSIVE DATES (From- and To-) <i>Oct 118 - Dec 50</i>	2. GRADE <i>GS-13</i>	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <i>OPC/PP/PM</i>
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION <i>6</i>	5. OFFICIAL POSITION TITLE <i>Operations Officer</i>	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-) <i>Feb 1957 - March 1960</i>	2. GRADE <i>15</i>	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <i>WH-2</i>
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION <i>16</i>	5. OFFICIAL POSITION TITLE <i>Chief of Station</i>	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-) <i>June 1960 -</i>	2. GRADE <i>15</i>	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <i>WH-4</i>
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE <i>Political Action Officer</i>	
6. DESCRIPTION OF DUTIES <i>Field Chief in Mexico City of JMWAVE</i>		

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. D 3	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. D 1
---	--

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Dorothy I.	wife	1920		X	USA	
Lisa Tiffany	daughter	1951		X	USA	
Kevin Tottenham	"	1953		X	"	
Howard St. John	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

(This area is mostly blank in the image)

DATE COMPLETED <i>16 June 1960</i>	SIGNATURE OF EMPLOYEE <i>Howard St. John</i>
---------------------------------------	---

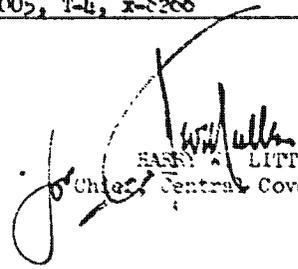
SECRET

5 July 1960

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : E. Howard HUNT

1. Cover arrangements are in process, and/or have been completed for the above-named Subject.
2. Effective immediately, it is requested that your records be properly blocked ~~referred to deny acknowledge~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1960
Richard J. Biladeau, 2-1005, T-4, X-8266.


HARRY A. LITTLE, JR.
Chief, Central Cover Division

cc: SSD/OS

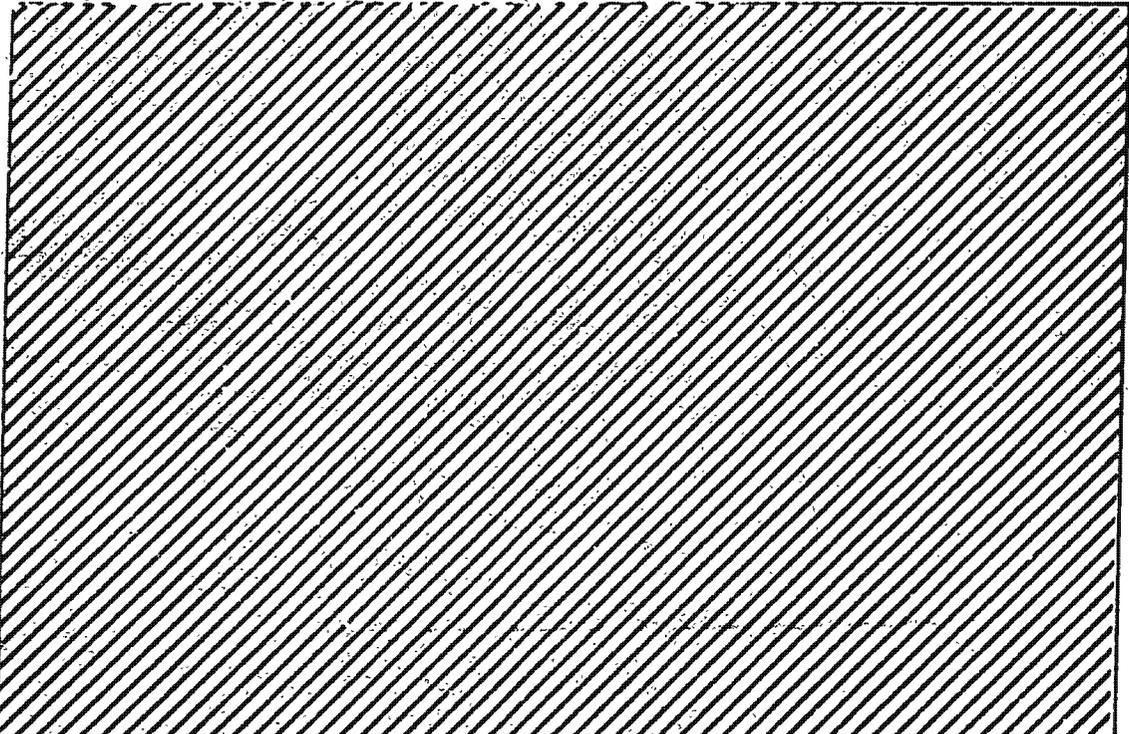
SECRET

**THIS MEMO MUST REMAIN
ON TOP OF FILE**

(4-18-40)

ET

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>W. S. Howard, E.</i>	NAME AND RELATIONSHIP OF DEPENDENT* <i>Daughter - Lisa</i>	CLAIM NUMBER <i>60-1192</i>
---	---	--------------------------------

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 December 11.

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 <i>25 July 1960</i>	SIGNATURE OF BSD REPRESENTATIVE <i>[Signature]</i>
---------------------------------------	---

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
13 October 1960

1. SERIAL NUMBER: 13842
2. NAME (Last-First-Middle): HUNT, E. Howard

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT (TEMPORARY)*
4. EFFECTIVE DATE: 30-10-60
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: [Symbol]
7. COST CENTER NO. CHARGEABLE: 1535-5000-0021
8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: DDP/WH Division Branch 4
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.

11. POSITION TITLE: ~~ADMINISTRATIVE OPERATIONS OFFICER~~
12. POSITION NUMBER: XXXXX
13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, AF, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 15 (5)
17. SALARY OR RATE: \$15,030

18. REMARKS: DDP/WH/2, [] BAF-162 Tracy TA
*UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS.
DPS: 08-16-53
PSI: 02-05-61

19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [Signature]

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

1. ACTION NO.	2. SERVICE NO.	3. START DATE	4. END DATE	5. EMPLOYEE NO.	6. DATE OF BIRTH	7. DATE OF DEATH	8. DATE OF DEPARTURE
5778	14467	25-13		1	10-19-18		
9. SERVICE NO.	10. SPEC. A. REFERENCE	11. DEF. SERV. DATA	12. SPECIAL PAY DATA	13. SPECIAL PAY DATA	14. SPECIAL PAY DATA	15. SPECIAL PAY DATA	16. SPECIAL PAY DATA
17. NET PREFERENCE	18. SER. COMP. DATE	19. LONG. COMP. DATE	20. MIL. PAY. IDENTIFIED	21. REG. / MIL. ALLOWANCE	22. OTHER REGULATORY NO.	EOD DATA →	
23. PREVIOUS ASSIGNMENT YEAR OF DATA	24. MILITARY DATA	25. FEDERAL TAX DATA	26. STATE TAX DATA	27. MILITARY DATA	28. FEDERAL TAX DATA	29. STATE TAX DATA	30. STATE TAX DATA

31. POSITION CONTROL CERTIFICATION: [Signature]
32. D.P. APPROVAL: [Signature]

ALS:25 NOV 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
013842		HUNT E HOWARD															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT (TEMPORARY)*						11 25 60		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		1535 5000 0021		50 USC 403								
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP WH DIVISION BRANCH 4						WASH., D.C.											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION									
OPS OFFICER						0000		D									
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
GS			0136.01		15 5		15030										
18. REMARKS *UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE -HEAD OF YOUR CAREER SERVICE DIRECTS.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOYER CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MONTHS		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37		10		64450 WH		75013				1		10 09 18					
28. NTE EXPIRES			29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA				33. SECURITY REG NO		34. SER		
									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.			
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 dashed black; padding: 10px; display: inline-block;"> <p style="text-align: center;">12/01/60 WJS</p> </div>																	

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT E HOWARD			3. ASSIGNED ORGN DDP/WH UNASS.		4. FUNDS UV		5. ALLOTMENT		
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 15	5	\$15,030	08	09	59	GS 15	8	\$15,290	02	05	'61
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input 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. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS THIS CANCELS PSI EFFECTIVE 02/05/61. ADMINISTRATIVE ERROR.					
14. AUTHENTICATION											
POSTED TO 2806 <i>JK</i> OBLIGATION APPROVED											
PAY CHANGE NOTIFICATION											

FORM 560

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

SECRET
(When Filled In)

1. Serial No. 513842		2. Name HUNT E HOWARD			3. Cost Center Number DDP/WH UV UV			4. LWOP Hours		
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 15	5	\$15,030	08/09/59	15	8	\$15,290	02/05/61			
8. Remarks and Authentication										
NO EXCESS LWOP										
IN PAY STATUS AT END OF WAITING PERIOD										
IN LWOP STATUS AT END OF WAITING PERIOD										
<i>JK</i>										
PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

SECRET

(4-51)

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.

SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HUNT E HOWARD	513842	46 51	GS-15 5	\$13,970	\$15,030

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1. SERIAL NUMBER 0500 ✓		2. NAME (Last-First-Middle) <u>E. HOWARD</u>								DATE PREPARED 15 November 1961			
3. NATURE OF PERSONNEL ACTION Reassignment					4. EFFECTIVE DATE REQUIRED MONTH DAY YEAR 11 28 61			5. CATEGORY OF EMPLOYMENT Regular					
6. FUNDS ▶		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 2121-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
CF TO V		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP/CA Staff Plans and Research Group Evaluation Branch								10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE Asst. Chief - CA					12. POSITION NUMBER 0074		13. CAREER SERVICE DESIGNATION 2						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 213602		16. GRADE AND STEP 5		17. SALARY OR RATE 15030 ✓						
18. REMARKS FROM: DDP/WH/Br 4/Temporary 1cc - Payroll 1cc - Security <i>Called Security 10/28/61</i>													
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Russell</i>				DATE SIGNED 16 Nov 1961		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>A. Lipp</i>				DATE SIGNED 11 Nov 61			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE 57		20. EMPLOY CODE 10		21. OFFICE CODE 44200		22. REPORTING OFFICER CA		23. POSITION CODE 1		24. DATE OF BIRTH 10 10 18			
25. DATE OF DEPARTURE NO. DA YA		26. SPECIAL REFERENCE		27. RETIREMENT DATA 1 - USG 2 - FICA 3 - NONE		28. CORRECTION DATA NO. DA YA		29. CORRECTION/CANCELLATION DATA NO. DA YA		30. SICK LEAVE DATA NO. DA YA			
31. ALT. PREFERENCE 1 - NONE 2 - 12 M 3 - 12 M		32. SERA. COMP. DATE NO. DA YA		33. LVA. COMP. DATE NO. DA YA		34. MIL. SERA. DATA NO. DA YA		35. SEC. / MIL. / AIR. DATA 0 - SERVICE 1 - MIL.		36. SEC. R. NUMBER			
37. PREVIOUS DEPARTMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MO.) 4 - BREAK IN SERVICE (MORE THAN 12 MO.)				38. MILITARY DATA CODE 1 - NONE 2 - 12 M		39. FEDERAL TAX DATA CODE 1 - NONE 2 - 12 M		40. FORMER EMPLOY DATA CODE 1 - NONE 2 - 12 M		41. STATE DATA CODE 1 - NONE 2 - 12 M			
45. POSITION CONTROL CERTIFICATION <i>OK 11-28-61</i>						46. O.P. APPROVAL <i>A. Lipp</i>			DATE APPROVED 17 Nov 61				

PSC: 29 DEC 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)											
013842		HUNT E HOWARD											
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
REASSIGNMENT				11 26 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		2121 1000 1000		50 USC 403 J					
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION							
ODP CA STAFF PLANS AND RESEARCH GROUP EVALUATION BRANCH						WASH., D.C.							
11. POSITION TITLE						12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION					
OPS OFFICER CH.						0274		D					
14 (CLASSIFICATION SCHEDULE (GS, LB, etc.))			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17. SALARY OR RATE						
GS			0136.01		15 5		15030						
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	
37	10	44200	CA	75013		1	10	09	18				
28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO	34. SER	
MO DA YR		1. CSC 2. FICA 3. NONE		CODE		TYPE		MO 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		MO DA YR		MO DA YR		1. YES 2. NO		CODE CODE N. WRITER HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA				
CODE				CODE		FORM EXECUTED; CODE NO. TAX EXEMPTIONS			FORM EXECUTED CODE (NO TAX ENEMP) STATE 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)						1. YES 2. NO			1. YES 2. NO				
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;"><i>mlh 01-04-62</i></p> </div>													

SECRET
(When Filled In)

PSC: 26 JAN 62

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)													
013942		HUNT E HOWARD													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
REASSIGNMENT					01 29 62		REGULAR								
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
CF TO V		X		CF TO CP		2121 1000 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION										
DDP, CA STAFF OFFICE OF THE CHIEF					WASH., D.C.										
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION								
OPS OFFICER					0454		D								
14. CLASSIFICATION SCHEDULE (GS, LP, etc)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE								
GS			0136.01		15 5		15030								
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. INTEGRATED CODE	24. HDQtrs Code	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI					
37	10	NUMERIC	ALPHABETIC	75013		1	10 09 18								
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO	34. SER									
NO	DA	YR	1	2	3	4	NO	DA	YR	NO	DA	YR			
			CSC	OTHER	NONE										
35. VET. PREFERENCE	36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/LCD		39. REGIT. HEALTH INSURANCE		40. SOCIAL SECURITY NO						
CODE	0	NONE	MC	DA	YM	MO	DA	YR	1	YES	CODE	0	NONE	HEALTHINS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE LAT		43. FEDERAL TAX DATA		44. STATE TAX DATA							
CODE	1	NO PREVIOUS SERVICE	2	BREAK IN SERVICE (LESS THAN 12 MOS)	3	BREAK IN SERVICE (MORE THAN 12 MOS)	CODE	1	YES	NO TAX DEDUPTIONS	FORM EXEMPTED	1	YES	2	NO
SIGNATURE OR OTHER AUTHENTICATION										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>[Signature]</i></p> </div>					

