

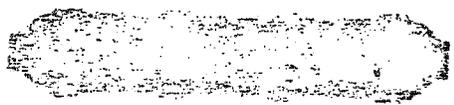
**SECRET**

**Official Personnel Folder**

**SECRET**

441180

REPRODUCTION



SECRET

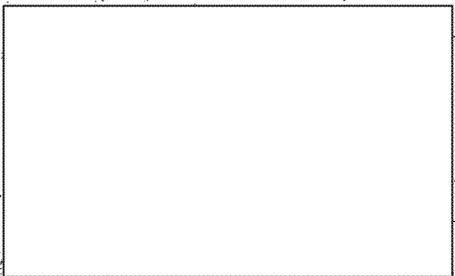
REPRODUCTION MASTERS

SECRET

BIOGRAPHIC PROFILE

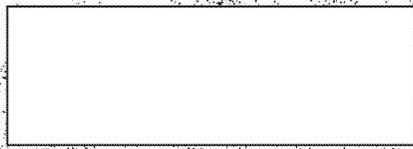
SECRET

H a n d l e   W i t h   C a r e



Ref. in 75

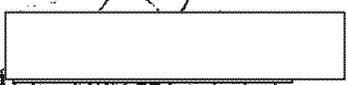
23 February 1977



Dear Mr. [Redacted]

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,



Chief, Control Division

Dist.  
Orig. - Adsp.  
1 - [Redacted]  
OP/1007/65/GSmith:isa(23Feb77)

UNCLASSIFIED

INTERNAL USE ONLY

CONFIDENTIAL

SECRET

### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

[Redacted]

*gld*

EXTENSION

NO

5695

DATE

02/22/77

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across columns after each comment.)

1.

OC/TRB

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

410

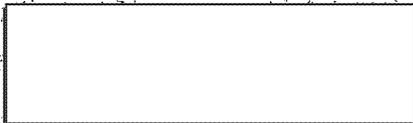
SECRET

CONFIDENTIAL

INTERNAL USE ONLY

UNCLASSIFIED

21 MAY 1975



Dear Mr. 

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

  
Director of Personnel

75-6735

21 APR 1975

[Redacted]

Dear Mr. [Redacted]

As you bring to a close your active career of service to your country, I join your friends and colleagues in wishing you well in your retirement.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I extend to you my sincere appreciation for the important work you have done.

Sincerely,

W. E. Colby  
Director

Distribution:

0 - Addressee  
1 - OPE

Originator:

[Redacted]

Director of Personnel

OP/RAD/ROH/

[Redacted]

JAW/3287 (25 April 1975)

21 APR 1975

DL 48 23 MAY 75

### NOTIFICATION OF PERSONNEL ACTION

1. CP

2. SERIAL NUMBER  
317174

3. NAME (LAST FIRST MIDDLE)

4. NATURE OF PERSONNEL ACTION (RETIRES)  
(DISABILITY) UNDER CIA RETIREMENT  
AND DISABILITY SYSTEM FROM PSL

5. EFFECTIVE DATE  
MO DA YR  
05 15 75

6. CATEGORY OF EMPLOYMENT

REGULAR

7. FUNDS

V TO V

V TO CP

CP TO V

CP TO CP

8. PAN AND ASCA

5237 1332 4044

9. CEC OR OTHER LEGAL AUTHORITY

PI 88-643 SECT 231

10. ORGANIZATIONAL DESIGNATIONS

11. LOCATION OF OFFICIAL STATION

12. POSITION TITLE

OPS OFFICER

13. POSITION NUMBER

0007

14. SERVICE DESIGNATION

040

15. CLASSIFICATION SCHEDULE (E, G, GS, etc.)

GS

16. OCCUPATION SERIES

0136, 31

17. GRADE AND STEP

13 6

18. SALARY OR RATE

75451

19. REMARKS

SIGNATURE OF OTHER AUTHORITY PERSON

SECRET

(U.S. Gov. Form No. 1)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. MEMO NUMBER 017974				2. NAME (Last-First-Middle)	
3. NATURE OF PERSONNEL ACTION RETIREMENT - DISABILITY - CIARDS FROM EXTENDED SICK LEAVE				4. EFFECTIVE DATE REQUESTED 05   14   75	
5. FUNDS X V TO V OF TO V				6. CATEGORY OF EMPLOYMENT REGULAR	
7. ORGANIZATIONAL DESIGNATIONS DDO/EA-DIVISION DEVELOPMENT COMPLEMENT				8. LEGAL AUTHORITY (Complied by Office of Public Law 88-643, Section 231)	
9. POSITION TITLE OPS OFFICER				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. CLASSIFICATION SYMBOL (G.S. E.D. etc.) GS				12. CAREER SERVICE DESIGNATION DMG	
13. OCCUPATIONAL SERIES 0136.01				14. GRADE AND STEP 13/6	
15. REMARKS LWD: 6 SEPTEMBER 1974 Co-ordinated with [redacted] /ROB 22 May 1975. CMG/MSB: [redacted] 5-27-75 ROB: [redacted]				17. SALARY OR RATE \$ 25,451 ✓	
16. SIGNATURE [redacted] 5/16/75				18. OFFICER [redacted] 6/17/75	
19. SPECIAL SECTION FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL MANAGEMENT					
[Detailed grid for personnel management with various codes and fields]					

SECRET

U.S. GOVERNMENT PRINTING OFFICE: 1975

SECRET  
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
3 September 1974

1. SERIAL NUMBER 017974		2. NAME (Last-First-Initial)	
3. NATURE OF PERSONNEL ACTION Extended Sick Leave Pending Disability Retirement NTE: 14 MAY 75			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 08 74
5. CAREER OF EMPLOYEE Regular			6. FAN AND NSCA 5237-1392 0000
7. FUNDS X V TO V C TO V		8. LOCAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATION DDO/EA Division Development Complement		10. LOCATION OF OFFICIAL STATION Wash., D. C.	
11. POSITION TITLE Ops Officer		12. POSITION NUMBER 9997	13. CAREER SERVICE DESIGNATION DMG
14. CLASSIFICATION SYMBOL (A.S. E.R. etc.) GS	15. OCCUPATIONAL SERIES 0138.01	16. GRADE AND STEP 13 0	17. SALARY GRADE 24,122
18. REMARKS			

LWD: 6 September 1974

HB: EA

Pending Disability Retirement

Reassigned from DDO/EA  Position 4408

\*OTHER

DATE SIGNED	OFFICER	DATE SIGNED
09/04/74	CNG/SPD 12	6 Sept 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION BY EMPLOYER CODE	20. ACTION BY EMPLOYEE CODE	21. OFFICE CODE NUMBER ALPHABETIC	22. LETTERS CODE	23. DUTY STATION CODE	24. DATE OF ACTION CODE	25. DATE OF SEPARATION MO DA YR	26. DATE OF GRACE MO DA YR	27. DATE OF LEI MO DA YR
31. EMPLOYEE MO DA YR	32. ACTION BY EMPLOYEE MO DA YR	33. DUTY STATION CODE	34. SEPARATION DATE CODE	35. DATE OF ACTION MO DA YR	36. DATE OF GRACE MO DA YR	37. DATE OF LEI MO DA YR	38. SECURITY EEO CODE	39. SECURITY EEO CODE
41. EMPLOYEE MO DA YR	42. ACTION BY EMPLOYEE MO DA YR	43. DUTY STATION CODE	44. SEPARATION DATE CODE	45. DATE OF ACTION MO DA YR	46. DATE OF GRACE MO DA YR	47. DATE OF LEI MO DA YR	48. SECURITY EEO CODE	49. SECURITY EEO CODE

9/12/74

SECRET

FORM NO. 101-101-101

EX-1

14-00000

SUMMARY OF AGENCY EMPLOYMENT

[REDACTED]

1955-1962: Economic Analyst - Conducted research and analysis including statistical studies of Sino-Soviet Bloc production of military equipment and related materials.

[REDACTED]

1963-1974: Intelligence Operations Officer - Served in various staff, supervisory and liaison capacities on U.S. and Asian area assignments. Was primarily concerned with the collection, evaluation and reporting of high priority intelligence of national interest including economic, political, social and military aspects of nations where assigned.

[REDACTED]

Supervised a staff [redacted]  
[redacted] and provided guidance and assistance  
to colleagues involved in similar activities. At various  
times was responsible for the staffing, budgeting and  
management of major programs and projects.

SECRET  
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
9 September 1974

1. SERIAL NUMBER: 017974  
2. NAME (Last-First-Middle): [Redacted]

3. NATURE OF PERSONNEL ACTION: Reassignment  
4. EFFECTIVE DATE REQUESTED: MONTH 09, DAY 05, YEAR 74  
5. CATEGORY OF EMPLOYMENT: Regular

6. FUNDS: X V TO V, V TO G, G TO V, G TO G  
7. FAN AND NSCA: 5237-1392, 0000  
8. LEGAL AUTHORITY (Complied by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: DDO/EA Division Development Complement  
10. LOCATION OF OFFICIAL STATION: Washington, D.C.

11. POSITION TITLE: Ops Officer  
12. POSITION NUMBER: 9997  
13. CAREER SERVICE DESIGNATION: DMG

14. CLASSIFICATION SCHEDULE (GS, LP, AC): GS  
15. OCCUPATIONAL SERIES: 0136-01  
16. GRADE AND STEP: 13, 6  
17. SALARY OR RATE: 24,122

18. REASON:   
\* HB:EA  
Reassigned from: DDO/EA/JK/K Position #4408  
Pending Disability Retirement  
\* OTHER

19. [Redacted] DATE SIGNED: 9/10/74  
20. [Redacted] DATE SIGNED: 11 Sept 74  
21. APPROVING OFFICER: CMG/MID

SPACE BELOW FOR EXCLUSIVE USE OF:

19. ACTION CODE: 37	20. EMPLOY CODE: 18	21. OFFICE CODES: 45M/EA	22. STATION CODE: 75013	23. UTILITY CODE: 1	24. MONTHS: 1	25. DATE OF BIRTH: [Redacted]	26. DATE OF GRADE: [Redacted]	27. DATE OF LET: [Redacted]
28. NID EXPIRES: [Redacted]	29. SPECIAL INFLUENCE: [Redacted]	30. RETIREMENT DATA: [Redacted]	31. SEPARATION DATA CODE: [Redacted]	32. COLLECTION/CONVERSION DATA: [Redacted]	FOD DATA		33. SECURITY RES. NO.: [Redacted]	34. SER: [Redacted]
35. PRIORITY CODE: [Redacted]	36. SERV. COMP. DATE: [Redacted]	37. LODG. LODG. DATE: [Redacted]	38. CAREER CATEGORY: [Redacted]	39. HEALTH/HEALTH INSURANCE: [Redacted]	SOCIAL SECURITY NO.: [Redacted]		[Redacted]	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE: [Redacted]			42. LEAVE CAT.: [Redacted]	43. FEDERAL TAX DATA: [Redacted]	STATE TAX DATA: [Redacted]		[Redacted]	

44. POSITION CONTROL CERTIFICATION: CM 9/10/74  
45. OFF APPROVAL: [Redacted] DATE APPROVED: 9/10/74

FORM 1152 1-72

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0312

11-7 APR 68

ADMINISTRATIVE

6 SEP 1974

**MEMORANDUM FOR :** [REDACTED]  
**THROUGH :** Head of D Career Service  
**SUBJECT :** Notification of Approval of Disability Retirement

1. This is to inform you that the Director of Personnel has approved your request for disability retirement under the CIA Retirement and Disability System. On the basis of medical evidence, the Director of Personnel has determined that your disability is of a permanent nature; therefore, no further medical review of your case will be required.

2. Your retirement will become effective 14 May 1975, the expiration date of your accrued sick leave. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details required to effect your retirement.

[REDACTED]  
Chief  
Retirement Affairs Division

Distribution:  
0 - Addressee  
1 - D Career Service  
1 - OMS  
1 - CPF  
1 - ROB Soft File  
1 - ROB Reader

OP/RAD/ROB/[REDACTED] jat/3257 (5 September 1974)

ADMINISTRATIVE  
INTERNAL USE ONLY

2 JUL 1974

**MEMORANDUM FOR :** Chairman, Board of Medical Examiners

**SUBJECT :** Request for Medical Evaluation -  
[REDACTED]

1. Subject, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Subject and that a written report of the Board of Medical Examiners as prescribed in paragraph f.(4) of HR 20-50 be submitted to the Director of Personnel.

2. Attached are copies of the Supervisor's Statement and the Application for Disability Retirement. The Office of Personnel has been advised by the Office of Medical Services that a private physician's statement has been forwarded directly to them.

3. Mr. [REDACTED] will remain on duty pending a decision on his application for retirement.

[REDACTED]  
Deputy Director of Personnel  
for Special Programs

**Attachments:**

- a. Supervisor's Statement
- b. Application

**Distribution:**

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Folder

OP/RAD/ROB/[REDACTED]jat/3257 (28 June 1974)

ADMINISTRATIVE  
INTERNAL USE ONLY

SECRET  
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED

3 JANUARY 1974

1. SERIAL NUMBER <b>017974</b>		2. NAME (Last-First-Middle)		3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4. EFFECTIVE DATE REQUESTED MO. DAY YEAR <b>01 20 74</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS X V TO V O TO V		7. FINANCIAL ANALYSIS NO. (CHARACTER)		8. LEGAL AUTHORITY (Completed by Office of Personnel)		9. ORGANIZATIONAL DESIGNATIONS <b>DDO/EAST ASIA DIVISION</b>		10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>	
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>13</b>		13. CAREER SERVICE DESIGNATION <b>D</b>		14. CLASSIFICATION SYMBOL (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>	
16. GRADE AND STEP <b>13 6</b>		17. SALARY OR RATE <b>8-24,122</b>		18. REMARKS <b>FROM: EA/PMI #4024</b>					

DATE SIGNED		DATE SIGNED	
CFAT/PERS		7 Jan 74	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
<b>3710</b>	<b>4500</b>	<b>EA</b>	<b>7003</b>
23. INTEGRAL CODE	24. POSTS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
		MO. DA. YR.	MO. DA. YR.
27. DATE OF LEI	28. SECURITY REQ. NO.	29. SEPARATION DATA	30. CORRECTION/CANCELLATION DATA
MO. DA. YR.		TYPE MO. DA. YR.	
31. NET. EMPLOY	32. SPECIAL REFERENCE	33. RETIREMENT DATA	34. EARLY CATEGOR.
MO. DA. YR.		MO. DA. YR.	MO. DA. YR.
35. NET. PREFERENCE	36. SSY COMP. DATE	37. LONS COMP. DATE	38. FEDERAL HEALTH INSURANCE
CODE	MO. DA. YR.	MO. DA. YR.	CODE
39. FEDERAL TAX DATA	40. STATE TAX DATA	41. METHOD OF FEDERAL GOVERNMENT SERVICE	42. LEAVE CAT.
CODE	CODE	1-15 2-15 3-15	CODE
43. POSITION CONTROL CERTIFICATION	44. CP APPROVAL	45. DATE APPROVED	
<b>11003-1-8-74</b>		<b>1-9-74</b>	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET  
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
2 OCTOBER

1. SERIAL NUMBER  
017974

2. NAME (Last, First, Middle Initial)  
[Redacted]

3. NATURE OF PERSONNEL ACTION  
REASSIGNMENT AND TRANSFER TO  
VOUCHERED FUNDS

4. EFFECTIVE DATE REQUESTED  
MONTH: 10, DAY: 14, YEAR: 73

5. CATEGORY OF EMPLOYMENT  
REGULAR

6. FUNDS  
Y TO Y: [X], Y TO G: [ ], G TO G: [ ]

7. FAN AND NSCA  
4237-1374-0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS  
DDO/EA DIVISION  
[Redacted]

10. LOCATION OF OFFICIAL STATION  
WASH., D.C.

11. POSITION TITLE  
OPS OFFICER (D-13)

12. POSITION NUMBER  
4024

13. CAREER SERVICE DEMONSTRATION  
D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  
GS

15. OCCUPATIONAL SERIES  
0136.01

16. GRADE AND STEP  
13 6A

17. SALARY OR RATE  
24,122  
22,915

18. REMARKS  
FROM: DDO/EA/PMI/MS/#4939/MANILA, P.I.

[Redacted] DATE SIGNED  
10/2/73

[Redacted] DATE SIGNED  
10-4-73

SPACES BELOW FOR EXCLUSIVE USE

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING ALPHABETIC: 10 US140 EA 7003	22. STATION CODE	23. INITIALS CODE	24. ROUTES CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI
28. R/E EXPIZES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. LOGS CODE	33. SECURITY REG. NO.	34. SEX	EOD DATA	
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
45. POSITION CONTROL CERTIFICATION	46. O	47. DATE APPROVED	9 Oct 73					

FORM 8-72 1152

USE PREVIOUS EDITION

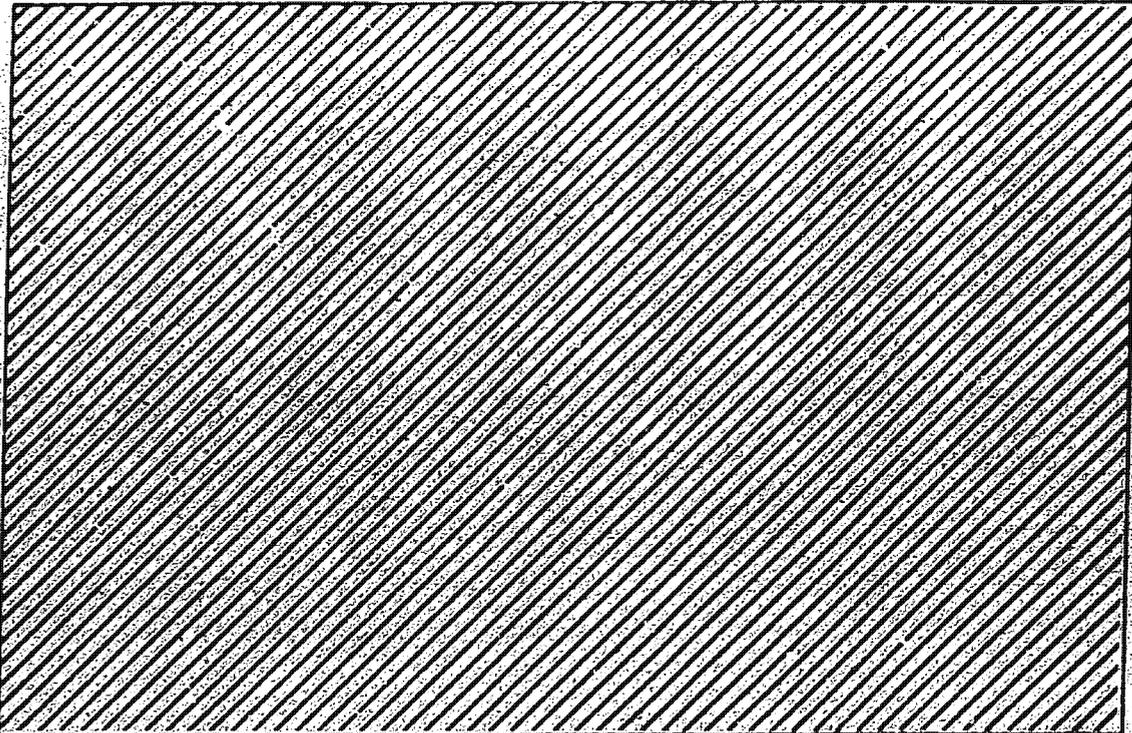
SECRET

CLASSIFIED BY 01-0332

11-2 APCB

14

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
[Redacted]	[Redacted]	74-0194

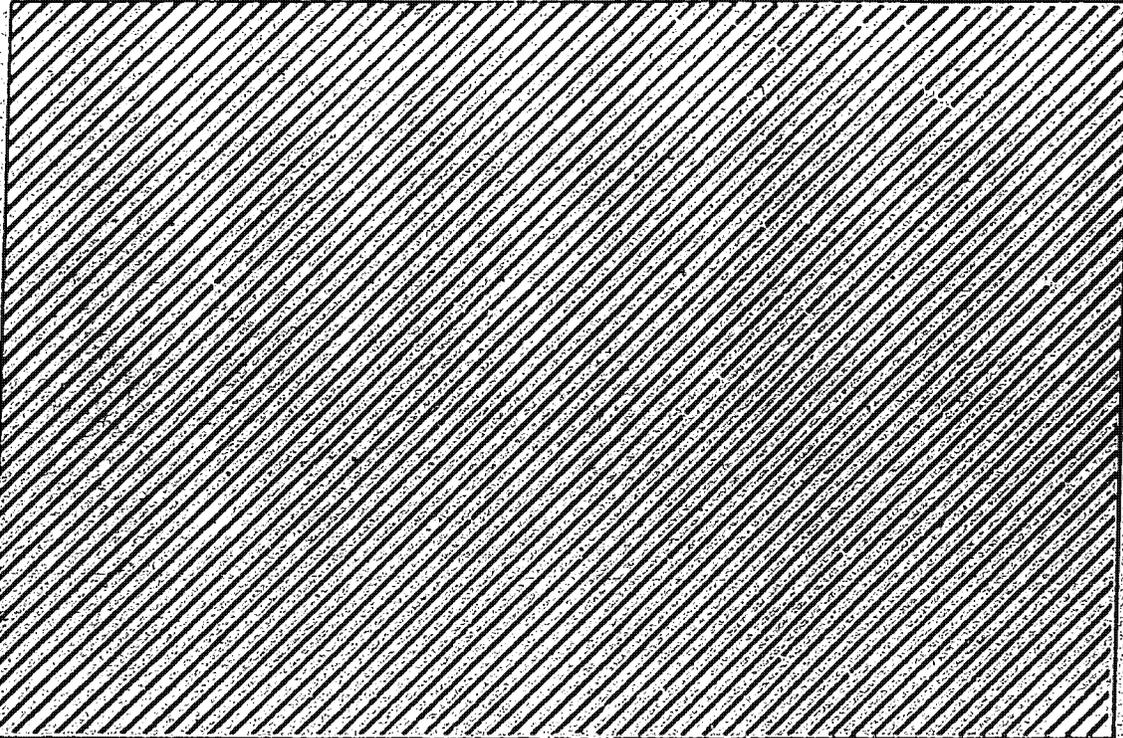
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 1 July 1973.

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 DSO REPRESENTATIVE
11 Sept 1973	[Redacted]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
	Self	74-0096

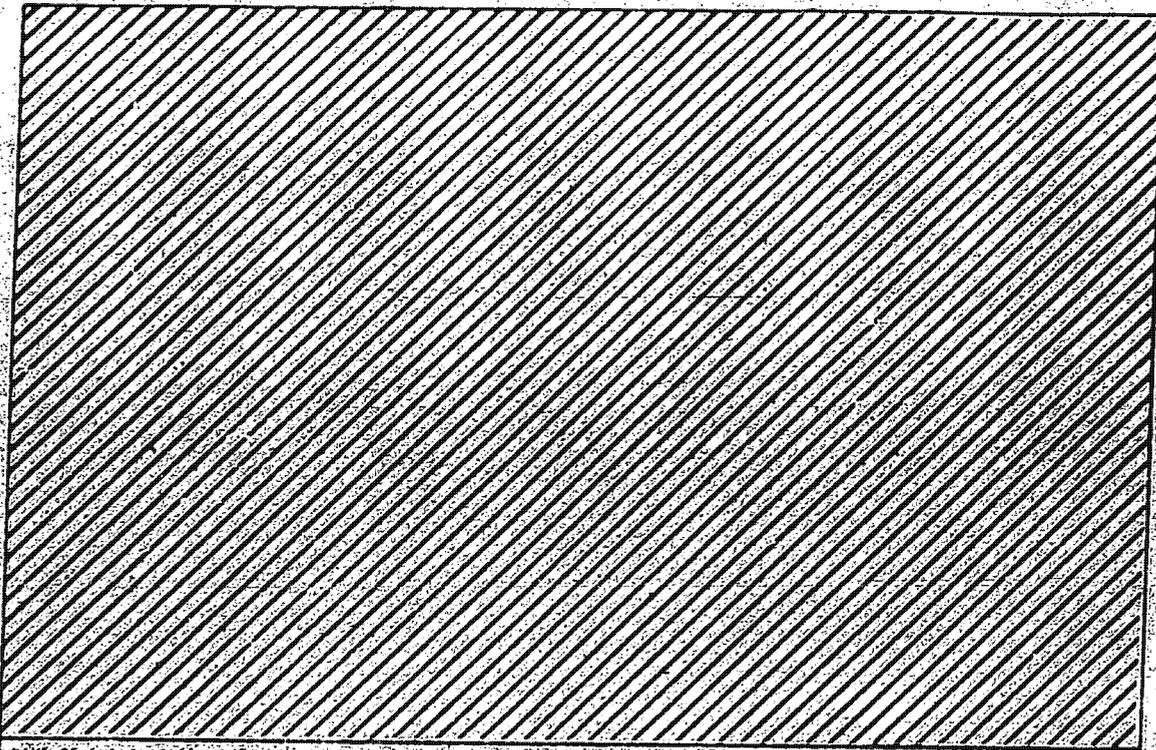
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 30 June 1973.

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 BSO REPRESENTATIVE
27 August 1973	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Initial) <input type="text"/>	NAME AND RELATIONSHIP OF DEPENDENT SELF	CLAIM NUMBER 72-0959
---	--	-------------------------

There is on file in the Personal Affairs 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 18 February 1972.

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 9 May 72	SIGNATURE OF USG REPRESENTATIVE
----------------------------	---------------------------------

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

1-21641

MEMORANDUM FOR: Deputy Director for Plans 20 Apr 71

THROUGH : Director of Personnel

SUBJECT : Departure Short of Tour and Home Leave -  
[redacted]

REFERENCE : CSN 20-89, PERSONNEL, 16 April 1971

1. Paragraph four contains a recommendation for your approval.
2. [redacted] is a GS-13 Operations Officer who has been assigned to the [redacted] since 20 May 1969. His current tour will end on 19 May 1971; his request for a second tour after home leave has been approved.
3. Mr. [redacted] wife has acrophobia and does not fly. In view of her condition she has been authorized round-trip travel by sea. The Division has authorized [redacted] and children to accompany her on the voyage from [redacted] to the U. S.
4. [redacted] advises that the [redacted] can be accommodated on a ship scheduled to sail from [redacted] on 3 May. In order to make the sailing, [redacted] would have to depart post before completion of his tour. The Far East Division recommends approval for Mr. Fox to depart [redacted] short of tour for home leave.

*William E. Nelson*  
 William E. Nelson  
 Chief, Far East Division

CONCUR:

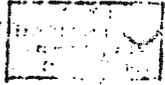
*J. C. Christy*  
 Director of Personnel

*30 April 1971*  
 Date

The request contained in Paragraph four is APPROVED:

*D. A. Moran*  
 Deputy Director for Plans

*31 May 71*  
 Date

SECRET 

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

18 AUGUST 1970

F  
22

1. SERIAL NUMBER 017514		2. NAME (Last-First-Middle) [Redacted]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE REQUESTED 08 21 70	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CJ TO V	V TO C CJ TO C	7. FINANCIAL ANALYSIS NO. CHARGEABLE 1137-1639
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FOREIGN FIELD		10. LOCATION OF OFFICIAL STATION [Redacted]	
11. POSITION TITLE OES OFFICER		12. POSITION NUMBER 4945	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, IS, PW)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	13 4	\$ 18,437

18. REMARKS  
FROM: WANE/4947

18A. [Redacted]	DATE SIGNED [Redacted]	DATE SIGNED 6 AUG 1970
-----------------	---------------------------	---------------------------

19. ACTION CODE 37 10		20. OFFICE CODING 45440 FE		21. STATION CODE 57557	22. INTEGRAL CODE 3	23. RATE OF RYTH	24. RATE OF GRACE	25. DATE OF LEI
26. MIL CAPRES	27. SPECIAL REFERENCE	28. RETIREMENT DATA	29. SEPARATION DATA CODE	30. CORRECTIVE TYPE	31. SECURITY REQ NO		32. SEC	
33. NET PREFERENCE	34. SERV. COMP. DATE	35. LEAVE COMP. DATE	36. EARLIER CATEGORY	37. LEGAL HEALTH INSURANCE		38. SOCIAL SECURITY NO		
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE		40. LEAVE CAT. CODE	41. FEDERAL TAX DATA		42. STATE TAX DATA			
43. POSITION LOCATION CERTIFICATION		44. O.P. APPROVAL 08.21.70		DATE APPROVED 08.21.70				

FORM 1152 3-67 PREVIOUS EDITION

SECRET

EXCLUDE FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER <b>017974</b>		2. NAME (Last-First-Initial) [Redacted]								18 AUGUST 1970	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH:    DAY:    YEAR:		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>					
6. FUNDS V TO V    V TO C C TO V    C TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>1137-1639</b>		8. LEGAL AUTHORITY: (Completed by Office of Personnel)							
9. ORGANIZATIONAL DESIGNATIONS <b>DIP/YE FOREIGN FIELD YE/PRI - INDUSTRIAL BRANCH</b>				10. LOCATION OF OFFICIAL STATION [Redacted]							
11. POSITION TITLE <b>CPS OFFICER</b>				12. POSITION NUMBER <b>3-1A</b>		13. CAREER SERVICE DESIGNATION <b>D</b>					
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136-01</b>		16. GRADE AND STEP <b>13 5</b>		17. SALARY OF BASE <b>\$ 18,437.</b>					
18. REMARKS <b>FROM: SAKE/4947</b>											
18A. 5		DATE SIGNED <b>SAKE 1970</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	24. EMPLOY CODE	21. OFFICE CODES NUMERIC    ALPHABETIC		22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH MO.    DA.    YR.	26. DATE OF ENTRY MO.    DA.    YR.	27. DATE OF LEI MO.    DA.    YR.		
28. NETS EXPIRES MO.    DA.    YR.	29. SPECIAL REFERENCE	30. CERTIFICATION DATA 1-CE 2-SE 3-FA 4-RE		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA Y/N		33. SECURITY RES. NO.		34. SEE		
35. VET PREFERENCE CODE    1-None 2-1 Yr. 3-5 Yr.	36. SERV. COMP. DATE MO.    DA.    YR.	37. LEAS. COMP. DATE MO.    DA.    YR.	38. CAREER CATEGORY JOB TITLE POST. TITLE	39. FEDERAL TAX DATA FORM EXEMPTED 1-YES 2-NO	40. FEDERAL TAX DATA CODE    NO. TAX EXEMPTIONS	41. FEAL HEALTH INSURANCE CODE    8-BS/PS 1-YES	42. HEALTH INS. CODE	43. SOCIAL SECURITY NO.			
44. PREVIOUS CIVILIAN GOVERNMENT SERVICE 1-NO PREVIOUS SERVICE 2-LESS OR EQUAL TO 3 YEARS 3-MORE OR EQUAL TO 3 YEARS				45. ALIAS CAT. CODE	46. FEDERAL TAX DATA FORM EXEMPTED 1-YES 2-NO		47. FEAL HEALTH INSURANCE CODE    8-BS/PS 1-YES	48. HEALTH INS. CODE	49. SOCIAL SECURITY NO.		
45. POSITION CONFIRMATION CERTIFICATION				50. OFF APPROVAL		DATE APPROVED					

FORM 1152 USE PREVIOUS EDITION

SECRET

EXEMPTED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED

14 April 1969

F  
22

1 SPECIAL NUMBER <b>017974</b>	2 NAME (Last-First-Middle) [Redacted]
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3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>	4 EFFECTIVE DATE REQUESTED MONTH: <b>05</b> DAY: <b>02</b> YEAR: <b>69</b>	5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>
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6 POINTS V TO V: [ ] V TO O: [ ] O TO V: [ ] O TO O: [X]	7 FINANCIAL ANALYSIS NO. CHARGEABLE <b>9137-1639</b>	8 LEGAL AUTHORITY (Completed by Office of Personnel)
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9 ORGANIZATIONAL DESIGNATIONS <b>DDP/FE FOREIGN FIELD FE PMI - [Redacted] LIAISON BRANCH</b>	10 LOCATION OF OFFICIAL STATION [Redacted]
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11 POSITION CODE <b>OFB OFFICER</b>	12 POSITION NUMBER <b>4947</b>	13 CAREER SERVICE DESIGNATION <b>D</b>
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14 CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS</b>	15 OCCUPATIONAL SERIES <b>0136.01</b>	16 GRADE AND STEP <b>13 3</b>	17 SALARY OR RATE <b>\$ 15,360</b>
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18 REMARKS

FROM: DDP/FE PMI [Redacted] 4024

[Redacted] who is being reassigned.

\* Home Base: FE

*Security [Redacted] 01/05/69  
[Redacted] 1/5/69*

19A SIGNATURE OF REQUESTING OFFICIAL [Redacted] C/FE Personnel	DATE SIGNED <b>29 APR 1969</b>	19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]	DATE SIGNED <b>29 APR 69</b>
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

20 EMPLOY CODE	21 OFFICE SYMBOL	22 STATION CODE	23 INTEREST CODE	24 REGIONS CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
<b>37</b>	<b>10</b>	<b>10000</b>	<b>TC</b>	<b>5</b>	[Redacted]	[Redacted]	[Redacted]
28 EMP CODES	29 SPECIAL EMPLOYEE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CONNECTIVE TYPE	33 SECURITY	34 SSN	35 SSN
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
36 POST OFFICE	37 USE (EMP DATA)	38 LEAVE CODES	39 LEAVE CATEGORY	40 PHYSICIAN'S LABEL	41 SOCIAL SECURITY NO	EOD DATA →	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	
42 PHYSICIAN'S LABEL	43 LEAVE CODE	44 PHYSICIAN'S LABEL	45 PHYSICIAN'S LABEL	46 PHYSICIAN'S LABEL	47 PHYSICIAN'S LABEL	48 PHYSICIAN'S LABEL	49 PHYSICIAN'S LABEL
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
50 PHYSICIAN'S LABEL	51 PHYSICIAN'S LABEL	52 PHYSICIAN'S LABEL	53 PHYSICIAN'S LABEL	54 PHYSICIAN'S LABEL	55 PHYSICIAN'S LABEL	56 PHYSICIAN'S LABEL	57 PHYSICIAN'S LABEL
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

58 APPROVAL	DATE APPROVED
[Redacted]	<b>04-30-69</b>

FORM 1152 USE PREVIOUS EDITIONS

SECRET

F  
8

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

11 April 1969

F 8

1. SERIAL NUMBER 017974	2. NAME (Last-First-Middle) [Redacted]
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3. NATURE OF PERSONNEL ACTION CONVERSION FROM FBR STATUS	4. EFFECTIVE DATE REQUESTED MONTH: 04, DAY: 06, YEAR: 69	5. CATEGORY OF EMPLOYMENT REGULAR
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6. RANGE V TO V O TO V X O TO O	7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1373	8. LEGAL AUTHORITY (Completed by Office of Personnel)
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9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE:PHI -	10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.
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11. POSITION TITLE OPS OFFICER (13)	12. POSITION NUMBER 4024	13. CAREER SERVICE DESIGNATION D
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14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13 3	17. SALARY OR RATE 15,369
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18. COMMENTS  
Wash, D.C. New Duty (FE)  
FROM: Same

18A. [Redacted]	DATE SIGNED 4/10/69	18B. [Redacted]	DATE SIGNED 4/10/69
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OR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. POSITION CODE	20. EMP. ST. CODE	21. OFFICE CODES NUMERIC: 45146, ALPHABETIC: FE	22. STATION CODE 75013	23. INTERV. CODE	24. MOBILE CODE	25. DATE OF BIRTH	26. DATE OF SEAS	27. DATE OF LEI
28. NO. EMPLOYED	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. COLLECT	EOD DATA			33. SECURITY REG. NO.
34. CODE	35. MFT. COMP. DATE	36. COMP. COMP. DATE	37. CAREER CATEGORY	38. FEED. HEALTH INSUR.	39. SOCIAL SECURITY NO.			
40. CODE	41. LEAVE (L)	42. FEDERAL TAX DATA	43. STATE TAX DATA	44. CODE	45. CODE	46. CODE	47. CODE	48. CODE

49. PERSON CENTER IDENTIFICATION	50. OFF. APPROVAL 04-11-69 CR	DATE APPROVED 04-11-69
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FORM 1132

1-67

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION



S-E-C-R-E-T



MEMORANDUM FOR: Clandestine Services Career Service Board

SUBJECT : Recommendation for Promotion from GS-12 to GS-13 for [redacted]

1. FE Division recommends the promotion of [redacted] from GS-12 to GS-13.
2. [redacted] first joined the Agency in 1955 in the DDI. He rose rapidly from GS-07 to GS-12 which grade he achieved in March 1961. He spent one overseas tour [redacted] in April 1963 he transferred to the DDP. This action and the adjustments it necessitated have undoubtedly held him back from the normal career advancement to be expected for one of his ability.
3. In the DDP [redacted] first served in Vietnam Operations in Headquarters and then from 1964-1966 in Saigon. There he performed affectively in both liaison and unilateral operations [redacted]. He personally recruited several agents and established a successful [redacted]. He was first recommended for promotion to GS-13 during his Vietnam tour.
4. In November 1966 [redacted] joined FE/PMI, first on the [redacted]. He has served as [redacted] Desk and Branch referent for Communist Party Operations, where he proved himself to be an excellent analyst. He has also served as a desk officer handling a variety of projects. He has performed his duties in a consistently strong manner, and has shown sound operational judgment. [redacted] writes well, and gets along extremely well with his co-workers and contacts. He is now scheduled for a field assignment [redacted] in 1969. In view of his strong Headquarters desk performance and his previous recommendation from Vietnam, [redacted] was recommended for promotion again in February, 1968.
5. [redacted] is an experienced and competent Headquarters and field operations officer. He has repeatedly demonstrated his ability to perform at the GS-13 level. In consideration of his fine record of productivity I recommend that he be promoted to GS-13.