326 1-26-62

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED		
1. SERIAL NUMBER			2. NAME (Last-First-Middle)				
013842			Hunt, E. Howard				
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
Reassignment				MONTH DAY YEAR		Regular	
6. FUNDS				7. COST CENTER NO. CHARGE-ABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
<input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> CF TO CF				3129-1000-1000			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDP/DODS Facilities branch Research and Publications Section				Washington, D.C.			
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
Ops. Officer-3Ch			D-14 0092		D		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0316.01		15 5		\$ 15,030.00	
18. REMARKS							
PRA Requested per R - 20-10, para 10C(2) for a period of 90 days.							
DDP/CA Staff Office of the Chief/454 - /							
CONCUR: (By Phone)							
CSID <i>SM</i>							
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
<i>Virginia C. Lynch</i>		4/6/62		<i>Robert Johnson</i>		4/6/62	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. OFFICE NO. EMP. NO.		21. OFFICE CODE NO.		22. STAT. IN. CODE		23. WTD. DATE	
		400				1 10/9/18	
24. RATE EMP. REF.		25. SPEC. REFERENCE		26. SEPARATION DATA		27. CORRECT./CANCELLATION DATA	
80		1 - 251 3 - 8/28 4 - 6/28				FOR DATA	
28. VET. PREFERENCE		29. SER. COMP. DATE		30. LONG. COMP. DATE		31. MIL. SER. DEF. LTCD	
32. PREVIOUS DEPARTMENT SERVICE DATA		33. FEDERAL TAX DATA		34. STATE TAX DATA		35. SECURITY NO.	
36. POSITION CONTROL CERTIFICATION		37. O.P. APPROVAL				DATE APPROVED	
<i>Robert Johnson</i>		<i>Robert Johnson</i>				4/6/62	

BWS: 21 JUNE 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
JCF													
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)											
013842		HUNT E HOWARD											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT						07 01 62			REGULAR				
6. FUNDS		7. V TO V		8. V TO CF		9. LOST CENTER NO (NARGEABLE)			10. CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CF		3129 1000 1000			50 USC 403 J				
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION							
DDP DODS FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.							
13. POSITION TITLE				14. POSITION NUMBER		15. CAREER SERVICE DESIGNATION							
OPS OFFICER CH				0092		D							
16. CLASSIFICATION (SCHEDULE (GS, LB, etc.))			17. OCCUPATIONAL SERIES			18. GRADE AND STEP			19. SALARY OR RATE				
GS			0136.01			15 5			15030				
20. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODING		24. STATION CODE	25. INTEGREE CODE	26. MONTH		27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LEI	
37	10	53400	DODS	75015	1	10	09	18					
30. NTE EXPIRES		31. SPECIAL REFERENCE		32. RETIREMENT DATA		33. SEPARATION DATA CODE		34. CORRECTION/CANCELLATION DATA		35. SECURITY REQ NO.		36. SER	
NO DA YR		80		1. LSC 2. FICA 3. NONE		CODE		TYPE NO DA YR		EOD DATA			
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP. DATE		40. MIL SERV CREDIT/LCO		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO			
CODE 0 NONE 1 SPT 2 TOPT		NO DA YR		NO DA YR		1 YES 2 NO		CODE CODE 0 WAIVER 1 YES		HEALTH INS CODE			
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT		45. FEDERAL TAX DATA				46. 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		ACCUMULATED CODE NO TAX EXEMPTIONS 1 YES 2 NO				FORM EXECUTED CODE NO TAX STATE CODE 1 YES EXEMP			
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>[Signature]</i> </div>													

Jan 6-22-62

ABM: 17 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
013842		HUNT E HOWARD										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT						09 16 62		REGULAR				
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CP		3129 2000 1000		50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP DODS US FIELD FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.						
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
OPS. OFFICER CH						0092		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01			15 5		15030				
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. MONTHS	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	NUMERIC	ALPHABETIC	75013		2	MO	DA	YR	MO	DA	YR
		53400-DODS					10	09	18			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.		34. SEN
NO DA YR		80		1 - CSC 2 - FICA 3 - NONE				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		NO. DA. YR		NO. DA. YR		CAR BELV PROV TEMP		CODE		CODE		
0 - NONE 1 - 5 PT 2 - 10 PT								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				CODE		FORM EXECUTED CODE			STATE EXECUTED 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)						NO TAX EXEMPTIONS 1 - YES 2 - NO			NO TAX EXEMPTED 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION												
<div style="display: flex; justify-content: space-between;"> <div> <p>Bob 9/17/62</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>09-17-62</p> </div> </div>												

FORM 4-62 1150

Use Previous Edition

SECRET

SEC 1
Increased from 1000 to 1150
Effective 10-1-62

(When Filled In) (4-81)

SECRET

NOTIFICATION OF ESTABLISHMENT OF [REDACTED] COVER BACKSTOP		DATE 21 September 1962
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT - [REDACTED]	HUNT, E. Howard
ATTN:	[REDACTED]	FILE NO. 1088
REF:	Form 1322 MEM dtd 29 Aug 62 requesting cover [REDACTED] COVER BACKSTOP ESTABLISHED	ID CARD NO.
<input checked="" type="checkbox"/> BLOCK RECORDS: (OPMEMO 20-800.11) <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 TO 3. (HB 20-800.2) <input checked="" type="checkbox"/> ASCERTAIN THAT [REDACTED] 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:		
<p>THIS MESSAGE BELONGS TO THE OFFICE OF THE [REDACTED]</p> <p style="text-align: right;"><i>James W. [REDACTED]</i></p> <p>ALR/pp CHIEF, MILITARY COVER, CCG</p>		

COPY TO CPD/OP

45-136

DISTRIBUTION: 1-OSD/OS, 1-PSD/OS, 1-ADPD/COMPT

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1966.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
MUNT E HOWARD	013842	43	400	CF GS-15 6	\$16,965	\$18,240

1 Serial No.		2 Name		3 Cost Center Number		4 LWOP Hours				
013842		HUNT, E. HOWARD		53 400 CF						
5 OLD SALARY RATE				6 NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS-15	5	\$16,485	08/09/59	GS-15	6	\$16,965	12/09/62			
8 Remarks and Authentication										
<p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>R H Curran</i> DATE: 7 December 1962</p>										
<p>PAY CHANGE NOTIFICATION <i>McC</i></p>										

Form 901 560

Obsolete Previous Edition

(4-31)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-794 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
MUNT E HOWARD	013842	53400	CF	15 5	\$15030	\$16485

SECRET

(If App. Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. Howard				9 July 1964	
3 NATURE OF PERSONNEL ACTION Reassignment				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 1 64		5 CATEGORY OF EMPLOYMENT Regular	
6 FUNDS		7 COST CENTER NO. CHARGE-ABLE 5129-0253		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/DOD U.S. Field C A Staff				10 LOCATION OF OFFICIAL STATION Washington, D.C.			
11 POSITION TITLE Ops Officer - CH				12 POSITION NUMBER (15) 0280		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (G.V. L.B. etc.) GS-15		15 OCCUPATIONAL SERIES 0126.01		16 GRADE AND STEP 15 06		17 SALARY OR RATE \$18,240	
18 REMARKS							
19 SIGNATURE OF REQUESTING OFFICER Virginia C. Lynch				DATE SIGNED 9 July 64		19 SIGNATURE OF CAREER SERVICE APPROVING OFFICER Ronald Gage	
VIRGINIA C. LYNCH, DO/Pers						7/21/64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 37 10		21 OFFICE CODING NUMERIC ALPHABETIC 13200 601		22 STATION CODE 75012		23 INTEGREE CODE 2	
24 MONTHS CODE 10		25 DATE OF BIRTH MO DA YR 10 09 18		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR	
28 NTE EXPIRES MO DA YR 4 12 64		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-ESC 2-FHA 3-NONE		31 SEPARATION DATA CODE	
32 CORRECTION CANCELLATION DATA TYPE MO DA YR		33 SECURITY REQ NO		34 STR		EOD DATA	
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 LAB RESV PROV TEMP	
39 FEDERAL 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 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVY CAT CODE	
43 FEDERAL TAX DATA PCRM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		44 STATE TAX DATA PCRM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		45 POSITION CONTROL CERTIFICATION		46 APPROVAL DATE APPROVED	
30 30		Ronald Gage		7/21/64			

023 352

Checked by
CSJD
LCA

RZR: 31 JUL 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
013842	HUNT E HOWARD

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	08 03 64	REGULAR

6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	CF TO CF	5123 0253 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/DOD US FIELD CA STAFF	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER CH	0280	D

14. CLASSIFICATION SCHEDULE (GS, LD, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	15 6	18240

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. INTEGREEE CODE	24. MONTHS	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	43200 DOD	75013		2	10 03 18		
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA	33. SECURITY REQ NO.	34. SEN	EOD DATA	
MO. DA. YR.		1. CAC 2. FICR 3. NONE		TYPE MO. DA. YR.				
XX XX XX								
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 S.P. 2 10 PY	MO. DA. YR. MO. DA. YR.	1. PERM 2. TEMP	CODE CODE 0 - WAIVED 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)		FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO	FORM EXECUTED CODE NO. TAX STATE CODE EXEMP 1 - YES 2 - NO				

SIGNATURE OR OTHER AUTHENTICATION

POSTED

12 AUG 1964

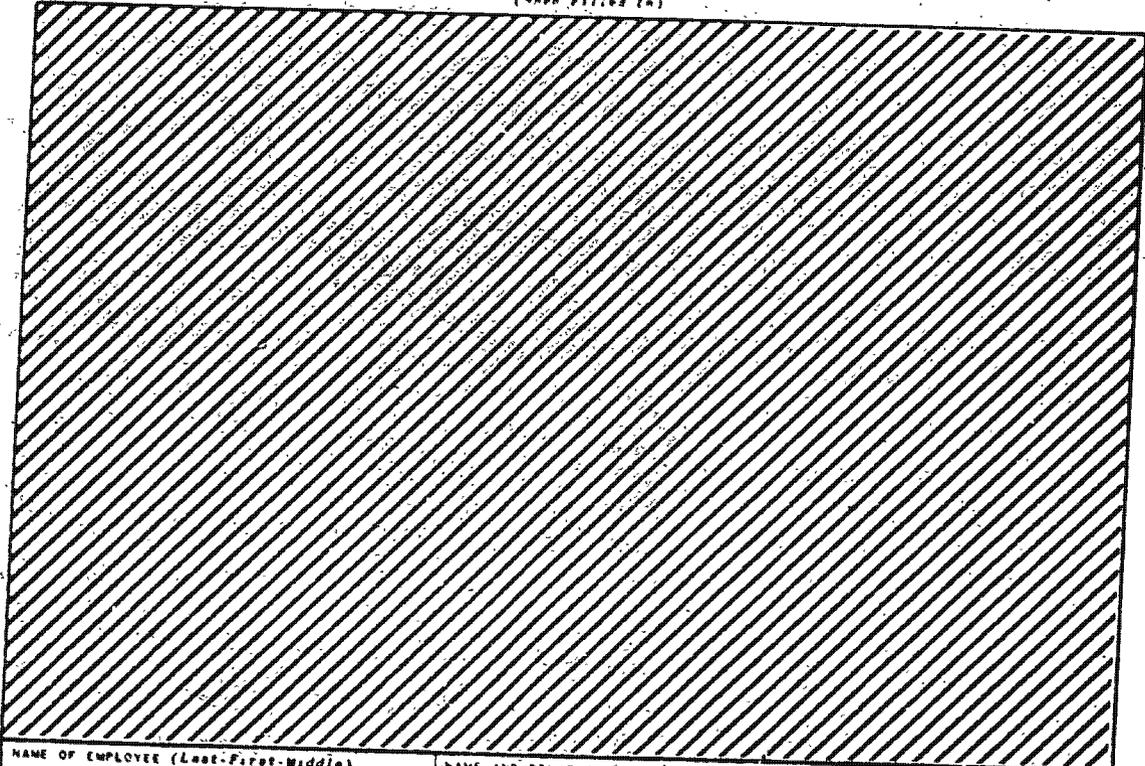
[Signature]

31 JUL 64

SECRET

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 01342		2. NAME (Last-First-Middle) HUNT, E. Howard				16 February 1965	
3. NATURE OF PERSONNEL ACTION TRANSFER and to Vouchered Funds				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 15 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS X V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 5220-0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS OFFICE OF THE CHIEF OF DEFENSE SERVICES OFFICE OF THE CHIEF OF OPERATION GROUP				10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE CPS OFFICER (14)				12. POSITION NUMBER 0390		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0130.01		16. GRADE AND STEP 15 7		17. SALARY OR RATE 19880	
18. REMARKS FROM DOD (US FDI) ON STAFF This employee is the only qualified person available for assignment to this position which must be filled immediately. He will be in PRA status for a period not to exceed 24 months. PRA in accordance with Regulation III 20-21 paragraphs c (3). Verbal concurrence from DOD's per CC: Payroll Security [redacted] 2/19/65 2/18/65 2/23/65 18A. SIGNATURE OF REQUESTING OFFICIAL [redacted] DATE SIGNED [redacted] 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [redacted] DATE SIGNED 17 Feb 65							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 16		20. EMP. CODE 10		21. OFFICE CODING ALPHABETIC 3105		22. STATE IN CODE DC	
23. DATE OF BIRTH 10 09 18		24. DATE OF GRAD. 08 16 53		25. DATE OF LEA. 12 10 64		26. SECURITY REF. NO.	
27. VET. PREFERENCE 1 - NONE 2 - 5% 3 - 10%		28. RETIREMENT DATA SPECIAL REFERENCE 83		29. SEPARATION DATA CODE		30. CORRECTIVE/ANCE. ACTION DATA FOD DATA	
31. CAREER CATEGORY CAP/REG PROV/TEMP		32. FEEDBACK/HEALTH INSURANCE 0 - NO SER 1 - YES		33. SOCIAL SECURITY NO.			
34. PREVIOUS EMPLOYMENT SERVICE DATA COM 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERV. (MORE THAN 3 YRS)		35. FEDERAL TAX DATA FORM EMPLOYEE 1 - YES 2 - NO		36. STATE TAX DATA FORM EMPLOYEE 1 - YES 2 - NO			
37. POSITION CONTROL CERTIFICATION 2-19-65 [redacted] (2) from DOD's				38. O.P. APPROVAL [redacted]		39. DATE APPROVED 17 Feb 65	

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
Hunt, E. Howard	Self	65-607

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 12 October 1964.

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 10/12/64	SIGNATURE OF BSD REPRESENTATIVE <i>[Signature]</i>
----------------------------	---

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED											
1 SERIAL NUMBER		2 NAME (Last-First-Middle)				5 APRIL 1965											
C13542		HURT, E. Howard															
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		6 CATEGORY OF EMPLOYMENT												
REASSIGNMENT-COMMOTION <i>Detail of funds transferred</i>			MONTH DAY YEAR 02 10 65		REGULAR												
7 FUNDS		8 LEGAL AUTHORITY (As implied by Office of Personnel)		7 COST CENTER NO CHARGEABLE		8 LEGAL AUTHORITY (As implied by Office of Personnel)											
V TO V		V TO CF		5120-0001													
CF TO V		CF TO CF															
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION													
OFFICE OF THE DDP OPERATIONS Group <i>Group</i>				WASH., D.C.													
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION												
OPS OFFICER			0350		D												
14 CLASSIFICATION SCHEDULE (GS, FS, etc)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE											
GS		0136.01		15 7		\$ 19300											
18 REMARKS																	
Correct action dated 2/20/65 to delete transfer to vouchered funds.																	
Correct Cost Center chargeable to 5120-0001 funds. Section 6 to read CF to CF.																	
<i>Admin Error -</i>																	
CC: Payroll Security																	
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED									
						<i>Charles E. ...</i>		15 April 65									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEGRITY CODE		24 HQ/RS CODE		25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
				NUMERIC ALPHABETIC								MO DA YR		MO DA YR		MO DA YR	
												1 10 09 18					
28 WTE EMPHASIS		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA		33 SECURITY REQ NO		34 SER					
MO DA YR		MO DA YR		1-USE 2-FIELD 3-NONE		CODE		TYPE MO DA YR		EOD DATA							
02 27 67		83															
35 VET. PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FEGLI HEALTH INSURANCE		40 SOCIAL SECURITY NO							
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE							
0-None 1-5 PT 2-10 PT																	
41 PREVIOUS GOVERNMENT SERVICE DATA				42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA									
CODE				CODE		CODE		CODE									
3-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				1-YES 2-NO		CODE		1-YES 2-NO									
45 POSITION CONTROL CERTIFICATION						46 O.P. APPROVAL				DATE APPROVED							
4/5/65 HH						<i>Charles E. ...</i>				15 April 65							

DLB: 9 APR 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)										
013842		HUNT E HOWARD										
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT						
REASSIGNMENT (CORRECTION)				02 28 65		REGULAR						
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY								
V TO V		5120 0001 0000		50 USC 403 J								
CF TO V		A		CF TO CF								
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION								
DDP OFFICE OF THE DDP OPERATIONS GROUP				WASH., D. C.								
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION						
CPS OFFICER				0390		D						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
GS		0136.01		15 7		19880						
18. REMARKS												
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/28/65 AS FOLLOWS: ITEM #3, NATURE OF PERSONNEL ACTION, TO DELETE TRANSFER TO VOUCHERED FUNDS. ITEM #6, FUNDS, WHICH READ CF TO V, TO READ CF TO CF. ITEM #7, COST CENTER NO. CHARGEABLE, WHICH READ 5220 0001 0000, TO READ 5120 0001 0000.												
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. MAJOR CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET	
58	10	30100 DDP		75013		1	10 09 18					
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO		34. SER		
NO DA YR		03	1 - CSC 2 - FICA 3 - NONE			TYPE MO DA YR		EOD DATA		16 02 26 65		
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 YR 2 - 10 YR		MO DA YR		LAW 2 - NO	CODE CODE 0 - DRIVER 1 - YES		HEALTH INS CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE				0	FORM EXEMPTED CODE		NO TAX EXEMPTIONS		TAX EXEMPTED		CODE NO TAX STATE CODE EXEMP	
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					1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION												
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">POSTED</p> <p style="font-size: 36px; margin: 0;">4-7-65 TH</p> </div>												

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

17 JUNE 1965 ✓

1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. HOWARD	
3 NATURE OF PERSONNEL ACTION RESIGNATION			4 EFFECTIVE DATE REQUESTED MONTH: 7 DAY: 3 YEAR: 65
5 CATEGORY OF EMPLOYMENT REGULAR			6 LEGAL AUTHORITY (Completed by Office of Personnel)
7 FUNDS	V TO V CP TO V	V TO CP XX CP TO CP	8 COST CENTER NO CHARGEABLE 6120-0001
9 ORGANIZATIONAL DESIGNATIONS DDP OFFICE OF THE DDP OPERATIONS GROUP		10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.	
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0390	13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (G.S. / B. / A.) GS	15 OCCUPATIONAL SERIES 0136.01	16 GRADE AND STEP 15 7	17 SALARY OR RATE \$ 19,880.
18 REMARKS SUBJECT IS RE-EMPLOYABLE.			
18A SIGNATURE OF REQUESTING OFFICIAL <i>Rushmore</i>		DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Rushmore</i>
			DATE SIGNED <i>6/24/65</i>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE 43	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC: ALPHABETIC	22 STATION CODE
23 INTEGRAL CODE	24 MONTHS CODE 1	25 DATE OF BIRTH MO: 10 DA: 09 YR: 11	26 DATE OF GRADE MO: DA: YR:
27 DATE OF LEI MO: DA: YR:	28 %T EXPIRES MO: DA: YR:	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESA 3-TICA 5-NONE
31 SEPARATION DATA CODE 1-3F, 00, 11, 1	32 CORRECTION CANCELLATION DATA EOD DATA →	33 SECURITY REG. NO.	34 SER
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-REG PROG. TEMP
39 FEGLI-HEALTH INSURANCE CODE: CODE: CODE: HEALTH INS. CODE	40 SOCIAL SECURITY NO.	41 PREVIOUS GOVERNMENT SERVICE DATA CODE: 0-NONE PREVIOUS SERVICE 1-NONE BREAK IN SERVICE 2-BRIEF IN SERVICE (LESS THAN 3 YEARS) 3-BRIEF 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 EXEMPT	STATE CODE
45 POSITION CONTROL CERTIFICATION <i>6/24/65</i>		46. OP APPROVAL <i>E. D. ...</i>	
		DATE APPROVED <i>7/13/65</i>	

Recorded
6-24
WT

PJH: 16 JUL 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013842		2. NAME (LAST-FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION RESIGNATION		4. EFFECTIVE DATE NO. DA YR 07 03 65	
5. CATEGORY OF EMPLOYMENT REGULAR		7. COST CENTER NO. CHARGEABLE 6120 0001 0000	
8. FUNDS V TO V CF TO V X CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP/OFFICE OF THE DDP OPERATIONS GROUP	
10. LOCATION OF OFFICIAL STATION WASH., D.C.		11. POSITION TITLE OPS OFFICER	
12. POSITION NUMBER 0390		13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	
16. GRADE AND STEP 15 7		17. SALARY OR RATE 19880	

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH 10 09 18	26. DATE OF GRADE	27. DATE OF LEI
28. DTZ EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - ESC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE 1BFO071	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR		33. SECURITY REQ NO	34. SER	
35. VET PREFERENCE	36. SERV COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEELT - HEALTH INSURANCE CODE 0 - NO YES HEALTHING CODE 1 - YES		40. SOCIAL SECURITY NO			
PREVIOUS GOVERNMENT SERVICE DATA				FEDERAL TAX DATA				STATE TAX DATA	
1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE LESS THAN 2 YRS 4 - BREAK IN SERVICE (MORE THAN 2 YRS)				41. LEAVE CAT CODE	42. FORM EXECUTED CODE 1 - YES 2 - NO	43. NO TAX ABSTENTION	44. FORM EXECUTED CODE 1 - YES 2 - NO	45. CODE NO TAX STATE CODE (EXEMP)	

ROD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED
JUL 19 65

SECRET

NOTIFICATION OF ESTABLISHMENT OF [] COVER BACKSTOP		DATE 20 July 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR HUNT, E. Howard
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) DDP	
ATTN:	Admin Staff	FILE NO. 1008
REF:	Resignee Backstop Debriefing	ID CARD NO.
[] COVER BACKSTOP ESTABLISHED		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records: Resignation effective 3 Jul 65
(OPMEMO 20-800-11)

a. Temporarily for _____ days, effective _____

b. Continuing, effective EOD Oct 49

Submit Form 642 to change limitation category.
(HMB 20-7)

Ascertain the [] being issued.
(HB 20-661-1)

Submit Form 1322 for any change affecting this cover.
(R 240-250)

Submit Form 1323 for transferring cover responsibility.
(R 240-250)

Remarks:

Cover History []

James J. Franklin
 RDD/al CHIEF, MILITARY COVER, ECG

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

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. HOWARD				3 DATE PREPARED 9 SEPTEMBER 1966											
3 NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT (Career)					4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 18 66			5 CATEGORY OF EMPLOYMENT REGULAR									
6 FUNDS XX		V TO V CF TO V		V TO CF CF TO CF		7 COST CENTER NO. CHARGEABLE 7230-1184		8 LEGAL AUTHORITY (Completed by Office of Personnel)									
9 ORGANIZATIONAL DESIGNATIONS DDP/WE OPERATIONS STAFF INTERNAL SECTION					10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C.												
11 POSITION TITLE OPS OFFICER (15)					12 POSITION NUMBER 0020		13 CAREER SERVICE DESIGNATION D										
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS			15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15-7		17 SALARY OR RATE \$ 21192										
18 REMARKS Subject terminated staff status July 1965. Picked-up as a Contract Employee, and the termination of Contract Status will be effective 17 September 1966. <i>Terminated off Contract Employee according to Sign cc Security cc Payroll * Former Contract Employee. Reinstated with Case C-07/54</i>																	
DATE SIGNED				SIGNATURE OF CAREER SERVICE APPROVING OFFICER Ronald Gage				DATE SIGNED 19 Sept 66									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 ACTION CODE 11		20 EMPLOY CODE 10		21 OFFICE CODING NUMERIC ALPHABETIC 50845 WE		22 STATION CODE 75013		23 INTEGRAL CODE		24 HOURS CODE 1		25 DATE OF BIRTH MO DA YR 10 10 41 18		26 DATE OF GRADE MO DA YR 05 16 53		27 DATE OF LEI MO DA YR 12 06 67	
28 NTE EXPIRES MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-ESA 2-IRA 3-RCR		31 SEPARATION DATA CODE		32 CORRECTION/AMENDMENT DATA TYPE MO DA YR		EOD DATA →		33 SECURITY CLASS NO 48130 M1		34 SEX			
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO DA YR 05 15 45		37 LONG COMP DATE MO DA YR 11 05 44		38 CAREER CATEGORY CODE C-1		39 FEELI HEALTH INSURANCE CODE 2-WAIVER 1-YES		40 SOCIAL SECURITY NO. 136-65-472							
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NONE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE 8		43 FEDERAL TAX DATA FORM EXECUTED CODE MO TAX EXEMPTIONS 1 115				44 STATE TAX DATA FORM EXECUTED CODE MO TAX STATE CODE 1 6 19							
45 POSITION CONTROL CERTIFICATION								46 O.P. APPROVAL		DATE APPROVED							

REF: 23 SEPT 66

SECRET
(When Filled In)

DAF		NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER 013842		2. NAME (LAST FIRST MIDDLE) HUNT E HOWARD			
3. NATURE OF PERSONNEL ACTION EXCEPTED APPT CAREER			4. EFFECTIVE DATE 09 13 66		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X		7 TO V	V TO CF	7. COST CENTER NO. CHARGEABLE 7236 1184 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/WE OPERATIONS STAFF INTERNAL SECTION			10. LOCATION OF OFFICIAL STATION WASH., D.C.		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 0020	13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (EX., B, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 7	17. SALARY OR RATE 21192	
18. REMARKS FORMER CONTRACT EMPLOYEE. REINSTATE SICK LEAVE.					

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 11		20. EMPLOYER CODE 10		21. OFFICE CODING NUMERIC 50045 ALPHABETIC WE		22. STATION CODE 75013		23. INTEGREE CODE		24. ADDRESS CODE 1		25. DATE OF BIRTH 10 09 18		26. DATE OF GRADE 03 16 53		27. DATE OF LEI 12 06 64	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1		31. SEPARATION DATA CODE		32. CORRECTION, CANCELLATION DATA EOD DATA				33. SECURITY REG NO 48130		34. SER M1			
35. VET PREFERENCE 1		36. SERV COMP DATE 05 24 44		37. LONG COMP DATE 11 08 49		38. CAREER CATEGORY C		39. FEGLI/HEALTH INSURANCE 1		40. SOCIAL SECURITY NO 126054970							
41. PREVIOUS GOVERNMENT SERVICE DATA 1				42. LEAVE CAT CODE 6		43. FEDERAL TAX DATA 1 M5				44. STATE TAX DATA 1 C 19							

SIGNATURE OR OTHER AUTHENTICATION

POSTED
09-27-66

(When Filled In)

10 1150

Use Previous Edition

SECRET

14

11/5/66

TAX DIV

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
013842		HUNT E HOWARD		46 050		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Lea Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 15	7	\$21,192	12/06/64	GS 15	8	\$21,799	12/03/67		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Keith L. ...</i>						DATE <i>29 Nov. 1967</i>			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS				RECORDED BY					
FORM 7-66 560 E Use previous editions									
PAY CHANGE NOTIFICATION									

SECRET

3 October 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Verification of Contract Service for
Howard E. Hunt

1. The following is a record of subject's contract service with the Agency:

<u>Date</u>	<u>Action</u>	<u>Compensation</u>
4 July 1965	Contract Employee	\$19,880 per annum
10 October 1965	Salary Increase	\$20,595 per annum
3 July 1966	Salary Increase	\$21,192 per annum
17 September 1966	Contract Terminated	\$21,192 per annum