*William E. Nelson*  
William E. Nelson  
Chief, Far East Division

SECRET

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
9 May 1968

1 SERIAL NUMBER  
017974

2 NATURE OF PERSONNEL ACTION  
REASSIGNMENT

4 EFFECTIVE DATE REQUESTED  
MONTH DAY YEAR  
05 19 68

3 CATEGORY OF EMPLOYMENT  
REGULAR

5 RANKS  
V 10 V  
O 10 V  
XX O 10 O

7 FINANCIAL ANALYSIS NO. CHARGEABLE  
8237-1375

8 LEGAL AUTHORITY (Completed by Office of Personnel)

9 ORGANIZATIONAL DESIGNATION  
DDP/VE

10 LOCATION OF OFFICE STATION  
WASHINGTON, D.C.

11 POSITION TITLE  
OPS OFFICER

12 POSITION NUMBER  
4005

13 CAREER SERVICE DESIGNATION  
D

14 CLASSIFICATION SYMBOL (G.I.B. etc.)  
FUR  
01

15 OCCUPATIONAL SERIES  
0136.01

16 GRADE AND STEP  
5/5  
12/5

17 SALARY OR RATE  
12,604 ✓  
12,989 ✓

18 REMARKS  
FROM: DEVELOPMENT COMP.  
SLOT WAS VACANT  
*X* *Wash, DC*

19A SIGNATURE OF REQUESTING OFFICIAL  
*CFR/Boys*

DATE SIGNED  
12 May 68

19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER

DATE SIGNED  
10 May 68

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 EMPLOY CODE	21 WORK CENTER	22 STATION CODE	23 DISTRICT CODE	24 REPORTING OFFICE	25 DATE OF BIRTH	26 DATE OF BIRTH	27 DATE OF BIRTH
28 OFFICE SYMBOL	29 OFFICE SYMBOL	30 OFFICE SYMBOL	31 SEPARATION DATE	32 SEPARATION DATE	33 SEPARATION DATE	34 SEPARATION DATE	35 SEPARATION DATE	36 SEPARATION DATE
37 OFFICE SYMBOL	38 OFFICE SYMBOL	39 OFFICE SYMBOL	40 OFFICE SYMBOL	41 OFFICE SYMBOL	42 OFFICE SYMBOL	43 OFFICE SYMBOL	44 OFFICE SYMBOL	45 OFFICE SYMBOL
46 OFFICE SYMBOL	47 OFFICE SYMBOL	48 OFFICE SYMBOL	49 OFFICE SYMBOL	50 OFFICE SYMBOL	51 OFFICE SYMBOL	52 OFFICE SYMBOL	53 OFFICE SYMBOL	54 OFFICE SYMBOL
55 OFFICE SYMBOL	56 OFFICE SYMBOL	57 OFFICE SYMBOL	58 OFFICE SYMBOL	59 OFFICE SYMBOL	60 OFFICE SYMBOL	61 OFFICE SYMBOL	62 OFFICE SYMBOL	63 OFFICE SYMBOL

SECRET

14-00000  
S-E-C-R-E-T

100  
30 January 1968

**MEMORANDUM FOR: FE Career Management Committee**

**SUBJECT: Recommendation for Promotion from GS-12 to GS-13 of [redacted]**

1. This office wishes to reiterate its previous endorsement of the Saigon Station's recommendation for the promotion of [redacted] from GS-12 to GS-13.

2. [redacted] was initially assigned to the [redacted] as an Operations Officer responsible for Headquarters support of the [redacted] Communist Party Operations Program. This was a demanding task requiring sound operational judgment, experience, and the capacity to absorb large quantities of operational data and information. Despite no prior background [redacted] quickly got on top of the material and projects and made a valuable contribution. He also had other duties concerned with support for other Station unilateral activity.

3. [redacted] was subsequently assigned to the [redacted] Desk

[redacted] was also marked by a high degree of professionalism and competence.

4. [redacted] is a capable and experienced Operations Officer. His has proven in Vietnam a unique ability to develop valuable operational assets [redacted] and his work in this branch has been excellent. In view of this good record of productivity, and as a stimulus for future development, I strongly recommend that [redacted] be promoted to GS-13.

[redacted]  
Acting Chief, FE/PMI

S-E-C-R-E-T

SECRET

19 Nov 1967

REQUEST FOR PERSONNEL ACTION

DATE FORWARDED  
17 November 1967

1. SERIAL NUMBER 017974		2. NAME (Last-First-Initial) [Redacted]		3. NATURE OF PERSONNEL ACTION Suspension (For 3 working days)		4. EFFECTIVE DATE REQUESTED MONTH: 04 DAY: 21 YEAR: 68		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS Y TO V O TO V		Y TO O O TO O		7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1375		8. FROM AUTHORITY (Completed by Office of Personnel) JO USC 403 F			
9. ORGANIZATIONAL DESIGNATION DDP/FE Development Complement				10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE Ops Officer				12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION (SCHEDULE 1/5, 1/8, 1/9, 1/10) FIR GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 5 5 12 5		17. SALARY OF RATE 12,000 \$ 12,000 W/V			
18. REMARKS From 1150 Remarks: Suspended for three working days for infraction of Agency physical security regulations. To return to duty BOB 2.4 April 1968. Employee is warned that further violations will be viewed with extreme seriousness.									
19A. SIGNATURE OF HEADSTATION OFFICIAL [Redacted]			DATE SIGNED 1967		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]			DATE SIGNED 25 Nov 1967	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. HISTORY		20. EMPLOYMENT		21. SERVICE RECORDS		22. TRAINING		23. EDUCATION	
24. SECURITY		25. SPECIAL ASSIGNMENTS		26. SEPARATION DATA		27. CONVICTIONS		28. SOCIAL SECURITY NO.	
29. PAY PERFORMANCE		30. LEAVE		31. EMPLOYMENT DATA		32. CAREER CATEGORIES		33. HEALTH AND INSURANCE	
34. FEDERAL EMPLOYMENT HISTORY		35. MILITARY SERVICE		36. FOREIGN SERVICE		37. FEDERAL EMPLOYMENT HISTORY		38. SOCIAL SECURITY NO.	
39. EMPLOYMENT HISTORY (Continued)									
40. EMPLOYMENT HISTORY (Continued)									
41. EMPLOYMENT HISTORY (Continued)									
42. EMPLOYMENT HISTORY (Continued)									
43. EMPLOYMENT HISTORY (Continued)									
44. EMPLOYMENT HISTORY (Continued)									
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97. EMPLOYMENT HISTORY (Continued)									
98. EMPLOYMENT HISTORY (Continued)									
99. EMPLOYMENT HISTORY (Continued)									
100. EMPLOYMENT HISTORY (Continued)									

27 MAR 1968

SECRET

OFFICE OF PERSONNEL

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1 SERIAL NUMBER <b>01797</b>				2 NAME (Last-First-Middle) [Redacted] ✓			
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE REQUESTED MONTH: <b>11</b> DAY: <b>21</b> YEAR: <b>67</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 FUNDS [Redacted] <input checked="" type="checkbox"/> 0100				7 FINANCIAL ANALYSIS NO. CHARGEABLE <b>8137 1375</b>		8 LEGAL INSTRUMENT (Complied by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS <b>DDP/FE DEVELOPMENT COMPLEMENT</b>				10 LOCATION OF OFFICIAL STATION <b>WASHINGTON, D. C.</b>			
11 POSITION TITLE <b>OPS. OFFICER</b>				12 POSITION NUMBER <b>9997</b>		13 CAREER SERVICE DESIGNATION <b>D</b>	
14 CLASSIFICATION SCHEDULE (F.S. I.B. etc.) <b>FSR GS</b>		15 OCCASIONAL DUTY <b>0136.01</b>		16 GRADE AND STEP <b>5 5</b> <b>12 5</b>		17 SALARY OR RATE <b>12,074</b> <b>\$ 12,443</b>	
18 REMARKS <b>All SICK AND All HOURS ANNUAL LEAVE TO BE TRANSFERRED</b>  <b>MARITAL STATUS: MARRIED</b>  <i>[Handwritten signatures and initials]</i>							
19A SIGNATURE OF REQUESTING OFFICER <b>[Redacted]</b>				DATE SIGNED <b>2508</b>		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>[Redacted]</b>	
19C SIGNATURE OF APPROVING OFFICER <b>[Redacted]</b>							
SPACE BELOW FOR EXCLUSION OF THE OFFICE OF PERSONNEL							
19.1 INDEX NO.	19.2 INDEX NO.	19.3 OFFICE SYMBOL	19.4 STATION	19.5 OFFICIAL	19.6 ACTION	19.7 DATE OF ACTION	19.8 OFFICE SYMBOL
55	18	11500/FE	75013				
19.9 DATE	19.10 DATE	19.11 DATE	19.12 DATE	19.13 DATE	19.14 DATE	19.15 DATE	19.16 DATE
19.17 OFFICIAL TITLE							
19.18 OFFICIAL TITLE							
19.19 OFFICIAL TITLE							
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19.50 OFFICIAL TITLE							

SECRET

FORM 1152 USE PREVIOUS EDITIONS

1967-01-01 (When Filled In)

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 30 October 1967	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) [Redacted]			
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Confidential Funds			4. EFFECTIVE DATE REQUESTED MONTH: 10 DAY: 19 YEAR: 67		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS V TO V O TO V		X	V TO O O TO O		7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1392
8. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/Development Complement			9. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Ops Officer		12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 5	17. SALARY OR RATE \$ 12,443	
18. REMARKS FROM: DDP/FE/PMI/[Redacted] V3977 Subject is being assigned to the [Redacted] NTE: [Redacted] and training for overseas assignment.					
19a. SIGNATURE OF REQUESTING OFFICER [Redacted]		DATE SIGNED 30 OCT 1967		19b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]	DATE SIGNED 31 Oct 67
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE	21. EMPLOY CODE	22. OFFICE CODES PHONETIC ALPHABETIC	23. STATION CODE	24. PAYSCALE CODE	25. PAY GRADE
26. NET PREFERENCE	27. SPECIAL DIFFERENCE	28. EMPLOYMENT DATA	29. RESERVATION DATA CODE	30. COLLECTION (CLASSIFICATION) DATA	31. SECURITY REG NO
32. STAFF EMPLOY CODE	33. STAFF EMPLOY CODE	34. STAFF EMPLOY CODE	35. STAFF EMPLOY CODE	36. STAFF EMPLOY CODE	37. STAFF EMPLOY CODE
38. PHYSICAL FITNESS GOVERNMENT SERVICE		39. LEAVE CAT CODE	40. REGION TAX DATA	41. STAFF TAX DATA	
42. POSITION CLASSIFICATION CERTIFICATION		43. O.P. APPROVAL		44. DATE APPROVED	

FORM 1152

**SECRET**

CLASSIFIED INFORMATION  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND  
DECLASSIFICATION

SECRET  
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 May 1967

1. SERIAL NUMBER 017974	2. NAME (Last, First, Middle Initial) [Redacted]
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3. NATURE OF PERSONNEL ACTION <b>Reassignment</b>	4. EFFECTIVE DATE REQUESTED MONTH: 05   DAY: 21   YEAR: 67	5. CATEGORY OF EMPLOYMENT <b>Regular</b>
6. FUNDS X V TO V CF TO V	7. COST CENTER NO. CHARGEABLE 7237-1385	8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS DDP/FE	10. LOCATION OF OFFICIAL STATION Washington, D.C.
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11. POSITION TITLE <b>Ops Officer</b>	12. POSITION NUMBER D-12 3877	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 5
17. SALARY OR RATE \$ 12,443		

18. REMARKS  
FROM: [Redacted]

10A. [Redacted]	DATE SIGNED 5/15/67	10B. [Redacted]	DATE SIGNED 5/18/67
-----------------	------------------------	-----------------	------------------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODES NUMERIC: 43740 ALPHABETIC: E	22. STATION CODE 75012	23. INTEROFF CODE	24. POSTING CODE 1	25. DATE OF BIRTH MO: [ ] DA: [ ] YR: [ ]	26. DATE OF GRADE MO: [ ] DA: [ ] YR: [ ]	27. DATE OF LEI MO: [ ] DA: [ ] YR: [ ]
28. WTC CAPSULES MO: [ ] DA: [ ] YR: [ ]	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CIV 2 - MILA 3 - NORS	31. SEPARATION DATA CODE	32. CORRECTION/REASSIGNMENT DATA FORM EXECUTED CODE 1 - YES 2 - NO	33. SECURITY REQ. NO.	34. SEC	EOD DATA	
35. LEI PREFERENCE CODE 1 - 1-1 2 - 1-1-1 3 - 1-1-1-1	36. SERV COMP DATE MO: [ ] DA: [ ] YR: [ ]	37. LEAVE COMP DATE MO: [ ] DA: [ ] YR: [ ]	38. CAREER CATEGORY CODE	39. FLIGHT HEALTH INSURANCE CODE 1 - YES 2 - NO	40. SOCIAL SECURITY NO.	41. FEDERAL GOVERNMENT SERVICE DATA CODE 1 - NO FEDERAL SERVICE 2 - YES (1-1) 3 - YES (1-1-1) 4 - YES (1-1-1-1)		
42. LEAVE (L) CODE		43. FEDERAL DATA FORM EXECUTED CODE 1 - YES 2 - NO		44. STATE RES. DATA FORM EXECUTED CODE 1 - YES 2 - NO	45. STATE RES. DATA FORM EXECUTED CODE 1 - YES 2 - NO			

46. POSITION CONTROL CERTIFICATION  
05-16:67H

DATE APPROVED: 05/16/67

FORM 1152 USE PREVIOUS EDITION

SECRET

REPLACES FORM PERSONNEL ACTION REQUEST AND REASSIGNMENT

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 017974				2. NAME (Last-First-Middle) [Redacted]	
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds				4. EFFECTIVE DATE REQUESTED MONTH: 11, DAY: 20, YEAR: 66	
5. FUNDS V TO V C TO V C TO C				6. CATEGORY OF EMPLOYMENT Regular	
9. ORGANIZATIONAL DESIGNATION DDP/FE				7. FINANCIAL ANALYSIS NO. CHARGEABLE 7237-1385	
11. POSITION TITLE Ops Officer				10. LOCATION OF OFFICIAL STATION Washington, D.C.	
12. POSITION NUMBER D-12 4025				13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5	
17. SALARY OR RATE \$ 12,443					
18. REMARKS FROM: [Redacted] Subject is occupying a vacant slot.  Security Agency Standard of Ops. SA/OS 10/26/66 See 11/3/66					
18A. SIGNATURE OF REQUESTER [Redacted]		DATE SIGNED 10/31/66		18B. SIGNATURE OF APPROVING OFFICER [Redacted]	
DATE SIGNED 11/3/66					
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. OFFICER CODE	24. HOURS CODE
16	10	45148 FE	25013		
25. NET EXPENSES	26. SPECIAL REFERENCE	27. RETIREMENT DATA	28. SEPARATION DATA CODE	29. CORRECTION / CANCELLATION DATA	30. SECURITY REG. NO.
31. NET PREFERENCE	32. NET COMP. DATE	33. LOVS COMP. DATE	34. CAREER CATEGORY	35. FERR. HEALTH INSURANCE	36. SOCIAL SECURITY NO.
37. PREVIOUS CIVILIAN GOVERNMENT SERVICE	38. LEAVE CAT. CODE	39. FEDERAL SER. DATE	40. STATE SER. DATE	41. FEDERAL SER. DATE	42. STATE SER. DATE
43. POSITION CONTROL DESIGNATION 11-03-66N			44. O.P. APPROVAL [Redacted]		45. DATE APPROVED 11-3-66

FORM 1152 (51 PREVIOUS EDITION)

SECRET

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET  
(When Filled In)

F23

REQUEST FOR PERSONNEL ACTION				DATE PREPARED							
1 SERIAL NUMBER 017974				2 NAME (Last-First-Middle)							
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4 EFFECTIVE DATE REQUESTED MONTH: 09 DAY: 25 YEAR: 66		5 CATEGORY OF EMPLOYMENT REGULAR					
6 PAY GRADE V TO V		7 TO GO V TO O		8 FINANCIAL ANALYSIS NO CHARGEABLE 7137-1487		9 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203					
10 ORGANIZATIONAL DESIGNATIONS				11 LOCATION OF OFFICIAL STATION DAIGON SOUTH VIET NAM							
12 POSITION TITLE		13 POSITION NUMBER		14 CAREER SERVICE DESIGNATION		15					
16 CLASSIFICATION SCHEDULE (GS, LB, FE, ...)		17 OCCUPATIONAL SERIES		18 GRADE AND STEP 12		19 SALARY OR RATE					
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE											
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 PAYSCALE CODE	24 POSIT CODE	25 DATE OF BIRTH	26 DATE OF BIRTH	27 DATE OF BIRTH	28 SECURITY	29 SER
MO DA YR	MO DA YR	1-00 2-00A 3-00B		MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR
28 NET EXPENSES		29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 CORRECTION/AMENDMENT DATA		33 SECURITY		34 SER	
MO DA YR		MO DA YR	1-00 2-00A 3-00B		MO DA YR	MO DA YR		MO DA YR		MO DA YR	
35 NET PREFERENCE		36 SERV. COMP. DATE		37 LONG SERV. DATE		38 LEAVE CATEGORY		39 FEGLI HEALTH INSURANCE		40 SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT. CODE		43 REGULAR PAY DATE		44 STATE TAX DATA		45	
CODE				CODE		CODE		CODE		CODE	
0-00 PREVIOUS SERVICE 1-00 2 YEARS OR SERVICE 2-00 3-5 YEARS OR SERVICE (LESS THAN 3 YEARS) 3-00 6-10 YEARS OR SERVICE (MORE THAN 3 YEARS)				1-00 2-00		MO DA YR		1-00 2-00		CODE	
43 POSITION CONTROL CERTIFICATION				44 CP APPROVAL				DATE APPROVED			
OS-16-66				See memo signed by D/Pers dated 2/10/66							

FORM 1152 USE PREVIOUS EDITION  
SEP 66

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
3 November 1964

1. FILE NUMBER  
2. NAME (Last, First, Middle)  
27974

4. EFFECTIVE DATE REQUESTED MONTH: 12, DAY: 16, YEAR: 64		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V, V TO O, O TO V, O TO O		7. COST CENTER NO. CHARGE 5137-1487
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/VBC - SAIGON STATION OPERATIONS CENTER INTERNAL OPS BRANCH 100 CAPITAL OPS SECTION		8. LEGAL AUTHORITY (Completed by Officer of Personnel)
10. LOCATION OF OFFICIAL STATION SAIGON, VIETNAM		

11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER 4608	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LA, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 4
17. SALARY OR RATE \$ 11,315		

18. REMARKS  
Subject to Medical Approval.  
FROM: DDP/FE  
FE/ESV COMP *Army 27F*

ONE COPY TO SECURITY  
ONE COPY TO CF PAYROLL

FOR FURTHER INFORMATION CALL X5459

RECORDED BY  
CSFO  
*ik*

16A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED 11/10/64	16B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED 11-10-64
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. SPECIAL CODES FUNCTIONAL ALPHABETIC	22. STATION CODE	23. DUTY STATION CODE	24. MOBILE CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF SER
28. AFE CODES	29. SOCIAL SECURITY	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA	33. FOD DATA	34. SECURITY	35. SIP	
36. VET PREFERENCE	37. VET COMP DATA	38. LONG LEAVE DATA	39. CAREER CATEGORY	40. HEALTH INSURANCE	41. SOCIAL SECURITY NO			
42. PREVIOUS GOVERNMENT SERVICE DATA	43. LEAVE CAT	44. FEDERAL TAX DATA	45. HEALTH INSURANCE	46. SOCIAL SECURITY NO				
47. POSITION CONTROL INFORMATION	48. DATE OF APPROVAL	49. DATE APPROVED						

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

17 September 1964

1. SERIAL NUMBER <b>017974</b>	2. NAME (Last-First-Middle) [Redacted]
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3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED MONTH: <b>9</b> DAY: <b>18</b> YEAR: <b>64</b>	5. CATEGORY OF EMPLOYMENT <b>Regular</b>
6. PURPOSE V TO V OF TO V	7. COST CENTER NO. CHARGEABLE <b>5137-1392</b>	8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FE 25/CS</b> <b>Development Complement</b>	10. LOCATION OF OFFICIAL STATION <b>Washington, D. C.</b>
--	--

11. POSITION NUMBER <b>9997</b>	12. CAREER SERVICE DESIGNATION <b>D</b>
------------------------------------	--

14. CLASSIFICATION SCHEDULE (G.S. F.R. 14.) <b>FSR GS</b>	15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>5 2</b> <b>12 4</b>	17. SALARY OR RATE <b>\$10,290</b> <b>\$11,315</b>
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18. REMARKS  
All sick and all hours annual leave to be transferred [Redacted]  
 MARITAL STATUS: Married  
 [Redacted]  
*Training*

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING PHONETIC ALPHABETIC	22. STATION CODE	23. INTEREST CODE	24. HOUSES CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF 1st
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28. NET LEAVES	29. SPECIAL REFERRAL	30. TERMINITY DATA	31. SEPARATION DATA CODE	32. CORRECTION	33. SECURITY HQ 50
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34. VET PREFERENCES	35. MILITARY SERVICE DATA	36. LONG LEAVE DATA	37. CAREER CATEGORY	38. HEALTH INSURANCE	39. SOCIAL SECURITY NO.
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40. PERIODIC EMPLOYMENT SERVICE DATA	41. STATE DATA	42. FEDERAL TAX DATA	43. STATE TAX DATA
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44. POSITION CONTROL CENTER ACTION	45. OFF APPROVAL	46. DATE APPROVED
------------------------------------	------------------	-------------------

27

SECRET

ENCLOSURE

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
3 September 1964

1 SERIAL NUMBER  
017974

2 NAME (Last-First-Middle)  
[Redacted]

3 NATURE OF PERSONNEL ACTION  
REASSIGNMENT AND TRANSFER TO  
CONFIDENTIAL FUNDS

4 EFFECTIVE DATE REQUESTED  
MONTH DAY YEAR  
9 13 64

5 CATEGORY OF EMPLOYMENT  
REGULAR

6 FUNDS  
V TO V  
C TO V

7 COST CENTER NO. CHARGEABLE  
5137-1392

8 LEGAL AUTHORITY (Completed by Office of Personnel)

9 ORGANIZATIONAL DESIGNATIONS  
DDP/FE  
DEVELOPMENT COMPLEMENT

10 LOCATION OF OFFICIAL STATION  
WASHINGTON, D.C.

11 POSITION TITLE  
OPS OFFICER

12 POSITION NUMBER  
9997

13 CAREER SERVICE DESIGNATION  
D

14 CLASSIFICATION SCHEDULE (GS, F, N, etc.)  
GS

15 OCCUPATIONAL SERIES  
0136.01

16 GRADE AND STEP  
12 ① 4

17 SALARY OR RATE  
\$10,360.15

18 REMARKS  
FROM: DDP/FE  
FE/VNC - VIETNAM, CAMBODIA - *copy*  
NORTH VIETNAM SECTION  
Security Approval Granted by Pers. SD/OS 9/19/64  
by 9/11/64

ONE COPY TO SECURITY  
ONE COPY TO VOUCHERED PAYROLL

Recorded by  
COFF  
*[Signature]*

FOR FURTHER INFORMATION CALL 55459

19A SIGNATURE OF REQUESTING OFFICIAL  
19B DATE SIGNED  
19C SIGNATURE OF CAREER SERVICE APPROVING OFFICER  
19D DATE SIGNED

LOW FOR EXCLUSIVE USE OF  
19 ACTION CODE  
20 EMP/OP CODE  
21 OFFICE CODING  
22 STATION CODE  
23 INTEREST CODE  
24 HOBBIES CODE  
25 DATE OF BIRTH  
26 DATE OF GRADE  
27 DATE OF LEI  
28 MIL EXPIRES  
29 SPECIAL REFERENCE  
30 RETIREMENT DATA  
31 SEPARATION DATA CODE  
32 EXERCISE TYPE  
33 SECURITY BIC NO  
34 SEC. NO.  
35 VET. PREFERENCE  
36 SERV. COMP. DATE  
37 LONG. COMP. DATE  
38 CAREER CATEGORY  
39 LEGAL HEALTH INSURANCE  
40 SOCIAL SECURITY NO.  
41 PREVIOUS GOVERNMENT SERVICE DATA  
42 SERVE CAT. CODE  
43 FEDERAL TAX DATA  
44 STATE TAX DATA  
45 RESUME/COACHMAN CHECKS/NOTES  
46 ICF APPROVAL

EOD DATA

9-11-64

**SUBJECT: Letter of Commendation**

**TO: COLONEL FRUO DEWITT**  
Commander, Det #4 (PACATIC)  
1125th USAF Field Activities  
(ATIC) APO 94

1. The successful outcome of the Aerospace Technical Intelligence Course conducted at Nichols Air Base, Pasay City, has been due to the indefatigable efforts exerted by the training team of your unit from 12 to 23 June 1961.

2. During that brief period your team displayed professional competence and mastery of the subject. They successfully imparted to the students vital data on the procedural aspects of gathering aerospace technical intelligence. Their extensive use of training films further enhanced the student's learning process and the practical training they gave in intelligence photography will go a long way in helping PAC personnel assimilate important technical aspects. They are, indeed, a credit to your organization.

3. It is, therefore, with great pleasure that I commend the following members of your team for the valuable services they rendered to the Philippine Air Force:

LT COL ROBERT O TACKERMAN 32042A  
MAJOR ROBERT A TOLBERT 31609A  
MAJOR JAMES R CIVIL 16710A  
CAPT ELLIOTT J DAVIS 40-2212014

17521 CHARLES W MILLER AF-10376920

4. It is requested that a copy of this commendation form part of each individual's military personnel record.

JAMES A. VICTORIA  
Colonel, USAF  
Commanding Officer

20 JUN 1961  
AF-10376920

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
9 MARCH 1963

1. SERIAL NUMBER 017974  
2. NAME (Last-First-Middle)

3. NATURE OF PERSONNEL ACTION REASSIGNMENT And change of service designation  
4. EFFECTIVE DATE REQUESTED 04 MAY 63  
5. CATEGORY OF EMPLOYMENT REGULAR

6. FUNDS  
7. COST CENTER NO. CHARGE 3237-1250-1000  
8. LOCAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS  
7 UDF/FE  
FE/VCL - VIETNAM - CAMBODIA - LAOS  
VIETNAM OPERATIONS SECTION  
VI/CI OPERATIONS UNIT  
10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.

11. POSITION TITLE OPS OFFICER  
12. POSITION NUMBER 2608  
13. CAREER SERVICE DESIGNATION D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS  
15. OCCUPATIONAL SERIES 0136.01  
16. GRADE AND STEP 12 XE  
17. SALARY OR RATE \$9790

18. REMARKS  
FROM: DDI/OMR  
OFFICE OF THE ASSISTANT DIRECTOR  
ANALYSIS BRANCH/1564  
ONE COPY TO SECURITY  
FOR FURTHER INFORMATION CALL PAT X5459  
Recorded by CSPD  
CONCUR: [Signature] 12 Apr 63  
CONCUR: [Signature] 13 Apr 63

19. SIGNATURE OF CAREER SERVICE APPROVING  
DATE SIGNED 18 Apr 63

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  
21. OFFICE CODES  
22. STATION CODE  
23. BRANCH CODE  
24. DIVISION CODE  
25. DATE OF ENTRY  
26. DATE OF LEAVE  
27. DATE OF LEAVE  
28. SECURITY REF. NO.  
29. SER. NO.  
30. SOCIAL SECURITY NO.  
31. PREVIOUS EMPLOYMENT SERVICE DATA  
32. MILITARY SER. CODE  
33. FEDERAL TAX DATA  
34. STATE TAX DATA  
35. POSITION CONTROL CERTIFICATION  
36. D.P. APPROVAL  
DATE APPROVED

FORM 1152

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

143

8 Mar 1963

MEMORANDUM FOR: CSFO/branch C

SUBJECT: [redacted] Request for Reassignment from  
DDI/OSR to FE/VCL

1. The FE Division requests that arrangements be made with the DDI/OSR for the reassignment of [redacted] OS-12, to the VCL Branch to work on the recently approved North Vietnam program. The Vietnam Desk of VCL has a requirement for an officer to devote full time to the collection, collation and evaluation of material available on North Vietnam. This material, once assembled, will be used as a basis for both paramilitary and psychological warfare operations to be mounted against North Vietnam. It is felt that [redacted] is particularly qualified for this assignment with his excellent background as a research officer and the experience gained on his [redacted]. The knowledge he gained at that time of covert operations in relation to his DDI responsibilities will be helpful to him in the work envisioned for him in FE/VCL. [redacted] has traveled in Southeast Asia and also dealt with North Vietnam as an operational target during his military service 1952-54.

2. It is our understanding that [redacted] is available for reassignment. He has been interviewed by Division officers who feel his assignment would satisfy an important requirement on this priority program. It is requested that his assignment to FE/VCL, without a change in Service Designation, be arranged with DDI for approximately one year. At the end of that time, based on a review of [redacted] capabilities and interest in relation to a permanent DEP assignment, the possibilities of a change of service assignment would be explored.

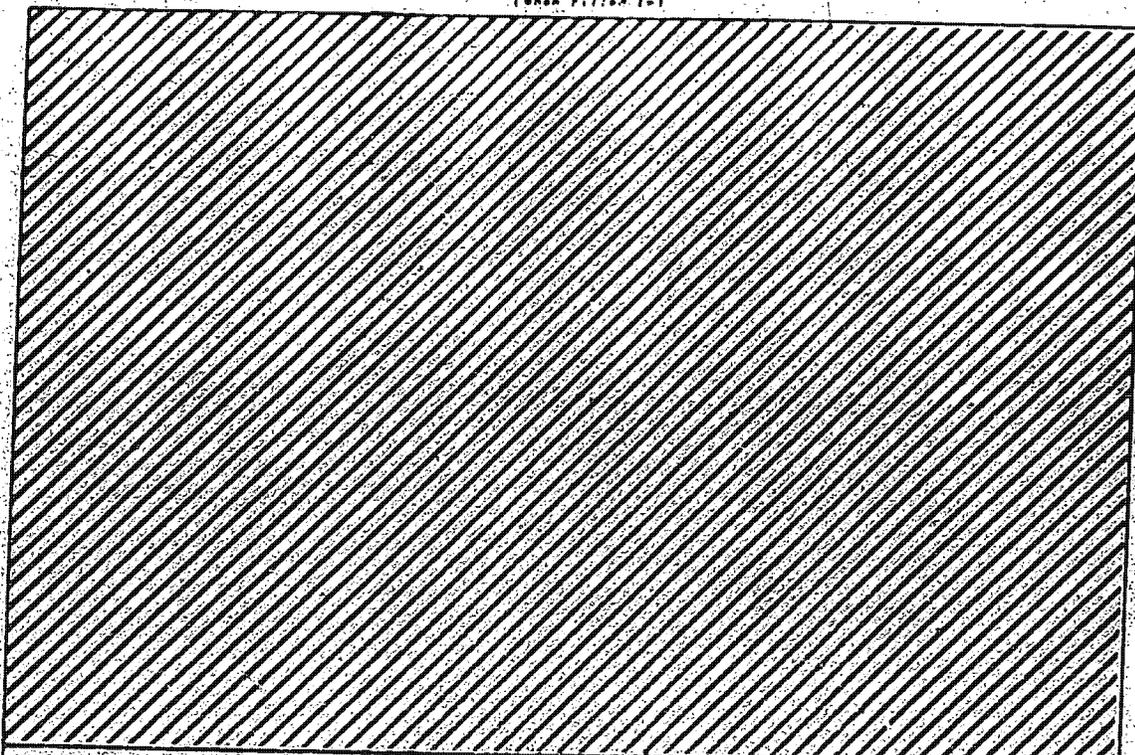
[redacted]  
Acting Chief, Far East Division

Approved by C/PNC  
R. S. Shroy, Secy/PNC  
15 MAR 1963

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			23 November 1962	
017974		[Redacted]				
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
				MONTH DAY YEAR 11 23 62		Regular
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
V TO V CF TO V		V TO CF CF TO CF		3257-1019-6000		
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION		
DDI/RRR Office of the Assistant Director [Redacted] ANALYSIS BRANCH				Washington, D. C.		
11. POSITION TITLE			12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION		
I.O. (Factory Markers)			1564	IR		
14. CLASSIFICATION SCHEDULE (GS, LD, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP		17. SALARY OR RATE	
GS		139C-08 0132-00	12 2		\$ 9,700	
18. REMARKS						
Attached are: Form W-4, Employee's Withholding Exemption Certificate Form D-4-A, Certificate of Non-Residence in the District of Columbia Form Va.-4, Virginia Employee's Withholding Exemption Certificate. Copies to: Payroll Security						
19. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED	19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED
[Redacted]			23 Nov. 62	[Redacted]		17 DEC 1962
SPACES BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
20. DATE EMPLOYED	21. STATION CODE	22. STATION CODE	23. EMPLOYEE CODE	24. MOBILE CODE	25. DATE OF BIRTH	26. DATE OF BIRTH
10/31/62	10	28100	ORR	750-13	[Redacted]	[Redacted]
27. DATE OF BIRTH	28. SOCIAL SECURITY NO.	29. RETIREMENT DATA	30. SEPARATION DATA CODE	31. CORRECTION/EXCELLENCE DATA	32. SOCIAL SECURITY NO.	33. SEX
[Redacted]	[Redacted]	1 - CSC 2 - FICA 3 - NONE	[Redacted]	[Redacted]	[Redacted]	[Redacted]
34. RET. PREFERENCE	35. SER. COMP. DATE	36. LONG. COMP. DATE	37. EXEMPT. CATEGORY	38. FEEDBACK INSURANCE	39. SOCIAL SECURITY NO.	40. SOCIAL SECURITY NO.
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
41. FEDERAL GOVERNMENT SERVICE DATA	42. FEDERAL TAX DATA	43. STATE TAX DATA	44. FEDERAL TAX DATA	45. STATE TAX DATA	46. FEDERAL TAX DATA	47. STATE TAX DATA
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
48. POSITION CONTROL CERTIFICATION			49. G.P. AP	DATE APPROVED		
[Redacted]			[Redacted]	Dec 62		

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>Rich Johnson</i>	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER <i>1-2-503</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 1-11-62.

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 2 JUL 1962		
------------------------------	--	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1. SERIAL NUMBER 517974				2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION Promotion			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 3 14 66		5. CATEGORY OF EMPLOYMENT Regular		
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGE-ABLE 1137-7000-6135		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
		CF TO V	X	CF TO CF			
9. ORGANIZATIONAL DESIGNATIONS Office of DDI Strategic Intelligence Staff				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER 1-96		13. PCR CONTROL NO.	14. CAREER SERVICE DESIGNATION IR
15. CLASSIFICATION SCHEDULE (OS, LP, FIG.) OS		16. OCCUPATIONAL SERIES 1390.06		17. GRADE AND STEP 12 1		18. SALARY LR RATE 8955	
19. REMARKS FROM: Same as above Approved by DDI - per attached memo							
19A. [Signature]				19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE		21. OFFICE CODE		22. POSITION CODE		23. DATE OF ACTION	
24. ACTION CODE		25. OFFICE CODE		26. POSITION CODE		27. DATE OF ACTION	
28. ACTION CODE		29. OFFICE CODE		30. POSITION CODE		31. DATE OF ACTION	
32. ACTION CODE		33. OFFICE CODE		34. POSITION CODE		35. DATE OF ACTION	
36. ACTION CODE		37. OFFICE CODE		38. POSITION CODE		39. DATE OF ACTION	
40. ACTION CODE		41. OFFICE CODE		42. POSITION CODE		43. DATE OF ACTION	
44. ACTION CODE		45. OFFICE CODE		46. POSITION CODE		47. DATE OF ACTION	
48. POSITION CONTROL CERTIFICATION		49. [Signature]					

FORM 1152

**SECRET**

101

SECRET

23 FEB 1961

MEMORANDUM FOR: Director of Personnel

THROUGH: Chief, FS, DD/P

THROUGH: Assistant to the DD/I (Administration) *W.S.*

SUBJECT: [redacted] Promotion

1. It is requested that [redacted] be promoted from GS-11 to GS-12. Mr. Fox is currently assigned [redacted] on the DD/I Foreign Field Annex. He entered the zone of consideration for promotion in October of 1958.