2. All of above service is creditable for both leave and Civil Service Retirement purposes.

Chief, Contract Personnel Division

11/11/66

GROUP 1
 EXCLUDED FROM AUTOMATIC
 DECLASSIFICATION
 DATE 11/11/66

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		6 January 1967
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR HUNT, E. Howard
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) O/DDP	
ATTN:	DDP/Personnel	FILE NO. 1033
REF:	Resignation Debriefing	ID CARD NO.
	OFFICIAL COVER BACKSTOP ESTABLISHED	EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

- Block Records:
(OPMEMO 20-800-11)
 - a. Temporarily for _____ days, effective _____
 - b. Continuing, effective _____ EOD _____
- Submit Form 642 to change limitation category.
(RHB 20-7)
- Ascertain that _____ being issued.
(HB 20-861-1)
- Submit Form 1322 for any change affecting this cover.
(R 240-250)
- Submit Form 323 for transferring cover responsibility.
(R 240-250)
- Concurred in issuance
- AGE Hospitalization card.
- NACS

COV

77

James F. Franklin
CD/sac CHIEF, OFFICIAL COVER CCS

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-D/OS, Copy 4-OL/TELSVC, Copy 5-OP/BSO/IB, Copy 6-DCS/OPS, Copy 7-File

SECRET

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 11 January 1967								
1 SERIAL NUMBER		2 NAME (Last-First-Middle) PLESER, RENT, L. HOWARD											
3 NATURE OF PERSONNEL ACTION Reassignment & TRANSFER TO CONFIDENTIAL-FUNDS				4 EFFECTIVE DATE REQUESTED MONTH: 01, DAY: 20, YEAR: 67		5 CATEGORY OF EMPLOYMENT REGULAR							
6 FUNDS V TO V CF TO V		XX V TO CF CF TO CF		7 COST CENTER NO. CHARGEABLE 2150-1184		8 LEGAL AUTHORITY (Completed by Office of Personnel)							
9 ORGANIZATIONAL DESIGNATIONS DDP/DIR SPECIAL ACTIVITIES STAFF				10 LOCATION OF OFFICIAL STATION WASH, D.C.									
11 POSITION TITLE OPS. OF				12 POSITION NUMBER 0000		13 CAREER SERVICE DESIGNATION D							
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15-7		17 SALARY OR RATE \$ 21,192 ✓							
18 REMARKS cc payroll A													
19A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED						
					[Signature]		18/Jan/67						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE 30	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC: 030 ALPHABETIC: CLK		22 STATION CODE 25213	23 INTEGREE CODE	24 ADQTES. CODE 1		25 DATE OF BIRTH 10/29/18		26 DATE OF GRADE MO: DA: YR:		27 DATE OF LEI MO: DA: YR:	
28 WTE EMPHES MO: LA: YR:		29 SPECIAL REFERENCE 1-ESC 2-FICA 3-NORM		30 RETIREMENT DATA CODE		31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA TYPE: MO: DA: YR:		33 SECURITY REQ. NO.		34 SER	
35 VET PREFERABLE CODE: 0-NONE, 1-5 PT, 2-10 PT		36 SERV COMP DATE MO: DA: YR:		37 LOAG COMP DATE MO: DA: YR:		38 CAREER CATEGORY CAR RESV, PROV. TEMP		39 FEGLI HEALTH INSURANCE CODE: 0-WAIVER, 1-YES		40 SOCIAL SECURITY NO.			
41 PREVIOUS GOVERNMENT SERVICE DATA CODE: 0-NONE, 1-BREAK 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: 1-YES, 2-NONE		44 STATE TAX DATA FORM EXECUTED: 1-YES, 2-NONE		45 POSITION CONTROL CERTIFICATION FROM WK			
										45 D.P. APPROVAL [Signature]			
										DATE APPROVED [Signature]			

SECRET
(When Filled In)

BJT 26 JAN 67

NOTIFICATION OF PERSONNEL ACTION

OCC

1 SERIAL NUMBER 013842		2 NAME (LAST-FIRST-MIDDLE) HUNT E HOWARD					
3 NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			4 EFFECTIVE DATE 01 29 67				
5 CATEGORY OF EMPLOYMENT REGULAR			6. FUNDS <table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table> X	V TO V	V TO CF	CF TO V	CF TO CF
V TO V	V TO CF						
CF TO V	CF TO CF						
7. Financial Analysis No. Chargeable 7136 1184 0000		8. USC OR OTHER LEGAL AUTHORITY 50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR SPECIAL ACTIVITIES STAFF		10 LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0006	13 SERVICE DESIGNATION D				
14 CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15 OCCUPATIONAL SERIES 0136.01	16 GRADE AND STEP 15 7	17. SALARY OR RATE 21192				
18. REMARKS							

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 20	20. Employ Code 10	21. OFFICE CODES NUMERIC ALPHABETIC 44050 EUR	22 STATION CODE 75013	23 INITIALS CODE	24. Hours Code 1	25 DATE OF BIRTH MO DA YR 10 09 18	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 CODE	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR	EOD DATA →		33 SECURITY REQ NO.	34. SER
35 YES 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	39 FEGLI / HEALTH INSURANCE CODE CODE 0 WAIVED 1 YES	40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE 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 STATE CODE EXEMP			

SIGNATURE OR OTHER AUTHENTICATION

FROM: WE

POSTED
[Signature]

SECRET

(When Filled In)

111

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 25 April 1967							
1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. HOWARD										
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			4 EFFECTIVE DATE REQUESTED MONTH: 05 DAY: 07 YEAR: 67		5 CATEGORY OF EMPLOYMENT REGULAR							
6 FUNDS V TO V CF TO V		V TO CF X CF TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 7136-1184		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203						
9 ORGANIZATIONAL DESIGNATIONS DDP/WE EVR				10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.								
11 POSITION TITLE		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION D								
14 CLASSIFICATION SCHEDULE (GS, FS, PK, ...)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP 15		17 SALARY OR RATE \$						
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.												
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 REQUIS CODE	25 DATE OF BIRTH MO. DA. YR.		26 DATE OF GRADE MO. DA. YR.		27 DATE OF LEI MO. DA. YR.	
28 HTE EXPIRES MO. DA. YR.		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CSC 2-FICA 3-BOM		31 SEPARATION DATA CODE	32 CORRECTION LABELLATION DATA TYPE MO. DA. YR.		33 SECURITY REQ NO		34 SEX		
35 VET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT		36 SERV COMP DATE MO. DA. YR.		37 LONG COMP DATE MO. DA. YR.		38 CAREER CATEGORY CAR RESV PROV/TEMP	39 FEGLI HEALTH INSURANCE CODE CODE 0-NONE 1-YES		40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE PREVIOUS SERVICE 1-NONE BREAK 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 STATE CODE					
45 POSITION CONTROL CERTIFICATION 3-2-67 372				46. OF APPROVAL See memo signed by D/Pers dated 27 APR 1967				DATE APPROVED				

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

BJT: 17 MAY 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013842		2. NAME (LAST-FIRST MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE MO DA YR 05 07 67
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS V TO V W TO CF CF TO V X CF TO CF	
7. Financial Analysis No Chargeable 7136 1184 0000		8. CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203	
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)	15. OCCUPATIONAL SERIES 15	16. GRADE AND STEP	17. SALARY OR RATE

18. REMARKS
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR			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. CIA 3. FICA 4. NONE CODE 2		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR			33. SECURITY REQ. 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 1 REG 2 NO		39. FEGLI / HEALTH INSURANCE CODE 0 WAIVER 1 YES			40. SOCIAL SECURITY NO				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE 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 EXEMPTED CODE NO TAX EXEMPTIONS 1 YES 2 NO			44. STATE TAX DATA CODE NO TAX STATE CODE EXEMP 1 YES 2 NO						

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED
5-18-67

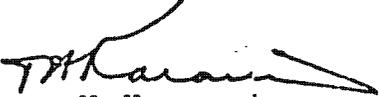
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to [] for a special undertaking in behalf of the DD/P. He left for [] in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".


Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

SECRET

CONFIDENTIAL

(When Filled In)

Complete in original. 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. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
HUNT	E.	Howard	

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Sarasota, Fla.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Potomac, Md.	HOME LEAVE RESIDENCE 11120 River Rd. Potomac, Md. 20854

2. MARITAL STATUS (Check one)

<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE Millbrook, N.Y.				DATE OF MARRIAGE Sept. 7 1949	
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)					

3. MEMBERS OF FAMILY

NAME OF SPOUSE Dorothy L. Hunt	ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd. Potomac, Md. 20854	TELEPHONE NO. 299 7366
NAMES OF CHILDREN Lisa T. Kevan T. Howard St. John David A.	ADDRESS 11120 River Road, Potomac, Md. D I TTO	SEX DATE OF BIRTH F 27/11/51 3/11/51 F 27/11/52 M 3/22/54 M 8/1/65
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. **Wife and 3 elder children**

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) R Hunt, Dorothy L.	RELATIONSHIP wife
HOME ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd. Potomac, Md. 20854	HOME TELEPHONE NUMBER 299 7366
BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) Yes	YES	<input checked="" type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES	<input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES	<input checked="" type="checkbox"/>

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

5. VOLUNTARY ENTRIES		
<p>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.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p>		
<p>Riggs National Bank F&M Branch, Washington, DC Howard and/or Dorothy L. Hunt</p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>		
<p>in wife's possession</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>Wm. F. Buckley, Jr. Stamford, Conn.</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
<p>Daughter Lisa T. Hunt is presently hospitalized. Notification should <u>not</u> be made to her.</p>		
SIGNED AT	DATE	SIGNATURE
Langley, Va.	23 June 1967	E. Howard Hunt

CONFIDENTIAL

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1 SERIAL NUMBER 013842										2 NAME (Last-First-Middle) HUNT, E. HOWARD		30 JULY 1968	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 07 68		5 CATEGORY OF EMPLOYMENT REGULAR					
6 FUNDS		V TO V		V TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 9136 1184		8 LEGAL AUTHORITY (Completed by Office of Personnel)					
CF TO V		XX		CF TO CF		9 ORGANIZATIONAL DESIGNATIONS EDP/EUR OPERATIONS STAFF							
10 LOCATION OF OFFICIAL STATION WASH., D.C.						11 POSITION TITLE CPS OFFICER (15)		12 POSITION NUMBER 0012		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15 OCCUPATIONAL SERIES 0136.01			16 GRADE AND STEP 15 8			17 SALARY OR RATE \$23,735 24.393				
18 REMARKS VICE: W. DIETRICH FROM EUR/SAS/#0006													
18A SIGNATURE OF PROMOTING OFFICER /PERS				DATE SIGNED 8/1/68		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER Paul M. Y. [Signature]				DATE SIGNED 5 Aug 68			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 44100 EUR		22 STATION CODE 78213	23 INTEGREE CODE 1	24 MONTHS CODE 10/09/68		25 DATE OF BIRTH MO. DA. YR.		26 DATE OF GRADE MO. DA. YR.		27 DATE OF LEI MO. DA. YR.	
28 RATE EXPIRES MO. DA. YR.		29 SPECIAL REFERENCE 1-ESC 2-ORIG 3-FILA 4-NORR	30 RETIREMENT DATA CODE		31 SEPARATION DATA CODE	32 CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.		EOD DATA →		33 SECURITY REQ 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 CAR RESP PROV. TEMP		39 FEGLI HEALTH INSURANCE CODE CLASS 0-None 1-YES		40 SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 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 FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMP. STATE CODE 1-YES 2-NO					
45. POSITION CONTROL CERTIFICATION 8-7-68 [Signature]						46 O.P. APPROVAL [Signature]			DATE APPROV				

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

PLW: 13 AUG 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 013842		2 NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE 03 07 68
			5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS	V TO V	V TO CF	7 Financial Analysis No. Chargeable
	CF TO V	CF TO CF	8 CSC OR OTHER LEGAL AUTHORITY
	X		9136 1194 0000 50 USC 403 J
9 ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0012	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS 18 OR)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	15 6	24399
18 REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC: 44100 ALPHABETIC: EUR	22 STATION CODE 78013
23 INDEGREE CODE	24 HOURS CODE	25 DATE OF BIRTH 10 05 12	26 DATE OF GRADE
27 DATE OF LEAVE	28 NTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA
31 SEPARATION DATA CODE	32 CORRECTION / COMBINATION DATA	33 SECURITY REQ NO	34 SEX
35 VET PREFERENCE	36 SERVS COMP DATE	37 LONG. COMP DATE	38 CAREER CATEGORY
39 REGS - HEALTH INSURANCE	40 SOCIAL SECURITY NO	41 PREVIOUS CIVILIAN GOVERNMENT SERVICE	
42 LEAVE CAT CODE	43 FEDERAL TAX DATA	44 STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION			

POSTED
8/16/68

7 March 1969

MEMORANDUM FOR: E. Howard Hunt, DDP/EUR/CA

SUBJECT : Service Computation Date

In your memo of 24 February 1969 to the Director of Personnel you requested a classification of your Service Computation Date, since various records had indicated three different dates. The date should be 7 September 1944.

This date reflects the following service:

Economic Cooperation Administration-

17 May 1948 - 08 June 1948 22 days

Foreign Service-

09 June 1948 - 19 February 1949 - 08 mo., 11 days

U.S. Naval Reserve-

19 August 1940 - 13 October 1942 - 02 yr., 1 mo., 25 days

U.S. Army-

06 October 1943 - 08 January 1946 - 02 yr., 3 mo., 3 days

Agency (Staff and Contract)-

08 November 1949 to Present

Total non-Agency time amounts to 5 years, 2 months and 1 day. When this time is subtracted from your Agency EOD date the result is 7 September 1944.

The confusion has resulted from conflicting dates arrived at in previous attempts at classification.

SECRET

This office is charged with arriving at SCD's for leave purposes. Prior to your retirement the Retirement Operations Branch will obtain records from the Civil Service Commission verifying that service which is creditable for retirement purposes.

In this regard let me point out that the data which we have just verified contains a period of service that is potentially creditable for retirement. Your military records show an enlistment in the Army as 6 October 1943. However the form later states active duty from 22 November 1943 to 8 January 1946. If you have any questions regarding the computation please call me on X7165. Questions regarding creditable service for retirement purposes can be referred to [redacted] on X3237.