2. [redacted] was assigned [redacted] in July of 1959 to serve as the [redacted] officer. He has displayed expertise and professional competence in the markings field, functioning in an outstanding manner as the authoritative focal point for the program in the North Asian area. This request for promotion was initiated by the [redacted] and favorably endorsed by [redacted]. The Chief of the [redacted] ORR, who recently returned from a visit [redacted] personally observed [redacted] effective working relationships with U.S. officials and foreign liaison [redacted]. [redacted] has demonstrated high devotion to duty and displayed a high degree of initiative and self-reliance.

3. Upon completion of [redacted] he will return to the ORR Departmental Staffing Complement in a position commensurate with the grade to which promotion is recommended.

SECRET

SUBJECT:

[Redacted]

Promotion

4. It is requested that FE/DD/P initiate the appropriate request for personnel action and that processing of this promotion action be accomplished as soon as possible. It is also requested that a copy of the 1150 be forwarded to this Office.

FOR THE ASSISTANT DIRECTOR, OFR:

[Redacted Signature]

Chief, Administrative Staff

CONCURRENCES:

[Redacted Signature]

Assistant to the DD/I (Administration)

3/1/61

Date

[Redacted Signature]

Chief, FE Division

3/1/61

Date

**SECRET**

(When Filled In)

DATE PREPARED		REQUEST FOR PERSONNEL ACTION				V to V		V to UV	
Mo	Da					Yr	UV to V		UV to UV
1. Serial No.		2. Name (Last-First-Middle)		3. Date of Birth		4. Ver. Prof.		5. Sec	
				Mo	Da	Yr	None-0 1-1 10-7	6. CS - LOD	
7. SCD		8. CSC Re-ent.		9. CSC Or Other Legal Authority		10. Appr. Method		11. FEGLI	
Mo	Da	Yr	Yes-1 No-2	Code		Mo		Da	Yr
								12. LCD	
								13. MIL. SERV. CREDIT - LCD	
								Yes-1 No-2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations			Code		15. Location Of Official Station			Station Code		
DDI OPR					Wash., D.C.					
16. Dept. Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept. Field From	Code	Identification Spec.			923-01		CS	1390-06		
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appraisal Number	
11-2		7,270		TR	Mo	Da	Yr	Mo	Da	Yr
					10	20	57	10	16	60
									9 5700 20	

**ACTION**

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Date
Reassignment to Capital Transfer		06	07 26 59		Regular		01	

**PRESENT ASSIGNMENT**

31. Organizational Designations			Code		32. Location Of Official Station			Station Code		
OFFICE OF DDI ERB STAFF Strategic Intelligence Staff			1825					37527		
33. Dept. Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept. Field From	Code	I.O. Faculty Mark			8-96					
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appraisal	
11-2		7,270			Mo	Da	Yr	Mo	Da	Yr
					10	20	57	10	16	60
									75101	

**SOURCE OF REQUEST**

A. Requester's Name		B. Requester's Title		C. Request Approved By (Signature And Title)	
		18257		C/E/Personnel	

**CLEARANCES**

Signature	Signature	Date	Signature	Signature	Date
A. Career Counsel			B. Personnel		
B. Tax Counsel		1 1955	Appraisal On		
C. Classification					
Remarks	2 copies Security				
	Please transfer from (enclosed to unvouchers) fund on 26 July 1955.				
	Subject to replace				
	Was la returned to 27 Sept. 1955.				

**SECRET**

SECRET

Classify According To Standard

REQUEST FOR PERSONNEL ACTION												VOUCHERED			
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Ver. Pref.		5. Sex		6. CS. LOD		
						Mo Da Yr			None-0 Code		M		Mo Da Yr		
7. SCD		8. CSC Refm		9. CSC Or Other Legal Authority				10. Appt. Affidav		11. FEGLI		12. LCD		13. Special	
Mo Da Yr		Yes-1 Code No-2						Mo Da Yr		Yes-1 Code No-2		Mo Da Yr		Yes-1 Code No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Section Code	
DDI/Office of Research & Reports						Washington, D.C.					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. X Code		Identification Specialist				923.01		OS		1370.06	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grde		25. PSI Due		26. Appropriation Number	
9-2		\$ 5575.		IR		Mo Da Yr		Mo Da Yr		8-5709-20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Promotion				Mo Da Yr		Regular					
				ACAP							

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Section Code	
DDI/Office of Research & Reports						Washington, D.C.					
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. X Code		Identification Specialist				923.01		OS		1370.06	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grde		42. PSI Due		43. Appropriation Number	
11-1		\$ 6390.		IR		Mo Da Yr		Mo Da Yr		8-5709-20	
SOURCE OF REQ											
A. Requested By (Name And Title)						C. No.					
Charles B. Pi/RR											
in Call (Name & Telephone Etc)						Chief, Administrative Staff, DSR					
CLEARANCES											
Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Band						D. Placement					
B. Pos. Control						E.					
C. Classification						F. Assured By					
Receipts											

11320

SECRET

CONFIDENTIAL

STANDARD FORM 52  
 REQUEST FOR PERSONNEL ACTION

21 JUN 1956  
 VOUCHERED

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., <del>XXXXXX</del> One given name, initials, and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
			12 June 56
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
Promotion		ASAP	
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED	

FROM— Identification Specialist F-925.09 GS-1390.06-07 \$4660 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.	10. POSITION TITLE AND NUMBER	TO— Identification Specialist F-924.09 GS-1390.06-09 \$5440.00 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.
	11. HEADQUARTERS	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

13. REMARKS (Use reverse if necessary)

Complies with CIA Regulation 20-530

14. REQUESTED BY (Name and title)

Chief, D/T

15. FOR ADDITIONAL INFORMATION (Name and telephone extension)

x 2485/666

16. SIGNATURE

Title: Chief, Administrative Staff, GS8

17. VETERAN PREFERENCE				18. POSITION CLASSIFICATION ACTION			
None	WWS	Other	SP4	NEW	VICE	1 A	REAL
							3D/IR

19. SEX	20. AGE	21. APPOINTMENT	22. SUBJECT TO C.S. REGISTRATION ACT (YES-NO)	23. DATE OF APPOINTMENT ATTAINMENT (REGISTRATION, C.S., ETC.)	24. LEGAL RESIDENCE
M		TO: 5-5709-20 FROM: 10-5709-20			<input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED STATE: NY

21. STANDARD FORM 52-1694-5

PERIODIC STEP INCREASE 1957 17 June 56

TO SALARY B \$4660

25. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
		17 June 56	
26. DATE OF LAST POSITION			
27. CLASSIFICATION			
28. PLACE OF BIRTH			

SECRET  
SECURITY INFORMATION

ENTRANCE ON DUTY NOTICE

2. TO: [Redacted]		1. DATE 22 June 1955
3. OFFICE (Division, Branch, Etc.) DDI/CBR		
4. THE INDIVIDUAL MEETS THE STANDARDS FOR EMPLOYMENT WITH THIS AGENCY SUBJECT TO THE TYPE OF CLEARANCE INDICATED IN ITEM NO. 9. THE SIGNED CLEARANCE FROM IAS FOR ENTRANCE ON DUTY HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THIS INDIVIDUAL. HE/SHE IS REPORTING FOR DUTY THIS DATE.		
5. NAME [Redacted]	6. JOB TITLE AND GRADE Ident. Spec. GS-7	
7. EFFEC 15 June 1955	8. <input checked="" type="checkbox"/> E.O.O. <input type="checkbox"/> REASSIGNMENT OTHER:	9. TYPE CLEARANCE Provisional
10. REMARKS: (Include Medical or Other Limitations) Subject to BOD, testing, 21 June 1955.		
[Redacted]		

DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 3. COPY (PINK) TO PERSONNEL FOLDER.

FORM NO. 37-110 PREVIOUS EDITIONS NOT TO BE USED  
20V 1952

SECRET

STANDARD FORM 52  
FORMS BATTLE BY THE  
U. S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C. 20540

REQUEST FOR PERSONNEL ACTION

VOUCHERED 16 FEB 1955

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. <del>XXXX</del> - One given name, initial, and surname)	2. DATE OF BIRTH	3. REGISTRY NO.	4. DATE OF REQUEST
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Appointment</b>		6. EFFECTIVE DATE A. PROPOSED <b>ASRP</b>	7. C. S. OR OTHER LEGAL AUTHORITY
8. POLICY (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

*Exempt*

9. FROM -	10. POSITION TITLE AND NUMBER	11. SERVICE GRADE AND SALARY	12. ORGANIZATIONAL DESIGNATIONS	13. HEADQUARTERS
	Identification Specialist P-925.00-99	GS-1390.06-07 \$4205.00 per annum	DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch	Washington, D. C.
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

Attachments:  
 1 Interview Sheet  
 2 cys. Report of Medical History  
 3 cys. PHS  
 4 cys. of Letter of Commendation

B. REQUEST APPROVED BY	Signature	Title
		Executive, OPR

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION																
<table border="1"> <tr> <td>None</td> <td>5%</td> <td>10%</td> <td>15%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	None	5%	10%	15%					<table border="1"> <tr> <td>NEW</td> <td>VOID</td> <td>1st</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>SD/IP</p>	NEW	VOID	1st	REAL				
None	5%	10%	15%														
NEW	VOID	1st	REAL														

15. RACE	16. APPROPRIATION FROM	17. DATE OF ACQ. BY EMPLOYEE	18. DATE OF ACQ. BY EMPLOYEE	19. DATE OF ACQ. BY EMPLOYEE	20. LEGAL RESIDENCE
	9-5709-20				<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE

11. STANDARD FORM NO. 52 REMARKS

21. CLASSIFICATION	22. DATE OF SIGNATURE	23. DATE	24. BY WHOM

25. SIGNATURE OF EMPLOYEE

26. DATE OF SIGNATURE

27. DATE

28. BY WHOM

CONFIDENTIAL

DATE: JUN 9 1955

TO : Placement and Utilization Division, Personnel Office

FROM : Assistant Director, ORR

SUBJECT: [REDACTED]

The case of [REDACTED] [REDACTED] (provisionally) cleared applicant has been thoroughly reviewed and this Office does guarantee that the position to which he is to be assigned does fall within the personnel ceiling of ORR. Therefore, it is requested that the above-named individual be brought on duty as soon as possible.

FOR THE ASSISTANT DIRECTOR [REDACTED]

[REDACTED]  
Chief, Administrative Staff, ORR

CONFIDENTIAL

CONFIDENTIAL

## Office Memorandum • UNITED STATES GOVERNMENT

TO : Placement and Utilization Division, O/P

DATE: 21 April 1955

ATTEN: [REDACTED]

FROM : Personnel Officer, O/P

SUBJECT: [REDACTED] - Request for Provisional Clearance

1. It is requested that a Provisional Clearance be granted for [REDACTED] to allow his entrance on duty at the earliest opportunity.

2. This Office is prepared to assign [REDACTED] to an unclassified project in the Library of Congress for the Techniques and Methods Division. It is the opinion of the Techniques and Methods Division that the material produced by this project will be advantageous to the Division.

St/A/RR  
[REDACTED]

## Distribution:

- 0 & 1 - Addressee
- 2 - St/A/RR
- 2 - AD/RR

CONFIDENTIAL

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

6 Sept 1974

6215

TC: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	EMPLOYEE NUMBER 017974
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, CP	ID CARD NUMBER
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) EA	
ATTN: CHIEF SUPPORT STAFF	OFFICIAL COVER	<input type="checkbox"/> ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED
REF: RETIREMENT	UNIT	
SUBJECT:	[Redacted]	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/>	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	<input checked="" type="checkbox"/>
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE		EFFECTIVE DATE: EOD	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)		SUBMIT FORM 3254 TO BE ISSUED. (HR 20-11)	<input checked="" type="checkbox"/>
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY	<input checked="" type="checkbox"/>	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY	<input checked="" type="checkbox"/>
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY	<input checked="" type="checkbox"/>	RETURN ALL DESIGN AND DOCUMENTATION TO CCS	<input checked="" type="checkbox"/>
SUBMIT FORM 3254 TO BE ISSUED.	<input checked="" type="checkbox"/>	SUBMIT FORM 2888 FOR HOSPITALIZATION CARD.	<input checked="" type="checkbox"/>
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 249-20)		DO NOT WRITE IN THIS BLOCK	
EAA, CATEGORY I		[Redacted]	
SUBMIT FORM 2888 FOR HOSPITALIZATION CARD		[Redacted]	
DISTRIBUTION:	[Redacted]		
COPY 1 - TO THE OFFICE	[Redacted]		
COPY 2 - OPERATING COMPONENT	[Redacted]		
COPY 3 - OPERATIONAL	[Redacted]		
COPY 4 - DE AS TRG	[Redacted]		
COPY 5 - [Redacted]	[Redacted]		

SECRET

FORM 1051

SECRET

ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

28 Sep 1973

6415

TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OF	FILE NO.
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OF	EMPLOYEE NUMBER
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN:	Chief Support Staff	MC-102 #25389
REF:	Form 1322 dated 21 Sep 73	OFFICIAL COVER
SUBJECT		ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE: AUGUST 1959	EFFECTIVE DATE:
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR: TOY OTHER (Specify)	SUBMIT FORM 3254 TO BE ISSUED (HR 20-11)
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 3	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY
<input checked="" type="checkbox"/> SUBMIT FORM 325 TO BE ISSUED	CAA CATEGORY I CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 1322 ON ANY CHANGE AFFECTING COVER (HR 240-20)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HR 240-20)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD
<input checked="" type="checkbox"/> CAA CATEGORY I CATEGORY II	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR HOSPITALIZATION CARD	

DISTRIBUTION:

1 - TO: [ ]

1 - OPERATIONAL COMPONENT

1 - [ ]

1 - [ ]

1 - [ ]

1 - [ ]

JS/ab

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		DATE 26 August 1966
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR  
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) <b>FE</b>	
ATTN: <b>FE/Security</b>	FILE NO. <b>6415</b>	
REF: <b>Form 1322 dated 24 August 1966</b>	ID CARD NO. <b>8575</b>	
OFFICIAL COVER BACKSTOP ESTABLISHED <b>UBAP Technical Services Group (Prov)</b>	EMPLOYEE NO.	

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

Block Record:  
(OPMEMO 20-800-11)

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

b. Continuing, effective as of August 1959

Submit Form 642 to change limitation category.  
(HHB-20-7)

[Redacted]

Submit Form 1322 for any change affecting this cover.  
(R 240-250)

Submit Form 1323 for transferring cover responsibility.  
(R 240-250)

Remarks:

[Redacted]

Cover History

[Redacted]

RCH/oca

DISTRIBUTION: Copy 1-PID, Copy 2-Operating Component, Copy 3-OS D'05, Copy 4-TELSAC, Copy 5-PAD/OS, Copy 6-... Copy 7-...

SECRET

		DATE 8 November 1962
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT - ORR	
ATTN:	Administrative Staff	FILE NO. K-2303
REF:	Verbal request for cover	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		

BLOCK RECORDS:  
(OPRMD 30-800.11)

- a. TEMPORARILY FOR \_\_\_\_\_ DAYS, EFFECTIVE \_\_\_\_\_
- b. CONTINUING, EFFECTIVE \_\_\_\_\_ EOD \_\_\_\_\_

SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3.  
(HD 30-800.7)

ASCERTAIN THAT \_\_\_\_\_ BEING ISSUED.  
(HD 30-861.1)

SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER.  
(R 340.250)

SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY.  
(R 340.250)

REMARKS:

THIS COVER MUST REMAIN  
ON TOP OF \_\_\_\_\_

COPY TO CPO/DA

CGS/DJ

DISTRIBUTION: 1 copy to [unclear] 1 copy to [unclear]

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11611 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	017974	45	997	V GS 13 6	\$29,451

SECRET

1 July 1959

File: K - 2303

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

SUBJECT:

1. Cover arrangements ~~XXXXXXXXXXXXXXXXXXXX~~ have been completed for the above-named Subject.
2. Effective 15 June 59, it is requested that your records be properly blocked ~~XXXXXXXXXX~~ to deny ~~XXXXXXXXXX~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1959 by  Room 1608, "L" Building, Extension 2420.

Chief, Central Cover Division.

cc: SSB/OS

SECRET

FORM 1580a

14-00000

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.



017974

42371374

DLR: 28 MAY 75

SECRET  
(When Filled In)

TEF  
NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST, FIRST, MIDDLE)
------------------	-------------------------------

3. PERSONNEL ACTION (RETIREMENT) (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM RSI.	4. EFFECTIVE DATE MO DA YR 15 14 75	5. CATEGORY OF EMPLOYMENT REGULAR
---	---	--------------------------------------

A. FUNDS	V TO V	V TO CF	7. FAN AND NSCA 5237 13 12 1134	8. CSC OR OTHER LEGAL AUTHORITY PL 85-643 SECT 231
	CF TO V	CF TO CF		

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
--------------------------------	----------------------------------

DDO/EA DIVISION DEVELOPMENT COMPLEMENT	WASH., D.C.
---	-------------

11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER DCOF	13. SERVICE DESIGNATION D'IG
-----------------------------------	-----------------------------	---------------------------------

14. CLASSIFICATION SCHEDULE (GS, TB, etc.) GS	15. OCCUPATIONAL SERIES 7136.01	16. GRADE AND STEP 13 6	17. SALARY OR RATE 25051
--	------------------------------------	----------------------------	-----------------------------

18. REMARKS
-------------

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. INTEGRAL CODE	24. HEIGHTS CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. NFE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. CDA 3. CDA 4. NONE	31. SEPARATION DATA CODE	32. CONNECTION CODE	33. CAREER CATEGORY SAB SBAV ESOV ESOP	34. FEVET CODE 0-4 1-13		
35. VET PREFERENCE CODE 0-4 1-13	36. SERV. COMP. DATE MO DA YR	37. LEAVE COMP. DATE MO DA YR	38. LEAVE CAT. CODE	39. FEDERAL TAX DATA 1. YES 2. NO	40. TAX EXEMPT CODE 0-4	41. TAX EXEMPT CODE 0-4		

SIGNATURE OR OTHER AUTHENTICATION
-----------------------------------

PL 85-643  
3 76 MAY 1974

SECRET

86G: 25 SEPT 74

SECRET  
(When Filled In)

69

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER <b>017974</b>		2. NAME (LAST, FIRST, MIDDLE)							
3. NATURE OF PERSONNEL ACTION <b>EXTENDED SICK LEAVE - DISABILITY RETIREMENT NTE: 14 MAY 1975</b>				4. EFFECTIVE DATE MO DA YR <b>09 06 74</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS <input checked="" type="checkbox"/> X		V TO V		V TO CF		7. PAN AND NSCA <b>5237 1392 0000</b>		8. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>	
CF TO V		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS <b>DDO/EA DIVISION DEVELOPMENT COMPLEMENT</b>					
10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>						11. POSITION TITLE <b>OPS OFFICER</b>			
12. POSITION NUMBER <b>9997</b>		13. SERVICE DESIGNATION <b>DMG</b>		14. CLASSIFICATION SCHEDULE (GS, LE, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>13 6</b>	
17. SALARY OR RATE <b>24122</b>		18. DATES: <b>LWD: 06 SEPTEMBER 1974</b> <b>OTHER:</b>							
<b>HOME BASE: EA</b>									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE <b>31</b>	20. EMPLOY CODE <b>40</b>	21. OFFICE CODING OFFICE SYMBOL <b>45997 EA</b>		22. STATION CODE <b>75013</b>	23. INTEREST CODE	24. MONTHS CODE <b>1</b>	25. DATE OF BIRTH MO DA YR	26. DATE OF OFFICE MO DA YR	27. DATE OF LEI MO DA YR
28. NTE EXPIRES MO DA YR <b>05 14 75</b>		29. SPECIAL REFERENCE <b>SL</b>	30. RETIREMENT DATA CSC OR OTHER LEGAL AUTHORITY CODE		31. SEPARATION DATA CODE	32. PERS. ACT. / Completion Date MO DA YR <b>EOD DATA</b>		33. SECURITY REG. NO.	34. SER.
35. VET. PREFERENCE CODE		36. VET. COM. DATE MO DA YR		37. LOYALTY COMP. DATE MO DA YR	38. CAREER CATEGORY C-4 E-10 M-01 N-01		39. FEDERAL HEALTH INSURANCE CODE		40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE			42. LEAVE CAT. CODE		43. FEDERAL DATA NON-EXECUTED 1 YES 2 NO		44. STATE TAX DATA FEDERAL TAX 1 YES 2 NO		
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p><b>POSTED</b></p> <p><i>JA 9/26/74</i></p> </div>									

69

DMS: 10 SEPT 74

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 17074		2 NAME (LAST FIRST MIDDLE)	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE 15 74
5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS	V TO V CF TO V	V TO CF CF TO CF	8 CSC OR OTHER LEGAL AUTHORITY 5 USC 433 J
9 ORGANIZATIONAL DESIGNATIONS DDO/EA DIVISION DEVELOPMENT COMPLEMENT		10 LOCATION OF OFFICIAL STATION ASH., D.C.	
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 3097	13 SERVICE DESIGNATION DNC
14 CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15 OCCUPATIONAL SERIES 136.01	16 GRADE AND STEP 13 6	17 SALARY OR RATE 29122
18 REMARKS OTHER  HOME BASE: EA			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 37	20 (Agency) Code 10	21 OFFICE CODE (NO) 49007	22 STATION CODE EA	23 OFFICE CODE 75013	24 MONTH CODE 1	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LT MO DA YR
28 HIRING REFERENCE MO DA YR	29 SPECIAL REFERENCE 1. FV 2. FV 3. FV 4. FV	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE CODE	32 Continuation/Completion Date MO DA YR	33 SECURITY INFO NO		34 ISSUES	
35 VET PREFERENCE CODE	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER STATUS CODE	39 LONG TERM PREFERENCE CODE	40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		42 LEAVE CAT CODE	43 FEDERAL PAY DATA CODE		44 STATE TAX DATA CODE			

SIGNATURE FOR OTHER AUTHENTICATION

POSTED

*[Signature]*

SECRET  
(When Filled In)

REF: 22 JAN 74

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017074		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 01 20 74	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X	V TO V C1 TO V	V TO CF C1 TO CF	7. FAN AND NSCA 4227 1374 0000
8. OCCASIONAL DESIGNATIONS DDG/EA DIVISION		9. CEC OR OTHER LEGAL AUTHORITY 50 USC 403	
10. LOCATION OF OFFICIAL STATION DDG/EA DIVISION		11. LOCATION OF OFFICIAL STATION WASH. D.C.	
12. POSITION TITLE OPS OFFICER		13. POSITION NUMBER 11408	14. SERVICE DESIGNATION D
15. CLASSIFICATION SCHEDULE (GS, GS, GS, GS)	16. OCCUPATIONAL SERIES GS	17. GRADE AND STEP 0136 01	18. SALARY OR RATE 13 6 24122
19. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

20. AGENCY CODE	21. EMPLOY CODE	22. OFFICE SYMBOL	23. STATION CODE	24. INSTALL CODE	25. GRADE	26. DATE OF BIRTH	27. DATE OF GRADE	28. DATE OF 15
37	10	45020 EA	75013					
29. ANCESTRY	30. SPECIAL REFERENCE	31. RETIREMENT DATA	32. SEPARATION DATA CODE	33. COMPENSATION DATE	34. SOCIAL SECURITY NO.	EGD DATA		
35. (1) PREFERENCE	36. SERV. COMM. DATE	37. USPOB COMP. DATE	38. CARRIER CATEGORY	39. FEET / HEIGHT	40. SOCIAL SECURITY NO.			
41. FEDERAL GOVERNMENT SERVICE	42. SEASIDE CAT	43. SEPARATION DATA	44. SEPARATION DATA	45. SEPARATION DATA	46. SEPARATION DATA			

SIGNATURE OR OTHER AUTHENTICATION

FOI-D  
01/25/74

SECRET

Handwritten initials

F. 2108

1. SERIAL NO		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
C17974				43443		CF			
6. OLD SALARY RATE									
Grade	Step	Salary	Low III Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ARI
GS	13	23433	10/17/73	GS	13	24122	10/14/73		
7. CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
				10 OCT 1973					
<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						ACCEPTED BY			
151						WOB			
FORM 560 E		PAY CHANGE NOTIFICATION				(4-51)			

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	ON-STEP	NEW SALARY
			V	GS 13 5	23,433



14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER  
11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME

[REDACTED]

SERIAL ORGN. FUNDS GR-STEP

017974 45 440 CF GS 13 5

NEW  
SALARY

\$22,328

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

USS 04750/73

1. SERIAL NUMBER 017414		2. NAME (LAST, FIRST, MIDDLE) [Redacted]		6. EFFECTIVE DATE MO DA YR 05 24 73		5. CATEGORY OF EMPLOYMENT	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				7. FAR AND NSCA 5157 1039 0000		8. CSC OR OTHER LEGAL AUTHORITY	
4. FUNDS V TO V O TO V		V TO O O TO O		9. ORGANIZATIONAL DESIGNATION JCS/PL DIVISION [Redacted]		10. LOCATION OF OFFICIAL STATION [Redacted]	
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 4935		13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (GS, GS, etc.) GS		15. OCCUPATIONAL SERIES 015001		16. GRADE AND STEP 13		17. SALARY OR RATE	

18. REMARKS

SIGNATURE OF OTHER AUTHORITY

[Handwritten signature and stamp]

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	017974	45	440	CF GS 13 5	\$21,237

F-22

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
		[REDACTED]		45 440		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	ST	ADJ.
GS 13	4	\$19,537	10/19/69	GS 13	5	\$20,125	10/17/71		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
[REDACTED]				7/16/37					
<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									
CLASS/INITIALS				AUTHORITY					
[REDACTED]				[REDACTED]					
FORM 360 E PAY CHANGE NOTIFICATION									

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11976 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: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
<input type="text"/>	017976	49	440	CF GS 13 4	\$19,537

SEP 1 1970

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017274		2. NAME (LAST, FIRST, MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 09   21   70	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CF TO V: X	V TO CF CF TO CF	7. Financial Analysis Fee Chargeable 1137 1633 0000
8. OCCASIONAL DESIGNATIONS DDP/FE		9. CIVIL OR OTHER LEGAL AUTHORITY 50 USC 403 J	
10. LOCATION OF OFFICIAL STATION		11. POSITION TITLE OPS OFFICER	
12. POSITION NUMBER 1915		13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, IS, etc.) GS	15. OCCUPATIONAL SERIES (136,01)	16. GRADE AND STEP 13 4	17. SALARY OR RATE 13437
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. AUTHORITY CODE 37	20. OFFICE CODE 10	21. OFFICE CODE 45340 FE	22. REPORT CODE 57507
23. SPECIAL REFERENCE	24. RETIREMENT DATA	25. SEPARATION DATA CODE	26. DATE OF BIRTH MO DA YR
27. PAY GRADE	28. COMP DATE	29. COMP DATE	30. DATE OF GRADE MO DA YR
31. FEDERAL GOVERNMENT SERVICE	32. STATE GOVT	33. FEDERAL TAX DATA	34. STATE TAX DATA
35. SIGNATURE OR OTHER AUTHENTICATION			

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FORM 1120  
1-68

SECRET FVD

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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 9 OCTOBER 1962

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL ORGN. FUNCS GRA-STEP	NEW SALARY
[REDACTED]	017974 45 440 CF GS 13 3	\$16,866

SECRET  
(When Filled In)

FVO: 2 MAY 69

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) [REDACTED]	
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3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE 05 02 69	5. CATEGORY OF EMPLOYMENT REGULAR
---	--	--	-------------------------------	--------------------------------------

6. FUNDS	V TO V	V TO CF	7. Financial Analyst No. Chargeable 9137 1039 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
	CF TO V	X CF TO CF		

9. OPERATIONAL DEMONSTRATIONS DUP/FE	10. LOCATION OF OFFICIAL STATION [REDACTED]
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11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER 4947	13. SERVICE DESIGNATION O
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14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS	15. OCCUPATIONAL SERIES 0135.01	16. GRADE AND STEP 13 3	17. SALARY OR RATE 15369
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18. REMARKS  
HOME BASE: FE

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE 45440 FE	22. STATION CODE 57007	23. INTERIM CODE	24. MONTH CODE 3	25. DATE OF BIRTH [REDACTED]	26. DATE OF GRADE [REDACTED]	27. DATE OF 1ST [REDACTED]
28. NET LEAVES	29. SPECIAL PERFORM	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. Career/Con/Conversion Data	EOD DATA		33. SECURITY RFD NO	34. SER
35. VET PREFERENCE	36. SERV COMP DATE	37. IOPRO COMP DATE	38. CAREER CATEGORIES	39. LEGAL / HEALTH DISABILITIES		40. SOCIAL SECURITY NO		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA		

SIGNATURE OF OTHER AUTHENTICATION

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05 02 69

Use Previous  
Form

SECRET

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05 02 69

SECRET  
(When Filled In)

JLB: 14 APR 69

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 017974		2. NAME (LAST, FIRST, MIDDLE)	
3. NATURE OF PERSONNEL ACTION CONVERSION		4. EFFECTIVE DATE 04 16 69	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V C TO V	V TO C C TO C	7. PAY GRADE AND PAY RANGE 9137 1375 0000
8. ORGANIZATIONAL DESIGNATIONS DDP/FE		9. LOCATION OF OFFICIAL STATION 50 USC 403 J	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 4024	13. SERVICE IDENTIFICATION D
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS	15. OCCUPATIONAL SERIES 0136, 01	16. GRADE AND STEP 13 3	17. SALARY OF RATE 15863
18. REMARKS WASH., D.C.  HOME BASE: FE			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 56	20. EMPLOY CODE 10	21. OFFICE CODE (MUNICIPAL/ALPHABETIC) 45140/FE	22. CLASSIFICATION CODE 75013	23. POSITION CODE 1	24. PAY GRADE 9137	25. PAY RANGE 1375-0000	26. DATE OF ACTION APR 16 1969	27. DATE OF BIRTH APR 16 1969	28. DATE OF DEATH APR 16 1969	
29. TIME PERIOD NO DA	30. SPECIAL REFERENCE FM CA FE HEAD	31. RETIREMENT DATA YEAR	32. SEPARATION DATA CODE	33. CURRENT OCCUPATIONAL SERIES	34. HEALTH INSURANCE HEALTH PLAN NO.		35. SOCIAL SECURITY NO.			
36. VET PREFERENCE NONE	37. SERV COMP DATE NO DA	38. LONG COMP DATE NO DA	39. CAREER CATEGORY CAREER	40. HEALTH INSURANCE HEALTH PLAN NO.		41. SOCIAL SECURITY NO.				
42. PREVIOUS CIVILIAN GOVERNMENT SERVICE NO PREVIOUS SERVICE		43. LEAVE PAY CODE	44. PRELIMINARY DATA FORM EXCLUDED		45. STATE TAX DATA FORM EXCLUDED		46. OTHER DATA			

SIGNATURE OR OTHER AUTHENTICATION

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14 APR 69

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FORM 1150  
3-63

Use Previous Edition

SECRET PLW

SDF: 7 NOV 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

(SDF)

1. SERIAL NUMBER 012974		2. NAME (LAST, FIRST, MIDDLE)	
3. NATURE OF PERSONNEL ACTION PROMOTION		4. EFFECTIVE DATE MO DA YR 10 20 63	
5. FUNDS V TO V CF TO V		6. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
7. ORGANIZATIONAL DESIGNATIONS DDP/FE		8. LOCATION OF OFFICIAL STATION WASH., D.C.	
9. POSITION NUMBER 4024		10. SERVICE DESIGNATION D	
11. CLASSIFICATION SCHEDULE (OS, LS, etc.) GS		12. GRADE AND STEP 15 5 13 3	
13. OCCASIONAL RATE 0136.01		14. SALARY OR RATE 13330 15369	
15. REMARKS WASH., D.C.			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 22	20. Pay Plan Code 10	21. OFFICE CODING ALPHABETIC 05140 EC	22. STATION CODE 75013	23. INTEGRAL CODE S	24. Major Code 1	25. DATE OF BIRTH MO DA YR 10 20 68	26. DATE OF GRADE MO DA YR 10 20 68	27. DATE OF LES MO DA YR 10 20 68
28. NTE SERIES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA CY CA YR A MONTH	31. SEPARATION DATA CODE	32. Continuation / Government Duty TYPE MO DA YR	33. SECURITY NO.	34. SER	35. VET PREFERENCE COA: 0 - NONE 1 - 10% 2 - 15%	
35. SERV. COMP. DATE MO DA YR	36. LONG. COMP. DATE MO DA YR	37. CAREER CATEGORY CLASS SERV CODE	38. FEELI - HEALTH INSURANCE CODE 0 - NONE 1 - YES	39. SOCIAL SECURITY NO.	40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 2 YRS) 3 - BREAK IN SERVICE (MORE THAN 2 YRS)			
41. LEAVE CAT. CODE	42. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	43. FED. TAX EXEMPTION	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	45. STATE CODE	46. SIGNATURE OR OTHER AUTHENTICATION			

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11-9-63  
JLB

Included from automatic  
downgrading and  
declassification (When Filled In)

FORM 1150 1-62 Use Previous Edition

SECRET JLB

58

COMPENSATION  
BY DIVISION

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
017974		[REDACTED]		45 140		CF			
A. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last EM. Date	Grade	Step	Salary	EFFECTIVE DATE	BI	ADJ.
GS	12	5	13798	09/11/66	GS	12	6	14206	09/08/68
CERTIFICATION AND AUTHENTICATION									
I CERTIFY		EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE		[REDACTED]						DATE	
								3 000	
		<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AS OF [REDACTED]							
CLERK'S INITIALS		[REDACTED]						BY	
FORM 560 E		PAY CHANGE NOTIFICATION						(4-51)	

"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

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	017974	45	140	CF GS 12 5	\$12,489	\$13,798

JLB: 17N MAY 68

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
017974		[Redacted]									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				05 19 68		REGULAR					
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
[Redacted]		CF TO V		X CF TO CF		8137 1375 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP/EE					[Redacted]						
11. POSITION TITLE					12. POSITION NUMBER						
[Redacted]					WASH., D.C.						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OF RATE				
GS			0136.01		05 5 12 5		D 12604 12989				
18. REMARKS											
WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MONTH CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
37	10	45140 FE		75013	S	I	[Redacted]		[Redacted]	[Redacted]	
29. PAYE PREFERENCES		29. SPECIAL PREFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION		33. SECURITY REG. NO.	34. SER.
[Redacted]		[Redacted]		[Redacted]		[Redacted]		[Redacted]		EOD DATA	[Redacted]
35. VI: PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
[Redacted]		[Redacted]		[Redacted]		[Redacted]		[Redacted]		[Redacted]	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
[Redacted]				[Redacted]		[Redacted]				[Redacted]	
SIGNATURE OR OTHER AUTHENTICATION											
[Redacted]											

POSTED  
*[Signature]*

SECRET

PLW

Do not stamp  
before filing date  
of notification

(When Filled in)

FORM 1150  
Use Previous Edition

14-00000

"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

[REDACTED]

SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
017974	45	997	CF GS 12 5	\$12,443	\$12,989

FVU: 1 APR 65

SECRET  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974	2. NAME (LAST FIRST MIDDLE)
----------------------------	-----------------------------

3. NATURE OF PERSONNEL ACTION SUSPENSION FOR THREE WORKING DAYS	4. EFFECTIVE DATE 04   01   68	5. CATEGORY OF EMPLOYMENT REGULAR
--	-----------------------------------	--------------------------------------

A. FUNDS	V TO V	V TO CF	7. Financial Analysis No. Chargeable 0137.1375 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
	CF TO V	X CF TO CF		

9. ORGANIZATIONAL DESIGNATION ODP/FE DEVELOPMENT COMPLEMENT	10. LOCATION OF OFFICIAL STATION WASH., D.C.
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11. POSITION TITLE CPS OFFICER	12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
-----------------------------------	-----------------------------	------------------------------

14. CLASSIFICATION SCHEDULE (GS, LS, etc.) FSR GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 05 5 12 5	17. SALARY OR RATE 12604 12959
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18. REMARKS:  
SUSPENDED FOR THREE WORKING DAYS FOR INFRACTION OF AGENCY PHYSICAL SECURITY REGULATIONS. TO RETURN TO DUTY EOS 4 APRIL 1965. EMPLOYEE IS WARNED THAT FURTHER VIOLATIONS WILL BE VIEWED WITH EXTREME SERIOUSNESS.  
OTHER

#### SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE (NUMBER, ALPHABETIC)	22. STATION CODE	23. INTEGRAL CODE	24. MILEAGE CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CONTRIBUTION / CONTRIBUTION DATA	33. SECURITY REQ TAG	34. SEX	EOD DATA	
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LOVS. COMP. DATE	38. CAREER CATEGORY	39. REG. / 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**  
APR 1 1968

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(When Filled In)

NO. 27 134 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE NO. DA. YR. 11 21 67	
5. CATEGORY OF EMPLOYMENT REGULAR		7. Financial Analysis No. Chargeable 8137 1375 0000	
6. FUNDS V TO V CF TO V X CF TO CF		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DOP/FE DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS. OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP GS 5 12 5	17. SALARY OR RATE 12074 12443
18. REMARKS OTHER			

MARITAL STATUS—MARRIED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 55	20. EMPLOY CODE 13	21. OFFICE CODES NUMERIC ALPHABETIC 45997 FE	22. STATION CODE 75013	23. INTEGRATE CODE S	24. REGIONS CODE 1	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.
28. NTE EXPIRES NO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. CIA 3. RFA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA EPA NO. DA. YR.	33. SECURITY REQ. 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 SAR DIV. PRIN. TEMP.	39. FEELI/HEALTH INSURANCE CODE 0 - NONE 1 - YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO PREVIOUS 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 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	45. NO. PAY STATE QUER.				

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
RS  
11-23-67

PLW

SECRET  
(When Filled In)

68

FORM 17-1 (Rev. 67)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017374		2. NAME (LAST-FIRST-MIDDLE) [Redacted]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			4. EFFECTIVE DATE 11/11/67
5. CATEGORY OF EMPLOYMENT REGULAR			6. FUNDS V TO V V TO CF CF TO V CF TO CF
7. Financial Analysts No. Chargeable 3137-1292-0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 402 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE CPS OFFICER		12. POSITION NUMBER 197	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, WFL) GS	15. OCCUPATIONAL SERIES 136-01	16. GRADE AND STEP 12-5	17. SALARY OR RATE 12445
18. REMARKS TRAINING			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 20	20. EMPLOY CODE 13	21. OFFICE CODES 45997 FE	22. STATION CODE 75112
23. DATE OF BIRTH [Redacted]	24. DATE OF GRADE [Redacted]	25. DATE OF LET [Redacted]	26. SECURITY REF NO [Redacted]
27. NIE EXP. REF.	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA
31. PREFERRED	32. SERV. COMP. DATE	33. LONG COMP. DATE	34. CAREER CATEGORY
35. MILITARY PREFERENCE	36. STATE TAX DATA	37. FEDERAL TAX DATA	38. SOCIAL SECURITY NO
39. SIGNATURE OR OTHER AUTHENTICATION			

FILED  
11/16/67

FORM 17-1 1159

Use Previous Edition

SECRET FVD

When Filled In

SECRET  
(When Filled In)

BJT: 25 MAY 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER <b>017974</b>		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4. EFFECTIVE DATE <b>05 21 67</b>	
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		6. CSK OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>	
7. Financial Analysis No. Chargeable <b>7237 1385 0000</b>		8. CSK OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/FE</b>		10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>3877</b>	
13. SERVICE DESIGNATION <b>D</b>		14. CLASSIFICATION SCHEDULE (GS, LO, etc.) <b>GS</b>	
15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>12 5</b>	
17. SALARY OR RATE <b>12443</b>		18. REMARKS	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE <b>37</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>45140 FE</b>	22. STATION CODE <b>75013</b>	23. INTEGREE CODE <b>1</b>	24. MONTH CODE <b>1</b>	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. DATE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1. CSK 2. CIP 3. FICB 4. NONE	30. RETIREMENT DATA CCOP	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REG NO.		34. SER	
35. VET. PREFERENCE CODE 0. NONE 1. 5-YR. 2. 10-YR.	36. SERV. COMP. DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CODE 1. 100 2. NO.	39. FEELI. HEALTH INSURANCE CODE 1. 000 2. 001	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0. NO PREVIOUS SERVICE 1. NO SERVICE IN 5 YEARS 2. SERVICE IN SERVICE MORE THAN 5 YRS 3. SERVICE IN SERVICE MORE THAN 5 YRS	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORMER EMPLOYER CODE 1. YES 2. NO	44. FEDERAL TAX DATA NO. OF EMPLOYERS	45. STATE TAX DATA STATE EMPLOYED 1. YES 2. NO	46. STATE TAX DATA CODE NO. OF STATES CODE EMPLOYED			

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
15250

MRT: 17 NOV 66

SECRET  
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>017974</b>		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS</b>			4. EFFECTIVE DATE <b>11   20   66</b>
			5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS	V TO V	V TO CP	7. GROSS CENTER NO. CHARGEABLE <b>7237 1385 0000</b>
	CP TO V	CP TO CP	
8. CXC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>		9. ORGANIZATIONAL DESIGNATION <b>DDP/FE</b>	
10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>			

11. POSITION TITLE <b>OPS OFFICER</b>	12. POSITION NUMBER <b>4025</b>	13. SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS-18, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>12 5</b>
		17. SALARY OR RATE <b>12443</b>

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE <b>16</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING REGULAR / APPOINTMENT <b>45140 FE</b>	22. STATION CODE <b>75013</b>	23. INTEREST CODE <b>1</b>	24. EMPLOY CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LES MO DA YR
28. DATE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CLASSIFICATION/REGISTRATION DATA	33. SECURITY REG. NO.			34. SEE
35. VET. PREFERENCE CODE	36. LEAVY COMP. DATE	37. LEAVY COMP. DATE	38. CAREER CATEGORY	39. FEGLI/HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT	43. FEDERAL TAX DATA		44. STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

*[Handwritten Signature]*

FORM 1120

Use Previous Edition

SECRET

READ INSTRUCTIONS  
BEFORE FILING

(When Filled In)

RZF: 26 SEPT 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017374		2. NAME (LAST-FIRST-MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE MO: DA: YR: 09   25   66
5. CATEGORY OF EMPLOYMENT REGULAR			6. COST CENTER NO. CHARGEABLE 7137 1487 0000
7. FUNDING V TO V C TO V X C TO C			8. CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203
9. ORGANIZATIONAL DESIGNATIONS DGP/FE		10. LOCATION OF OFFICIAL STATION SAIGON, SOUTH VIET NAM.	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES 12	17. SALARY OR RATE
16. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.			
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. INTESGREE CODE	24. GRADE CODE	25. DATE OF BIRTH MO: DA: YR:	26. DATE OF GRADE MO: DA: YR:
27. DATE OF LEI MO: DA: YR:	28. WFE EXPIRES MO: DA: YR:	29. SPECIAL REFERENCE 1. CSC 2. PSC 3. WFE	30. RETIREMENT DATA CODE 2
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO: DA: YR:	33. SECURITY REG. NO.	34. SOCIAL SECURITY NO.
35. NET PREFERENCE 1. NONE 2. 10% 3. 20%	36. SERV. COMP. DATE MO: DA: YR:	37. LONG. COMP. DATE MO: DA: YR:	38. CAREER CATEGORY CODE 1. PERM 2. TEMP
39. FEET/HEALTH INSURANCE CODE 1. YES 2. NO	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 1 YEAR 4. BREAK IN SERVICE MORE THAN 1 YEAR	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA NO TAX EXEMPTIONS FORM EXECUTED 1. YES 2. NO	44. STATE TAX DATA CODE 1. YES 2. NO	45. FEDERAL TAX DATA NO TAX EXEMPTIONS FORM EXECUTED 1. YES 2. NO	46. STATE TAX DATA CODE 1. YES 2. NO

COD DATA

POSTED  
9.27.66/h

FORM 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

123

1. Serial No.		2. Name		3. Code Group Number		4. LWOP Status	
017974				45 500 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Pay Date	Grade	Step	Salary	Effective Date
GS 12	4	12064	09/13/64	GS 12	5	12093	09/11/66
		111,723				12,091	
7. TYPE ACTION							
8. Remarks and Authorization							
<p>NO EXCESS LWOP          IN PAY STATUS AT END OF WAITING PERIOD          LWOP STATUS AT END OF WAITING PERIOD          CLERKS INITIALS _____ AUDITED BY _____</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS          OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: _____ <i>8/24/66</i></p>							
<b>PAY CHANGE NOTIFICATION</b>							

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
 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: 3 JULY 1966

NAME  
 \_\_\_\_\_

SERIAL	ORGAN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
017974	45 500	CF	GS 12 4	111,723	122,094



DLR: 30 SEPT 64

SECRET  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>017974</b>		2. NAME (LAST, FIRST, MIDDLE)									
3. NATURE OF PERSONNEL ACTION <b>(CANCELLATION)</b>											
4. EFFECTIVE DATE MO. DA. YR. <b>09 11 64</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>									
6. FUNDS <table border="1"> <tr> <td>U TO U</td> <td>V TO V</td> <td>X</td> <td>Y TO Y</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		U TO U	V TO V	X	Y TO Y	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. COST CENTER NO. (CHARGEABLE) <b>5137 1392 0000</b>	
U TO U	V TO V	X	Y TO Y								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
8. ORGANIZATIONAL DESIGNATIONS <b>DOP FE CS/CS DEVELOPMENT COMPLEMENT</b>		9. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>									
10. LOCATION OF OFFICIAL STATION <b>WASH., D. C.</b>		11. POSITION NUMBER <b>9997</b>									
12. SERVICE DESIGNATION <b>D</b>		13. CLASSIFICATION SCHEDULE (GS, LE, etc.) <b>GS</b>									
14. OCCUPATIONAL SERIES <b>0136.01</b>		15. GRADE AND STEP <b>05 2 12 4</b>									
16. SALARY OR RATE <b>10290 11315</b>		17. REMARKS <b>ADMIN ERROR</b>									

#### SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

18. ACTION CODE	19. OFFICE CODE	20. STATUS CODE	21. INTEGRATION CODE	22. GRADE CODE	23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF LEI
01	13	45927	FE	75013			
26. SPECIAL REFERENCE	27. PAYMENT DATA	28. PARITY DATA	29. CONNECTION	30. SECURITY REG NO.	31. SEE	32. SOCIAL SECURITY NO.	
33. PREVIOUS EMPLOYMENT SERVICE DATA	34. LEAVE DATA	35. CAREER CATEGORY	36. FEDERAL TAX DATA	37. STATE TAX DATA	38. FEDERAL INSURANCE	39. SOCIAL SECURITY	40. STATE SOCIAL SECURITY

KOD DATA

POSTED  
10/22/64 215

DLB: 23 SEPT 64

SECRET  
(When Filled In)

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE 09 13 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS		7. COST CENTER NO. (CHANGEABLE)	8. USE OF OTHER LEGAL AUTHORITY
9. ORGANIZATIONAL DESIGNATION DDP FE GS/GS DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFF		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, GS-1)	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP GS-2 12 4	17. SALARY OR RATE 10290 11315
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 55	20. EMPLOY CODE 13	21. OFFICE CODING 45997FE	22. STATION CODE 75013	23. INTEGRAL CODE 1	24. POINTS [ ]	25. DATE OF GRADE [ ]	27. DATE OF LEI [ ]
28. BTE EXPIRES [ ]	29. SPECIAL REFERENCE [ ]	30. RETIREMENT DATA [ ]	31. SEPARATION DATA CODE [ ]	32. CANCELLATION DATE [ ]	EOD DATA		33. SECURITY REG NO. [ ]
35. PER PREFERENCE [ ]	36. SLEP (LOAF) DATE [ ]	37. LOAF (LOAF) DATE [ ]	38. CANCELED CATEGORY [ ]	39. FEEL / HEALTH INSURANCE [ ]		40. SOCIAL SECURITY NO. [ ]	
41. PREVIOUS GOVERNMENT SERVICE DATA [ ]		42. LEAVE (LOAF) CODE [ ]	43. FEDERAL TAX DATA [ ]		44. STATE TAX DATA [ ]		

SIGNATURE ON OTHER AUTHORIZATION

LOTTED  
[Signature]

FORM 1120

Use Previous Edition

SECRET

SECRET  
Include use branch  
every time and  
completeness

(When Filled In)

JGD: 11 SEPT 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			4. EFFECTIVE DATE 09   13   64
5. CATEGORY OF EMPLOYMENT REGULAR			6. FUNDS V TO V X V TO CF CF TO V CF TO CF
7. COST CENTER NO. CHARGABLE 5137 1392 mmm		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE CS/CS DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, PL)	15. OCCUPATIONAL SERIES 0136(O)	16. GRADE AND STEP 12 4	17. SALARY OR RATE 11315
18. REMARKS TRAINING. SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS. [REDACTED]			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 20	20. CODE 13	21. STINES CODE (ALPHABETIC) 45997 FE	22. STATION CODE 75013	23. INTEGRAL CODE	24. EMPLOYEE CODE	25. DATE OF BIRTH [REDACTED]	26. DATE OF ENTRY [REDACTED]	27. DATE OF LEI [REDACTED]
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/ CANCELLATION DATA	EOD DATA		33. SECURITY RIG NO	34. SEC
35. PFT PREFERENCE	36. 5YR COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FICSI HEALTH INSURANCE	40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT	43. FEDERAL TEL DATA		44. STATE TEL DATA	

SIGNATURE OR OTHER AUTHENTICATION

FROM: FE

FO TLD  
[Signature]

FORM 1150

Use Previous Edition

13 SEP 1964 SECRET

DO NOT WRITE IN THESE SPACES

(When Filled In)

PAYMENT WRAPUP  
SEP 14 10 36 AM '64

1. Serial No. 017974		2. Name [Redacted]		3. Code 21 RF		4. Cost Center Number 45 160 V		5. LWOP Hours		
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	Pri	Lvl	Adj
GS 12	3	10,960	09/19/63	GS 12	4	11,315	09/13/64			
9. Remarks and Authorizations										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: [Signature] AUDITED BY: [Signature]										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE [Redacted]						DATE [Signature]				
PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

(4-61)



SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPO 09/01/64

1. SERIAL NUMBER <b>017974</b>		2. NAME (LAST, FIRST, MIDDLE)							
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE MO DA YR <b>08 31 64</b>		5. CATEGORY OF EMPLOYMENT			
6. FUNDS		7. COST CENTER NO. (CHARGABLE)		8. CYC OR OTHER LEGAL AUTHORITY					
R		V TO V		V TO O		9237 1352 0000			
O TO V		O TO O		9. ORGANIZATIONAL DESIGNATION <b>DDP/F6 DIVISION F6 VNC NORTH VIETNAM 860</b>				10. LOCATION OF OFFICIAL STATION <b>WASH., D. C.</b>	
11. POSITION TITLE <b>OPS OFFICER</b>				12. POSITION NUMBER <b>4429</b>		13. CAREER SERVICE DESIGNATION <b>D</b>			
14. CLASSIFICATION SCHEDULE (GS-10, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>12</b>		17. SALARY OR RATE			
18. REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									
FOI ID									
9/1/64 met									

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

Form 1-64 1-64  
1-64 1-64

Use Previous  
Editions

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
[REDACTED]	017974	45	160	V GS 12 3	\$10,105	\$10,640

107 1256

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP (Hours)	
017974		[REDACTED]		56-160 V 7			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Eff. Date	Grade	Step	Salary	Eff. Date
GS 12	2	9,790	09/16/62	GS 12	3	10,105	09/15/63
7. TYPE ACTION							
PSI							
LSI							
ADJ.							
8. Remarks and Authorization							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERK'S INITIALS                      AUDITED BY							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE				DATE			
[REDACTED]				[REDACTED]			

NOTIFICATION

107 1256  
 107 1256

RZR: 29 APR 63

SECRET  
(When Filled In)

OCF NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974  
2. NAME (LAST/FIRST/MIDDLE):

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT AND CHANGE OF SERVICE DESIGNATION  
4. EFFECTIVE DATE: 04 29 63  
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: X  
7. COST CENTER NO. CHARGEABLE: 3237 1250 1000  
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS: DDP/FE, FE/VCL - VIETNAM - CAMBODIA - LAOS, VIETNAM OPERATIONS SECTION, FI/CI OPERATIONS UNIT  
10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: OPS OFFICER  
12. POSITION NUMBER: 2603  
13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LS, etc.): GS  
15. OCCUPATIONAL SERIES: 0135.01  
16. GRADE AND STEP: 12 2  
17. SALARY OR RATE: 9790

18. REMARKS:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

Grid for personnel data including: 19. ACTION CODE, 20. EMPLOY CODE, 21. OFFICE SYMBOLS, 22. STATION CODE, 23. INTEREST CODE, 24. HEIGHT, 25. DATE OF BIRTH, 26. DATE OF SERVICE, 27. DATE AWAY, 28. HIC APTILES, 29. SPECIAL REFERENCE, 30. RETIREMENT DATA, 31. SEPARATION DATA CODE, 32. EXCEPTION/CANCELLATION DATA, 33. SECURITY, 34. SEX, 35. VET. PREFERENCE, 36. SERV. COMP. DATE, 37. LONG. COMP. DATE, 38. CAREER CATEGORY, 39. FEGLI/HEALTH INSURANCE, 40. SOCIAL SECURITY NO., 41. PREVIOUS GOVERNMENT SERVICE DATA, 42. LEAVE/CAFÉ CODE, 43. FEDERAL TAX DATA, 44. STATE TAX DATA.

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
*astalck*

FORM 1150

Use Previous Edition

23 APR 1963

SECRET

Stamp: 1963 APR 29 10 00 AM '63

ABM: 20 DEC 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS			4. EFFECTIVE DATE MO. DA. YR. 12 23 62
5. CATEGORY OF EMPLOYMENT REGULAR			6. COST CENTER NO. CHARGEABLE 3257 1019 6000
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			8. FUNDING V TO V CF TO V X CF TO CF
9. ORGANIZATIONAL DESIGNATIONS DDI ORR OFFICE OF THE ASSISTANT DIRECTOR		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION/TITLE		12. POSITION NUMBER 1564	13. CAREER-SERVICE DESIGNATION IR
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 1390.08	16. GRADE AND STEP 12 2	17. SALARY OR RATE 9790
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 98100 ALPHABETIC: ORR	22. STATION CODE 75013
23. INTX EXPIRES MO. DA. YR.	24. SPECIAL REFERENCE	25. RETIREMENT DATA A - CODE B - PICA C - ACSP	26. SEPARATION DATA (CODE)
27. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	28. SECURITY REQ. NO.	29. SEN.	30. SEN.
31. VET. PREFERENCE CODE 0 - NONE 1 - 5 PF 2 - 15 PF	32. SERV. COMP. DATE MO. DA. YR.	33. LONG. COMP. DATE MO. DA. YR.	34. CAREER CATEGORY CAR. 0154 ANNU. TEMP.
35. FECLT / HEALTH INSURANCE CODE 0 - NONE 1 - YES	36. SOCIAL SECURITY NO.	37. FEDERAL TAX DATA FORM SELECTED CODE NO. TAX ADJUSTMENTS 1 - YES 2 - NO	38. STATE TAX DATA FORM SELECTED CODE NO. TAX ADJUSTMENTS 1 - YES 2 - NO
39. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO SERVICE IN SERVICE 2 - SERVICE IN SERVICE LESS THAN 2 YRS 3 - SERVICE IN SERVICE MORE THAN 2 YRS	40. LEAVE CAT. CODE	41. SIGNATURE OR OTHER AUTHENTICATION	42. POSTED 28 DEC 1962

FORM 1150

Use Previous Edition

SECRET

FORM 1150-1  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
[REDACTED]	017974	70530	CF	12 2	\$ 9215	12 2	\$ 9700

1. Serial No.		2. Name		3. Civil Control Number		4. LWOP Hours	
017974		[REDACTED]		70 530 CF 3			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Eff. Date	Grade	Step	Salary	Eff. Date
GS 12	1	\$ 8,955	03/19/61	GS 12	2	\$ 9,215	09/16/62
7. TYPE ACTION							
PSI							
LSI							
ADI							
8. Remarks and Authentication							
/ / NO EXCESS LWOP / / EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS PAY C [REDACTED] NOTIFICATION							

PSC: 17 MARCH 1961

SECRET  
(When Filled In)

OCF										NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-INITIALS)								3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
017974		[REDACTED]								PROMOTION		03 19 61		REGULAR					
6. FUNDS		V TO V		V TO CF		CF TO V		X		CF TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		1137 7000 6135		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS										10. LOCATION OF OFFICIAL STATION									
OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF										[REDACTED]									
11. POSITION TITLE					12. POSITION NUMBER					13. CAREER SERVICE DESIGNATION									
[REDACTED]					0096					1R									
14. CLASSIFICATION SCHEDULE (S, W, M, I)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE										
GS			1390.08			12 1			8955										
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. INTELLIGENCE CODE		24. MEDICAL CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
22		10		70530 DDI				37587		3		[REDACTED]		03 19 61		03 19 61		03 19 61	
28. NTE. EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA				31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA				33. SECURITY REL. NO.		34. SER			
[REDACTED]		[REDACTED]		[REDACTED]				[REDACTED]		EOD DATA				[REDACTED]		[REDACTED]			
35. VET. PREFERENCE		36. SEAV. COMP. DATE				37. LONG COMP. DATE				38. MIL. SERV. CREDIT/LED		39. HEALTH INSURANCE				40. SOCIAL SECURITY NO.			
[REDACTED]		[REDACTED]				[REDACTED]				[REDACTED]		[REDACTED]				[REDACTED]			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.				43. FEDERAL TAX DATA				44. STATE TAX DATA							
[REDACTED]				[REDACTED]				[REDACTED]				[REDACTED]							
SIGNATURE OR OTHER AUTHENTICATION																			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>M. J. [Signature]</i></p> <p>17 MAR 1961</p> </div>					[REDACTED]														

Form 1150  
6-63

Obsolete Previous Editions

SECRET

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 517974		2. NAME [REDACTED]			3. ASSIGNED ORGAN DDI 3		4. FUNDS UV		5. ALLOTMENT		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 11	2	\$ 7,820	04	19	59	GS 11	3	\$ 8,090	10	16	60
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. AUDIT		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.S.S. <input type="checkbox"/> L.A.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS [REDACTED]					
14. AUTHENTICATION [REDACTED]											

**PAY CHANGE NOTIFICATION**

FORM 5-58

560 OBsolete PREVIOUS EDITION REPLACES FORM 560A AND 560B

**SECRET**

OFFICIAL PERSONNEL FOLDER (4)

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.

GD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
IR	[REDACTED]	517974	18 25	GS-11 2	\$ 7,270	\$ 7,820

IS/

[REDACTED]  
DIRECTOR OF PERSONNEL

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS A CHANGE IN OCCUPATIONAL  
SERIES RESULTING FROM APPLICATION OF STAFFING COMPLEMENT CHANGE

AUTHORIZATION NUMBER 22 DATED 1 JULY 1960.

SD	NAME	SERIAL	ORGN	OLD OCC SERIES	NEW OCC SERIES
IR	[REDACTED]	517974	10 25	1390.06	1390.08

/s/

[REDACTED]  
DIRECTOR OF PERSONNEL

SECRET  
(When Filled In)

JFC:7 JULY 59

### NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 51797*		2. Name (Last-First-Middle)			3. Date Of Birth		4. Vet. Pref. None-0 5 Pt-1 10 Pt-2		5. Sex M 1		6. CS-EOD Mo. Da. Yr. 06 15 55			
7. SCD		8. CSC Rmtt. Yes-1 No-2		9. CSC Or Other Legal Authority 1 50 USCA 403 J			10. Appt. Authy. Mo. Da. Yr.		11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr.		13. Present Lte. Yes-1 No-2	
04		16 54							1		06 15 55		2	

#### PREVIOUS ASSIGNMENT

14. Organizational Designations DDI ORR				Code 1323		15. Location Of Official Station WASH., D.C.				Station Code 75013			
16. Dept. - Field Dept. - 1 USIld. - 3 Frqn. - 5		Code 2		17. Position Title IDENTIFICATION SPEC				18. Position No. 92301		19. Serv. GS		20. Occup. Series 1390.06	
21. Grade & Step 11 2		22. Salary Or Rate \$ 7270		23. SD 1R		24. Date Of Change Mo. Da. Yr. 10 20 57		25. PCD Date Mo. Da. Yr. 04 19 59		26. Appropriation Number 8 5709 20			

#### ACTION

27. Nature Of Action REASSIGNMENT TRANSFERRED TO CONFIDENTIAL FUNDS		Code 06		28. Eff. Date Mo. Da. Yr. 07 26 59		29. Type Of Employee REGULAR		Code 01		30. Separation Data	
---	--	------------	--	--	--	---------------------------------	--	------------	--	---------------------	--

#### PRESENT ASSIGNMENT

31. Organizational Designations OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF				Code 1825		32. Location Of Official Station				Station Code 37597			
33. Dept. - Field Dept. - 1 USIld. - 3 Frqn. - 5		Code 5		34. Position Title				35. Position No. 000		36. Serv. GS		37. Occup. Series 1390.06	
38. Grade & Step 11 2		39. Salary Or Rate \$ 7270		40. SD 1R		41. Date Of Change Mo. Da. Yr. 10 20 57		42. PCD Date Mo. Da. Yr. 10 11 60		43. Appropriation Number 9 3709 75 901			
44. Remarks SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.													

**POSTED**  
*Cp* 23 JUN 59

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 117074		2. NAME			3. ASSIGNED ORGAN. DDI/ORR 3		4. FUNDS V-20		5. ALLOTMENT		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 11	1	\$ 7,030	MO	DA	YR	GS 11	2	\$ 7,270	MO	DA	YR
			10	20	57				04	19	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP None					
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 ju			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	CP ju					
14. AUTHENTICATION											
APR 13 1 56 PM '59 PAYROLL BRANCH <div style="border: 1px solid black; width: 200px; height: 40px; display: inline-block;"></div>											

FORM NO. 5605  
MAY 58

**SECRET**

PERSONNEL FOLDER (4)

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING  
FROM R-20-250

SER #	NAME	SD	OLD SLOT	NEW SLOT	DATE
117074	<div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block;"></div>	IR	0929.01	923	03/11/59

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1959 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
[REDACTED]	117974	GS-11-1	\$ 6,390	\$ 7,030

[REDACTED]  
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET

(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet. Prof.		5. Sec.		6. CS - EOD		
117					Mo. Da. Yr.			None-0 5 Pt. 1 10 Pt. 2		Code		Mo. Da. Yr.		
7. SCD		8. CSC Reinst.		9. CSC Or Other Legal Authority		10. Appt. A/Hlday.			11. FEGLI		12. LCD		13. <small>Ret. Term</small>	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.			Yes-1 No-2		Code		Yes-1 No-2	
1				E.O. 11534										

### PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
LD1						WASH., D.C.					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Doct - 2 USfld - 4 Frqn - 6		IDENTIFICATION SPTS				2011		US		13000	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grada		25. PSI Due		26. Appropriation Number	
2		\$ 575		IR		Mo. Da. Yr.		Mo. Da. Yr.		11-53	

### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROBATION		10		12-17		REGULAR		1			

### PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DOT - CIR ACTING MARKING STAFF C-1P... ANALYSIS UNIT						WASH., D.C.					
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Doct - 2 USfld - 4 Frqn - 6		IDENTIFICATION SPTS				2011		US		13000	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grada		42. PSI Due		43. Appropriation Number	
11-1		\$ 575		IR		Mo. Da. Yr.		Mo. Da. Yr.		11-53	

44. Remarks

11-17-53

MMA

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 117974		2. NAME		3. ASSIGNED OFFICER DDI/ORR 3		4. FUNDS V-20		5. ALLOCATION			
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			NO.	DA.	YE.				NO.	DA.	YE.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06	30	57
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
			DATE	23 May 57		SIGNATURE					
PERIODIC STEP INCREASE CERTIFICATION											
SECRET											

FORM NO. 560  
1 MAR 56

PERSONNEL FOLDER (4)

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 117974		2. NAME		3. ASSIGNED OFFICER DDI/ORR		4. FUNDS V-20		5. ALLOCATION			
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			NO.	DA.	YE.				NO.	DA.	YE.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06	30	57
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE: <input type="checkbox"/> NO STEPS LOST <input type="checkbox"/> EXCESS LEAVY						9. NUMBER OF HOURS LOST					
10. EXCESS LEAVY LOST. CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LEAFY STATUS AT END OF WAITING PERIOD						11. AUDITED BY					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROPOSED SALARY RATE AND EFFECTIVE DATE						13. SIGNATURE					
GRADE	STEP	SALARY	NO.	DA.	YE.						
14. AUTHORIZATION											
PERIODIC STEP INCREASE CERTIFICATION											
SECRET											

FORM NO. 560  
1 MAR 56

PERSONNEL FOLDER

STANDARD FORM 52  
PREPARED BY THE  
U. S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C. 20540

# 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 (from name, initial(s), and surname))	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 18 April 1957
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: ASAP	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 2 JUN 1957	

FROM— Identification Specialist 7-924.03 GS-1390.06-09 \$5440.00 per annum DDI/Office of Research and Reports Chief;	A. POSITION TITLE AND NUMBER	TO— Identification Specialist 7-923.01 GS-1390.06-09 \$5440.00 per annum DDI/Office of Research and Reports
Washington, D.C.	B. SERVICE GRADE AND SALARY	Washington, D.C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	C. ORGANIZATIONAL DESIGNATION	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	D. HEADQUARTERS	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	E. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

REMARKS (Use reverse if necessary)  
Reassignment submitted to conform to T/O reorganization

9. REQUESTED BY		D. REQUEST APPROVED BY	
Signature: [Redacted]		Signature: [Redacted]	
Title: Chief, Administrative Staff, O-2		Title: [Redacted]	
14. POSITION CLASSIFICATION ACTION		15. DATE OF APPOINTMENT (REGULARS ONLY)	
NEW VICE I A REAL SD/IR		12. LEGAL RESIDENCE	
16. APPROPRIATION		17. CURRENT U. S. GOVERNMENT ACT (112-10)	
FROM 7-5709-20		18. DATE OF APPOINTMENT (REGULARS ONLY)	
TO 7-5709-20		19. LEGAL RESIDENCE STATE	

21. STANDARD FORM 50 COMMENTS

POSTED  
01 MAY 1957

H. CLEARANCE	INITIAL OF SIGNATURE	DATE	REMARKS
A.			
B. CH. OR PMS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OF TYPE			
E.			

20. APPROVED BY

[Redacted Signature]

# PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1954 O-270080

1. Agency and organizational description: \_\_\_\_\_

2. Period: period \_\_\_\_\_ 3. Book No. \_\_\_\_\_ 4. Slip No. **6-5709-20**

5. Social security account number when appropriate: \_\_\_\_\_

6. Grade and salary: **GS-7 \$4525**

### PAYROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	R.L.C.A.	STATS TAX	GROUP LIFE INS.	NET PAY
7. Previous period										
8. New period										
9. Pay this period										

10. Remarks: \_\_\_\_\_

11. Approver(s): **CRP 21**

12. Prepared by: **SPJ-25 APR 56**

13. Audited by: \_\_\_\_\_

Periodic step-increase  Pay adjustment  Other step-increase

14. Effective date: **JUNE 56**

15. Date last equivalent increase: **15 JUNE 55**

16. Old salary rate: **\$4525**

17. New salary rate: **\$4660**

18. Acknowledges that the employee is in the pay grade of the new period. **SEVERE AND CORRECT ARE SATISFACTORY**

19. LWOP data (fill in appropriate spaces covering LWOP during following periods):

No excess LWOP. Total excess LWOP: \_\_\_\_\_

STANDARD FORM NO. 11260-Rev. 10-54  
Form prescribed by Comp. Gen. U. S. October 20, 1954, General Regulation No. 107

CONFIDENTIAL PAYROLL CHANGE SLIP - PERSONNEL COPY

CENTRAL INTELLIGENCE AGENCY, P.O. 27 May 1955  
SR-9297-1 CB

**NOTIFICATION OF PERSONNEL ACTION**

1. NAME (LAST, FIRST, MIDDLE AND JOB TITLE NAME, INITIALS, AND SURNAMES)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE																		
[REDACTED]		[REDACTED]		15 June 1955																		
This is to notify you of the following action affecting your employment:																						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY																			
RECEIVED APPOINTMENT		15 June 1955	50 USCA 403 1																			
FROM		TO																				
8. POSITION TITLE		Ident. Specialist P 925.99																				
9. SERVICE, SERIES, GRADE, SALARY		05-1390.06-7 \$4205.00 per annum																				
10. ORGANIZATIONAL DESIGNATIONS		DDI/Office of Research and Reports Office of Chief, [REDACTED]																				
11. HEADQUARTERS		Washington, D.C.																				
12. FIELD OR DEPT'L		FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>																				
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION																				
<table border="1"> <tr> <td>DATE</td> <td>WITH</td> <td>OTHER</td> <td>TYPE</td> <td>REASON</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		DATE	WITH	OTHER	TYPE	REASON						<table border="1"> <tr> <td>DEF.</td> <td>VICE</td> <td>T.A.</td> <td>REPL.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			DEF.	VICE	T.A.	REPL.				
DATE	WITH	OTHER	TYPE	REASON																		
DEF.	VICE	T.A.	REPL.																			
		RC SD-IP																				
15. GEN.	16. RACE	17. APPROPRIATION	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)																		
M.	E.	5-5700-00	Yes	15 June 1955																		
		20. LEGAL RESIDENCE																				
		STATE: New York																				
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.																						
Subject to the satisfactory completion of a trial period of one year and a medical examination.																						
R3-69																						
<table border="1"> <tr> <td>DDI</td> <td>06/15/55</td> </tr> <tr> <td>CS/CB</td> <td>06/15/55</td> </tr> <tr> <td>LR</td> <td>06/15/55</td> </tr> </table>					DDI	06/15/55	CS/CB	06/15/55	LR	06/15/55												
DDI	06/15/55																					
CS/CB	06/15/55																					
LR	06/15/55																					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>27 JUN 1955</p> </div>																						
<p>4. PERSONNEL FOLDER COPY</p>																						

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST-FIRST-MIDDLE-INITIALS) AND GRADE		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
1177A				26 June 1976
7. See 43.10. Notify you of the following action affecting your employment				
5. NATURE OF ACTION (SEE STANDARD REGULATIONS)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
PROMOTION		30	50 USC 401 J	
FROM		TO		
F-985.99 GS-1390.06-7 \$4660.00 per annum		8. POSITION TITLE 9. SERVICE NUMBER GRADE SALARY 10. ORGANIZATIONAL DESIGNATION 11. HEADQUARTERS 12. FIELD OR DEPT.	Identification Specialist F-985.99 GS-1390.06-9 \$5440.00 per annum DDI/Office of Research and Reports Office of Chief, Washington, D. C.	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> S. P. <input type="checkbox"/> 10 POINT <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/>		VET <input type="checkbox"/> VET <input type="checkbox"/> L. A. <input type="checkbox"/> REAL <input type="checkbox"/> GS-IR		
15. APPROPRIATION		17. EMPLOYMENT STATUS	18. DATE OF APPOINTMENT	19. LEGAL RESIDENCE
FROM 7-3792-80 R 10: 8000		750-13		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS				
4 200 06/25/76 <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;">           POSTED            6/25/76         </div>				

CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

1. EMPLOYEE NUMBER: 017974  
 2. NAME (Last, First, Middle): [Redacted]  
 3. DATE OF BIRTH: [Redacted] 4. SEX: M 5. GRADE: GS-13 6. SD: D  
 7. OFFICIAL POSITION TITLE: Ops Officer 8. OFF/DIV/BR OF ASSIGNMENT: DDO/EA 9. CURRENT STATION: Hqs 10. CODE (1-4): [Redacted]  
 11. TYPE OF APPOINTMENT: [Redacted] 12. TYPE OF REPORT: REASSIGNMENT of SPECIAL  
 13. REPORTING PERIOD (From-To): Feb - Jul 1974 14. DATE REPORT DUE IN O.P.: supervisor

SECTION B

QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C

PERFORMANCE EVALUATION

**U - Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and 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 D.

**M - Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial action taken or recommended should be described.

**P - Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S - Strong** Performance is characterized by exceptional proficiency.