[redacted]
Chief, Transactions & Records Branch

Distribution:
Orig. & Addressee
1-TRB Chrono

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee
Number 013842, DOB: October 1918;
EUR/CA; Career; Service Designa-
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1969

MONTHS UNDER MY SUPERVISION: 7

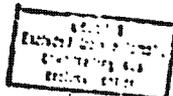
OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.

SECRET
47



SECRET

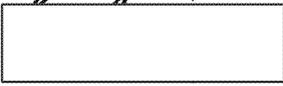
SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.


Chief of Operations
European Division

I certify that I have seen the above fitness report.

Robert Hunt

Date: 5/15/59

- 2 -

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE: 14 January 1970	
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER	1088
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER	013842
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER	EUR
ATTN:	CHIEF SUPPORT STAFF	OFFICIAL COVER	<input type="checkbox"/> BACKSTOP ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED
REF:	FORM: 1413	SUBJECT	
HUNT, E. HOWARD		UNIT	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE: XXXXXXXX	
B. CONTINUING AS OF COB		FROM EOD	
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
ASCERTAIN THAT _____ W-2 BEING ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2*)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2*)			
SUBMIT FORM 2688 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
COVER HISTORY:			
DISTRIBUTION: COPY 1 - RLD 2 - OPERATING COMPONENT 3 - D/Os 4 - DL/TELSVC 5 - CCS - CHRONO 6 - CCS - FILE		JC/s1	
1551 USE PREVIOUS EDITION		SECRET	

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

(13-20-43)

SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
1 SERIAL NUMBER 013842										2 NAME (Last-First-Middle) HUNT, E. HOWARD		19 Jan 70					
3 NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 11 70		5 CATEGORY OF EMPLOYMENT REGULAR									
6 FUNDS		7 FINANCIAL ANALYSIS NO. CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)		9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION									
V TO V		V TO CF		CF TO V		CF TO CF		DDP/EUR OPERATIONS STAFF		WASH., D.C.							
11 POSITION TITLE CPS OFFICER						12 POSITION NUMBER 0012		13 CAREER SERVICE DESIGNATION D									
14 CLASSIFICATION SCHEDULE (G.S. F.R. NO.) GS			15 OCCUPATIONAL SERIES 0136.01			16 GRADE AND STEP 15 8		17 SALARY OR RATE \$ 26,629									
18 REMARKS Effective date of 11 Jan 70 must remain in order for Subject to be eligible for Blue Cross Hospitalization. CE: PAYROLL																	
18A REQUESTING OFFICER [Signature] C/E/Pers						DATE SIGNED 1/19/70		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]		DATE SIGNED 1-19-70							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE		23 INTEGREE CODE		24 HQ/RTS CODE		25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LES MO DA YR	
10		10		4150 111		1111		1		1		10/09/18					
28 WTE EXPIRES MO DA YR			29 SPECIAL REFERENCE		30 RETIREMENT DATA CODE		31 SEPARATION DATA CODE		32 CORRECTION/CANCELLATION DATA TYPE MO DA YR			33 SECURITY RIG NO		34 SER		EOD DATA	
35 VET PREFERENCE CODE		36 SERV COMP DATE MO DA YR			37 LONG COMP DATE MO DA YR			38 CAREER CATEGORY LSE RSY PROF TEMP		39 FEDERAL HEALTH INSURANCE CODE CODE		40 SOCIAL SECURITY NO					
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXEMPTED CODE				44 STATE TAX DATA NO TAX EXEMPTIONS		45 POSITION EXECUTED CODE		46 STATE CODE			
B-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)						1-YES 2-NO				1-YES 2-NO		1-YES 2-NO					
45 POSITION CONTROL CERTIFICATION 1-20-70 mw						46 OP APPROVAL W heart				DATE APPROVED 1/20/70							

SECRET
(When Filled In)

FORM 5-66 (Rev. 10-67)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST-FIRST-MIDDLE)									
01342		HUNT E HOWARD									
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT					
TRANSFER TO VOUCHERED FUNDS				MO: DA: YR: 01 11 70		REGULAR					
6 FUNDS		V TO V		V TO CF		7 Financial Analysis No. Chargeable		8 CSC OR OTHER LEGAL AUTHORITY			
X		CF TO V		CF TO CF		0200 11 01 0000		58 USC 4303 J			
9 ORGANIZATIONAL DESIGNATIONS					10 LOCATION OF OFFICIAL STATION						
DDP/EUR OPERATIONS STAFF					WASH, D.C.						
11 POSITION TITLE					12 POSITION NUMBER		13 SERVICE DESIGNATION				
OPS OFFICER					0012		D				
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE				
CS			0100.01		15		28321				
18 REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE	20 Employer Code	21 OFFICE CODING		22 STATION CODE	23 INTERSEE CODE	24 Hdqrs Code	25 DATE OF BIRTH		26 DATE OF GRADE	27 DATE OF LEI	
16	10	NUMERIC	ALPHABETIC	75X13	1	1	MO DA YR 10 11 70		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 REG NO	34 SEX
MO DA YR		1. CSC 2. CIA 3. NSA 4. NCI-4		CODE		TYPE		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		MO DA YR		MO DA YR		CAR BES4 PROV 25 WP		CODE		CODE	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT. CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA			
CODE				FORM EXECUTED		NO TAX EXEMPTIONS		FORM EXECUTED		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.				1. YES 2. NO				1. YES 2. NO		CODE NO TAX STATE ECON TAXIMP	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px;"> <p>POSTED</p> <p>1-22-70</p> <p>718</p> </div>											

FORM 5-66 (Rev. 10-67)

Use Previous Edition

SECRET

JIBC

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

U.S. G. (FORM) 5-66 (REV) 10-67 (GPO) (40-10800-1) (40-10800-1)

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
HUNT E HOWARD	013442	44	100	CF GS 15 8	\$26,629

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	44	050	CF GS 15 7	\$21,192	\$22,082

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

JED: 20 APR 70

SECRET
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 013842		2 NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3 NATURE OF PERSONNEL ACTION RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM			4 EFFECTIVE DATE NO 001 18 04 30 70
6 FUNDS X		V TO V	V TO CF
CF TO V		CF TO CF	
9 ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF		7 Financial Analysis No Chargeable 8 CSC OR OTHER LEGAL AUTHORITY REGULAR P.L. 89-643 SECT. 233	
11 POSITION TITLE OPS OFFICER		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
14 CLASSIFICATION SCHEDULE (GS, LB, etc) GS		15 OCCUPATIONAL SERIES 0138.01	16 GRADE AND STEP 15 8
17 SALARY OR RATE 22226		13 SERVICE DESIGNATION	
19 REMARKS			

1 LAST NAME HUNT	FIRST NAME E	INITIALS HOWARD	2 APPOINTMENT DATA Entered on duty 5/15/48 Subject to Sec 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 203(d) on Annual Leave Bal	3 TOTAL SERVICE FOR LEAVE (as of date of separation) Years 25 Months 7 Days 23 <input checked="" type="checkbox"/> More than 13 years
4 DATE AND NATURE OF SEPARATION RETIREMENT VOLUNTARY CIARDS 4/30/70				
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)		SUMMARY OF HOME LEAVE (DAYS)		REMARKS
5 Balance from prior leave year ended 1/10 1970	Annual 300	Sick 745	14 Date arrival abroad for ML purposes	SCD: 9/7/44 S/L TRANS. TO CSC
6 Current leave year accrual through 4/18 1970	56	28	15 Current balance as of 19	
7 Total	356	773	16 12 month accrual rate	
8 Reduction in credits, if any (current year)	0	0	17 Dates leave used, prior 24 months	
9 Total leave taken	44	36	18 Monthly accrual date	
10 Balance	312	737	19 Calendar days credit for next accrual date	
11 Total hours paid in lump sum 300 HRS + 1 HOL			20 Date last service period completed	
12 Salary rates: 28,226			MILITARY LEAVE	
13 Lump sum leave dates: From 0830, 5/1/70 to 6/24/70 1230 (Hours)			21 Dates during current calendar yr to	
		ABSENCE WITHOUT PAY		LWOP or AWOL or Furlough/Suspension (Hours) 0 0
		23 During leave year in which separated		
		24 During step increase waiting period which began on 12/3/67		
		25 During 12 month ML accrual period (dates)		

Standard Form 1140
November 1964
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 290-41 AND 990-2

UUU

(When Filled In)

SECRET

81 APR 1970

70-2034

MEMORANDUM FOR : Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement
E. Howard Hunt

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. E. Howard Hunt, GS-15, Operations Officer, European Division, Clandestine Service, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 April 1970.

3. Mr. Hunt has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 51 years old with over 25 years of Federal service. This service includes over 20 years with the Agency of which more than 10 years were in qualifying service overseas. The Head of the Clandestine Service Career Service has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. E. Howard Hunt under the provisions of Headquarters Regulation 20-50j.

/s/ Robert S. Wattles

Robert S. Wattles
Director of Personnel

The recommendation contained in paragraph 4 is approved:

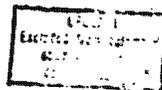
/s/ Richard Helms

Director of Central Intelligence

81 APR 1970

Date

SECRET



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

21 APRIL 1970

1 SERIAL NUMBER

013842

2 NAME (Last-First-Middle)

HUNT, E. HOWARD

RETIREMENT (VOLUNTARY) UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM

4 EFFECTIVE DATE REQUESTED

MONTH COB YEAR
04 30 70

5 CATEGORY OF EMPLOYMENT

REGULAR

6 FUNDS



V TO V

V TO CF

CF TO V

CF TO CF

7 FINANCIAL ANALYSIS NO CHARGEABLE

0236-1184

8 LEGAL AUTHORITY (Completed by Office of Personnel)

Sec. 88.643
Act. 233

9 ORGANIZATIONAL DESIGNATIONS

DDP/EUR OPERATIONS STAFF

10 LOCATION OF OFFICIAL STATION

WASHINGTON, D.C.

11 POSITION TITLE

OPS OFFICER

(15)

12 POSITION NUMBER

0012

13 CAREER SERVICE DESIGNATION

D

14 CLASSIFICATION SCHEDULE (GS, FA, etc.)

GS

15 OCCUPATIONAL SERIES

0136.01

16 GRADE AND STEP

15 8

17 SALARY OR RATE

\$ 28,530 28,226

18 REMARKS

cc: SECURITY
cc: PAYROLL

Accountant for Agency Reserve Program is ready

Approved by
CSRS 4/27/70

1152 Release with memo, R.O.B., 4/29/70.

19A SIGNATURE OF REQUESTING OFFICIAL

DATE SIGNED

19B SIGNATURE OF APPROVING OFFICIAL

DATE SIGNED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC	22 STATION CODE	23 INTEGRAL CODE	24 HOURS CODE 1	25 DATE OF BIRTH MO DA YR 10 09 70	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE 1-FC 2-ORCA 3-FIA 4-NONE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE TYPE	32 CORRECTION CANCELLATION DATA MO DA YR	EOD DATA		33 SECURITY RIG NO	34 SER
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 1-YES 2-NONE	39 FEGLI HEALTH INSURANCE CODE 0-NONE 1-YES	40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO YEARS 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 1-YES 2-NONE	44 STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NONE	45 POSITION CONTROL CERTIFICATION 4-29-70		46 OP. APPROVAL DATE APPROVED 4/24/70		

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

April 23, 1970

TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER 1088
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) EUR	ID CARD NUMBER
ATTN:	Chief Support Staff	OFFICIAL COVER
REF:	Retirement Debriefing	<input checked="" type="checkbox"/> DISCONTINUED
SUBJECT	HUNT, E. Howard	UNIT

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____	DATE XXXXXX
B. CONTINUING AS OF COB	From EOD
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	NA
ASCERTAIN THAT _____ W-2 BEING ISSUED (HNB 20-11)	NA
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2*)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HR-240-2*)	
SUBMIT FORM 2688	
<input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

Cover History:

DISTRIBUTION: COPY 1 - HQ
 COPY 2 - OPERATING COMPONENT
 COPY 3 - O/GS
 COPY 4 - OL/TELETYPE
 COPY 5 - CCS - CHRONO
 COPY 6 - CCS - FILE

CD/s1

James H. Franklin
 OFFICIAL COVER, CENTRAL COVER STAFF

JSC: 29 APR 70

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)					
013842		MUNT E HOWARD					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM				04 30 70		REGULAR	
6. FUNDS	<input checked="" type="checkbox"/>	7. V TO V		7. V TO CF		7. Financial Analysis No. Chargeable & CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				0012		D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE *	
GS		0136.01		15 B		28226	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

SECRET

1 MAY 1970

MEMORANDUM FOR : Mr. E. Howard Hunt
THROUGH : Head of CS Career Service
SUBJECT : Notification of Approval of Request for
Voluntary Retirement

1. I am pleased to inform you that your request for voluntary retirement under the CIA Retirement and Disability System has been approved by the Director of Central Intelligence.

2. Your retirement will become effective 30 April 1970. Your annuity will commence as of 1 May 1970 and is payable on 1 June 1970. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative processing required to effect your retirement.

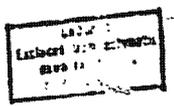
3. You will receive a lump-sum payment for your accrued annual leave up to 30 days or for whatever amount of leave credit you carried over from the last leave year if that amount is more than 30 days.

/s/ H. B. Fisher
Robert S. Wattles
Director of Personnel

- Distribution:
- 0 - Addressee
 - 1 - D/Pers
 - 1 - OPF
 - 1 - ROB Reader
 - 1 - ROB Soft File

OP/RAD/ROB/[]jat/3257 (30 April 1970)

SECRET



70-1825

SEARCHED
SERIALIZED
70-1825

Mr. E. Howard Hunt
11120 River Road
Potomac, Maryland 20854

6 MAY 1970

Dear Howard:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride and satisfaction in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helms
Richard Helms

Richard Helms
Director

Good Luck and Best Wishes!