**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.

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 the employee's 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.	RATING LETTER
1 See Section C	
2	
3	
4	
5	
6	

OVERALL PERFORMANCE IN CURRENT POSITION

Place your personal appraisal of the employee's overall performance in the column provided. Do not determine an overall rating of specific duties. Consider ONLY the employee's overall performance in this position. Based on the knowledge of employee's performance during the rating period, enter the rating letter corresponding to the statement which best describes the overall performance.

RATING LETTER

CLASSIFICATION

SECTION D

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 C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

It is neither feasible nor desirable to attempt an evaluation of [redacted] performance as an operations officer based on the relatively short period (5 months) he has been assigned to the [redacted]. Throughout this time he has been faced by a series of [redacted] which have understandably pre-occupied him. His [redacted] which causes him almost [redacted] has led him to apply [redacted] a decision on his application is pending. He has also had to undergo a series of [redacted] which required a great deal of time and attention. Under the circumstances no specific duties and letter grades are being listed in Section B above.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

5

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

DATE

15 July 1974

OFFICIAL TITLE OF SUPERVISOR

Chief, EA/ [redacted]

TYPED OR PRINTED NAME AND SIGNATURE

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

15 July 1974

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully agree with the supervisor's narrative comments. It would be grossly misleading to attempt to provide letter ratings or a performance evaluation under the unique conditions which obtained throughout this period.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

IN/EA [redacted]

4. BY EMPLOYEE

EMPLOYEE'S STATE: DATE WHEN THIS REPORT WAS RECEIVED BY [redacted]

DATE

15 July 1974

SIGNATURE

CLASSIFICATION

7

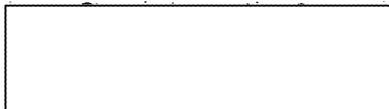
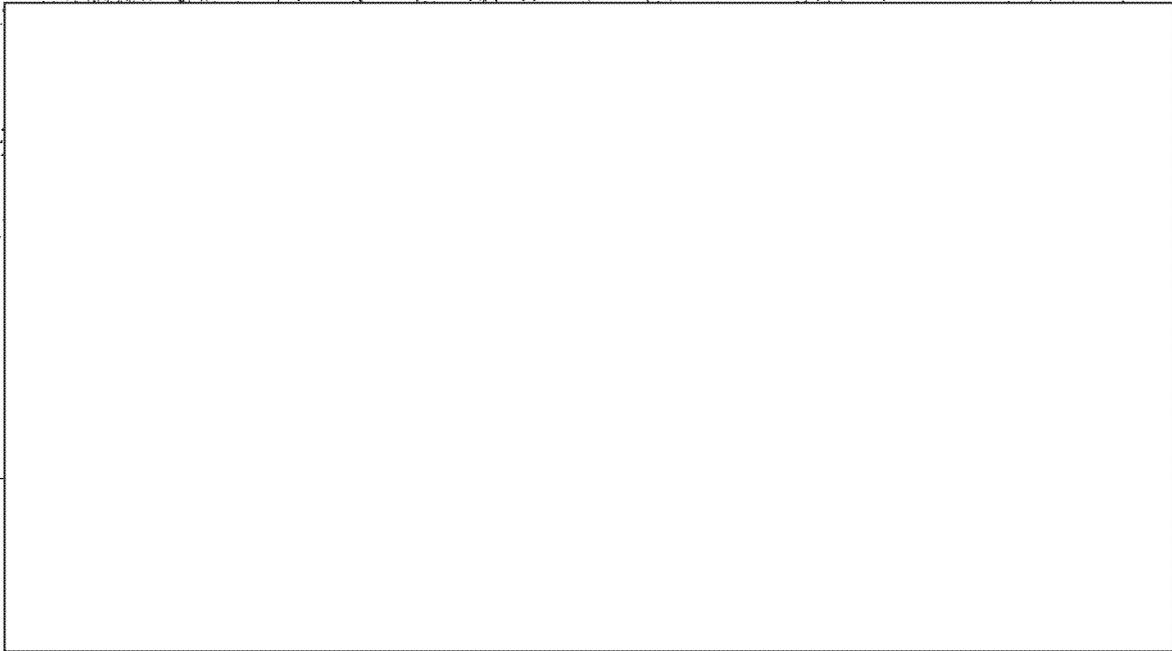
SECRET

28 August 1974

MEMORANDUM FOR THE RECORD

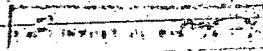
SUBJECT: Meritorious Unit Citation

On 20 August 1974 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the [redacted] Station in recognition of the outstanding performance of the following employees during the period June 1971 to December 1973:



Recorder  
Honor and Merit Awards Board

SECRET



CONFIDENTIAL

<b>FITNESS REPORT</b>		NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.			
<b>SECTION A. GENERAL INFORMATION</b>					
1. EMPLOYEE NUMBER <b>0 17974</b>		2. NAME (last, first, middle)		3. DATE OF BIRTH	4. SEX <b>M</b>
7. OFFICIAL POSITION TITLE <b>Ops Officer</b>		8. OFF/DIV/BR OF ASSIGNMENT <b>FE</b>		5. GRADE <b>GS-13 D</b>	
10. TYPE OF APPOINTMENT			11. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> CAREER-PROVISIONAL	<input type="checkbox"/> RESERVE	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 31-MONTH	<input type="checkbox"/> 30-MONTH
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> TEMPORARY	12. REPORTING PERIOD (From-to) <b>30 Nov 72-31 July 73</b>		13. DATE REPORT DUE IN O.P. <b>30 September 1973</b>
<b>SECTION B. PERFORMANCE EVALUATION</b>					
<p><b>U - Unsatisfactory</b>: Performance is unacceptable. A rating in this category requires immediate and 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><b>M - Marginal</b>: Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P - Proficient</b>: Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S - Strong</b>: Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b>: 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>					
<b>SPECIFIC DUTIES</b>					
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 Serves as Station referent for MIABYSS matters.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 2 Spot, develop, assess and recruit [redacted]					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 Spot, develop, assess and recruit agents to obtain [redacted]					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4 Handle on-going cases; tighten operational security, increase production, strengthen agent motivation.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 5 Serves as official Station [redacted] contact on PBRAMPART affairs.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 6 Prepare reports, correspondence and other management/administrative requirements.					RATING LETTER <b>P</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, production, conduct on job, cooperativeness, past and present work habits, and past and present knowledge of employee's overall performance during the rating period. Place the letter in the rating box corresponding to the statement which most nearly reflects his level of performance.					RATING LETTER <b>P</b>

FORM 523 ASN

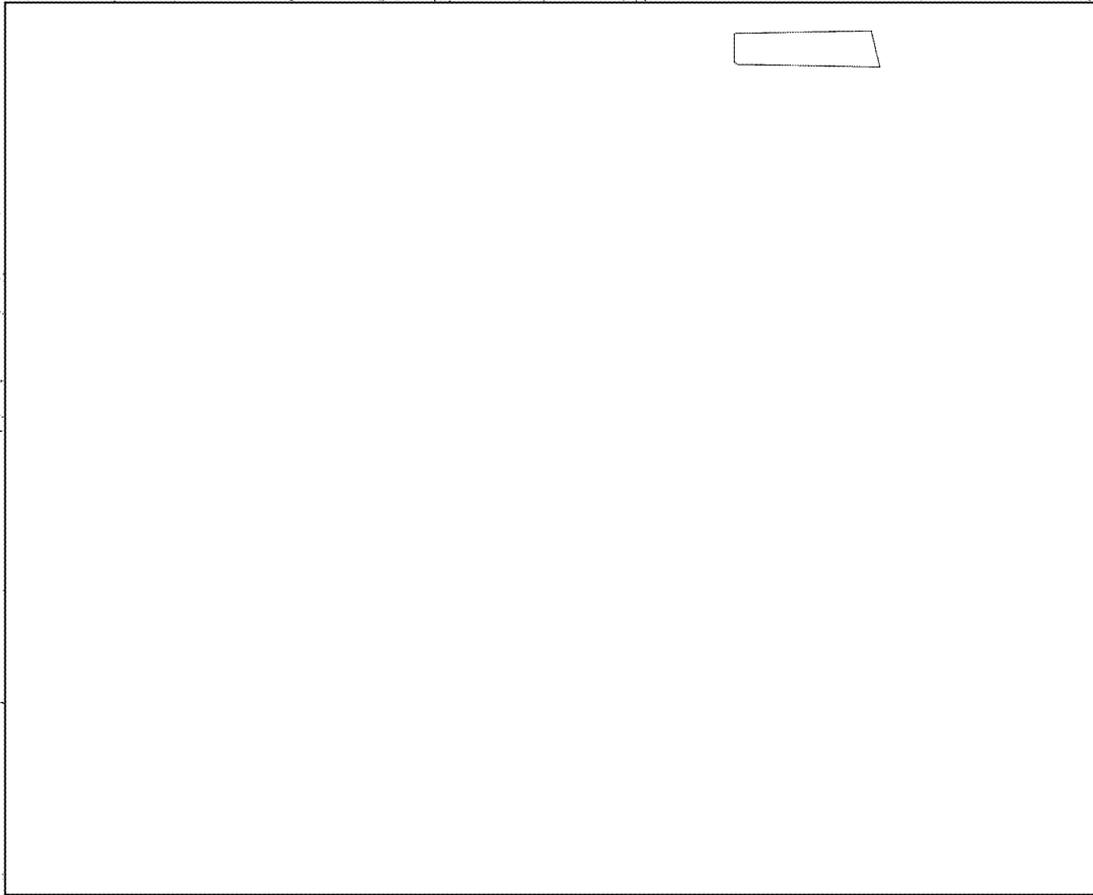
CONFIDENTIAL

14-00000-101



CONFIDENTIAL

Section C. Narrative Comments (Continued)



CONFIDENTIAL

Reviewing Comments  
(Continued)

CONFIDENTIAL

The image shows a large rectangular box with a thin black border. Inside this box, there are two smaller, empty rectangular boxes. The first is a horizontal bar near the top right. The second is a horizontal bar with a small notch on its left side, positioned below and to the left of the first bar.

CONFIDENTIAL

SECRET

(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

017974

SECTION A GENERAL

1. NAME (Last) (First) (Middle) [Redacted] 2. DATE OF BIRTH [Redacted] 3. SER [Redacted] M 4. GRADE GS-13 5. SD D

6. OFFICIAL POSITION/TITLE: **Ops. Officer** 7. CURRENT STATION: [Redacted]

8. CHECK (X) TYPE OF APPOINTMENT:  CAREER,  RESERVE,  TEMPORARY 9. CHECK (X) TYPE OF REPORT:  ANNUAL,  SPECIAL (Specify)

10. CHECK (X) TYPE OF REPORT:  INITIAL,  REASSIGNMENT SUPERVISOR,  REASSIGNMENT EMPLOYEE

11. DATE REPORT DUE IN O.P. [Redacted] 12. REPORTING PERIOD (From - to): **30 November 1971 - 30 November 1972**

SECTION B PERFORMANCE EVALUATION

- U-Unsatisfactory**: Performance is unacceptable. A rating in this category requires immediate and 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.
- M-Marginal**: Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.
- P-Proficient**: Performance is satisfactory. Desired results are being produced in the manner expected.
- S-Strong**: Performance is characterized by exceptional proficiency.
- 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.

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.	DUTY DESCRIPTION	RATING LETTER
1	Serve as the Station referent for MHABYSS matters.	S
2	Serve as the Station referent for Communist matters.	S
3	Spot, develop, assess and recruit [Redacted]	P
4	Spot, develop, assess and recruit agents to obtain intelligence early the [Redacted] and their main front organizations.	P
5	Handle on-going cases: tighten operational security, increase production, strengthen agent motivations, handle ad hoc operational cases.	P
6	Prepare reports, correspondence and other management/administrative requirements.	P

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 of 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: P

JAC

SECRET

FORM 2, 11-67

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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Large empty box for narrative comments]

(Continued)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE: 24 November 1972 SIGNATURE OF EMPLOYEE: /s/ [ ]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 24 November 1972 OFFICIAL TITLE OF SUPERVISOR: Deputy Chief of Station TYPED OR PRINTED NAME AND SIGNATURE: /s/ [ ]

3. BY REVIEWING OFFICIAL

[Large empty box for reviewing official signature]

(Continued)

DATE: 24 November 1972 OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief of Station TYPED OR PRINTED NAME AND SIGNATURE: /s/ [ ]

SECRET

SECRET

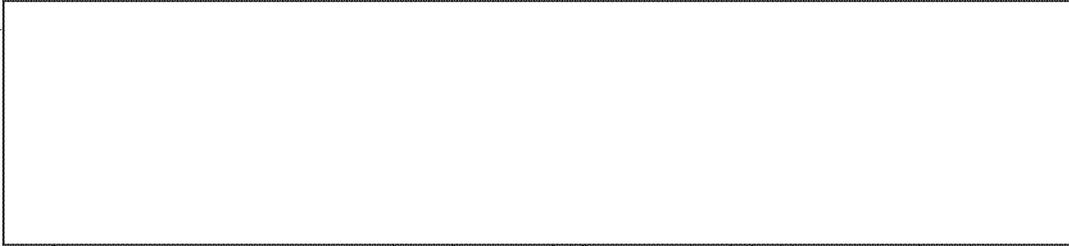
SECTION C - Narrative Comments (continued)

The image shows a large rectangular frame containing three horizontal bars of varying lengths, representing redacted text. The bars are positioned at different vertical levels within the frame. The top bar is the longest, followed by a shorter bar in the middle, and a bar of similar length to the middle one at the bottom. The bars are solid black, indicating that the text they cover has been redacted.

S-E-C-R-E-T

S E C R E T

SECTION D - Comments of Reviewing Official (continued)



S E C R E T

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	09-13	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops. Officer			DDP/FE				
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)				
28 February 1972			1 August 1971 - 31 December 1971				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and 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><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> 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>							
<b>SPECIFIC DUTIES</b>							
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	
Serve as the Station referent for communist matters.						B	
SPECIFIC DUTY NO. 2						RATING LETTER	
Spot, develop, assess and recruit [redacted]						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Spot, develop, assess and recruit agents to obtain intelligence from the [redacted] (particularly the [redacted]) and their main front organizations.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Handle on-going cases, tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Prepare reports, correspondence, and other management/administrative requirements.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Prepare media placement articles and themes.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
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	
						P	



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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec 6 1971

[Empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE  
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE: 29 November 1971  
SIGNATURE OF EMPLOYEE: /s/ [ ]

2. BY SUPERVISOR  
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION: [ ]  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: [ ]

DATE: 29 November 1971  
OFFICIAL TITLE OF SUPERVISOR: COS [ ]  
TYPED OR PRINTED NAME AND SIGNATURE: /s/ [ ]

3. BY REVIEWING OFFICIAL

[Empty box for reviewing official comments]

DATE: 02 DEC 1971  
OFFICIAL TITLE OF REVIEWING OFFICIAL: CFE [ ]  
TYPED OR PRINTED NAME AND SIGNATURE: [ ]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				017974		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
				M	GS-13	D
6. OFFICIAL POSITION TITLE <b>Ops Officer</b>			7. OFF/DIV/BR OR ASSIGNMENT <b>DDP/FE/</b>		8. CURRENT STATION	
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 checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR			
CAREER PROVISIONAL (See instructions - Section C)			ANNUAL		REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to)			
			1 January 1971 - 30 July 1971			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and 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><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> 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>						
<b>SPECIFIC DUTIES</b>						
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 Serve as the Station Referent for Communist Matters.						RATING LETTER S
SPECIFIC DUTY NO. 2 Spot, develop, assess, and recruit agents to obtain intelligence the ( ) and their main front organizations.						RATING LETTER P
SPECIFIC DUTY NO. 3 Handle on-going cases: tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.						RATING LETTER S
SPECIFIC DUTY NO. 4 Spot, develop, assess, and recruit ( )						RATING LETTER P
SPECIFIC DUTY NO. 5 Prepare reports, correspondence, and other management/administrative requirements.						RATING LETTER P
SPECIFIC DUTY NO. 6 Prepare media placement articles and themes.						RATING LETTER P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
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 merits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place this letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S

20-2529

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 performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B -- provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p style="text-align: right;">Aug 20 11 00 AM '71</p>			

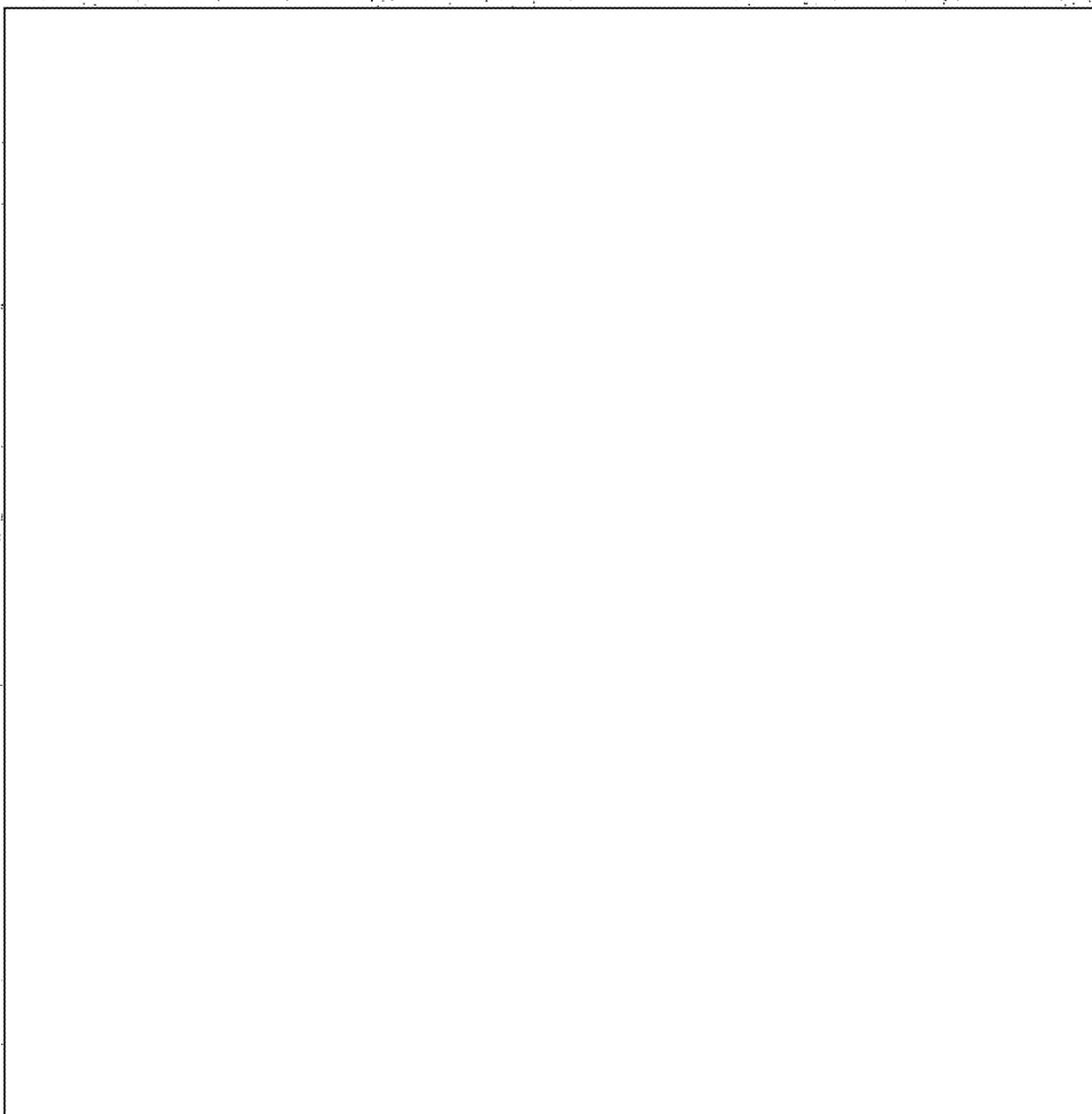
(Continued)

SECTION D				CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
31 July 1971	/s/ [Redacted]				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
31 July 1971	Deputy Chief of Station	/s/ [Redacted]			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
6 August 1971	Chief of Station	/s/ [Redacted]			

SECRET

SECRET

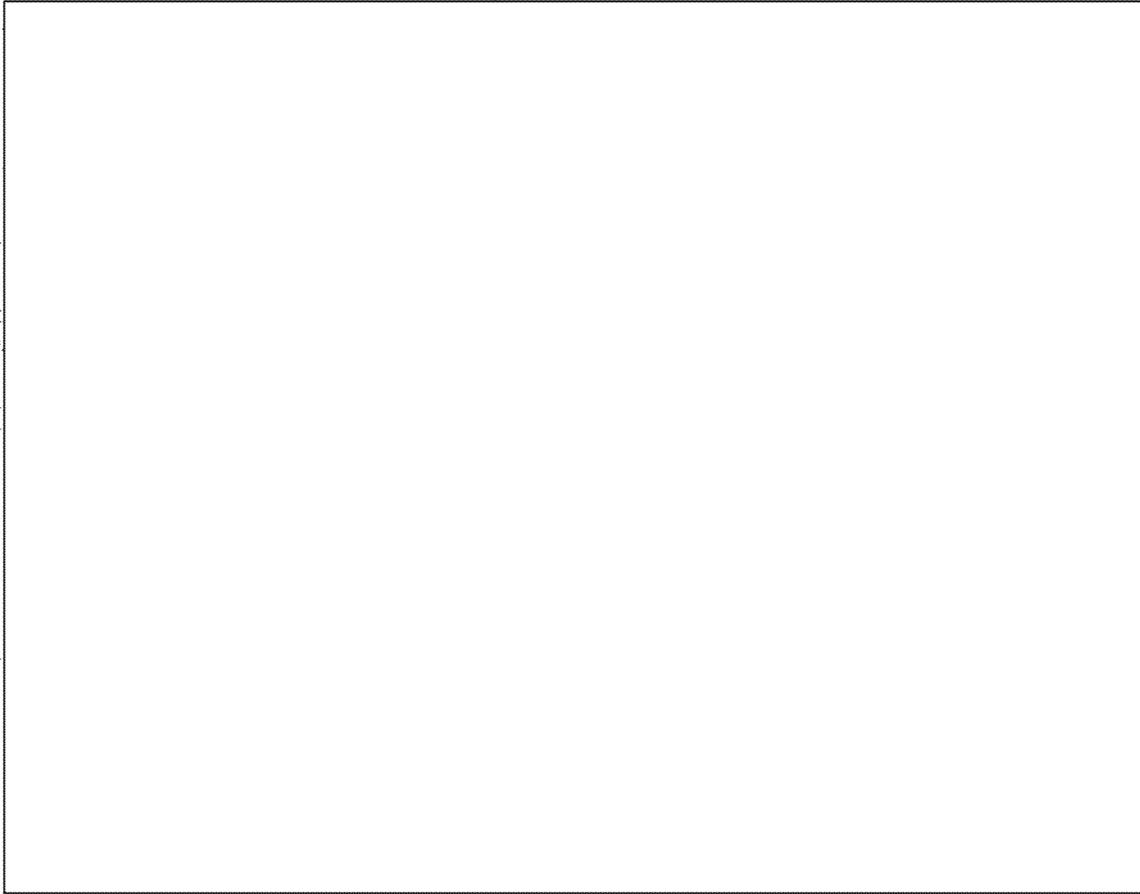
NARRATIVE (Continued)



SECRET

SECRET

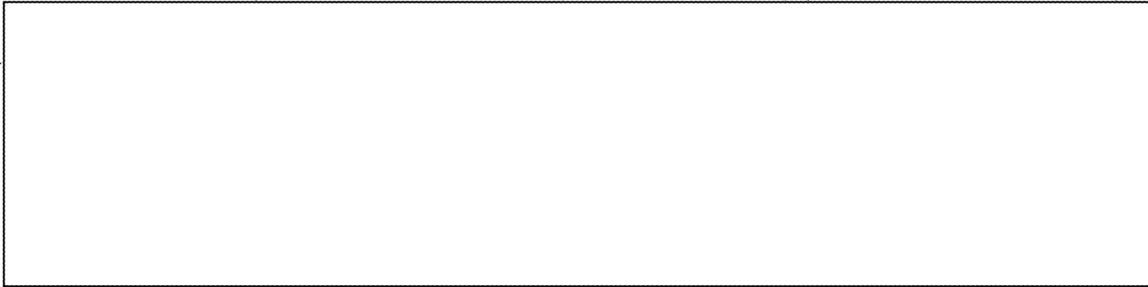
NARRATIVE (Continued)



SECRET

S E C R E T

REVIEWING COMMENTS (continued)



*MK*

S E C R E T

SECRET

(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER	
		017974	
<b>SECTION A GENERAL</b>			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH (M) (D) (YR)	4. GRADE	5. ID
		GS-13	D
3. OFFICIAL POSITION TITLE	7. OFF. DIV. OR OF ASSIGNMENT	8. CURRENT STATION	
Ops. Officer	DDP/EX		
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 checked="" 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)		
28 February 1971	1 May 1970 to 31 December 1970		
<b>SECTION B PERFORMANCE EVALUATION</b>			
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and 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><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> 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>			
<b>SPECIFIC DUTIES</b>			
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: Station Communist Movement (CM) Officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets (1 May - 10 August 1970).			RATING LETTER S
SPECIFIC DUTY NO. 2: Serve as the Station Referent for Communist Matters (August - 30 December 1970).			RATING LETTER S
SPECIFIC DUTY NO. 3: Spot, develop, assess, and recruit agents to obtain intelligence from [redacted] and their main front organizations.			RATING LETTER P
SPECIFIC DUTY NO. 4: Handle on-going cases: tighten operational security, increase production, strengthen agent motivation, and handle ad hoc operational cases.			RATING LETTER S
SPECIFIC DUTY NO. 5: Spot, develop, assess, and recruit [redacted]			RATING LETTER P
SPECIFIC DUTY NO. 6: Prepare reports, correspondence, and other management/administrative requirements.			RATING LETTER P
9-MSR-1971			
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>			RATING LETTER
Use this segment for summarizing about the employee which reflects his effectiveness in his present position such as performance of specific duties, proficiency, conduct on job, cooperativeness, personal appearance, habits or habits, and particular limitations or faults. 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 best describes his level of performance.			S

SECRET

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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Large empty box for narrative comments]

1. IDENTIFICATION AND COMMENTS BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  
DATE: 12 February 1971 SIGNATURE OF EMPLOYEE: /s/ [ ]

2. BY SUPERVISOR  
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: [ ] IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: [ ]

DATE: 17 February 1971 OFFICIAL TITLE OF SUPERVISOR: DCCG [ ] TYPED OR PRINTED NAME AND SIGNATURE: /s/ [ ]

3. BY REVIEWING OFFICIAL

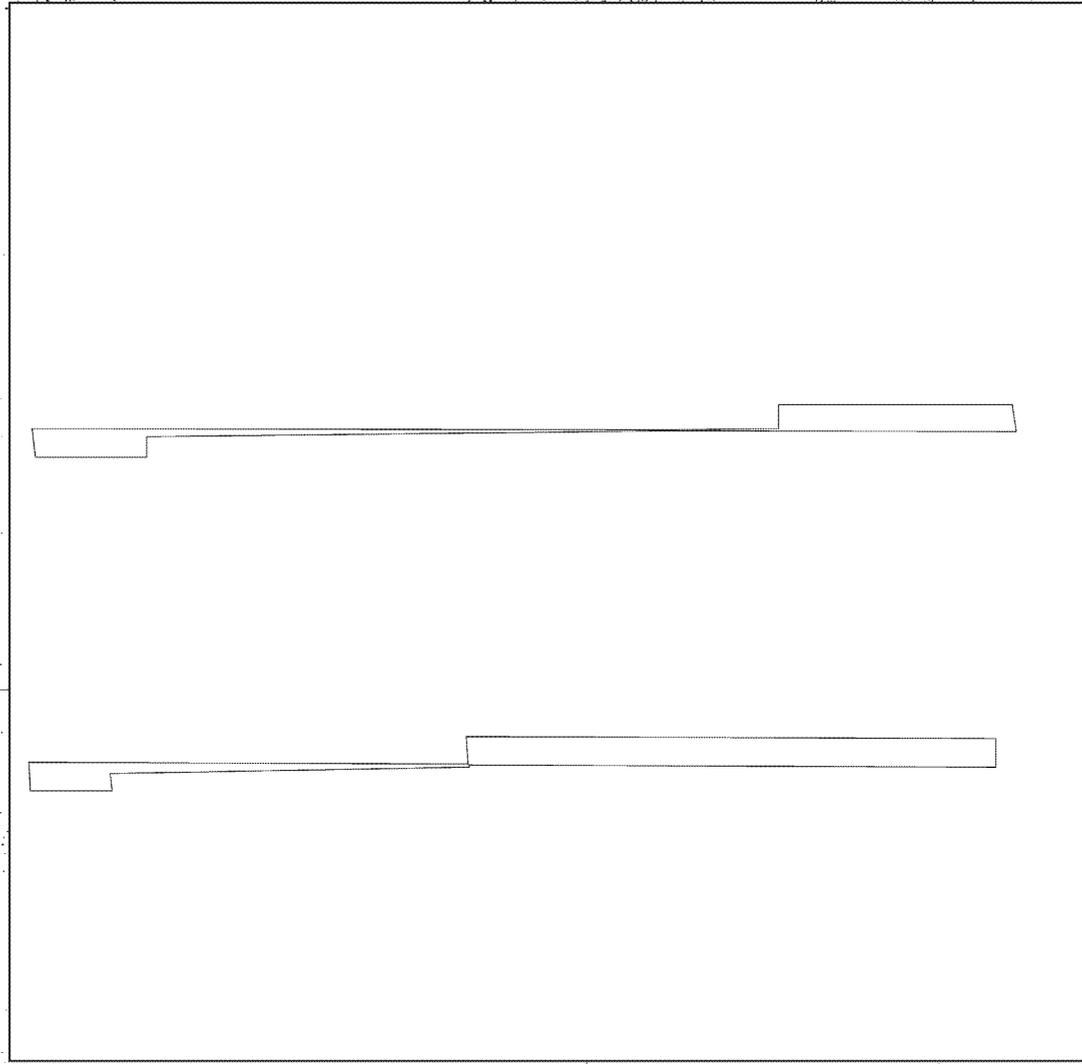
[Large empty box for reviewing official comments]

DATE: 17 February 1971 OFFICIAL TITLE OF REVIEWING OFFICIAL: [ ] TYPED OR PRINTED NAME AND SIGNATURE: /s/ [ ]

SECRET

**S E C R E T**

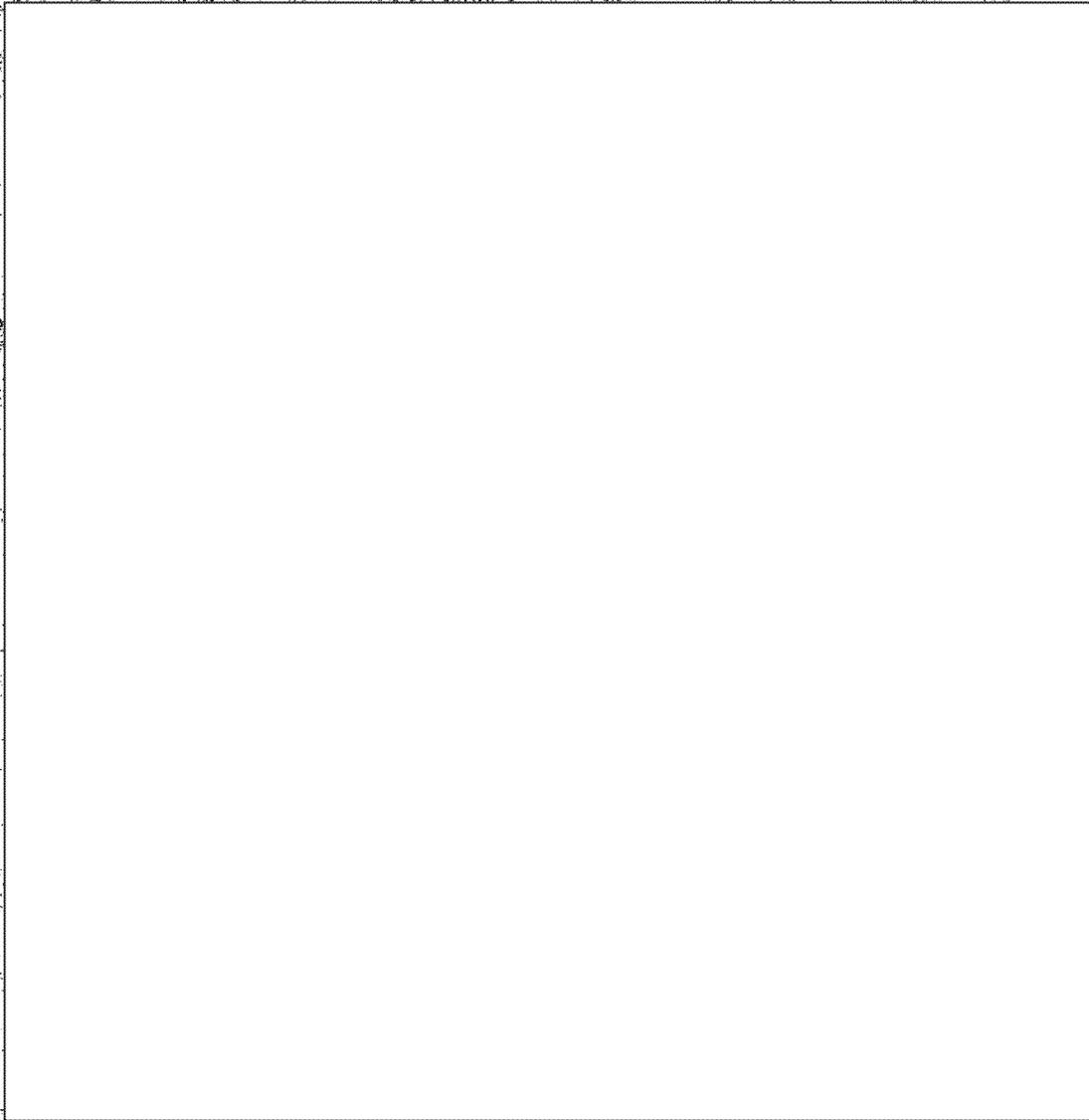
**NARRATIVE (con'td)**



**S E C R E T**

S E C R E T

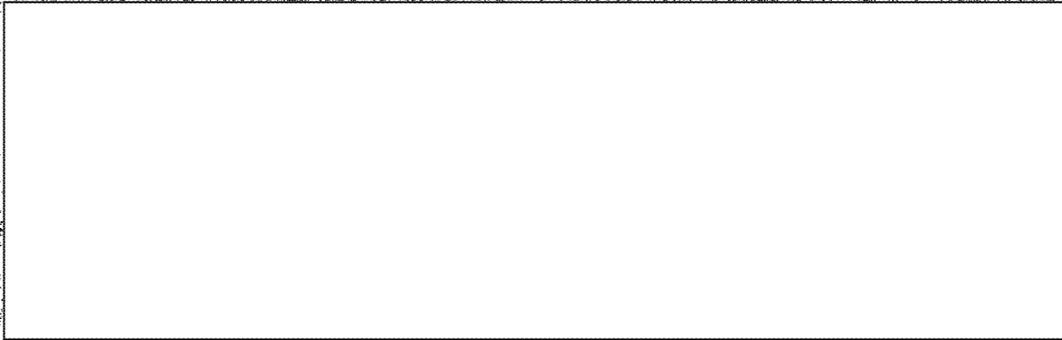
NARRATIVE (CON'TD)



S E C R E T

**S E C R E T**

**NARRATIVE (CON'TD)**



**S E C R E T**

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				<b>EMPLOYEE SERIAL NUMBER</b> 017974	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (Middle) (Initial) [redacted] (nm1)		2. DATE OF BIRTH [redacted]		3. SEX M	4. GRADE GS-13
5. OFFICIAL POSITION TITLE Ops Officer		7. OFF. DIV. OR OP. ASSIGNMENT DDP/FE/		8. STATION D	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P. 28 February 1970			12. REPORTING PERIOD (From - to) 1 January 1970 - 30 April 1970		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and 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><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 Station communist movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted]					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 Unilateral case officer for selected agents/operations targeted against CM and CM-related objectives and for the development of new unilateral assets under the CM program, including [redacted] operations.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4 The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b> 17 JUN 70					
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 habits 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 <b>S</b>

SECRET

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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 16 3 10 PM '70

[Empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE: 8 May 1970 SIGNATURE OF EMPLOYEE: /s/ [ ]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 12 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 8 May 1970 OFFICIAL TITLE OF SUPERVISOR: Opn Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ [ ]

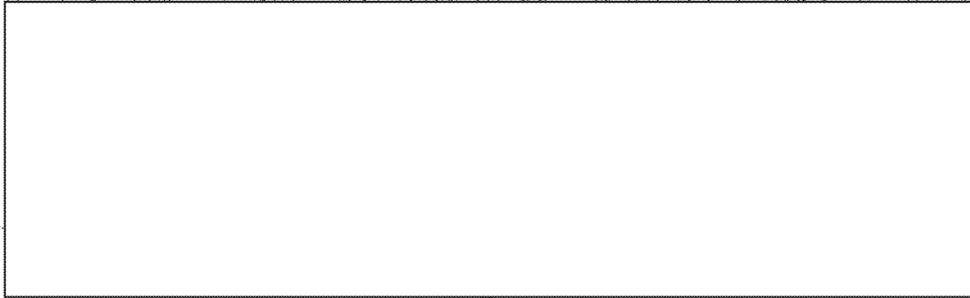
3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: [Empty box]

DATE: 22 May 1970 OFFICIAL TITLE OF REVIEWING OFFICIAL: DCOS TYPED OR PRINTED NAME AND SIGNATURE: /s/ [ ]

SECRET

**COMMENTS OF REVIEWING OFFICIAL**

A large, empty rectangular box with a thin black border, intended for the reviewer to write their comments. The box is currently blank.

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>017974</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>(nmf)</b>		3. DATE OF BIRTH	4. GRADE <b>M</b>	5. DD <b>GS-13</b>	6. DD <b>D</b>
2. OFFICIAL POSITION TITLE <b>Operations Officer</b>			7. OFF/DIV/BR/OP ASSIGNMENT <b>DDP/FE/</b>		
8. 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"/> SPECIAL (Specify)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P. <b>21 February 1970</b>			12. REPORTING PERIOD (From - to) <b>20 May 1969 - 31 December 1969</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and 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><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 Station MPWATCH officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted].					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 Unilateral case officer for selected agents/operations targeted against MPWATCH and MPWATCH-related objectives and for the development of new unilateral assets under the MPWATCH program, including [redacted] operations.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4 The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 The preparation and organization of finished field intelligence reports, operational cables, teletapes, dispatches and related correspondence on MPWATCH and other [redacted] operational matters.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 6 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.					RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
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.					<b>S</b>

SECRET

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 and staff consciousness in the use of personnel, assets, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Large empty box for narrative comments]

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE: 26 February 1970 SIGNATURE OF EMPLOYEE: /s/ [ ]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 26 February 1970 OFFICIAL TITLE OF SUPERVISOR: Ops Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ [ ]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:

[Large empty box for reviewing official comments]

DATE: 26 February 1970 OFFICIAL TITLE OF REVIEWING OFFICIAL: DCOS TYPED OR PRINTED NAME AND SIGNATURE: /s/ [ ]

SECRET

SECRET

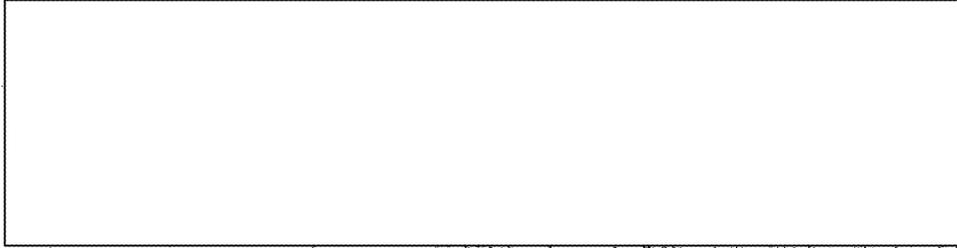
SECTION C - /continued --/



SECRET

SECRET

Reviewing Comments (continued)



SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER 017974			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SER. M	4. GRADE GS-13	5. SD D	
6. OFFICIAL POSITION TITLE Operations Officer				7. OFF/DIV/BR OF ASSIGNMENT DDP/FE	8. CURRENT STATION Headquarters		
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 type="checkbox"/> ANNUAL <input checked="" 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) 1 January 1969 - 10 May 1969			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>							
<b>SPECIFIC DUTIES</b>							
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 Acting Chief of the [ ] Desk						RATING LETTER S	
SPECIFIC DUTY NO. 2 Headquarters case officer for a variety of [ ] CA and FI operations						RATING LETTER S	
SPECIFIC DUTY NO. 3 Contact of [ ] unilateral assets in the U.S.						RATING LETTER S	
SPECIFIC DUTY NO. 4 Preparation and coordination of correspondence, studies, etc., in connection with Desk activities						RATING LETTER P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
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 S	

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

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 and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

**SECTION D CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE  
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE: 28 April 1969

2. BY SUPERVISOR  
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 1  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 28/4/69 OFFICIAL TITLE OF SUPERVISOR: ADC/FE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:

DATE: 29 APR 1969 OFFICIAL TITLE OF REVIEWING OFFICIAL: AC/FE

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
		017974
<b>SECTION A GENERAL</b>		
1. NAME First: [ ] Middle: [ ]	4. DATE OF BIRTH M [ ]	6. GRADE S. SO GS-13 D
5. OFFICIAL POSITION TITLE Operations Officer	7. OFF. DIV. BR. OR ASSIGNMENT DDP/FE [ ]	8. CURRENT STATION Headquarters
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> INITIAL
<input type="checkbox"/> CAREER PROVISIONAL (See Instructions - Section C)	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> SPECIAL (Specify):	<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. 31 January 1969	12. REPORTING PERIOD (From - To) 1 January 1968 - 31 December 1968	
<b>SECTION B PERFORMANCE EVALUATION</b>		
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>		
<b>SPECIFIC DUTIES</b>		
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	Hqs desk officer for a variety of [ ] CA & FI operations.	RATING LETTER S
SPECIFIC DUTY NO. 2	Contact of [ ] potential unilateral assets in connection with operations.	RATING LETTER S
SPECIFIC DUTY NO. 3	Preparation and coordination of correspondence, studies, etc. in connection with Desk Activities.	RATING LETTER P
SPECIFIC DUTY NO. 4		RATING LETTER
SPECIFIC DUTY NO. 5		RATING LETTER
SPECIFIC DUTY NO. 6		RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>		
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 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. Notes of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Large empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 30 Dec 1968	SIGNATURE [Signature]
---------------------	--------------------------

2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
	CFE [Signature]	[Signature]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

[Empty box for reviewing official comments]

DATE 2 January 1969	OFFICIAL TITLE OF REVIEWING OFFICIAL DC/FF [Signature]	TYPED OR PRINTED NAME AND SIGNATURE [Signature]
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SECRET

SECRET

TRAINING REPORT

NAME OF TRAINEE: [REDACTED] COURSE: CI Operations  
DOB: [REDACTED] HOURS: 80  
OFFICE: FE SD:D DATES: 25 Nov - 6 Dec '68

OBJECTIVE AND METHOD OF INSTRUCTION

Objectives

To provide the Clandestine Services Officer who will be responsible for counterintelligence operational planning and implementation with current counterintelligence operational concepts, techniques, and tactics; to describe the current field organization, functions, techniques, and tactics of selected intelligence and security services; to increase his proficiency in the planning, management, and implementation of counterintelligence operations; and to acquaint him with Headquarters organization and support for operations against selected counterintelligence targets.

Method of Instruction

The course is presented by means of lecture, case study, and discussion.

ADJECTIVAL RATINGS OF ACHIEVEMENT

Adjectival Rating

- |  |           |
|--|-----------|
| 1. Demonstration of understanding of course concepts and materials.                              | Excellent |
| 2. Participation in class discussions.   | Excellent |
| 3. Imaginative and practical application of operational principles to case studies and problems. | Good      |
| 4. Industriousness.  | Excellent |

COMMENT: [REDACTED] a very active student in discussions to which he contributed many helpful ideas. His presentation of the Wennerstroem Case was both objective and critical in terms of the available information on the case.

OVERALL adjectival rating of achievement: Excellent

FOR THE DIRECTOR OF TRAINING:

2 JAN 1969

Date

[REDACTED]  
Chief Instructor

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
					M	GS-12	D
6. OFFICIAL POSITION TITLE				7. OFF/DIV/DR OF ASSIGNMENT		8. CURRENT STATION	
Operations Officer				DDP/EE		Headquarters	
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"/> REASSIGNMENT EMPLOYEE	<input type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> SPECIAL (Specify)
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to)			
				7 April 1967 - 31 December 1967			
SECTION B PERFORMANCE EVALUATION							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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 Headquarters Desk Officer for several [ ] operational activities.							RATING LETTER S
SPECIFIC DUTY NO. 2 Study and Familiarization of the situation in [ ] in preparation to an assignment in that country.							RATING LETTER S
SPECIFIC DUTY NO. 3 Contacts various operating units and staffs in the furtherance of operational assignments.							RATING LETTER S
SPECIFIC DUTY NO. 4 Prepares operational correspondence to the field in connection with his assigned responsibilities.							RATING LETTER P
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION							RATING LETTER
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.							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. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be itemized on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec 29 3 52 PM '67

[Large empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE  
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE: 18 December 1967 SIGNATURE: [Redacted]

2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 5 months  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: [Redacted]

DATE: 19/12/67 OFFICIAL TITLE OF SUPERVISOR: CFE [Redacted] TYPE: [Redacted]

3. BY REVIEWING OFFICIAL

[Large empty box for reviewing official signature]

DATE: 22 December 1967 OFFICIAL TITLE OF REVIEWING OFFICIAL: DCFE/[Redacted] SIGNATURE: [Redacted]

SECRET

SECRET  
(When Filled In)

<b>FITNESS REPORT</b>	EMPLOYEE SERIAL NUMBER <b>017974</b>
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<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. ID	
		M	GS-12	D	
6. OFFICIAL POSITION/TITLE <b>Operations Officer</b>			7. CITY/DIV/BR OF ASSIGNMENT		8. CURRENT STATION <b>Hqs</b>
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input 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) <b>1 January - 7 April 1967</b>		

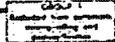
<b>SECTION B PERFORMANCE EVALUATION</b>	
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.
<b>S - Strong</b>	Performance is characterized by exceptional proficiency.
<b>O - Outstanding</b>	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.

**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 (X) 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 Serves as Headquarters Desk case officer for certain operational activities as assigned to him. <i>D/S/O</i>	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 Serves as primary referent on the <i>[redacted]</i> for operations involving communist and other left-wing matters. <i>F/E/H</i>	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 Performs operational research functions on <i>[redacted]</i> communist and left-wing activities. <i>D/S</i>	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4 Prepares operational correspondence to the field in connection with his assigned responsibilities.	RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

<b>OVERALL PERFORMANCE IN CURRENT POSITION</b> 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 <b>S</b>
--	---------------------------



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 and cost consciousness in the use of personnel, office, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Empty space for narrative comments]

(Continued)

**SECTION D CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

**I CERTIFY THAT I HAVE SPEN SECTIONS A, B, AND C OF THIS REPORT.**

DATE	SIGNATURE
25 May 1967	[Signature]

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
Three	

DATE	OFFICIAL TITLE OF SUPERVISOR
25 May 1967	Acting Chief, FE/ [Signature]

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

[Empty space for reviewing official comments]

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPE OF SIGNATURE NAME AND SIGNATURE
23 May 1967	Deputy Chief, FE/ [Signature]	[Signature]

SECRET

SECRET

FITNESS REPORT -

25 May 1967

SECTION C, NARRATIVE COMMENTS (Continued)

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				017974		
<b>SECTION A GENERAL</b>						
1. NAME		(First)	(Middle)	3. SER.	4. GRADE	5. SD
				M	12	D
6. OFFICIAL POSITION TITLE			7. OFF. DIV./BR. OR ASSIGNMENT		8. CURRENT STATION	
Ops Officer			DDP/PE		Hqs	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
			October - December 1966			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>						
<b>SPECIFIC DUTIES</b>						
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
See Section C						
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
Jan 1967 me						
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER
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 & 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.						P

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. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JAN 12 1967

**SECTION D** CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE: 15 December 1966 SIGN: [Redacted]

2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: Oct - Dec 1966 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 15 Dec 1966 OFFICIAL TITLE OF SUPERVISOR: CFE/ [Redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE: 20 December 1966 OFFICIAL TITLE OF REVIEWING OFFICIAL: Deputy Chief, FE/ [Redacted] SIGNATURE: [Redacted]

SECRET

S-E-C-R-E-T

TRAINING REPORT

Operations Course No. 4  
80 hours, full time 18 - 19 March 1968

Student :  Office : DDP/FE  
Year of Birth:  Service Designation: D  
Grade : GS-12 No. of Students : 32  
EOD Date : 1955

COURSE OBJECTIVES

To orient the student on the special nature of the  
Clandestine Services'  target and to train him  
in the application of clandestine methods for collecting  
information on, assessing, and preparing recruitment oper-  
ations

ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is  
made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

INSTRUCTOR, OTR

S-E-C-R-E-T

SECRET

TRAINING REPORT

[ ] FAMILIARIZATION NO. 34  
(40 hours, full-time)

26 February - 1 March 1968

Name : [ ]

No. of Students: 17

Office : FE

ED : D

Year of Birth: [ ]

Grade : GS-12

BOB Date : June 1955

COURSE OBJECTIVES - CONTENT AND METHODS

The course is designed for Agency personnel requiring a sound basic understanding of contemporary [ ] and some acquaintance with the fundamentals of the [ ] language. The aim is familiarization, no specialization. The course focuses on [ ]. The language familiarization phase includes pronunciation of [ ] an introduction to the most widely accepted system of dictionary recording of [ ] and the telegraphic code. The area phase includes: cultural and historical development, geography and resources, economic development and problems, the political system, social change and control in contemporary [ ] and foreign relations.

ACHIEVEMENT RECORD

The above named student actively participated in the [ ] Familiarization Course No. 34. In this session no evaluation was attempted for the area phase. The student's performance in the language familiarization phase was [ ].

FOR THE DIRECTOR OF TRAINING:

[ ]

Chief Instructor

5 March 1968

Date

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

SECRET

TRAINING REPORT

Operations Course No. 1-68  
40 hours, full time 4 - 8 March 1968

Student :  Office : YE  
Year of Birth:  Service Designation: D  
Grade : GS-12 No. of Students : 25  
EOD Date : June 1955

COURSE OBJECTIVE

To prepare Clandestine Services officers to conduct operations against  from the point of view of Human Source Collection; to present material directed toward the updating of officers in the operational realities inside and outside  today; and specifically to train officers in providing political, political-military, advanced weapons and other coverage of the priority  target which cannot be obtained by technical means.

ACHIEVEMENT RECORD

This is a certificate of attendance. No record is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

5 MAR 1968  
Date  
Chief Instructor

SECRET

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 68

80 hours, full time 5 - 16 February 1968

Participant :

Office :

Year of Birth:

Service Designation:

Grade : GS-12

No. of Students : 18

EOD Date : 1955

**COURSE OBJECTIVES, CONTENT AND METHODS**

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

**ACHIEVEMENT RECORD**

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

20 FEB 1968

Date

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 2 - 68  
L.O. Hours, full time - 26 February 1968

Student :  Office :  FE   
Year of Birth:  Service Designation: D  
Grade : OS-12 No. of Students : 5  
EOD Date : 1955

COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (\*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

Weak      Adequate      Proficient      Strong      Outstanding

COMMENT: The quality of  work was uniformly excellent in every respect. He worked to full capacity.

B. Requirements Performance:

Weak      Adequate      Proficient      Strong      Outstanding

COMMENT:

His paper on this subject demonstrated that he has a very sound understanding of the Requirements and guidance systems.

S-E-C-R-E-T

S-E-C-R-E-T

C. Editorial Performance:

Weak      Adequate      Proficient      Strong      Outstanding

COMMENT:

His work demonstrated that he has acquired a very sound understanding of the principles of good editorial organization in intelligence reporting.

D. Reporting Performance:

Weak      Adequate      Proficient      Strong      Outstanding

COMMENT:

His outside reporting assignment was efficiently executed. It was well organized. Unfortunately, it lacked sufficient reporting detail to warrant a higher rating.

INSTRUCTOR'S OVER-ALL COMMENT:

[ ] was a very fine student. He worked extremely well and his many penetrating questions added very considerably to the tone of the class. His work was of excellent quality and it showed that he has acquired a sound understanding of the various aspects of the reporting function discussed.

FOR THE DIRECTOR OF TRAINING

[ ]

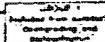
Chief Instructor

1 FEB 1968  
Date

S-E-C-R-E-T

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
				M	GS-12	D	
6. OFFICIAL POSITION TITLE				7. OFFICE OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer				DDP/EE/VIC		Vietnam	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
					REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See instructions - Section C)				ANNUAL		X	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 January - 9 July 1966			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>							
<b>SPECIFIC DUTIES</b>							
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	
The initiation, development and management of a sensitive FI/CI operation.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
The spotting, assessment, development, recruitment and management of unilateral FI agents.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Functions as a liaison officer with officials of the Vietnamese National Police.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
The preparation of dispatches, cables, intelligence information reports, memoranda and other necessary papers required by the above duties.						A	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
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	
						S	



SECRET

(When Filled In)

SECTION C	NARRATIVE COMMENTS
<p>Indicate significant strengths or weaknesses demonstrated in current position <sup>of</sup> keeping 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 Question B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>	

SECTION D			CERTIFICATION AND COMMENTS <i>with him again.</i>		
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.					
DATE	SIGNATURE OF EMPLOYEE				
8 July 1966	[ ] (s)				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
8 July 1966	Ops Officer	[ ] (s)			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
I concur in the above.					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
8 July 1966	Chief of IB	[ ] (s)			

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
6. OFFICIAL POSITION/TITLE Ops Officer		7. ASSIGNMENT DDP/NSA	8. CURRENT STATION Saigon		
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	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. Feb 66			12. REPORTING PERIOD (From - to) 29 December 1964 to 31 Dec 1965		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 Officer in charge of liaison with the Municipal Police  DES					RATING LETTER  P
SPECIFIC DUTY NO. 2 Officer in charge of liaison					RATING LETTER  S
SPECIFIC DUTY NO. 3 Officer in liaison with operational components of Headquarters, Special Branch					RATING LETTER  P
SPECIFIC DUTY NO. 4 Handles all the correspondence, files and associated memoranda connected with the tasks cited above.					RATING LETTER  P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
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  P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective 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.

OFFICE OF PERSONNEL  
FEB 15 10 43 AM '66

[Empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE

SIGNATURE OF EMPLOYEE

1 Feb 66

/s/ [Signature]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

1 Feb 66

Ops Officer

/s/ [Signature]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the above.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

1 Feb 66

Ops Officer

/s/ [Signature]

SECRET

**SECRET**  
(When Filled In)

<b>TRAINING REPORT - LANGUAGE</b>				COURSE TITLE				
				French Inter. - EW - Ph I				
INSTRUCTOR				PROGRAM				
				Daytime - Part-time				
NO. OF STUDENTS		NO. OF HOURS		DATE OF COURSE				
1		60		05/04/64 - 07/20/64				
STUDENT								
NAME		YOB	DOB DATE	OFFICE		GT	SD	
		28	06/55	FB		12	D	
<i>(See reverse side for definitions of proficiency levels)</i>								
LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING				<input checked="" type="checkbox"/> INSTRUCTORS ESTIMATE		OFFICIAL TEST		
LEVEL		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH		
	READING			X				
	WRITING			X				
	PRONUNCIATION			X				
	SPEAKING		X					
	UNDERSTANDING		X					
LANGUAGE TRAINING OBJECTIVES AND METHODS								
<p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are: (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p>								
PERFORMANCE EVALUATION								
	UNSATISFACTORY		SATISFACTORY			EXCELLENT		
ACHIEVEMENT			X					
ATTITUDE			X					
ATTENDANCE			X					
LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING				<input checked="" type="checkbox"/> INSTRUCTORS ESTIMATE		OFFICIAL TEST		
LEVEL		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH		
	READING				X			
	WRITING			X				
	PRONUNCIATION			X				
	SPEAKING			X				
	UNDERSTANDING			X				
Foreign Language Aptitude Test: 6								
FOR THE DIRECTOR OF TRAINING:				<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div>		25 Mar 64 DATE		

FORM 2222

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and declassification

(45)

SECRET

TRAINING REPORT

Covert Action Operations Course No. 63, 30 March to 17 April 1964  
60 hours part time

Student :  Office : FE  
Year of Birth:  Service Designation: D  
Grade : GS-12 No. of Students : 13  
EOD Date : June 1955

STUDENT OBJECTIVES - CONTENT AND METHODS

The Covert Action Operations Course is an advanced seminar for senior and middle grade CS officers who will direct and conduct covert action operations in the field. It provides a conference setting in which experienced officers may discuss the full range of operational problems — from policy and strategy to tactics and techniques — with senior Agency officers, both those recently returned from field posts and those assigned to Headquarters for guidance and support of CA field operations.

The CAO course covers the origin and scope of CIA's covert action mission,  tactical approaches to the direction of CA operations, political action, economic action, propaganda, paramilitary operations, special operations, the national counterinsurgency program, covert action in the  counterintelligence problems in covert action, joint CI-CA programs, and current area case studies.

ACHIEVEMENT RECORD

This is a certificate of attendance. Adjectival ratings are not given in this course.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

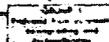
22 April 1964  
Date

Group I  
Excluded from automatic  
downgrading and  
declassification

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEA	4. GRADE	5. SD
			M	GS-12	D
6. OFFICIAL POSITION TITLE			7. OFF/DIVISION OF ASSIGNMENT		
Ops Officer			DDP/EE/		
			Headquarters		
9. CHECK IN TYPE OF APPOINTMENT			10. CHECK IN REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify)			SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORT PERIOD (From - to)		
January 1964			April - 31 January 1964		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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
Assembles available information on North Vietnam, and its diplomatic establishments abroad.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Acts as ZRGRAIL officer for Vietnam Desk.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Aids in giving operational support to denied areas ops program run by Saigon Station.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares periodic reports on progress of denied area ops program.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
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.					P
17 MAR 1964					



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...

[Large empty box for narrative comments]

SE

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE  
18 February 1964

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

10

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

DATE  
18 February 1964

OFFICIAL TITLE OF SUPERVISOR

Chief, FE/

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

[Large empty box for reviewing official comments]

DATE  
9 March 1964

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, FE/

SECRET

**SECRET**  
(When Filled In)

**FITNESS REPORT**

FILED SERIAL NUMBER

*017774*

**SECTION A**

**GENERAL**

1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
				M	GS-12	IR
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR ASSIGNMENT		8. CURRENT STATUS	
ID			DDP/FE			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)			
			1 Jan 62 - 23 September 1962			

**SECTION B**

**PERFORMANCE EVALUATION**

- 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.
- A - Adequate** Performance meets all requirements; it is entirely satisfactory and is characterized neither by deficiency nor excellence.
- P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- S - Strong** Performance is characterized by exceptional proficiency.
- 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.

**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).

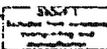
SPECIFIC DUTY NO. 1	Monitors and coordinates with ODYOKE and allied armed services the [redacted] in North Asian area covering specifically [redacted]	RATING LETTER	S
SPECIFIC DUTY NO. 2	Determines, initiates and directly participates in the exploitation of [redacted] in conjunction with KUDOVE and ODYOKE armed services.	RATING LETTER	S
SPECIFIC DUTY NO. 3	Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel [redacted] in the identification, photographic and collection techniques applicable to the [redacted]	RATING LETTER	S
SPECIFIC DUTY NO. 4	Maintains continuing & close official and personal working liaison with & support for commanders & officers of the various ODYOKE military intel collection units in [redacted] & with [redacted] KUDOVE elements, particularly the [redacted] Staff.	RATING LETTER	A
SPECIFIC DUTY NO. 5	Responsible for preparation of collection intel & admin rpts & dispatches to KULYNX [redacted] on all matters pertaining to the [redacted] in this area of jurisdiction.	RATING LETTER	A
SPECIFIC DUTY NO. 6	Assisted the Branch Chief in the handling of KULYNX requirements.	RATING LETTER	P

**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  
**P+**

21 APR 1962



SECRET

NARRATIVE COMMENTS

SECTION C

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.

Large empty rectangular box for narrative comments.

CERTIFICATION AND COMMENTS

SECTION D

BY EMPLOYEE

1.

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE: 4/23/63 SIGNATURE OF: [Redacted]

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 15 MONTHS

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: FR shown HAS ALREADY DEPARTED TO NZA POST to language 4/23/63

DATE: 19 Oct 1962 OFFICIAL TITLE OF SUPERVISOR: [Redacted] TYPED OR PRINTED NAME AND SIGNATURE: [Redacted]

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

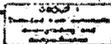
Large empty rectangular box for reviewing official comments.

DATE: 22 Oct 1962 OFFICIAL TITLE OF REVIEWING OFFICIAL: [Redacted] TYPED OR PRINTED NAME AND SIGNATURE: [Redacted]

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				<b>017974</b>	
<b>SECTION A GENERAL</b>					
1. NAME		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
			<b>M</b>	<b>GS-12</b>	<b>D</b>
6. OFFICIAL POSITION/TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
<b>Ops Officer</b>		<b>DDP/FE</b>		<b>Headquarters</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	<input type="checkbox"/> REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL		
SPECIAL (Specify)			SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
<b>January 1964</b>			<b>April - 31 January 1964</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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	
<b>Assembles available information on North Vietnam, and its diplomatic establishments abroad.</b>				<b>S</b>	
SPECIFIC DUTY NO. 2				RATING LETTER	
<b>Acts as ZRGRAIL officer for Vietnam Desk.</b>				<b>P</b>	
SPECIFIC DUTY NO. 3				RATING LETTER	
<b>Aids in giving operational support to denied areas ops program run by Saigon Station.</b>				<b>P</b>	
SPECIFIC DUTY NO. 4				RATING LETTER	
<b>Prepares periodic reports on progress of denied area ops program.</b>				<b>S</b>	
SPECIFIC DUTY NO. 5				RATING LETTER	
SPECIFIC DUTY NO. 6				RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
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
					<b>P</b>



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>	

H

SECTION D			CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
18 February 1964	<input type="text"/>				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
10					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
18 February 1964	Chief, FE <input type="text"/>	<input type="text"/>			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
9 March 1964	Chief, FE/ <input type="text"/>	<input type="text"/>			

SECRET



SECRET

OFFICE

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

02 PM '62

[Empty space for narrative description of manner of job performance]

**SECTION F CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE  
*I certify that I have seen Sections A, B, C, D and E of this Report.*

DATE 31 December 61	SIGNATURE OF EMPLOYEE [Signature] (Signed)
------------------------	---

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 7	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
--	---

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
---	---------------------------------

DATE 31 December 61	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE [Signature] (Signed)
------------------------	------------------------------	---

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

[Empty space for comments]

DATE 31 Dec. 61	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE [Signature] (Signed)
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SECRET

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [redacted]

Specific Duty No. 4

KUDCVS elements, particularly [redacted]

SECRET

**SECRET**  
(When Filled In)

*[Handwritten Signature]*

<b>FITNESS REPORT</b>		EMPLOYER SERIAL NUMBER
-----------------------	--	------------------------

<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			4. DATE OF BIRTH	5. SEX	6. GRADE
6. SERVICE DESIGNATION			8. OFFICIAL POSITION/TITLE		7. OFF/DIV/BR OF ASSIGNMENT
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)	
		From Sept 59 to Apr 61			

<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (insert number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1: Monitors and coordinates with ODYKBE and allied armed services in North Asian area covering [redacted] [redacted]	RATING NO. 6	SPECIFIC DUTY NO. 4: Maintains continuing and close official & personal working liaison with a support for commanders & officers of the various ODYKBE Military Intel collection units in [redacted] (cont)	RATING NO. 5			
SPECIFIC DUTY NO. 2: Determines, initiates and directly participates in the exploitation of POC targets in conjunction with KUCGZ and ODYKBE armed services.	RATING NO. 6	SPECIFIC DUTY NO. 5: Responsible for proper patches to [redacted] on all matters pertaining to the ENCI in this area of jurisdiction.	RATING NO. 5			
SPECIFIC DUTY NO. 3: Provides detailed training and guidance for ODYKBE personnel and for foreign allied personnel (e.g. [redacted] in the identification, photographic and [redacted] [redacted])	RATING NO. 6	SPECIFIC DUTY NO. 6: Represents the interest of [redacted] generally in liaison with other ODYKBE intelligence components - both collection and analysis in [redacted]	RATING NO. 5			

<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>			
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.			
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.	<table border="1" style="width:50px; height:50px; margin: auto;"> <tr><td align="center">RATING NO.</td></tr> <tr><td align="center">5</td></tr> </table>	RATING NO.	5
RATING NO.			
5			

<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLICABLE	NOT SERVED	RATING
					1 2 3 4 5
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
DRIVES EFFECTIVELY					X
IS SOCIALLY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINED IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X
OTHER (Specify)					

SEE SECTION 02 ON REVERSE SIDE



Continuation of Section B:

Specific Duty No. 3

collection techniques

Specific Duty No. 4

KUDOV elements,

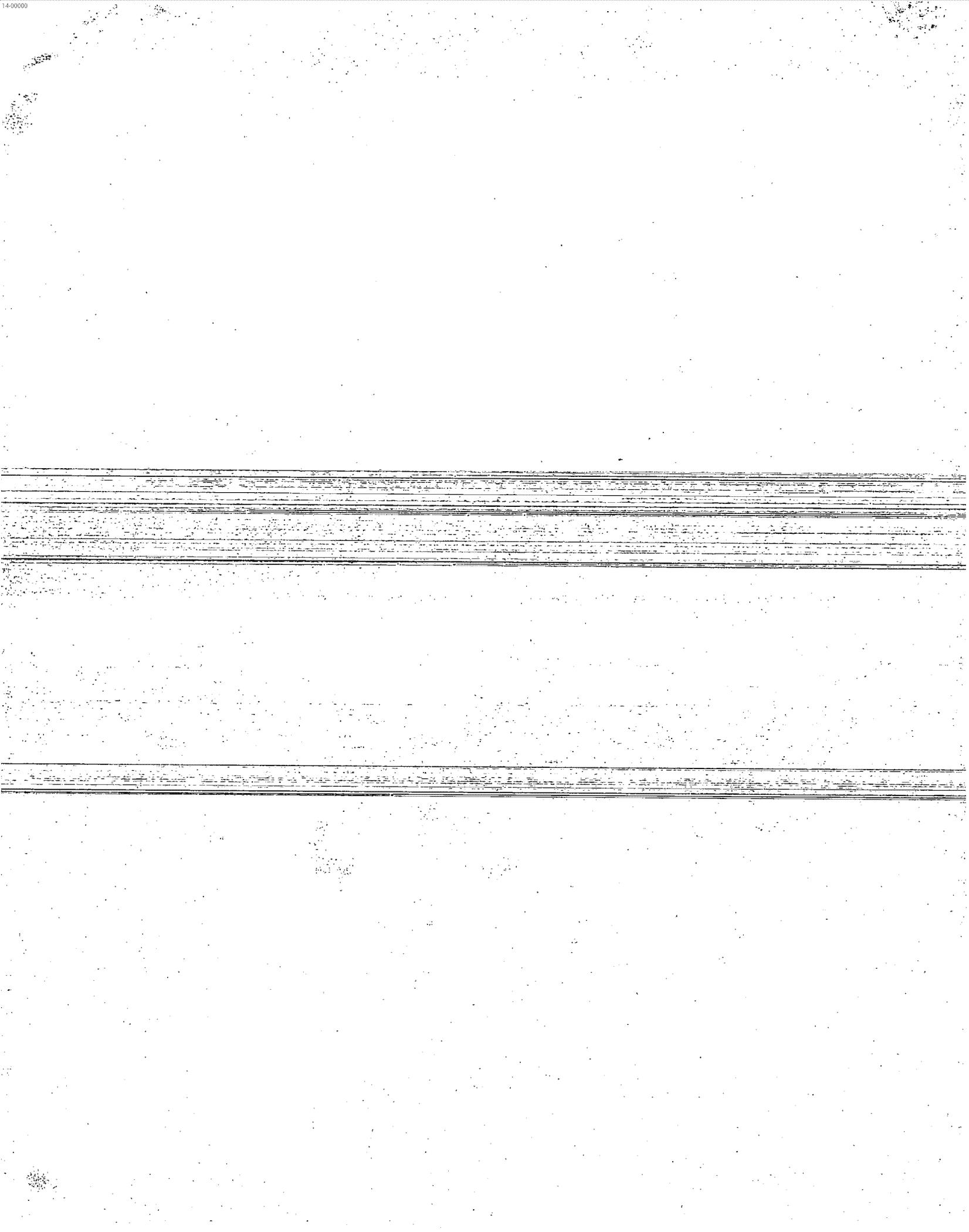
Continuation of Section E:

and experience in the broader, analytical aspects of the KUCHAP area, including language and area studies.

Continuation of Section F-3:

normal administrative responsibilities.





Continuation of Section E:

In recognition of subject officer's outstanding performance to date and in view of the considerable responsibilities incident to the post of  representative in this area, I recommend that subject officer be promoted to the grade of GS-12 as soon as possible.

SECRET (When Filled In)

24 AUG 1959  
24178

FITNESS REPORT	EMPLOYEE SERIAL NUMBER <b>117974</b>
----------------	---

SECTION A GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX <b>Male</b>	4. GRADE <b>GS-11</b>
5. SERVICE DESIGNATION <b>IR</b>		6. OFFICIAL POSITION-TITLE <b>IO</b>	
7. OFF/DIV/GR OF ASSIGNMENT <b>ORR-</b>			
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
		<input checked="" type="checkbox"/> REASSIGNMENT/SUPERVISOR	
		<input checked="" type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. <b>31 Oct 1959</b>		11. REPORTING PERIOD <b>15 Mar 58 - 30 Sep 1959</b>	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES			
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).			
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent
5 - Excellent	6 - Superior	7 - Outstanding	
SPECIFIC DUTY NO. 1 <b>Prepares written reports on results of analysis.</b>	RATING NO. <b>3</b>	SPECIFIC DUTY NO. 4 <b>Directs and participates in field exploitation.</b>	RATING NO. <b>4</b>
SPECIFIC DUTY NO. 2 <b>Derives significant intelligence from factory markings data.</b>	RATING NO. <b>4</b>	SPECIFIC DUTY NO. 5 <b>Organizes raw data into analytic file.</b>	RATING NO. <b>5</b>
SPECIFIC DUTY NO. 3 <b>Supervises junior analyst.</b>	RATING NO. <b>4</b>	SPECIFIC DUTY NO. 6	RATING NO.

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION			
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.			
<ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="text-align: center; font-size: 0.8em;">RATING NO.</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">3</td> </tr> </table>	RATING NO.	3
RATING NO.			
3			

SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLI- CABLE	NOT OB- SERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE							X		
RESOURCEFUL								X	
ACCEPTS RESPONSIBILITIES							X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES								X	
DOES HIS JOB WITHOUT STRONG SUPPORT								X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE								X	
WRITES EFFECTIVELY						X			
SECURITY CONSCIOUS								X	
THINKS CLEARLY							X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS								X	
OTHER (Specify):									

SEE SECTION "E" ON REVERSE SIDE

SECRET  
(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

[Empty box for narrative description]

[Empty box for narrative description]

OFFICE OF PERSONNEL  
AUG 19 4 56 PM '59  
MAIL ROOM

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE: [ ] SIGNATURE OF EMPLOYEE: [ ]

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 42  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: Departed on PCS overseas.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: [ ] REPORT MADE WITHIN LAST 90 DAYS: [ ]  
OTHER (Specify): [ ]

DATE: 13 August 1959  
OFFICIAL TITLE OF SUPERVISOR: Chief, FM/EA  
AND SIGNATURE: [ ]

**3. BY REVIEWING OFFICIAL**

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL: [ ]

DATE: 13 August 1959  
OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, St/PM  
TYPED OR PRINTED NAME AND SIGNATURE: [ ]

SECRET

S-E-C-R-E-T

REPORT OF TRAINING

Operations Familiarization Course No. 17

I. IDENTIFYING INFORMATION

Name:  Sex: Male  
Date of Birth:  Grade or Rank: OS-11  
EOD Date: 15 June 1959 Office: OAR  
Dates of Course: 6 Apr - 15 May 59 No. of Students: 25  
Projected Assignment or Present Position:  
(from Request for Internal Training)

II. DESCRIPTION OF COURSE

The Operations Familiarization Course is a six-week course designed primarily for Clandestine Services non-case officer personnel and for non-Clandestine Services officers whose responsibilities in support of operations require adequate familiarization with case officer functions and with the programs and operations of the Clandestine Services.