Distribution:

- 0 - Addressee
- 1 - DDCI
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

Originator: /s/ H. B. Fisher 4 MAY 1970
Director of Personnel

Concur: C/EAB/OS

SIGNED

20 APR 1970

OP/RAD/ROB [] at/3257 (20 April 1970)

14-00000

Mr. F. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Mr. Hunt:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay
Personnel Officer

Enclosures:
Questionnaire
Return Envelope

Distribution:
Original - Addressee
1 - OPF
1 - RAD Subject's File

OP/RAD/EEA/ [] :alp (9 October 1970)

HOWARD HUNT
C/CA/EUR
4829

NO SECURITY CLASSIFICATIONS

CENTRAL INTELLIGENCE AGENCY

Career Profile

4829
Hunt
2/1/69
9 Dec 69

From 1949 to the present I have been a career official of the Central Intelligence Agency. My foreign assignments have been in Europe, Latin America and the Far East where my duties involved the collection, evaluation, and reporting of high priority intelligence in the national interest. This intelligence information related to the economic, political, social and military aspects of nations and regions where I was located. During two crisis periods I was a senior member of special task forces organized to confront the crises, and took part in White House conferences. At other times I have served as a regional trouble-shooter.

Abroad I have dealt and negotiated with senior officials including Presidents of foreign nations and members of their Cabinets.

In Washington I have represented CIA at high levels of our government including the Psychological Strategy Board, Operations Coordinating Board and Interdepartmental Groups chaired by the Assistant Secretary of State. I have had extensive responsibilities for the development and review of large-scale budgets, and for their successful presentation.

I have also had broad experience in dealing with key non-governmental figures in the United States and abroad, including major corporate and industrial personalities at the highest level.

SECRET

(When Filled In)

FORM SERIAL NO.
013742

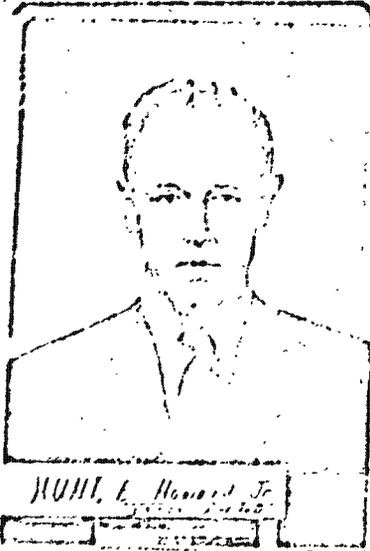
BIOGRAPHIC PROFILE (PART 2)

NAME (Last-First-Middle)

MR. E(sterelle) Howard

DATE OF BIRTH

9 Oct 1918



19. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

20. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

21. ADDITIONAL INFORMATION

Appreciation 1951 from Chief, PP, for assistance rendered in the preparation of "FP Operational Aids."

Appreciation 1953 from P. T. Culbertson, American Embassy, Mexico City, for ability, discretion and judgment displayed while assigned to Mexico City.

Commendation 1954 from W. D. Playdon (P) for superior performance in connection with project PBUCCCESS.

Appreciation 1960 from Chief, US Secret Service, Treasury Dept, to the DCI, for excellent cooperation provided prior to and during President Eisenhower's visit to [redacted]

Commendation 1961 from Ch,WH for performance of duties with distinction in support of the mission outlined in Project JMATE.

23 Mar 1973

rwd/cal

FORM NO. 1200 (PART 2)

REPLACES FORM 1200 (PART 2) DATED 10 OCT 1962

SECRET

SECRET PROFILE

2561

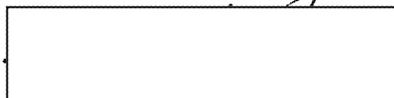
SECRET
(When Filled In)

1. FEEL. SERIAL NO. 013842		BIOGRAPHIC PROFILE (PART I) 7 Sep 1974			
2. NAME (Last-First-Initial) HUNT, E(verette) Howard		3. SEX M	4. DATE OF BIRTH 9 Oct 1918	5. ACQUISITION DATE 8 Nov 1967	
6. MARITAL STATUS Married	7. DEPENDENTS (Include employment) 5	8. YEARS OF BIRTH 1920 1951 1952 1954 1963		9. US NATURALIZATION DATES NA NA	
10. CAREER STATUS MEMBERSHIP Jul 1954	OTHER STATUS	10. LAST MO. DPT. QUAL. FOR Feb 1967 TDY Standby		11. EVAL. FOR TDY Standby	
11. CURRENT RESERVE STATUS X	12. GRADE	13. ACTIVE DUTY WITH CIA CAT. 1	14. RELEASED TO MIL. SER. CAT. 2	15. NO. OF DEPORTED CAT. 3	16. DEPORTED
17. ASSESSMENT DATE None	18. PROFESSIONAL TEST DATE None	19. LANGUAGE ABILITY TEST DATE None			
15. NON-CIA EMPLOYMENT 1940-42 Military Service, US Navy, Ensign 1942-43 "The March of Time," NYC - Script Writer 1943 "Time," Inc, NYC - War Correspondent (South Pacific, 9 mos) 1943-46 Military Service, USAAF, (1st Lt (1945-46, OSS in China) 1946-49 Free Lance Writer 1948-49 Economic Cooperation Administration, Paris, France - US Media Specialist					
16. NON-CIA EDUCATION 1934 ARSST, Orlando, Fla - Air Combat Intelligence (4 mos) 1936-40 Brown Univ - AB, English, English Literature, Economics 1950 Berlitz School of Languages, DC - Spanish					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R,P Inter; W,S,U High (Apr 1967) Transl & Interpr - May 1957 German - R,N,S,U,Slight;P,inter; T,none - May 1957 (declined testing) French - R,P Elem; W,S,U Slight; T None - Sep 1950 - disc prof Apr 1968			
18. AGENCY SPONSORED TRAINING 1950 Adm Proc 1953 Photography 1950 Secret Writing 1953 Ops Famil 1953 Flaps & Seals					
19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
20. EFFECTIVE DATE	21. POSITION TITLE & OCCUPATIONAL CODE	22. GRADE	23. SD	24. ORGANIZATION & ORGN. TITLE (If any)	25. LOCATION
Nov 1949	I.O. (Editor) 0130.00	13		OPC/P&P Stf/Program Cap II	Hq
Dec 1950	I.O. 0132.00	13		OPC/Latin America/Ops/OCS	Mexico City
Jun 1951	" 0132.00	14		OPC/Latin America/DOAN	"
Aug 1953	Ops Off 0132.00	15	PP	DDP/SE/Ch, PP Staff	Hq
Jun 1954	Ops Off (PP) 0136.31	15	DP	DDP/FS/SR-NA/Ch, PP Staff	"
Feb 1957	Area Ops Off 0136.01	15	DP	DDP/WH-II/	"
Nov 1960	Ops Off 0136.01	15	D	DDP/WH-4	Hq
Nov 1961	Ops Off 0136.01	15	D	DDP/CA Stf/Plan&Res&Ch EvalBr	"
Jan 1962	" 0136.01	15	D	DDP/CA Staff/OS	"
Jul 1962	" 0136.01	15	D	DDP/DOES/Facilities Br/Ch, W/Sec	"
Aug 1964	" 0136.01	15	D	DDP/DOD/U.S. Field CA, CA Staff	"
Feb 1965	" 0136.01	15	D	DDP/Off of the DDP, Ops Group	"
	Jul 1965-Sep 1965 Contract Employee				
Sep 1965	Ops Off 0136.01	15	D	DDP/E/Operations Stf	Hq
Jan 1967	" 0136.01	15	D	DDP/Eur/Spec Act Stf	"
Aug 1968	" 0136.01	15	D	DDP/EUR/Operations Staff	"
Apr 1970	Retirement--Voluntary under	CIA RDS			
20. DATE REVIEWED 28 Mar 1973	21. PROFILE REVIEWED BY nrd/cal CL BY 010026	22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE VNS			

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.



Deputy Chief,
European Division

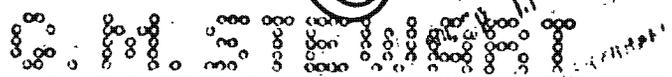
SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-271 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 9 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 20 December 1966

NAME	SERIAL	ORGN.	PL/US	GR-STEP	NEW SALARY
Robert E. Howard	012642	44-100	GS	GS-15 6	20,025

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD E			3. ASSIGNED ORGAN. DDP/WH		4. FUNDS UV		5. ALLOCATION		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 15	A	\$12,670	02	09	59	GS 15	A	\$13,970	08	09	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
9. CHECK ONE <input 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.	5/11					
						5/11					
14. AUTHENTICATION											
 PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560a
1 MAR. 58

SECRET

PERSONNEL FOLDER 141

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HUNT HOWARD E	513842	GS-15-4	\$12,420	\$13,670

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD F			3. ASSIGNED ORGAN. DDP/WH		4. FUNDS UV		5. ALLOCATION		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
15	3	\$12,150	08	12	56	15	4	\$12,420	02	09	58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LEAVE 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.	1958					
						1958					
14. AUTHENTICATION											

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
HUNT, E. Howard			9 Oct 1918	M	GS-15	3	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer (C-)			DDI/DODS/DCP		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 checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From- to-)			
30 April 1953				March 1952 - 31 March 1953			
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	
Supervises all Division propaganda operations. (4 employees, 7 projects)						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Project Officer WURONBOW.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Project Officer WUEUSTLER.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODS foreign and domestic propaganda operations.						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	
17 APR 1953						P/S	

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						013842	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
HUNT, E. HOWARD			10/09/13	M	GS-15	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer (Ch)			DDP/DODS/R&F		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 CAREER-PROVISIONAL (See instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> INITIAL SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to)			
31 May 1964				31 March 1963 - 31 March 1964			
SECTION B PERFORMANCE EVALUATION							
<p>W - <u>Weak</u> 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 - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> 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	
Supervises all Division propaganda operations.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Project Officer WUHUSTLER, WUBONBON						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Conducts liaison with USLA, Staffs and Area Divisions as required to coordinate DODS foreign & domestic propaganda operations.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
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	
26 MAY 1964						S	

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.

Subject has performed in a manner quite consistent with his long and broad experience in many aspects of the craft of intelligence. His senior grade, his special expertise in the field of propaganda and publication and his very high intellect have contributed to the division's operations in the public media field a sharp focus, an economical concentration of money and effort and a consequently heightened impact. In the WUHUSTLER project, Subject vindicated his faith in a moribund clandestine asset by demonstrating, after about a year and a half under his personal direction, that it is one of the most effective activities of its kind. Before Subject assumed direct responsibility for this project, it had suffered from visionary and diffuse direction and from poor case officer-agent rapport. Subject's personal handling of this operation is marked by excellent rapport and the project prospers on an entirely reoriented basis which the agent himself enthusiastically welcomes.

Subject's supervisory responsibility has extended over two secretaries, from one to two professional staffers [redacted] and three professional career employees [redacted]. The fairness and precision of his management has patently won their respect and inspired their performance.

(Continued on additional sheet)

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 20 May 64 SIGNATURE OF EMPLOYEE: E. Edward Hunt

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 2 1/2 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE: 19 May 1964 OFFICIAL TITLE OF SUPERVISOR: DCOS TYPED OR PRINTED NAME AND SIGNATURE: Stanley H. Gaines

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: [Handwritten: Check]

DATE: 20 May 1964 OFFICIAL TITLE OF REVIEWING OFFICIAL: [Handwritten: Chief of Section] TYPED OR PRINTED NAME AND SIGNATURE: C. T. Gaines

SECRET

SECRET

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				013842	
SECTION A GENERAL					
1. NAME (Last) Hunt, (First) E. (Middle) Howard		2. DATE OF BIRTH 10/09/18	3. SEX M	4. GRADE GS-15	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer (CH)			7. OFF/DIV/BR OF ASSIGNMENT DDP/DOD/CA	8. CURRENT STATION Washington, 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"/>	SPECIAL (Specify):			<input checked="" type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input checked="" type="checkbox"/>	REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P. 30 April 1965			12. REPORTING PERIOD (From - to) 1 April 64 - 28 February 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
Supervises all DO Division propaganda operations.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Project officer for WUHUSTLER, WUBONBON, WUPUNDIT.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Conducts liaison with USIA, Staffs and Area Divisions to coordinate DO propaganda operations.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Supervises one CS staff officer and secretary under official and two career agents and several witting proprietary hires under project cover.					S
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
13 APR 1965					S

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>Mr. Hunt continued to direct the propaganda activities of the DO Division in a superior professional manner until 12 October 1964, when he was incapacitated by illness. On his return from sick leave on 7 December, he was detailed to the Office of the DD/P and officially transferred to that office on 28 February 1965. DO Division can only view this transfer with considerable regret.</p> <p>Mr. Hunt, by virtue of his personal background, has a unique flair and competence in the propaganda field. Over and above, but complementary to these special skills, his extensive experience in the CS, his sound judgment, high and creative intellect and other commendable personal qualities contributed significantly to the successful prosecution of DO's efforts in the media field. These same attributes, attest, in my judgment, to his suitability for employment as a Station Chief or in any other position requiring broad knowledge of and skill in the CS business. He is very cost conscious and an effective supervisor. He enjoys the respect of all personnel under his supervision, official and non-official, as well as that of all his co-workers in the Division and Station.</p>		
SECTION D CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 7 April 65	SIGNATURE OF EMPLOYEE <i>E. Edward Hunt</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 16	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 8 APR 1965	OFFICIAL TITLE OF SUPERVISOR DO/Executive Officer	TYPED OR PRINTED NAME AND SIGNATURE <i>Thos. P. Schreyer</i> Thos. P. Schreyer
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL <i>I concur generally with the prep. I would however, be less inclined to recommend him for a COS job. He could do it but I do not consider that details of management or handling of people his forte -</i>		
DATE 5 April 1965	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, DO Division	TYPED OR PRINTED NAME AND SIGNATURE <i>C. Tracy Barnes</i> C. Tracy Barnes

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee
Number 013842, DOB: October 1918;
EUR/CA; Career; Service Designa-
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1969

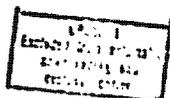
MONTHS UNDER MY SUPERVISION: 7

OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.



SECRET

SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.


Chief of Operations
European Division

I certify that I have seen the above fitness report.

Richard Hunt

Date: 4/5/69

- 2 -

SECRET

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.