III. REPORT OF STUDENT ACHIEVEMENT

To satisfactorily complete the Operations Familiarization Course the student must demonstrate in a series of seminars and in a limited number of written assignments that he has acquired an adequate understanding of the fundamentals of clandestine operations. Testing mechanisms are minimal and do not permit an extensive evaluation of individual performance.

satisfactorily completed Operations Familiarization Course No. 17.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor, OFC

Chief, Field Training

S-E-C-R-E-T

(When filled in)

**COURSE DESCRIPTION**

**SPANISH BASIC COURSE (REPEATED) WINTER II (PART-TIME)**

**SECTION I: IDENTIFYING INFORMATION**

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
	Male	5 Jan - 13 March 1959	3
DATE OF BIRTH	END DATE	GRADE OR RANK	OFFICE
	15 June 1955	OS-11	OSB
PROJECTED ASSIGNMENT OR PRESENT LOCATION			
Analytic position in ST/FM			

**SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE**

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of ten-minute tests during the progress of the course.

**SECTION III: OBJECTIVES**

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- A. Ability to produce and distinguish all the sounds of the language.
- B. Ability to use adequately a stock of correct Spanish sentences and expressions.
- C. Ability to analyze sentences and expressions into their components.
- D. Ability to comprehend speech-speed spoken Spanish in a wide variety of non-technical situations.
- E. Ability to read and write informal Spanish using a limited number of vocabulary and structural items.

**SECTION IV: EVALUATION RATINGS**

The following is an explanation of the five terms of evaluation employed below:

1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.

**S-E-C-R-E-T**  
(When filled in)

SECTION IV  
(When filled in)

3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
4. The student showed a high degree of competence in meeting the objectives.
5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

**SECTION V: ACHIEVEMENT RATINGS**

The number in each cell represents the number of students receiving that rating in terms of the above objectives. The asterisk (\*) represents the rating this student achieved.

Course Objectives	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A			2*	1	
Objective B			2*	1	
Objective C			2*	1	
Objective D			2*	1	
Objective E			2*	1	

This class as a whole is rated as:

Above average \_\_\_\_\_ Average **X** \_\_\_\_\_ Below than average \_\_\_\_\_

**SECTION VI: COMMENTS**

FOR THE DIRECTOR OF TRAINING

L.S.  
 Signature of Instructor

SECTION I: IDENTIFYING INFORMATION

NAME	SEX	DATE OF BIRTH	NO. OF SEMESTERS
[REDACTED]	Male	13 Oct 58-19 Dec 58	6
DATE OF BIRTH	FOR GRAD		
[REDACTED]	15 June 1955	CS-11	OSB
IF DIRECTED AS MEMBER OF FEDERAL JUSTICE			
Analyst			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of assignments during the period of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- Objective A. Ability to produce and distinguish all the sounds of the language.
- Objective B. Ability to use accurately a bank of correct Spanish sentences and expressions.
- Objective C. Ability to analyze sentences and expressions into their components.
- Objective D. Ability to understand and interpret spoken Spanish in a wide variety of conversational situations.
- Objective E. Ability to read and understand a limited number of elementary and structural texts.

SECTION IV: EVALUATION SYSTEM

Signature  
Date filled in

UNIVERSITY OF CALIFORNIA, BERKELEY

The following is an explanation of the five terms of evaluation employed below:

- Rating 1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
- Rating 2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.
- Rating 3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
- Rating 4. The student showed a high degree of competence in meeting the objectives.
- Rating 5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that Rating in terms of the above objectives. The asterisk (\*) represents the Rating this student achieved.

Course Objective	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A		1	2	2*	1
Objective B			3*	3	
Objective C			4*	2	
Objective D			3*	3	
Objective E			3	3*	

This class as a whole is rated as:

Above average \_\_\_\_\_ Average X \_\_\_\_\_ Below than average \_\_\_\_\_

SECTION VI: COMMENTS

Since reading skills are stressed during the latter part of the 50-week course series, the rating for Objective E is based on a limited amount of information.

FOR THE DIRECTOR OF STUDENTS:

/s/

Signature of Head Instructor

DATE: \_\_\_\_\_  
(When filled in)

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SER M IR 4. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 5. OFFICIAL POSITION TITLE Identification Specialist 7. GRADE 11 8. DATE REPORT DUE IN OP 29 March 58 9. PERIOD COVERED BY THIS REPORT (Exclusive dates) 15 March 57 - 15 March 58 10. TYPE OF REPORT (Check one) INITIAL ANNUAL REASSIGNMENT - SUPERVISOR REASSIGNMENT - EMPLOYEE SPECIAL (Specify)

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT WAS WAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT: Individual on TDY Overseas

A. CHECK (X) APPROPRIATE STATEMENTS:

2. THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. 3. THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. 4. I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. 5. INDIVIDUAL IS RATED "I" IN CI OR D. A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT. 6. I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)

B. THIS DATE 2 April 1958 C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE Branch Chief/EA

2. FOR THE REVIEWING OFFICER: IS THERE A SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE MA 10 APR 1958 Posted For Control Reviewed by PUS 4/14/58

1. certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 2 April 58 B. TYPED OR PRINTED NAME AND SIGNATURE OF OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, SA/ENVR

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

**SECRET**

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES						
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during the <u>11/1/58 to 11/30/58</u> period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty <u>do not rate as supervisors those who supervise a secretary only.</u></p> <p>d. Compare in your mind, when possible, the individual being rated with others performing a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">                 ORAL BRIEFING                  GIVING LECTURES                  CONDUCTING SEMINARS                  WRITING TECHNICAL REPORTS                  CONDUCTING EXTERNAL LIAISON                  TYPING                  TAKING DICTATION                  SUPERVISING             </td> <td style="width:33%; border: none;">                 HAS AND USES AREA KNOWLEDGE                  DEVELOPS NEW PROGRAMS                  ANALYZES INDUSTRIAL REPORTS                  MANAGES FILES                  OPERATES RADIO                  COORDINATES WITH OTHER OFFICES                  WRITES REGULATIONS                  PREPARES CORRESPONDENCE             </td> <td style="width:33%; border: none;">                 CONDUCTS INTERROGATIONS                  PREPARES SUMMARIES                  TRANSLATES GERMAN                  DEBRIEFING SOURCES                  KEEPS BOOKS                  DRIVES TRUCK                  MAINTAINS AIR CONDITIONING                  EVALUATES SIGNIFICANCE OF DATA             </td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA				
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">                 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY                  2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY                  3 - PERFORMS THIS DUTY ACCEPTABLY                  4 - PERFORMS THIS DUTY IN A COMPETENT MANNER                  5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB             </td> <td style="width:50%; border: none;">                 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS                  7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY             </td> </tr> </table>				1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY	
1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY					
SPECIFIC DUTY NO. 1 Organizes raw data into analytic file	RATING NUMBER 5	SPECIFIC DUTY NO. 2 Directs field exploitation	RATING NUMBER 4			
SPECIFIC DUTY NO. 3 Derives significant intelligence from data	RATING NUMBER 5	SPECIFIC DUTY NO. 4 Supervises junior analysts	RATING NUMBER 4			
SPECIFIC DUTY NO. 5 Prepares reports on conclusions	RATING NUMBER 3	SPECIFIC DUTY NO. 6 (Empty)	RATING NUMBER (Empty)			
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>						
<p><b>SECTION D: SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table style="width:100%; border: none;"> <tr> <td style="width:5%; border: 1px solid black; text-align: center; vertical-align: middle;">4</td> <td style="border: none;">                 1 - DEFINITELY UNSUITABLE... HE SHOULD BE SEPARATED                  2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW                  3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION                  4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION                  5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS                  6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION                  7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION             </td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>				4	1 - DEFINITELY UNSUITABLE... HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION	
4	1 - DEFINITELY UNSUITABLE... HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION					

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision for AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CE no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E

GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX M 4. SERVICE DESIGNATION IR 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT CRR 6. OFFICIAL POSITION TITLE Identification Specialist 7. GRADE 11 8. DATE REPORT DUE IN OP 29 March 58 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 March 57 - 15 March 58 10. TYPE OF REPORT (Check one) INITIAL [ ] ANNUAL [X] REASSIGNMENT-SUPERVISOR [ ] REASSIGNMENT-EMPLOYEE [ ] SPECIAL (Specify) [ ]

SECTION F

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED. A. THIS DATE 8 April 1958 B. TYPED OR PRINTED NAME AND SIGNATURE [ ] SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE Branch Chief/EA 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. A. THIS DATE 8 Apr 58 B. TYPED OR PRINTED NAME AND SIGNATURE [ ] OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, SE/EM/RR

SECTION G

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work. 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED. 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED. 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES. 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES. 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBILITIES. 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL. 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES. RATING NUMBER 4 DATE [ ]

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? [X] Yes [ ] No. If your answer is YES, indicate below your opinion or grade of the level of supervisory ability this person will reach AFTER RELATED TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns: ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Row 1: ACTUAL 2, POTENTIAL 2, SITUATION: A GROUP USING THE BELL SYSTEM (such as clerks, stenographers, technicians or professional specialists of various kinds) WHOSE CONTACT WITH IMMEDIATE SUPERVISORS IS FREQUENT (First line supervisors). Row 2: ACTUAL 2, POTENTIAL 2, SITUATION: A GROUP OF SUPERVISORS WHO OPERATE THE BELL SYSTEM (Second line supervisors). Row 3: ACTUAL 2, POTENTIAL 2, SITUATION: A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHOSE RESPONSIBILITY FOR WORK PLANS, ORGANIZATION AND POLICY (Executive level). Row 4: ACTUAL 2, POTENTIAL 2, SITUATION: WHOSE CONTACT WITH IMMEDIATE SUPERVISORS IS NOT FREQUENT. Row 5: ACTUAL 2, POTENTIAL 2, SITUATION: WHOSE IMMEDIATE SUPERVISORS ARE OFFICIALS AND NEED FREQUENT COORDINATION. Row 6: ACTUAL 2, POTENTIAL 2, SITUATION: WHOSE IMMEDIATE SUPERVISORS INCLUDE MEMBERS OF THE STAFF (e.g., etc.).

SECRET  
(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE NAMED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
30

4. COMMENTS CONCERNING POTENTIAL  
APR 9 4 31 PM '58

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Writing courses and additional on-the-job training, to include overseas TDY on operational assignments.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- 4 - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	13. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. USES INITIATIVE	4	15. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THOUGHTS	3	14. ADMITS HIS ERRORS	4	24. REMAINS BELL UNDER PRESSURE
4	5. SIGNS PROMISES FOR HIMSELF AND OTHERS	4	16. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
3	6. ADDS WHEN TO SEEK ASSISTANCE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	18. IS OBEYANT	4	27. IS CREATIVE
4	8. HAS MEMORY FOR FACTS	4	19. THINKS CLEARLY	4	28. HAS CRITICISM TO CONSTRUCTIVE
4	9. GETS THINGS DONE	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	29. FACILITATES IMMEDIATE OPERATION OF HIS OFFICE
4	10. CAN KEEP WITH EMERGENCIES	4		4	30. DOES NOT REGULATE SPEED AND CONTINUES SUPERVISORY

SECRET

TSS/PB TRAINING DIVISION EVALUATION

DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME  DIV CR3 BR EA DATES TRAINED: from 29 June to 17 July '57

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat	Fair	Good	Excellent	Superior
<b>I Manipulation of camera.</b>						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
<b>II Processing and printing.</b>						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
<b>III Use of accessory equipment.</b>						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
<b>IV. Document copy and small objects.</b>						
a. Available light	X					
b. Accessory illumination				X		
c. BOOWU, portra lens, focus slide				X		
<b>V. Ground photography.</b>						
a. Coverage						
b. Report	X					
<b>VI. Casing.</b>						
a. Coverage						
b. Report						
<b>VII Surveillance.</b>						
a. Coverage						
b. Report						
<b>VIII Special problems.</b>						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS

APPROVED  
C/TSS/ID

Instructor

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report. FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SER. M IR 4. SERVICE DESIGNATION 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION/TITLE ORR/Techniques & Methods/Analysis & Reports Identification Specialist 7. GRADE GS-9 8. DATE REPORT DUE IN OF 29 March 1957 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 March 1956 - 15 March 1957 10. TYPE OF REPORT (Check one) INITIAL [X] ANNUAL REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE SPECIAL (Specify)

SECTION B. CERTIFICATION

1. FOR THE RATED: THIS REPORT [X] HAS [ ] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

A. CHECK (X) APPROPRIATE STATEMENTS:

XX THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. IF INDIVIDUAL IS RATED "1" IN CY OR D, A WARNING LETTER HAS BEEN ISSUED TO HIM OR A COPY ATTACHED TO THIS REPORT. THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. I CANNOT CERTIFY THAT THE RATED INDIVIDUAL UNDER MY EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify) XX I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

B. THIS DATE 28 March 57 C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE Acting Branch Chief

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY [Signature] DATE 22 APR 22 1957 54 Posted For Reviewed by

[ ] CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 28 March 57 B. TYPED OR PRINTED OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, D/T/AR

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES:

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT. 2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEARINESS. 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5 - A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

Performance

**SECRET**

*(When Filled In)*

**2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty. Do not rate as supervisors those who supervise a secretary only.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:
 

ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA
--	---	---
- g. For some jobs, duties may be broken down even further, if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

<b>DESCRIPTIVE RATING NUMBER</b>	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
----------------------------------	--	--

SPECIFIC DUTY NO. 1 Organizes raw data into analytic file.	RATING NUMBER 6	SPECIFIC DUTY NO. 4 Devises codes for mechanical processing of raw data.	RATING NUMBER 5
SPECIFIC DUTY NO. 2 Derives significant intelligence from data.	RATING NUMBER 5	SPECIFIC DUTY NO. 5 Participates in field exploitation	RATING NUMBER 5
SPECIFIC DUTY NO. 3 Drafts reports on conclusions.	RATING NUMBER 4	SPECIFIC DUTY NO. 6	RATING NUMBER

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

**SECTION C. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

**DIRECTIONS:** Take into account here everything you know about the individual... productivity; conduct in the job; pertinent personal characteristics or habits; special defects or talents... and how he fits in with your team. Compare him with others doing similar work at about the same level.

- 1 - DEFINITELY UNSUITABLE... HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY... SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE... HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO. IF YES, EXPLAIN FULLY.

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE REPORTER: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the IS no later than 90 days after the due date indicated in item 8 of Section "E" below.

**SECTION E. GENERAL**

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SER. H.	4. SERVICE DESIGNATION
5. OFFICE/SITE OR NUMBER OF PERSONNEL	6. OFFICIAL POSITION/TITLE		
ORR/Techniques & Methods/Analysis & Reports		Ident. Specialist	
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Include dates)	
OS-9	25 March 1957	15 March 1956 - 15 March 1957	
10. TYPE OF REPORT (Check one)	INITIAL	PROBATIONARY SUPERVISOR	Special (Specify)
	<input checked="" type="checkbox"/>		

**SECTION F. CERTIFICATION**

1. FOR THE DATED, I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
28 March 57		Acting Branch Chief

2. FOR THE DATED, I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCES FROM THE ORIGINAL ATTACHED MEMO.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICER	C. OFFICIAL TITLE OF REVIEWING OFFICER
28 March 57		CHIEF DIT

**SECTION G. ESTIMATE OF POTENTIAL**

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

RATING NUMBER	1 - ABOVE ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	DATE
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	RESPONSIBILITIES
	3 - MAKING PROGRESS, BUT NEEDS MORE EXPERIENCE	
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES	
	5 - WILL PROBABLY ADJUST HIMSELF TO MORE RESPONSIBILITIES WITHOUT FURTHER TRAINING	
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL	
	7 - AN EXPERIENCED PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES	

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor?  Yes  No If your answer is YES, indicate below your opinion of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by checking the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DISCREPANT RATING NUMBER	OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
	1 - BELIEVE INDIVIDUAL WOULD BE A POOR SUPERVISOR IN THIS KIND OF SITUATION
	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
1		1 - WORK UNDER THE CLOSE AND DIRECT SUPERVISION, along with other technicians or professional specialists of various grades; direct contact with immediate subordinates is frequent (First line supervisor)
	2	2 - A GROUP OF SUBORDINATES WHO REPORT TO HIM (Second line supervisor)
	3	3 - A GROUP WHO REPORT TO HIM AS SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	2	4 - ONLY CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	2	5 - OVER REMOTELY SUPERVISED ACTIVITIES ARE EXTENSIVE AND NEED CLOSE COORDINATION
2		6 - OVER REMOTELY SUPERVISED INCLUDES WORKING BY THE OPPOSITE SEX
		None (Specify)

**SECRET**  
(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION **18** *PERIOD OF PERSONAL*

2. COMMENTS CONCERNING POTENTIAL

**SECTION II: FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I: DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply to each degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE, CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN STRONG SIZES WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	2	24. HOLDS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	2	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
	10. CAN Cope WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS		30. DOES NOT REQUIRE A GOOD AND CONTINUOUS SUPERVISOR

21  
SECRET

(When Filled In)

# FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

**FOR THE ADMINISTRATIVE OFFICER:** Consult current instructions for completing this report.  
**FOR THE SUPERVISOR:** This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any section. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item B. of Section A. below.

### SECTION A.

#### GENERAL

1. NAME [Redacted] (Last) [Redacted] (Middle)	2. DATE OF BIRTH [Redacted]	3. SEX M	4. SERVICE DESIGNATION SD/IR
5. OFFICE/DIV ORR, Techniques & Methods Div., Analysis & Reports Br.	6. OFFICIAL POSITION TITLE Identification Specialist		
7. GRADE GS-7	8. DATE REPORT DUE IN OP 6 April 1956	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 June 1955 - 15 March 1956	
10. TYPE OF REPORT (Check one) <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL	11. REASSIGNMENT SUPERVISOR [Redacted] 12. ASSIGNMENT EMPLOYEE [Redacted] (Specify)		

### SECTION B.

#### CERTIFICATION

1. FOR THE RATER: THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY.  
NCT

#### A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN C1 OR D & BARRING LETTER HAS SENT TO HIM SA COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):

9 April 1956  
C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR  
[Redacted] SUPERVISOR'S OFFICIAL TITLE  
SFC, T/AR

2. FOR THE REVIEWING OFFICIAL: STATE ANY DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

No difference of opinion. Concur in evaluation of [Redacted] as one of the better young men I've seen.

BY: [Redacted] DATE: 20 APR 1956  
Reviewed by PUD: [Redacted] 4-25

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.  
A. THIS DATE: 9 April 56  
B. TYPED OR PRINTED NAME OF OFFICIAL: [Redacted]  
C. OFFICIAL TITLE OF REVIEWING OFFICIAL: [Redacted]

### SECTION C.

1. RATING ON GENERAL PERFORMANCE OF DUTIES  
DEFINITIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- 2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
- 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEARINESS.
- 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
- 5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:  
1. Employment should be continued beyond the probationary period.  
2. [Redacted] performance on the job was substantially superior to indications from the BUC evaluation.

**SECRET**

(When Filled In)

**2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
  - Note performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
  - For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
  - Compare in your mind, when possible, the individual being rated with other persons performing the same duty at a similar level of responsibility.
  - Two individuals with the same job title may be performing different duties. If so, rate the different duties.
  - Be specific. Examples of the kind of duties that might be rated are:
 

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONTACTS, INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES BUDGETS
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPIING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable: e.g., combined key and phone operation, in the case of a radio operator.

- |   |   |
|---|---|
| <p><b>DESCRIPTIVE RATING NUMBER</b></p> <p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p> | <p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p> |
|---|---|

SPECIFIC DUTY NO. 1 Organize raw data into analytic file	RATING NUMBER <b>6</b>	SPECIFIC DUTY NO. 4 Participate in field exploitation	RATING NUMBER <b>4</b>
SPECIFIC DUTY NO. 2 Derive significant intelligence from data	RATING NUMBER <b>6</b>	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3 Draft reports on conclusions	RATING NUMBER <b>5</b>	SPECIFIC DUTY NO. 6	RATING NUMBER

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** State in the space below a narrative description of the manner of job performance.

**SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

**DIRECTIONS:** Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY - WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE... SELDOM AVERAGE BUT WITH NO QUALITIES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  NO  YES

EXPLAIN FULLY:

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CE no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. SERVICE DESIGNATION 5. OFFICE/DIVISION BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE 7. GRADE 8. DATE REPORT DUE IN OP 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 10. TYPE OF REPORT (Check one)

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED. 2. FOR THE REVIEWING OFFICER: I HAVE REVIEWED THIS REPORT AND VOTED MY OPINION OF OPINION IN ATTACHED MEMO.

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES. DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL. DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns: ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Rows describe various supervisory situations like 'GROUP DOING THE BASIC JOB', 'GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB', etc.

SECRET

(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED SUBJECT HAS BEEN UNDER YOUR SUPERVISION

SIX

OFFICE OF TELECOMMUNICATIONS

2. COMMENTS CONCERNING POTENTIAL

[Empty box for comments concerning potential]

MAIL ROOM

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

[Empty box for training or other developmental experience planned for the individual]

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENT

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFICIENT IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS OR CAN GET HELP WHEN NEEDED	4	12. SHOWS URGENCY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	3	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND SKILLS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
4	6. WORKS WELL IN TEAM ASSISTANCE	5	16. DOES HIS JOB WITHOUT SPECIAL SUPERVISION	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS BROAD JOB TASTE	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. HAS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
3	10. CAN cope WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT SHOW BE STRESS AND CONTINUOUS WORKING

SECRET

SECRET

TRAINING EVALUATION

INTELLIGENCE PRINCIPLES AND METHODS CO. 8

SECTION I: IDENTIFYING INFORMATION

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
[REDACTED]	M	26 Sept. - 21 Oct.	14
DATE OF BIRTH	END DATE	GRADE OR RANK	STATUS
[REDACTED]	15 June 1955	OS-7	OSR

PROJECT OR ASSIGNMENT OR FUTURE POSITION

**Identification Specialist**

SECTION II: OBJECTIVES OF THE COURSE

1. To introduce students to the skills and methods involved in the processing of intelligence materials.
2. To provide practice in the oral and written presentation of intelligence reports for a variety of purposes.

SECTION III: SPECIFIC CLASS DESCRIPTION OF THE COURSE

Intelligence Principles and Methods is a four weeks (100 hours) expansion of Basic Orientation Course for personnel who are or will be engaged in the production of intelligence. Emphasis is on "learning by doing", through the medium of a series of integrated written exercises which require processing of actual intelligence documents. Exercise is also gained in the oral presentation of intelligence through a series of briefings before the class. Each student is assigned a special research problem for which approximately 40 hours are allotted in the course schedule. The results are presented to fellow-students and instructors in an oral briefing at the close of the course. The student also prepares an annotated bibliography, and writes a critical review of one of his chief sources.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Written exercises are graded independently by at least two members of the instructional staff on the basis of how well the student has fulfilled the requirements of selectivity, organization, accuracy to original, brevity and clarity of style. Grades for each type of written exercise are defined in Section V. Oral briefings are evaluated by both instructors and fellow students through the use of written critique sheets and oral observations following each presentation. A composite grade is given for the oral briefings. In the evaluation of the research problem the grade awarded reflects intelligence focus, exploitation of sources, and general effectiveness of written and oral presentation. The grades are defined as follows:

**SUPERIOR:** The student demonstrated outstanding ability in processing intelligence materials; he fully met the objectives of the course; he has thorough knowledge of the material presented and is able to apply this knowledge to a variety of intelligence problems.







READING ANALYSIS PROGRAM

OBJECTIVE ORIGINATIONS

1. To determine employees' proficiency level in scanning, extensive and intensive reading tasks.
2. To determine employees' degree of reading versatility. Versatility is defined as the ability to apply the general reading skills appropriately to various reading situations.
3. To ascertain the probable gain which would accrue from further training in reading skills.
4. To inform each employee concerning his relative reading proficiency in scanning, extensive and intensive reading and his versatility.

TEST DESCRIPTION

**READING COMPREHENSION TESTS:** Measures speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in this test.

**EXTENSIVE READING TESTS:** Measure the degree of proficiency in informational, or general reading.

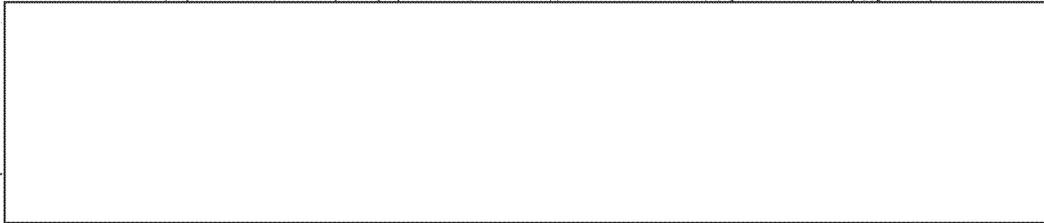
**INTENSIVE READING TESTS:** Measure reading proficiency in acquiring basic knowledge of new subjects.

**SCANNING TESTS:** Measure proficiency in the organization and location of specific information, main ideas, and questions.

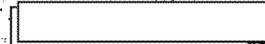
ANALYSIS OF READING PERFORMANCE

	Poor	Fair	Ant.	Exc.	Sup.
1. Basic Comprehension Skills			X		
2. Extensive Techniques			X		
3. Intensive Techniques		X			
4. Scanning Techniques:					
Specific Information			X		
Main Ideas			X		
Organization				X	
5. Versatility			X		

COMMENTS AND RECOMMENDATIONS:



FOR THE DIRECTOR OF TRAINING



Chief Instructor

SECRET

TRAINING EVALUATION -- BASIC ORIENTATION					COURSE NO. 21	
<b>SECTION I IDENTIFYING INFORMATION</b>						
NAME		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF COURSE 6 - 23 October 1955	NO. OF STUDENTS 120	
DATE OF BIRTH	EDU DATE June '55	GRADE OR RANK GS-7		OFFICE TR		
PROJECTED ASSIGNMENT OR PRESENT POSITION Identification Specialist						
<b>SECTION II CHARACTERISTICS OF THE COURSE</b>						
Material in this course is presented primarily by lecture and exhibit; several seminars and discussions are also held. The rating on Introduction to Intelligence is determined by the results of one multiple choice test, based on lecture material; the rating on Communism and the USSR is determined by one multiple choice test covering the lecture and readings.						
<b>SECTION III OBJECTIVES</b>						
A. The Basic Orientation Course is designed to provide the student with information in the following areas:						
1. <u>Introduction to Intelligence</u>						
a. Organization for national security, with emphasis on the intelligence community and the organization and mission of CIA as it fits into the whole national security effort.						
b. The principles and methods of intelligence, emphasizing the substantive components of CIA, considering the types of information, and the collecting, processing, and disseminating functions.						
c. An introduction to clandestine activity, with emphasis on the functions of the clandestine services.						
2. <u>Communism and the USSR</u>						
This deals with Marxist theory, the history of Socialism and Communism, Communist activities outside the USSR, history and geography of Russia, political structure of the USSR, Soviet foreign policy, and potentialities and vulnerabilities of the USSR.						
B. Throughout the three weeks of the course discussions and conferences deal with the American Thesis.						
<b>SECTION IV STUDENT ACHIEVEMENT RATINGS</b>						
The numbers placed in the columns below show how many students received each rating. An asterisk (*) shows the rating this student received.						
SUBJECT	HOURS	RATING				
		FAIL	POOR	SATISFACTORY	EXCELLENT	SUPERIOR
INTRODUCTION TO INTELLIGENCE	64	4	9	30	45*	32
COMMUNISM AND THE USSR	56	2	14	40*	37	29
<b>SECTION V COMMENTS</b>						
INDICATE ANY STRONG AND WEAK POINTS OF THE STUDENT, OR ANYTHING THAT MAY HAVE INFLUENCED HIS PERFORMANCE IN THE COURSE						
CONTINUE COMMENTS ON REVERSE SIDE <input type="checkbox"/> OVER						
FOR THE DIRECTOR OF TRAINING:				SIGNATURE		

SECRET

COVER CONTROL OF RETIREMENT PROCESSING										FILE
TO: Retirement Operations Branch Office of Personnel										DATE
RETIREE					CATEGORY OF EMPLOYMENT					
On the basis of a review of the records the following action is to be taken on processing retirement documentation for the person named above.										
TYPE RETIREMENT			CIVIL SERVICE			CIARDS		DATE		
COVER	OVERT ROUTINE	COVERT (OFFICIAL COVER) LOCK-UP	COVERT (NOC) SPECIAL	RETENTION OF AWARDS	YES	NO				
CORRESPONDENCE			OVERT			COVERT		THRU CCS		
FINANCES										
ANNUITY PAYMENTS SHOULD BE					U.S. GOV'T. CHECK		OTHER (Payment instructions follow)			
TAX DOCUMENTATION SHOULD BE					CIA	CSC	OTHER (MEMO FOLLOWS)			
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION					YES	NO	INTERNAL TRANSFER			
INSURANCE										
FEGLI	OVERT	COVERT	MAINTAIN RECORDS INTERNALLY ONLY							
TYPE OF HOSPITALIZATION CARD:										
AUTHORIZATION TO CONVERT INSURANCE					YES	CONVERSION MUST BE APPROVED BY CCS				
RESERVE										
MEMBER OF CIVILIAN RESERVE					YES	NO	OVERT	COVERT		
REMARKS										
CHIEF, COVER SUPPORT BRANCH COVER & COMMERCIAL STAFF										
THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY										
OTHER INSTRUCTIONS AS FOLLOWS:										
NO SECURITY OBJECTIONS TO ABOVE.										
CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY										

FCM 12-7, 3429

SECRET

E-2 IMPDET CL. BY: 007622

(4-0-13)

7 - OFF. PERS. FILE ROOM

## DESIGNATION OF BENEFICIARY FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT**  
Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE INSURED:**

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

AN EMPLOYEE    
  RETIRED OR AN APPLICANT FOR RETIREMENT    
  RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS, GIVE YOUR "CSA," "A," or "X" NUMBER.

(CSA, CSA, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (if retired, former department or agency):

(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

*I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).*

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
		Daughter	50%
		Son	50%

*For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.*

*I hereby specifically reserve the right to cancel or change this designation at any time without knowledge or consent of the beneficiary.*

(Date of election—month, day, year)

(Signature of insured)

**WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):**

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED:

THIS SPACE RESERVED FOR RECEIVING AGENCY

JUL 9 10 00 AM '74

PERSONAL AFFAIRS

(Indicate date and by whom received)

**IMPORTANT.**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any insurance payable under that program at your death.

## EXAMPLES OF DESIGNATIONS

### 1. How To DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue Muncie, Ind. 47303	Niece	All

### 2. How To DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Alice M. Long	503 Canal Street Red Bank, N.J. 07701	Aunt	25%
Joseph P. Brady	360 William Street Red Bank, N.J. 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, Ind. 48394	Mother	50%

### 3. How To DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 130th Street New York, N.Y. 10033	Father	All
Otherwise to: Susan A. Parrish	810 West 130th Street New York, N.Y. 10033	Sister	All

### 4. How To DESIGNATE DIFFERENT BENEFICIARIES FOR REGULAR AND OPTIONAL INSURANCE\*\*

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John D. Jones	124 Elm Street Dayton, Ohio 45420	Son	All Regular Insurance
Jane M. Smith	421 Spring Avenue Portland, Maine 04101	Niece	All Optional Insurance

### 5. How To CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (see back of duplicate)

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

\*Do not write name as M. E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.  
 \*\*Be sure that the shares to be paid to the beneficiaries add up to 100 percent.  
 \*\*\*If there is no surviving beneficiary for that type of insurance, payment for that type of insurance will be made in order of precedence—see back of duplicate.

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*
[ ] 017974	[ ]	[ ]
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) [ ]

DATE February 19, 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
OFFICE OF PERSONNEL  
FEB 21 10 32 AM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1  
JANUARY 1964  
(For use only until April 14, 1968)  
176-101

SECRET

13 December 1973

**Letter of Commendation**

TO:

1. I heroby commend you for your performance in a sensitive Station operation which was completed on 3 and 4 December 1973. Your role ensuring the security of the operation was of the utmost importance. To your credit you remained alert and carried out your duties professionally, despite the initial frustrations and the long hours involved. In doing so you have contributed to the successful accomplishment of a priority objective of our organization.

2. A copy of this letter will be placed in your official personnel file.

Chief of Station

SECRET

**CONFIDENTIAL**  
(When Filled In)

**RESIDENCE AND DEPENDENCY REPORT**

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

**GENERAL**

NAME OF EMPLOYER: \_\_\_\_\_ (Middle) SOCIAL SECURITY NUMBER: \_\_\_\_\_

1. MARITAL STATUS (Check one)

SINGLE     MARRIED     SEPARATED     DIVORCED     WIDOWED     ANNULLED

IF MARRIED, PLACE OF MARRIAGE: \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_\_\_

IF DIVORCED, PLACE OF DIVORCE DECREE: \_\_\_\_\_ DATE OF DECREE: \_\_\_\_\_

**MEMBERS OF FAMILY**

2. NAME OF SPOUSE: \_\_\_\_\_ ADDRESS (Use Separate Block for Each): \_\_\_\_\_

NAME OF FATHER (or male guardian)	ADDRESS	TELEPHONE NO.
<i>Deceased</i>		
NAME OF MOTHER (including maiden name (or female guardian))	ADDRESS	TELEPHONE NO.
<i>Deceased</i>		

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY? *Brother* \_\_\_\_\_

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HMB 22-12). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP

**PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY**

4. NAME (Use Middle) (Last, First, Middle): \_\_\_\_\_ RELATIONSHIP: *Friend*

NO. \_\_\_\_\_ BOLT \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_

BUS. \_\_\_\_\_ LOCAL BUSINESS TELEPHONE & EXTENSION \_\_\_\_\_

IS THE INDIVIDUAL NAMED ABOVE, BEYOND OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization to which you work for.)

*USAF* YES  NO

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE UNAVAILABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

*Yes* YES  NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESS? (If answer is "No" explain why in item 6.) *Yes* YES  NO

The persons named in item 2 or 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.

**CONFIDENTIAL**  
(When Filled In)

<b>5. VOLUNTARY ENTRIES</b>		
<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><i>Northern Virginia Bank</i> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input 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><i>Northern Virginia Bank,</i> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></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>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>		
<b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b>		
<b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY.</b> <i>(No Approval Required)</i>		
<p>RESIDENCE WHEN EMPLOYED (Full Address)</p>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p>	
<b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)</b> <i>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)</i>		
<p>FULL ADDRESS</p>	<p>DEPUTY DIRECTOR OR DESIGNEE</p>	<p>DATE</p>
<p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p>	<p>DATE</p>	
<p>SIGNED AT</p> <p><i>Wash DC</i></p>	<p>DATE</p> <p><i>4 Oct 73</i></p>	<div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 20px;"></div>

**CONFIDENTIAL**

SECRET

**FICIA - ASSIGNMENT QUESTIONNAIRE**

**DO NOT COMPLETE FOR HEADQUARTERS USE ONLY**

NAME	DATE (from item 3-2)
	14 Mar 73

DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:
14 March 1973	FPMT-15218	

**TO BE COMPLETED BY EMPLOYEE**

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5.
	D	Ops Ofcr, GS-13		

6a. DATE OF PCS ARRIVAL IN FIELD	6b. DESIRED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
(2nd tour) 29 June 71	1 July 1973	1 August 1973	1 September 1973

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

Wife; Dau - 13; Son - 12

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING BEST ASSIGNMENT:

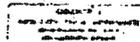
Wife cannot travel by air for medical reasons. Separate travel has been utilized in past assignments with principal and dependents going by air and wife following by ship.

9. LIST YOUR MAJOR DUTIES DURING PREVIOUS TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 340-8)

Referent on MHABYSS matters 1 July 1972 to present.  
 Referent on MPWATCH matters prior to 1 July 1972.  
 Recruit and handle unilateral agents.  
 Backup Liaison officer with official services.  
 Station PBRAMPART officer.

10. TRAINING DESIRED:  
 INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

None



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT.

11a. DESCRIBE BRIEFLY THE TYPE OF DUTY YOU WOULD PREFER FOR NEXT ASSIGNMENT, IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Supervise field unilateral and [redacted] MIABYSS program.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND YOUR 12 MONTHS AT CURRENT STATION TO 1 July 1974 (DATE)

BE ASSIGNED TO DUTY FOR A TOUR BY DUTY. INDICATE YOUR CHOICE OF DIVISION, BRANCH OR OFFICE.  
1ST CHOICE EA 2ND CHOICE WH 3RD CHOICE EVR

BE ASSIGNED TO DUTY FOR A TOUR BY DUTY. INDICATE YOUR CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE [redacted]

RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION.