Deputy Chief,
European Division

SECRET

CONFIDENTIAL
(When Filled In)

SECURITY APPROVAL

DATE : 21 September 1966

YOUR
REFERENCE:

CASE NO. : 23500

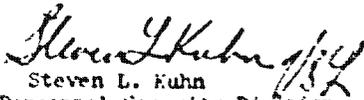
TO : Director of Personnel

ATTN :

SUBJECT : HUNT, Everett Edward 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 for entrance on duty within 150 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 Action. This is issued in advance of Form #577.

FOR THE DIRECTOR OF SECURITY:


Steven L. Kuhn
Chief, Personnel Security Division

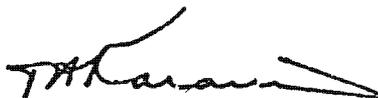
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to [] for a special undertaking in behalf of the DD/P. He left for [] in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".



Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

SECRET

SECRET

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
HUNT	S.	Howard	10/9/18	126 05 1970
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you WANT BOTH optional and regular insurance

(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you DO NOT WANT OPTIONAL but do want regular insurance

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you WANT NEITHER regular nor optional insurance

(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

E. Howard Hunt

DATE

Feb. 13, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
PERSONNEL

FEB 19 10 29 AM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968.)
176-101

APPOINTMENT AFFIDAVITS

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

.....
Central Intelligence Agency
(Department or agency) (Bureau or division) (Place of employment)

I, Paul E. Howard....., 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.

13 Dec 66
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 13 day of September A. D. 1966.

at Langley
(City) (State)

[SEAL]

John R. Stokely
(Signature of officer) (Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 13, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by 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)
11120 River Road Potomac, Md. 20854

2. (A) DATE OF BIRTH **Oct. 9, 1918** (B) PLACE OF BIRTH (city and State or city and foreign country)
Hamburg, N. Y.

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY **Dorothy L. Hunt** (B) RELATIONSHIP **wife** (C) STREET AND NUMBER, CITY AND STATE **11120 River Rd. Potomac Md.** (D) TELEPHONE NO. **299 7366**

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO
 If so, 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)	POSITION (C) TEMPORARY OR NOT (A) DEPARTMENT OR AGENCY IN WHICH EMPLOYED		RELATIONSHIP	MAR. FILED (C' has a one)	SIN. GLE (C' has a one)
		1	2			
		1				
		2				
		3				
		1				
		2				
		3				
		1				
		2				
		3				

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
8. (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"/>	<input type="checkbox"/>	10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input type="checkbox"/>
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRIED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? If your answer is "Yes," give dates of and reasons for each debarment in Item 12.	<input type="checkbox"/>	<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 type="checkbox"/>	<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 appointment. 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.

CONFIDENTIAL

(When Filled In)

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) EUST (First) E. (Middle) Howard		SOCIAL SECURITY NUMBER 126 05 4970	
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Washington, D.C.		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Potomac, Maryland		HOME LEAVE RESIDENCE	
2. MARITAL STATUS (Check one)			
<input type="checkbox"/> SINGLE		<input checked="" type="checkbox"/> MARRIED	
<input type="checkbox"/> SEPARATED		<input type="checkbox"/> DIVORCED	
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> ANNULLED	
IF MARRIED, PLACE OF MARRIAGE Hillbrook, N.Y.		DATE OF MARRIAGE 6 Sept. '49	
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)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE Dorothy Louise Eust		ADDRESS (No., Street, City, Zone, State) 11120 River Rd. Potomac, Md	
TELEPHONE NO. 299 7366			
NAMES OF CHILDREN Lisa Kevin Howard S. David		ADDRESS	
		SEX	
		DATE OF BIRTH	
		<input checked="" type="checkbox"/> F 9 March '50	
		<input checked="" type="checkbox"/> M 17 Nov. '52	
		<input type="checkbox"/> F 22 March '54	
		<input type="checkbox"/> M 1 Sept. '65	
NAME OF YOUR FATHER (Or male guardian)		ADDRESS	
		deceased	
TELEPHONE NO.			
NAME OF YOUR MOTHER (Or female guardian)		ADDRESS	
TELEPHONE NO.			
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. wife			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle) Mrs. E. Howard Eust		RELATIONSHIP wife	
HOME ADDRESS (No., Street, City, Zone, State) 11120 River Road Potomac 20854 Md.		HOME TELEPHONE NUMBER 299 7366	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THIS INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)		YES	<input checked="" type="checkbox"/>
yes		NO	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)		YES	<input checked="" type="checkbox"/>
yes		NO	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)		YES	<input checked="" type="checkbox"/>
		NO	
The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

SECRET

(When Filled In)

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 rating given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties as described, if applicable.

Mr. Hunt is an officer with real ability, creative and managerial. During the period under review, he has done a great deal to tighten up the operation of his shop. The amorphous aspects of some projects he inherited have been eliminated or cut down to size. He has a pleasant and engaging personality and a broadly based background.

If there are any areas of weakness in his performance it is only because his potential is so considerable. For example, it is possible that the staff and planning aspects of his job could receive more attention although, admittedly, there is a large grey area between the responsibilities of the CA Staff and the responsibilities of DODS in this respect.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 2 March 1963	SIGNATURE OF EMPLOYEE <i>E. Edward Hunt</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 13 APR 1963	OFFICIAL TITLE OF SUPERVISOR DODS/EXO	TYPED OR PRINTED NAME AND SIGNATURE <i>R. H. Cunningham</i> R. H. Cunningham
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 14 April 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Staff	TYPED OR PRINTED NAME AND SIGNATURE <i>C. Ray Jones</i> C. Ray Jones

SECRET

SECRET

(When Filled In)

llc

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. C135942 NAME (Last-First-Middle) Hunt, E. Howard DATE OF BIRTH Oct 9, 1918

SECTION II EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED Hamilton High ADDRESS (City, State, Country) Hamilton, N.Y. USA YEARS ATTENDED (From-To) 1932-36 GRADUATE YES NO

COLLEGE OR UNIVERSITY STUDY

Table with columns: NAME AND LOCATION OF COLLEGE OR UNIVERSITY, SUBJECT, YEARS ATTENDED FROM-TO, DEGREE RECEIVED, YEAR RECEIVED, NO. SEM/ QTR. HRS. (Specify). Entry: Brown U. Providence, P.T. English, 1936-40, A.D., '40.

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

Table with columns: NAME AND ADDRESS OF SCHOOL, STUDY OR SPECIALIZATION, FROM, TO, NO. OF MONTHS.

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

Table with columns: NAME AND ADDRESS OF SCHOOL, STUDY OR SPECIALIZATION, FROM, TO, NO. OF MONTHS.

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Divorced, Separated, Annulled, Remarried) SPECIFY: Married 2. NAME OF SPOUSE (Last) (First) (Middle) (maiden) Hunt Dorothy Louise WEIR 3. DATE OF BIRTH 1 April 1910 4. PLACE OF BIRTH (City, State, Country) Dayton, Ohio, USA 5. OCCUPATION Researcher 6. PRESENT EMPLOYER 7. CITIZENSHIP USA 8. FORMER CITIZENSHIP(S) COUNTRY(IES) 9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

Table with columns: NAME, RELATIONSHIP, DATE AND PLACE OF BIRTH, CITIZENSHIP, PERMANENT ADDRESS. Includes checkboxes for ADD and DELETE.

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RES- UENCE	TRAVEL	STUDY	GEN- ERAL
		Oct 23	3-10 AM '68				
SECTION VI TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (RPM) 2. SHORTHAND (RPM) 3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM							
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDY <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY:							
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? 2. NEW CLASSIFICATION							
<input type="checkbox"/> YES <input type="checkbox"/> NO							
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS 4. IF DEFERRED, GIVE REASON							
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG							
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD							
1. CURRENT RANK, GRADE OR RATE 2. DATE OF APPOINTMENT IN CURRENT RANK 3. EXPIRATION DATE OF CURRENT OBLIGATION							
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED							
MILITARY SCHOOLS COMPLETED (Excluded Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL STUDY OR SPECIALIZATION DATE COMPLETED							
<input type="checkbox"/> RESIDENT <input type="checkbox"/> AGENCY SPONSORED							
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER ADDRESS (Number, Street, City, State, Country) DATE OF MEMBERSHIP							
FROM TO							
SECTION X							
REMARKS							
DATE SIGNATURE OF EMPLOYEE							
Oct 7, 1968 E. Howard Hunt							

SECRET

SECRET

(WHEN FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE					
APPLICANT CODING DATA					
1. ID	2. APPL. NO. 0-DIGITS	3. NAME MUST CONTAIN 2-DIGITS			
◀ 2	•	•			
4. DATE OF BIRTH MO DA YR			5. DATE CODED MO DA YR		THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.
•	•	•	•	•	

LANGUAGE CODING DATA - FORM 1116c												
1. ID	2. EMPLOYEE NO.	3. NAME 3-LETTERS			4. LANGUAGE DATA CODE							
◀ 3	•	•			BASE CODE	R	W	P	S	U	T	YR
5. DATE SUBMITTED MO DA YR				6. DATE OF BIRTH MO DA YR		WHEN FORM 1116c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)						
•	•	•	•	•	•							•

LANGUAGE PROFICIENCY TEST DATA															
1. ID	2. EMPLOYEE NO.	3. NAME 3-LETTERS			4. CODE	5. LANGUAGE DATA BEFORE TEST									
◀ 5	•	•			C-A-D	BASE CODE	R	W	P	S	U	T	YR		
•	•	•			•	•	•	•	•	•	•	•	•		
6. LANGUAGE DATA AFTER TEST						7. DATE OF TEST			8. DATA FOR ITEM 2						
BASE CODE						R	W	P	S	U	T	YR	MO	DA	YR
•						•	•	•	•	•	•	•	•	•	•

EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA. *smak*

QUALIFICATIONS RECORD CHANGE										
1. ID	2. EMP/APPL NO.	3. NAME 3-LETTERS			ENTER UNDER "TYPE" -					
◀ 4	•	•			A - ADDITION TO RECORD C - CHANGE TO EXISTING RECORD D - DELETION OF DATA FROM EXISTING RECORD					
TYPE	CODE # 1					CODE # 2				
	BASE	1	2	3	YR	BASE	1	2	3	YR
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•

SECRET

(When Filled In)

CERTIFICATION OF CLAIMED LANGUAGE PROFICIENCY

1. EMPLOYEE SERIAL NO. <i>013942</i>	2. NAME (last-first-middle) <i>HUNT, E. HOWARD</i>	3. DATE OF BIRTH <i>2-5-7, 1918</i>
---	---	--

4. LIST BELOW THE FOREIGN LANGUAGE OR LANGUAGES IN WHICH YOU POSSESS ANY DEGREE OF COMPETENCE. INDICATE YOUR PROFICIENCY IN EACH OF THE FIVE SKILL FACTORS SHOWN (reading comprehension, writing ability, etc.) BY NOTING THE NUMBER MOST INDICATIVE OF YOUR LEVEL OF SKILL UNDER THE FACTOR BEING CONSIDERED.

IF YOUR PROFICIENCY RELATES TO A PARTICULAR DIALECT OF A MAJOR LANGUAGE, IDENTIFY THIS DIALECT BY NOTING IT IN PARENTHESES AFTER THE LANGUAGE ON THE SAME LINE.

IF YOU HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE, CHECK (X) BOX AT RIGHT AND LEAVE OTHER ITEMS BLANK. →

	LEVEL OF SKILL					HOW ACQUIRED (Check (X) Box(es) which apply)			
	(Slight)	2	3	4	(Native)	0 = NO PROFICIENCY IN A SPECIFIC SKILL FACTOR			
	SKILL FACTORS					HOW ACQUIRED (Check (X) Box(es) which apply)			
	READING COMPREHENSION	WRITING ABILITY	PRONUNCIATION	CONVERSATIONAL ABILITY	ORAL COMPREHENSION	NATIVE OF COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS, ETC.)	ACADEMIC STUDY
<i>Spanish</i>	<i>4</i>	<i>3</i>	<i>4</i>	<i>4</i>	<i>4</i>		<i>X</i>	<i>X</i>	
<i>FRENCH</i>	<i>2</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>1</i>		<i>X</i>		

5. IF YOU HAVE HAD EXPERIENCE AS A TRANSLATOR, INTERPRETER OR INSTRUCTOR, EXPLAIN AND SPECIFY IN WHICH LANGUAGE(S) YOU HAVE HAD SUCH EXPERIENCE.

Spanish - translator + interpreter

COPIED
 68 JAN 1953
 DATE 18 1953

CERTIFICATION
 I CERTIFY that the information given above is true and accurate to the best of my knowledge and belief.

DATE *1-20-53* SIGNATURE *E. Howard Hunt*

SECRET
(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY													
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)				3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST					
		HUNT, E. EDWARD				A=ADD C=CHANGE D=DELETE	CODE	LAN. CODE	R	W	P	S	U I/T YEAR
5. LANGUAGE DATA AFTER TEST				6. DATE TESTED		7. DATE OF BIRTH		8. GRADE	9. OFFICE OR DIVISION				
LAN. CODE	R	W	P	S	U I/T	YEAR	04/18/67		.10/09/18		15	EUR	
NOTICE TO PERSON TESTED													
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD) BL16</u> AND YOUR TEST SCORES ARE AS FOLLOWS: <u>(NAME OF LANGUAGE)</u>													
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS			
I		+		I		H		H		0 = ZERO 1 = INTERMEDIATE 2 = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE			
11. REMARKS								12. SIGNATURE					
CODED FOR COMMUNICATIONS								<i>Kea</i>					
								13. LD NUMBER					
								15670					

FORM 11-64 1273

OBsolete AND REVISIONS EDITIONS

(110-45)

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

1 - OP/QAB

SECRET

When Filled In

OFFICIAL USE ONLY (until filled in)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I

BIOGRAPHIC AND POSITION DATA

1 EMP SER NO. 613842	2 NAME (Last First Middle) HUNT E HOWARD	3 SEX	4 DATE OF BIRTH 10/09/18	5 SCHEDULE GRADE STEP GS-15-07
6 SS D	7 POSITION TITLE CRS OFFICER	8 OFFICE OF ASSIGNMENT EUR	9 LOCATION (Country, City) WASH., D.C.	

SECTION II

AGENCY OVERSEAS SERVICE

AREA	TYPE TO: R	FROM	TO
MEXICO	PCS 64	50/12/51	53/04/01
EUROPEAN AREA	TDY 64	54/01/51	54/03/81
[]	PCS 64	54/05/51	56/10/01
[]	PCS 44	57/01/51	60/05/02
ASIA AREA	TDY 43	63/01/57	63/01/59 ✓
[]	TDY	64/2/12	66/10/03

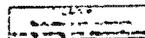
New PHS made Sept 67

OVERSEAS DATA
CGSEJ
DATE: 22 Jun 67 **INITIALS:** THT

SECTION III

EDUCATION

DEGREE	MAJOR FIELD	COURSE	YEAR
BACH	ENGLISH LITERATURE	BROWN UNIV RI	40



WASHINGTON, D.C. 20505

6 May 1971

Mr. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Howard:

I have taken so long in answering your letter of April 5th because of the careful consideration given to your request by all concerned, particularly as we have not had this problem before.

I am sorry to tell you that our answer is in the negative, although we have taken every approach we can think of to comply with your wishes. Very simply, the problem is as follows:

The statute states--

At the time of retirement, any married participant may elect to receive a reduced annuity and to provide for an annuity payable to his wife or her husband, commencing on the date following such participant's death . . . (emphasis added).

Our regulation on the subject repeats the language of the statute above and in addition states--

A participant may not change his election under this provision

We considered the possibility of a waiver of the regulation but ran into another problem here. The act specifically provides that the Director may prescribe rules and regulations, but continues with the language that, "such rules and regulations shall become effective after approval by the chairman and ranking minority members of the Armed Services Committees of the House and Senate." The regulations as presently enacted were specifically reviewed by those Committees and approved in their present form.

Looking back into the legislative history of the act, we believe it is clear that the Committees desired our act to conform as closely as possible to Civil Service retirement, which definitely would not permit a change of election after retirement. There does not appear to have been any administrative error or misunderstanding at the time you retired and made your election, therefore, we have been unable to find any basis for making the change you request.

I think you know me well enough to agree that I like to stay as flexible in the law as I possibly can, but this seems to be one case where we are bound by specific provisions with no leeway to meet the requests of individual employees.

Sincerely,



Lawrence R. Houston
General Counsel

cc: Executive Director
DDS
Director of Personnel
OGC chrono
subject Retirement
OGC:LRH:jeb

HOWARD HUNT

11120 River Road,
Potomac, Maryland 20854.,
May 12, 1971.

The Honorable
Lawrence R. Houston,
General Counsel,
The Central Intelligence Agency,
Washington, D. C. 20505.

Dear Larry:

I thoroughly appreciate the thought and study you gave my problem, and while your findings are disappointing to me, I must regard them as definitive.

Reflecting on the statute, however, I find myself wondering whether such irrevocable limitation on personal choice is, first, in the public interest, and second in the interest of annuitants whose personal circumstances and civil status are subject to unanticipated change. This could be the subject of an interesting class action challenge in which, I imagine, more than a few annuitants would be eager to join.

All that aside, I'm most grateful for your efforts to help me once again.

Cordially,

Howard

SECRET

21 June 1972

MEMORANDUM FOR THE RECORD

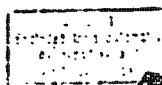
SUBJECT: Mr. E. Howard Hunt

1. On 21 June 1972 Mr. Robert Tegethoff, INR, Department of State, informed Mr. James Franklin, Chief, CCS/OCB, that the Department of State had received press inquiries in regard to Mr. E. Howard Hunt's service with the Department of State. INR had arranged for withholding any Department of State replies until CIA had been consulted. Mr. Hunt's cover record showed that he was in integrated Department of State status in Mexico from 1950 until 1953 and in [redacted] from 1957 until 1960. He also had nominal domestic Department of State cover from 1966 until he retired in 1970. Upon retirement, Mr. Hunt was "opened up" as a CIA employee back to EOD in November 1949.

2. In the absence of both Messrs. Osborn, Director of Security, and Geiss, Deputy Director, I discussed the State Department request with Mr. Leo Dunn, Acting Deputy Director of Security for Personnel Security. He concluded that everything considered, the Department should say that Mr. Hunt was assigned to the Department while in integrated status but, when pressed, not deny his basic CIA status. While trying to clear this line with the ADDP, Mr. Geiss called and at the end of our discussion, cautioned that any guidance to the Department of State in regard to Mr. Hunt should be cleared with the DCI.

3. I then talked to Mr. Sam Halpern, EA/DDP, to determine the whereabouts of Mr. Meyer. He recommended that I talk to both Messrs. Meyer and Colby who were in the OPFB think tank.

SECRET



SECRET

4. As I was leaving my office, Mr. Tegethoff called Mr. Franklin a second time to say that in the evening of 20 June 1972, Mr. John King, Department of State's Press Office, and Mr. John Unumb of CIA had discussed press inquiries in regard to Mr. Hunt which were made to the Department of State in the afternoon of 20 June 1972. These inquiries had particular reference to Mr. Hunt's biography in WHO'S WHO IN AMERICA showing him as Department of State employee since 1968 and listing his office at the Department of State. Messrs. Unumb and King agreed the press should be informed that he was not on the State Department's payroll during the period. Mr. Unumb confirmed this arrangement when I called him and said that he had added that Mr. Hunt retired in good standing from CIA in April 1970. I also cleared the proposed guidance with Mr. Ted Shackley, Chief, WH Division.

5. I then saw Messrs. Colby and Meyer, outlined the Department of State's request and our proposed reply that Mr. Hunt, during his integrated service in Mexico and [redacted] was assigned to the Department of State. This information would not be volunteered by the Department of State, and Mr. Hunt's basic status as a CIA employee would not be denied if raised by members of the press. Messrs. Colby and Meyer agreed that this was the only feasible line to take. I then asked Mr. Colby whether additional clearance from the DCI was required. He replied that it was not, and that he would brief the DCI.

6. I informed Mr. Geiss of Messrs. Colby's and Meyer's decision and then called Mr. Tegethoff and provided him the agreed guidance.

/s/ ERICH W. ISENSTEAD
ERICH W. ISENSTEAD
Chief, Central Cover Staff

Orig - C/OCS/CCS; File 1088 (Hunt)
EA/DDP; ADOP
DD/Security
Mr. Unumb, Deputy Asst to the DCI

Chrono

-2-

SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	Chief, TRB		
2			
3			
4			
5			
6			
<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION
<input type="checkbox"/>		<input type="checkbox"/>	PREPARE REPLY
<input type="checkbox"/>		<input type="checkbox"/>	RECOMMENDATION
<input type="checkbox"/>		<input type="checkbox"/>	RETURN
<input type="checkbox"/>		<input type="checkbox"/>	SIGNATURE
Remarks:			
<p>Janet: Please file the attached document in the Official Personnel Folder on E. Howard Hunt. The Hunt OPF was returned to you for retention on 6 May 1976. Thanks.</p>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
Bonnie, OD/Pers			21 May 6
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED	CONFIDENTIAL	SECRET	
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	DD/Security, 4E-60	6/22	[Signature]
2	D/O	22 JUN 1972	[Signature]
3			
4	ADD/PS	4/26/72	[Signature]
5	File		
6			
ACTION	DIRECT REPLY	PREPARE REPLY	
APPROVAL	DISPATCH	RECOMMENDATION	
COMMENT	FILE	RETURN	
CONCURRENCE	INFORMATION	SIGNATURE	
Remarks:			
E. Howard Hunt			
BY HAND			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO			DATE
C/CS (9164)			20/72
UNCLASSIFIED	CONFIDENTIAL	SECRET	

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER REQUEST ✓		2. NAME (Last-First-Middle) SQUAD, E. Hinton				DATE PREPARED 12/18/62	
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 20 62		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGE-ABLE 0201-000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS OFFICE OF THE CHIEF				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Chief of Staff			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE 15000 ✓
18. REMARKS <p>1. This name is approved by AF/AF/AF & Research Group</p> <p>PTA in accordance with R 20-580.3(a)</p> <p>150 - Security 150 - Payroll</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>SECRET</p> <p>OSD</p> <p>15</p> </div>							
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Rosenfeld</i>			DATE SIGNED 12/18/62		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Al King</i>		DATE SIGNED 22/1/62
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37 10		20. OFFICE CODE NUMERIC ALPHABETIC 14100 01		21. STATE CODE		22. DATE OF BIRTH 1 10 18	
23. DATE EXPIRES		24. SPECIAL REFERENCE 50		25. RETIREMENT DATA 1 - YES 2 - NO		26. SEPARATION DATA CODE	
27. VET. PREFERENCE		28. SER. COMP. DATE		29. SER. CREDITED		30. REG. / MIL. / NO. DATE	
31. PREVIOUS GOVERNMENT SERVICE DATA		32. MILITARY CODE		33. FEDERAL TAX DATA		34. STATE TAX DATA	
35. NO. PREVIOUS SERVICE		36. NO. BREAK IN SERVICE		37. NO. BREAK IN SERVICE (LESS THAN 12 MOS)		38. NO. BREAK IN SERVICE (MORE THAN 12 MOS)	
39. POSITION CONTROL CERTIFICATION <i>1-25/62</i>				40. O.P. APPROVAL <i>Al King</i>			

SECRET

PAS: 23 JUNE 1960												NOTIFICATION OF PERSONNEL ACTION					
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Var. Pref.		5. Sex		6. CS - EOD				
513842		HUNT E HOWARD				Mo. Da. Yr.		Name Code		M 1		Mo. Da. Yr.					
10 09 16		5 Pt-1		10 Pt-2		1					11 08 49						
7. SCD		8. CSC Remt.		9. CSC Or Other Legal Authority				10. Abse. Aff. Stat.		11. FEGLI		12. LCD		13. Adv. Serv. Credit			
Mo. Da. Yr.		Yes-1 Code		No-2		50 USCA 407 J				Mo. Da. Yr.		Yes-1 Code		No-2			
05 24 44		1								11 08 49		2					

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WH BRANCH 2											
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dest - 1 USStd - 3 Frgh - 5		Code		ATT POL OF 1stSEC CON CHIEF OF STATION		0162		FSR GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SO		24. Date Of Grade		25. PSLC		26. Appropriation Number	
03 15 5		\$ 13640 13970		D		Mo. Da. Yr. Mo. Da. Yr.				0135 5870 3000	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
CONVERSION FROM FSR STATUS		60		Mo. Da. Yr. 06 25 60		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 2				4651						76031	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dest - 1 USStd - 3 Frgh - 5		Code		CHIEF OF STATION		0162		GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SO		41. Date Of Grade		42. PSLC		43. Appropriation Number	
15 5		\$ 13970		D		Mo. Da. Yr. Mo. Da. Yr. 08 16 53 XX XX XX				0135 5870 3000	

44. Remarks											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>06-24-60 WK</p> </div>											

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle) HUNT, E. HOWARD	3. Date Of Ensh. Mo. Da. Yr. 10 09 18	4. Ver. Prof. None-0 S Pt-1 10 Pt-2 1 M 1	5. Sex M	6. CS-ECOD Mo. Da. Yr.
7. SCB Mo. Da. Yr.	8. CSC Point Yes-1 No-2 1	9. CSC Or Other Legal Authority	10. Acct. All. Gr. Mo. Da. Yr.	11. FEGLI Yes-1 Code No-2	12. LCD Mo. Da. Yr.
				13. ^{and} ^{Spec.} ^{Act.} Mo. Da. Yr.	13. ^{and} ^{Spec.} ^{Act.} Yes-1 Code No-2

5A

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WH BRANCH 2		Code	15. Location Of Official Station		Station Code
16. Dept. Field Dept. Code USIid - Frgn. - 5	17. Position Title ATTACHE POL OFC 1ST SEC CONSUL CHIEF OF STATION		18. Position No. DAF-162	19. Serv. PSR OS	20. Occup. Series 0136.01
21. Grade & Step 3 15 5	22. Salary Or Rate 13,640 13,970	23. SD D	24. Date Of Grade Mo. Da. Yr. 06 24 60		25. PSI Due Mo. Da. Yr.
			26. Appropriation Number 0135 5870 3000		

ACTION

27. Nature Of Action CONVERSION FROM PSR STATUS	Code 60	28. Eff. Date Mo. Da. Yr. 06 24 60	29. Type Of Employee REGULAR	Code	30. Separation Date
---	-------------------	---	--	------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP WH BRANCH 2		Code	32. Location Of Official Station		Station Code 76091
33. Dept. Field Dept. Code USIid - Frgn. - 5	34. Position Title CHIEF OF STATION		35. Position No. DAF-162	36. Serv. OS	37. Occup. Series 0136.01
38. Grade & Step 15 5	39. Salary Or Rate 13,970	40. SD D	41. Date Of Grade Mo. Da. Yr. 08 16 53		42. PSI Due Mo. Da. Yr. 05 01
			43. Appropriation Number 0135 5870 3000		

SOURCE OF REQUEST

A. Requested By (Signature And Title) WH/PERSONNEL OFFICER		B. Request Approved By (Signature And Title)	
C. Additional Information Call (Name & Telephone Ext.) X8242			

CLEARANCES

A. Career Board	Signature	Date	B. Placement	Signature	Date
B. Pos. Control			C. Classification		
			F. Approved By		

Remarks **Subject resigned effective COB 24 June 1960.**

SECRET

Handwritten notes and initials

Attachment to Fitness Report of Howard Hunt 31 March 63 - 31 March 64

Section C (Continued)

Special mention should be made of Subject's objectivity and integrity in carrying out his responsibilities. These were best demonstrated when he promptly and swiftly terminated a large and effective radio broadcasting project, to establish which he and his subordinates had labored hard, immediately upon belated discovery that insuperable, practical obstacles precluded realization of the project's theoretical potential.

Subject's professional background has attuned his constant attention to FI operational opportunities arising in the course of his current CA activities, a practice consistent with his habit of seeking maximum benefit for every dollar spent in time, effort or cash.