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

I believe that Subject could make a contribution as a case officer at a station with an active MIABYSS program. He knows the subject well and can get along with LNAON personnel. His other strength lies in Communist Party operations either as a handler of recruited assets or as an analyst of doctrine. In light of the foregoing, [redacted] might well be an appropriate assignment. Should that not be practical, recommend that Subject be reassigned to HQs in a component where his strengths can be utilized. If assigned at HQs, he should be given the [redacted] (CONT'D)

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

[redacted] will be assigned to EA [redacted] upon completion of his tour and home leave. He has been so advised.

DATE 24 Jul 73 TITLE C/EA/PERSONNEL SIGNATURE [redacted]

FOR USE BY CAREER

14. APPROVED ASSIGNMENT.

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_ DATE: \_\_\_\_\_

CABLE NO. \_\_\_\_\_ DATE: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

SECRET

FRQ [redacted] - 14 March 1973

Operations Review course and training in writing.

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

FILE  
PUNCHED

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
017974			

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 80, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
05	22	69				1 - PCS (Basic)			
						2 - CORRECTION			
						3 - CANCELLATION			
									40-42
									575

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
						1 - TDY (Basic)			
						2 - CORRECTION			
						3 - CANCELLATION			
									40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify) <i>Per Division</i>	

DOCUMENT IDENTIFICATION NO. \_\_\_\_\_ DOCUMENT DATE/PERIOD \_\_\_\_\_

REMARKS

PREPARED BY	REPORT SUBMITTED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DEC	DATE	SIGNATURE
C & L DIVISION, CYRO	<i>6/2/71</i>	
X C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

FILE  
PUNCHED  
BY

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. <i>017974</i>	NAME		
	LAST <i>(Print)</i>	FIRST	MIDDLE

INSTRUCTIONS  
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
			<i>05</i>	<i>22</i>	<i>71</i>	1 - PCS (Basic)	<i>1</i>			<i>575</i>
						3 - CORRECTION				
						0 - CANCELLATION				

TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
						1 - TOY (Basic)				
						4 - CORRECTION				
						0 - CANCELLATION				

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENT: [ ] DOCUMENT DATE/PERIOD: *4 May 1971*

REMARKS

PREPARED BY	DEPT ASSOCIATED ON CONTROL DOCUMENT	DATE	SIGNATURE
<i>CCO</i>		<i>5/21/71</i>	
C & S DIVISION, CPBR			
C & S DIVISION			

THIS REPORT WILL BE FILED IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use surname only if SA)	DATE (from item 5-D)	NAME OF	DATE (from item 5-2)
	5 Oct 1970		5 Oct 1970
DATE RECEIVED BY HEADQUARTERS	DISPATCH NUMBER	DATE RECEIVED BY CAREER SERVICE	
16 October 1970	FPMT 13290	11 DEC 1970	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
	D	Operations Officer GS-13		
6. DATE OF PCS ARRIVAL IN FIELD	7. REQUESTED DATE OF DEPARTURE	8. EXPECTED DATE OF FIRST CHECK-IN AT HQ	9. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
22 May 1969	26 May 1971		27 July 1971	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

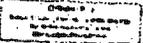
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 340.8)

- A. Recruit and handle unilateral agents.
- B. Conduct [redacted] as required.
- C. Provide advice and support for Station's [redacted] program.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS:

None



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

NA

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND YOUR 12 MONTHS AT CURRENT STATION TO 30 May 1972 (DATE)

BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

BE ASSIGNED TO \_\_\_\_\_ STATION  
1ST CHOICE \_\_\_\_\_

RETURN TO MY CURRENT STATION after home leave.

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

I favor strongly the return of Subject to this Station for a second tour of duty following home leave. He is handling one of the most complex fields of activity at this Station, one which is of a very high priority - the radical left in all its manifestations. Continuity and experience are essentials to any significant progress against this target. Returning Subject for a second tour of duty would give us both at a time when the radical left will be expanding and moving ahead towards its goals.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

The Division approves subject's request for home <sup>leave</sup> and return

DATE 10 Dec 70 TITLE CFE SIGNATURE \_\_\_\_\_

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. FPMS 5948 DATED: 10 Dec 70

CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: 14 Dec 70

S E C R E T

FIELD COMMENTS - continued

Subject has performed well in his assigned field thus far and I would expect to reap substantial benefits from his performance during his second tour based on the experience and knowledge he will have gained by the end of his first tour.

S E C R E T

**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.

1. NAME OF EMPLOYEE (Last, First, Middle Initial)

1.

IF WIDOWED, PLACE SPOUSE DIED

DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

2.

**MEMBERS OF FAMILY**

NAME OF SPOUSE

SEX

DATE OF BIRTH

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. *None*

3.

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

NAME (Mr., Mrs., Miss, etc.)

HOME ADDRESS

BUSINESS ADDRESS

IS THE INDIVIDUAL A MEMBER OF THE ORGANIZATION?

IS THIS INDIVIDUAL A MEMBER OF THE ORGANIZATION?

RELATIONSHIP

*Brother-in-Law*

HOME TELEPHONE NUMBER

*(411)*

BUSINESS TELEPHONE NUMBER

EXTENSION

YES

NO

YES

NO

IS THIS INDIVIDUAL A MEMBER OF THE ORGANIZATION? (If "No" explain why in Item 6.)

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in Item 6.)

*335 Central Park West, New York, N.Y.*

The person(s) 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  
(When Filled In)

5. VOLUNTARY ENTRIES

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.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Northern Virginia Bank  
Check-A-Lot Division  
Springfield, Va.

First National Bank of Arizona  
Scottsdale, Ariz. Acct # 535 6462

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?  YES  NO

IF YES, DO YOU HAVE A JOINT ACCOUNT?  YES  NO

HAVE YOU COMPLETED AN ESTATE PLAN?  YES  NO. (If "Yes" where is document located?)

Riverside Branch Lot Box No. 171

HAVE YOU PRE-PLANNED OR ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?  YES  NO. (If "Yes" give name(s) and address)

Rockville, Md.

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. (If "Yes" who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT \_\_\_\_\_ DATE 28 April 1969

CONFIDENTIAL

CONFIDENTIAL  
(When filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CFB. Your Personnel Officer can provide you with a copy of the Handbook.

---

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.

18 Oct 1964  
Date

CONFIDENTIAL

Group 1 - Excluded from  
automatic downgrading  
and declassification.

SECRET

SSA/DAS 67-2031

CC: 7-4476

16 OCT 1967

**MEMORANDUM FOR:** Deputy Director for Plans

**SUBJECT :** [REDACTED]  
Fourth Security Violation

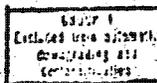
**REFERENCE :** HB 10-10

1. This memorandum contains a recommendation for approval in paragraph 4.

2. Two officers of this Division have incurred their fourth security violation. Reference requires that I impose at least two weeks' leave without pay in each case unless your approval is obtained for a lesser penalty. I propose such a lesser penalty and request your concurrence.

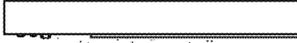
3. The officers concerned [REDACTED] are both dedicated Agency employees who have never, to the best of my knowledge, evidenced contempt for our security procedures nor displayed such gross negligence as to require strong remedial action. In neither case were any of the violations such as to indicate a compromise of information was probable; all were either open-safe or "exposed-classified-material" violations such as one-time typewriter ribbons, and none involved loss of documents, indiscreet talk or other more serious matters. Further, the majority of the violations occurred on occasions when the individuals concerned worked past the normal close of business and, while this is no excuse for carelessness, frequent overtime work does increase the possibility of a violation since the usual after-hours duty check is not operative. It seems to me, therefore, that the two weeks' leave without pay required by reference would be an excessively harsh penalty and not conducive to the enhancement of Agency security in general. I, therefore, propose the imposition of two days' leave without pay and a written reprimand for each officer. Copies of the proposed reprimand are attached.

SECRET



SECRET

4. It is recommended that the subjects be each issued a written reprimand and directed to take two days' leave without pay as the result of incurring their fourth security violation.

  
William E. Colby  
Chief, Far East Division

Attachment  
Proposed reprimands

\* The recommendation contained  
in paragraph 4 is APPROVED:

/s/ Cord Meyer, Jr.

*A* Deputy Director for Plans

16 NOV 1967

Date

\* The recommendation contained in para. 4 is approved; except that 3 days LWOP will be charged instead of the 2 days proposed.

SECRET

Supplement to Staff Employee Personnel

Action [redacted] of [redacted]

Effective 21 November 1967

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are [redacted] and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of [redacted] per annum,

[redacted] effective as of 21 November 1967. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of [redacted] in order to [redacted] of that establishment. Your appointment to your [redacted] is being effected at [redacted] and salary of [redacted]. You are prohibited, except as specifically authorized herein, from retaining emoluments paid [redacted].

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty [redacted]. Currently, your prescribed tour consists of a period of 2 years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour [redacted]. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

**SECRET**

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is [redacted] will normally be at the direction of your [redacted]. Such travel will be accomplished in conformance with applicable regulations [redacted] except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances [redacted] shall be retained by you to the extent that they are less than or equal to [redacted].

If such [redacted] are less than the amount due, the difference will be credited to your payroll account with this organization. If such [redacted] exceed the amount due, the overage will be remitted to this organization at designated intervals, presently [redacted].

Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes [redacted] may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [redacted] payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty [redacted] and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve [redacted].

a. [redacted] you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of [redacted] your salary from this organization, whichever is the greater.

b. [redacted] necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with your [redacted] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty [redacted] at the request of this organization.

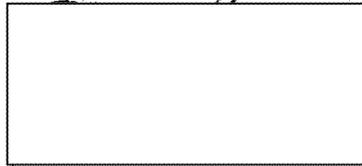
**SECRET**

e. All annual and sick leave which is accrued to your credit

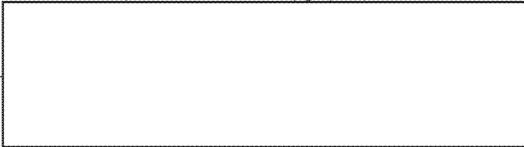
[redacted] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of [redacted] in lieu of the leave benefits of this organization. Upon completion of [redacted] your accrued annual and sick leave will be [redacted] with this organization. If security conditions require that [redacted] make a lump-sum payment for accrued annual leave, you will be required [redacted] including any income taxes withheld [redacted]

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT



ACCEPTED:



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

C 5125/3 80

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Do not include only if SA) DATE (from item 5-1) NAME OF SUPERVISOR (if any) DATE (from item 5-2)

DATE RECEIVED BY HEADQUARTERS: 11 Mar 66 DISPATCH NUMBER: FVST 11617 DATE RECEIVED BY EMPLOYE SERVICE: 3 Mar 66

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH: [redacted] 2. SERVICE DESIGN: D XX 3. YOUR CURRENT POSITION, TITLE AND GRADE: GS-12 Ops Officer 4. STATION OR BASE: Saigon 5. CRYPT FOR CURRENT COVER: [redacted]

6a. DATE OF PCS ARRIVAL IN FIELD: 29 Dec 1964 6b. REQUESTED DATE OF DEPARTURE: 9 July 1966 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ: 15 August 1966 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE: 10 September 1966

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU: 3 - 35, 6, 5

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT: No unaccompanied assignment

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8) operations - penetration communist organizations Unilateral operations - [redacted]

10. TRAINING DESIRED. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS: CI course

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Unilateral operations

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)
- BE ASSIGNED TO DUTY FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- BE ASSIGNED \_\_\_\_\_ STATION  
1ST CHOICE \_\_\_\_\_
- RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

This man has completed a tour separated from his family and has performed competently in which he has done an outstanding job. Believe he would profit by the CI course and another field tour a post where he can be with his family.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

PE Division has no suitable assignment for subject. Request his next assignment be determined by the CS Career Service and that he be advised accordingly.

DATE 02/24/68 TITLE C/EE/INRS SIGNATURE \_\_\_\_\_

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Assigned to CIA

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

\_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

SECRET

C O N F I D E N T I A L

MEMORANDUM FOR: JS Career Management Committee

SUBJECT: Recommendation for Promotion of [redacted] from GS-12 to GS-13

1. The Vietnam Station has recommended the promotion of [redacted] from GS-12 to GS-13. He has been in his present grade for almost five years. He is already performing at the level normally expected of a GS-13. [redacted] was ranked fifth among all GS-12's currently at Vietnam Station. The Station recommendation as contained in [redacted] is quoted in the following paragraphs.

2. This employee has performed at a highly commendable level during his tour at this Station. During the first year he was assigned to a variety of jobs, all of which he approached with vigor and capability. These included [redacted] responsibilities [redacted]

[redacted] He has also engaged in unilateral agent activities; he has developed, recruited and managed [redacted] unilateral agents, and plans to attempt the recruitment of [redacted] prior to his departure. During the last period of his duty, Subject has concentrated on the development and progress of a sensitive T/C activity concerned with a [redacted]. He initiated this project, and has since managed it in such a manner that it has evolved into a unilateral project with considerable potential. During the course of his tour, the case officer was also charged with the implementation of an activity designed to bring about the [redacted]. While this did not come to fruition, Subject approached this difficult task with a measurable degree of initiative and energy.

3. Subject displays the qualities of a highly capable, well-rounded officer. He has approached his own tasks with a mature and efficient manner, and has always demonstrated an excellent understanding of the role and mission [redacted] the Station in this area. He appears to be highly motivated, and I consider him an officer with a great deal of long-range potential.

(11 Aug 66)

18 OCT 1966

Chief, [redacted]

[redacted]

C O N F I D E N T I A L

CONFIDENTIAL

28 MAR 1967

MEMORANDUM FOR: Chief, FE Division, DD/P

SUBJECT : Security Violation - Open Safe  
[REDACTED]  
(FOURTH VIOLATION)

1. An investigation by this Office has determined that [REDACTED] assigned to your Division, was responsible for an Open Safe security violation which occurred on 9 March 1967.

2. The records of this Office indicate that [REDACTED] has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1966, and an Exposed Classified Material security violation which occurred on 12 May 1966. In view of the fact that there have not been two consecutive years without a violation since 28 May 1964, this is to be considered [REDACTED] fourth security violation for administrative action as specified in Section (e) of CIA Headquarters Regulation 10-1.

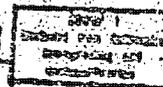
3. It would be appreciated if you would advise this Office by memorandum of the administrative action taken in this case.

*fe* [REDACTED]  
Deputy Director of Security (PTOS)

Att  
Violation Report

cc: Deputy Director for Plans  
Director of Personnel

CONFIDENTIAL



CONFIDENTIAL

SECURITY VIOLATION REPORT

DETAILS OF VIOLATION:

On 9 March 1967, at 7:29 p. m., USSP Poag reported finding Safe No. D-1460 improperly secured in Room 5C-35, Headquarters Building. Security Duty [redacted] responded and determined that:

1. both drawers were found closed but unlocked;
2. the safe was opened by merely depressing the hand latch;
3. the safe contained material classified through SECRET;
4. the char force had not been in the area prior to this discovery.

SDC [redacted] changed the combination and secured the safe at 8:30 p. m.

INVESTIGATIVE FACTS:

Mr. [redacted] the custodian of the safe, accepted full responsibility for this occurrence when interviewed in his office on 10 March. [redacted] stated that he obviously failed to secure the safe due to the fact that he had no reason to believe anyone else would have opened it subsequent to his departure at 6:00 p. m. (NOTE: The safe was left improperly secured for approximately 90 minutes.) It should be noted that [redacted] had signed for the security check of his area.

CONCLUSION:

In view of the above circumstances, [redacted] is charged with an Open Safe security violation.

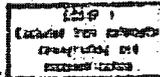
SECURITY HISTORY:

[redacted] has been employed by the Agency since June 1955. A review of his record indicates that he has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1965, and an Exposed Classified Material security violation which occurred on 12 May 1966.

[redacted]  
Chief, Survey Branch

[redacted]  
Investigator

CONFIDENTIAL



REPUBLIC OF VIETNAM

MERIT COMMENDATION

FOR [REDACTED] American counterpart to the Police Special Branch of the Directorate General of National Police, who is awarded the Third Class Honorary Police Medal by Decree No. 1744-ND/HP/VP of 24 September 1966.

[REDACTED] is an outstanding counterpart and a sincere friend of the National Police Branch.

During his period of service in Vietnam, [REDACTED] devoted all his ability, experience, and good will to helping the Police Special Branch, especially in the task of setting up a people's intelligence net.

The dedication and enthusiasm of [REDACTED] helped the National Police Branch to achieve excellent results in safeguarding security and maintaining law and order in Saigon, the Capital.

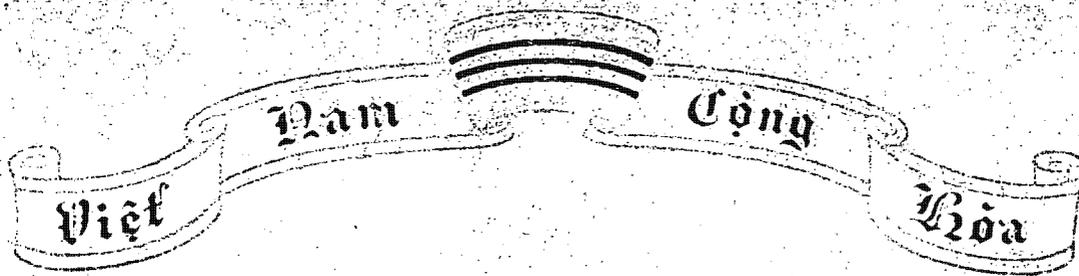
[REDACTED] spirit of mutual aid merits praise and remembrance.

Saigon, 24 September 1966

Chairman of the Central Executive Committee

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY



## BẢNG TUYÊN DƯƠNG CÔNG TRẠNG

về [ ] Phó-trí-viên Hoa-ý cảnh Khố  
Cảnh-Sát Đặc-Biệt Tổng Nha Cảnh-Sát Quốc-Gia được  
ăn thưởng Bộ tam đẳng Cảnh-sát danh-dự Nội-tỉnh do  
do Nghị-dịnh số 1744-NĐ/HP/VP ngày 24 tháng 9 năm 1966.

[ ] là một Phó-trí-viên ưu-tú và là  
Người bạn chân-thành của ngành Cảnh-Sát Quốc-gia.

Trong thời gian phục-vụ tại Việt-Nam, [ ]  
[ ] đã đem hết khả năng, kinh-nghiệm và thiện-chí giúp đỡ Khố  
Cảnh-sát Đặc-biệt, nhất là trong công tác đặt lưới tình báo  
nhân dân.

Sự tận tâm và lòng nhiệt thành của [ ]  
đã giúp cho ngành Cảnh-sát Quốc-gia thân đạt được nhiều kết-  
quả tốt đẹp trong công cuộc bảo vệ an-ninh và duy-trì trật-tự  
tại Đô-thành Saigon.

Tinh-thần tương-trợ của [ ] đáng được  
khôn quên và ghi nhớ.

Saigon, ngày 24 tháng 9 năm 1966  
CHỦ-TỊCH ỦY-BAN NHÂN-ĐỊP THÀNH-QUỐC,



TRẦN VĂN NGUYỄN CAO ĐẲY

REPUBLIC OF VIETNAM  
OFFICE OF THE CHAIRMAN  
NATIONAL LEADERSHIP COMMITTEE

CHAIRMAN OF THE CENTRAL EXECUTIVE COMMITTEE

Reference the order of 19 June 1965 which was supplemented by Decree No. 6-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam;

Reference Decree No. 3-QLVNCH/QD of 14 June 1965 which was supplemented by Decree No. 7-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam which established and fixed the composition of the National Leadership Council;

Reference Decree No. 001-a/CT/LDQG/SL of 19 June 1965 and all succeeding documents which established and set the composition of the Central Executive Committee;

Reference Decree No. 080-CT/LDQG/SL of 6 September 1965 which created two types of medals, the Police Service Medal and the Honorary Police Medal;

Reference Decree No. 001-CT/LDQG/SL of 21 January 1966 which fixed the methods of awarding the medals mentioned above,

DECREE

Article One. Now the Third Class Honorary Police Medal is awarded  American Counterpart to the Police Special Branch of the Directorate General of National Police.

Article Two. The Commissioner General for Security and the Administrative Assistant in the Office of the Chairman of the Central Executive Committee will assume the responsibility for implementing the Decree.

Saigon, 31 September 1966

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY

VIỆT-NAM CỘNG-HÒA

Phủ Chủ-Tịch  
Ủy-Ban Hành-Pháp Trung-Ưong

SỐ 1744-ND/HP/VP.

*Chức Vụ*

*Ủy-Ban Hành-Pháp Trung-Ưong*

Chiếu Sắc-Lệnh ngày 19 tháng Sáu năm 1965 bổ-túc bởi Quyết-định số 6-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Dồng Quốc-Lực Việt-Nam Cộng-Hòa ;

Chiếu Quyết-định số 3-LV/CH/QĐ ngày 14 tháng Sáu năm 1965 bổ-túc bởi Quyết-định số 7-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Dồng Quốc-Lực Việt-Nam Cộng-Hòa thành-lập và an-định thành-phần Ủy-Ban Lãnh-Đạo Quốc-Đia ;

Chiếu Sắc-Lệnh số 001-a/CT/LĐQG/SL ngày 19 tháng Sáu năm 1965 và các văn-khẩu kế-tiếp thành-lập và an-định thành-phần Ủy-Ban Hành-Pháp Trung-Ưong ;

Chiếu Sắc-Lệnh số 060-CT/LĐQG/SL ngày 6 tháng Sáu năm 1965 thiết-lập hai loại huy-chương "Cảnh-Sát Chiến-Công Lợi-Tinh" và "Cảnh-Sát Danh-Dự Lợi-Tinh" ;

Chiếu Nghị-định số 001-CT/LĐQG/HĐ ngày 21 tháng Giêng năm 1966 an-định chế-độ cấp-tướng các huy-chương kể trên,

H H I - D I H H :

Điều thứ nhất. - Máy an-tướng Độ-tam đấng Cảnh-Sát Danh-Dự Lợi-Tinh cho  Phó-tri-viễn Hoa-Kỳ cạnh Khối Cảnh-Sát Đặc-biệt Tổng Mưu Cảnh-Sát Quốc-Đia.

Điều thứ 2. - Tổng-Ủy-Viễn An-Hình và Phụ-Tả Hành-Chánh tại Phủ Chủ-Tịch Ủy-Ban Hành-Pháp Trung-Ưong, chiếu nhiệm-vụ, lãnh tải-bình Nghị-định này.

Saigon, ngày 24 tháng 9 năm 1966



**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:** Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-0 617974	(Print) [Redacted]	7-24		25-29 45

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (OR OMIT). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	ARRIVAL								DEPARTURE	COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH			
1 - PCS (Basic)	27	20-29	30-31	52-53	34-35	36-37	38-39				40-42
3 - CORRECTION											
5 - CANCELLATION	1				07	11	66		VIET NAM		7-22

**TOY DATES OF SERVICE**

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TOY (Basic)	27	20-29	30-31	52-53	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

TRAVEL VOUCHER	<input type="checkbox"/>	DISPATCH	<input checked="" type="checkbox"/>
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT	<input type="checkbox"/>
OTHER (Specify):	<input type="text"/>		

DOCUMENT IDENTIFICATION NO. [Redacted]	DOCUMENT DATE/PERIOD 7-14-66
---	---------------------------------

REMARKS

[Redacted]

PREPARED BY USA	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & S DIVISION	DATE 7-21-66	SIGNATURE [Redacted]
C & S DIVISION		

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:** Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters.

EMPLOYEE SERIAL NO. 1-8	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-30
	LAST (Print)	FIRST	MIDDLE	
1997				45

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION. (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA 1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
	27	28-29	30-31	32-33	34-35	36-37	38-39	VIET NAM	772

**TDY DATES OF SERVICE**

TYPE OF DATA 2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	DEPARTURE			RETURN			AREA(S)	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
	27	28-29	30-31	32-33	34-35	36-37	38-39		

**SOURCE OF RECORD DOCUMENT**

TRAVEL VOUCHER	<input type="checkbox"/>	DISPATCH	<input checked="" type="checkbox"/>
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT	<input type="checkbox"/>
OTHER (Specify)	<input type="checkbox"/>		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	31 Dec 64

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
D & I DIVISION	DATE 17 Jan 65	SIGNATURE
A C B T DIVISION		

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:** Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-8	NAME OF EMPLOYEE			OFFICE/COMPONENT 20-30
	LAST (Print)	FIRST	MIDDLE	
17974				45

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	97	28-28	30-31	58-53	58-55	30-37	58-58	60-68	
3 - CORRECTION	1				09	23	62	375	
8 - CANCELLATION									

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	52-53	54-55	30-37	58-58	60-68	
4 - CORRECTION									
8 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

TRAVEL VOUCHER	DISPATCH
CABLE	* DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. FORM - 764	DOCUMENT DATE/PERIOD 2 Sept - 23 Sept 62
---	---

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 16 OCT 1962	SIGNATURE
FINANCE DIVISION		

SECRET

FM

### FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME (Type)	DATE (from item 1)	NAME OF SUPERVISOR (Type)	DATE (from item 2)
[Redacted]	Jan 1962	[Redacted]	Jan 1962
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
[Redacted]			12 Feb 1962

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION/TITLE
[Redacted]	GS-12	[Redacted]
4. SERVICE DESTINATION (if known)	5. CURRENT STATION OR FIELD BASE	
NA	[Redacted]	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR		7. EXPECTED DATE OF DEPARTURE
NA		September 1962

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [Redacted] in North Asia specifically covering [Redacted] b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE [Redacted] pertaining to KUCHAP interests, as directed by the Chief, [Redacted]

9. PREFERENCE FOR NEXT ASSIGNMENT: [Redacted]

A. WRITE A BRIEF DESCRIPTION OF THE ASSIGNMENT YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 9, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

Language Training

SECRET

B. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF 247

BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: [ ]

2ND CHOICE: [ ]

3RD CHOICE: [ ]

PERSONNEL  
JUN 16 11 30 PM '62  
MAIL ROOM

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

30 days

INDICATE NUMBER OF WORK DAYS

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

Three: 32, 30 months, 18 months

12. SIGNATURE: COMPLETE ITEM NO. S-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION:

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

In view of this officer's field experience and his competent performance as [ ] in the [ ] area, his continued assignment to a field station would soon to be in the best interests of KUBARK.

14. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

FE Division concurs.

"The staffing plans of St/PM call for the assignment of [ ] to analytical duties on his return to Headquarters in the fall of 1962."

16. NAME OF SUPERVISOR

TITLE:

Personnel Officer, ORR

20 March 1962

17. REMARKS (additional comment):

[ ] was notified of his planned reassignment in Memorandum No. 363, dated 14 March 1962.

21 MAR

Acting Secretary, ORR Career Service Board

SECRET

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:**

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 25-26
	LAST (Print)	FIRST	MIDDLE	
17974		7-24		18

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3 - CORRECTION									
5 - CANCELLATION	1	09	04	59					375

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	10 AUG. - 5 SEP. 59

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ADDITIONAL DATA VERIFIED CORRECT BASED UPON SOURCE
FISCAL DIVISION	DATE 21 APR. 60	SIGNATURE
FINANCE DIVISION		

Office of Training  
TRAINING RECORD

Instructor Training Course No. 60  
40 hours, 30 Oct. - 3 Nov. 1961

6 students

Student:

Year of birth:

EOB Date: June 1955

Grade: 11

Office: Orr

COURSE OBJECTIVES, CONTENT, AND METHODS

The Objectives of this course are:

1. To develop an acquaintance with the learning processes.
2. To apply the principles of learning and instruction in practical teaching experiences.

This course included planning and practical teaching work in: principles of learning and teaching; effective oral communication; demonstration techniques; training aids; elements of effective class discussions; principles of lesson planning; all based upon the implementation of the principles of learning. Due to the shortness of the course, familiarization only was attempted with the above aspects of teaching.

During this course, each student presented to the class a sample speech, demonstration, a class discussion, and lesson plan, all related to his own subject matter area. These presentations were critiqued and rated by his classmates and the instructor. Over half of the student's course time was spent in practical exercises.

ACHIEVEMENT RECORD

This student has satisfactorily accomplished the course objectives and met the course standards in presenting his exercises.  has a pleasant manner of speaking, and with each presentation to the class his effectiveness increased. He was able to use visual aids effectively to good advantage, and he made worthwhile suggestions for improving the presentations of others. He evidenced a sound grasp of the principles of lesson plan format.

Despite his noticeable progress during the course,  needs to show more interest in his students and regularly maintain good eye contact with his entire class. By giving continual attention and practice to vocal variety, overt manifestations of enthusiasm, and the establishment of closer rapport with the students,  should be able to increase considerably his competence as an instructor.

FOR THE DIRECTOR OF TRAINING:

9 NOV 1961

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true)	DATE (from item 1)	NAME OF SUPERVISOR (true)	DATE (from item 2)
	21 March 1961		21 March 1961
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE
	GS-11	Identification Specialist
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE	
NA		
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR		7. EXPECTED DATE OF DEPARTURE
NA		October 1961

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [redacted] in North Asia specifically covering [redacted] b) Determine now CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE [redacted] pertaining to KUCHAI interests, as directed by the Chief, [redacted]

9. PREFERENCE FOR NEXT ASSIGNMENT:

10. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

11. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available).

Language Training

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

10. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION  BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

BE ASSIGNED TO ANOTHER FIELD STATION WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR PREFERENCE FOR GEOGRAPHIC AREA OR SPECIFIC STATION: **MAN ACON**

1ST CHOICE:    
 2ND CHOICE:    
 3RD CHOICE:

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? **30 Days** INDICATE NUMBER OF WORK DAYS \_\_\_\_\_

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU: **Three, 51, 23 months, 8 months**

12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. **TO BE COMPLETED BY SUPERVISOR AT FIELD STATION**

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

**EE Division recommends subject be reassigned by the IA Career Board.**

**Headquarters recommends extension of tour for another year.**

Personal Officer, ORR

14. NAME OF SUPERVISOR:  SIGNATURE: \_\_\_\_\_

TITLE: **Chief, EE/IA Personnel** DATE: \_\_\_\_\_

15. REMARKS (additional comments)

SECRET

SECRET

18 April 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Outstanding Advance Balance [redacted]

1. This memorandum is to be made a part of subject's personnel file, by direction of Acting Chief, [redacted]
2. As stated in Paragraph 4 of the [redacted] Audit Report for the period 1 September 1960 through 28 February 1961, subject has an outstanding balance of \$167.62 in his travel advance account. The advance has been open since 8 December 1960, despite repeated efforts on the part of Finance to close the account.
3. The balance referred to above is computed as follows:

8 December 1960 - Travel advance	\$500.00
22 March 1961 - Accounting for travel for period 10-18 December 1960	<u>332.38</u>
Balance Outstanding	<u>\$167.62</u>
4. Finance Memorandum 61-19 dated 17 April 1961 again requested that the balance be refunded and the account closed. An addendum to this memorandum, signed by Acting Deputy for Operations, informed [redacted] that he was to refund the balance no later than COB 17 April 1961.
5. [redacted]'s written reply to the memo stated that he would refund the balance no later than 28 April 1961, upon receipt of a bank deposit slip from PBPRIME.
6. After further discussion between [redacted] and the undersigned, [redacted] were sent to Headquarters requesting an immediate transfer of \$167.62 from subject's Credit Union account to Finance Division for T/A [redacted]
7. Subject has been informed that no further advances of official funds will be made to him, except for housing expenses and the exact cost of tickets necessary for official travel.

[redacted]  
Finance Officer

Distribution

- 1 - PERS
- 2 - PIR
- 1 - A/DOFS

SECRET

## TSS/PB/TRAINING DIVISION EVALUATION

DARKROOM 9

## BASIC PHOTOGRAPHY No. 1

NAME  DIV. CR1 BR. 1A DATES TRAINED: from 23 June to 17 July '71

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat.	Fair	Good	Excellent	Superior
<b>I. Manipulation of camera.</b>						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
<b>II. Processing and printing.</b>						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Rellex and contact printing					X	
<b>III. Use of accessory equipment.</b>						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
<b>IV. Document copy and small objects.</b>						
a. Available light	X					
b. Accessory illumination				X		
c. HOOWU, porra lens, focus slide				X		
<b>V. Ground photography.</b>						
a. Coverage						
b. Report	X					
<b>VI. Casings.</b>						
a. Coverage						
b. Report						
<b>VII. Surveillance.</b>						
a. Coverage						
b. Report						
<b>VIII. Special problems.</b>						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

## REMARKS:

met the course objectives and completed all of the course assignments for this two weeks he attended with average results.

Overcoming some difficulty at the outset,  soon overcame many of his problems in the two week time. He demonstrated an eagerness to learn, by asking to be allowed out in not only course equipment, but other equipment as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED  
C/TSS/AD  
Instructor

SECRET

(When Filled In)

PERIODIC SUPPLEMENT  
PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

This form provides the space 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 1964, entirely. 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 area requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME (Last, First, Middle)

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

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

4. OCCUPATION

5. HOME TELEPHONE NUMBER

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.

SECTION III

MARITAL STATUS

1. CHECK (X) ONE:  SINGLE  MARRIED  SEPARATED  DIVORCED  ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

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 fiance.

3. NAME (First, Middle, Last)

4. DATE OF MARRIAGE

5. PLACE OF MARRIAGE (City, State, Country)

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)

7. LIVING  YES  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)

13. IF BORN OUTSIDE U.S., DATE OF ENTRY

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

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 V CONTINUED FROM PAGE 2**

9. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
National Bank of Washington	Wash. D.C.
Old Dominion	Arlington, Va

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 \_\_\_\_\_

2. CITIZENSHIP ACQUIRED BY - CHECK (AS) 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 (FEEB, PAPER, ETC.) \_\_\_\_\_

**SECTION VII: EDUCATION**

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

LESS THAN HIGH SCHOOL GRADUATE	OVER TEN YEARS OF COLLEGE - NO DEGREE
HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE
TRADITIONAL BUSINESS OR COMMERCIAL SCHOOL GRADUATE	GRADUATE STUDY LEADING TO HIGHER DEGREE
TWO YEARS COLLEGE OR LESS	MASTER'S DEGREE
	DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATE ATTENDED		DEGREE REC'D	DATE REC'D	YEARS AND MONTHS COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

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

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

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

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

**SECRET**  
3

Standard Form No. 54  
September 1951  
U. S. Civil Service Commission  
F. P. M. Chapter 21

**DESIGNATION OF BENEFICIARY  
FEDERAL EMPLOYEES' GROUP LIFE  
INSURANCE ACT OF 1951**

**IMPORTANT**  
Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE INSURED:**

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)

**DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):**

(Department or agency)	(Bureau)	(Division)
------------------------	----------	------------

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
<b>Cancel prior designations</b>			

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

August 30, 1956

(Date of execution—month, day, year)

[Signature of insured]

(Signature of insured)

**WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):**

[Signature of witness 1]

(Signature of witness)

(Number and office)

[Signature of witness 2]

(City, room number, and State)

[Signature of witness 3]

(Signature of witness)

(Number and office)

(City, room number, and State)

**PRINT OR TYPE NAME AND ADDRESS OF INSURED**

[Printed name and address of insured]

**THIS SPACE RESERVED FOR RECEIVING AGENCY**

RECEIVED  
OCT 05 09 20 AM '56  
MAIL ROOM

IF ISSUED AS AN EMPLOYEE, SEND BOTH COPIES TO THE FEDERAL GOVERNMENT LIFE INSURANCE DEPARTMENT. IF ISSUED AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON, D. C. COPIES WILL BE TESTED AND RETURNED.

**IMPORTANT**--The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

### EXAMPLES OF DESIGNATIONS

#### How To Designate ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

#### How To Designate MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth**
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

#### How To Designate A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

#### How To CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations.			

\*Do not write names as Mr. E. Brown or as Mrs. John H. Brown.  
 \*\*Do show that the shares to be paid to the several beneficiaries add up to 100 percent.

CONFIDENTIAL

TO : Chief, Fiscal Division 1405 Alcott Hall  
FROM : Chief, Records and Services Division  
SUBJECT: SF-2808

Attached is SF-2808 (Designation of Beneficiary) for:

[Redacted]

Date 21 JUN 1955

Please sign second copy and return to:

Chief, Transactions and Records Branch  
Room 187  
Curio Hall

[Redacted]

CONFIDENTIAL

## 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)

WASHINGTON, D.C.

(Place of employment)

I, , 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.

15 June 1955

(Date of entrance on duty)

Subscribed and sworn before me this 15th day of June, A. D. 1955,

at Washington, D.C.

[SEAL]

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



Standard Form No. 64  
September 1954  
U. S. Civil Service Commission  
7, F. S. Chapter 71

**DESIGNATION OF BENEFICIARY  
FEDERAL EMPLOYEES' GROUP LIFE  
INSURANCE ACT OF 1954**

**IMPORTANT**  
Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE INSURED:**

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

NAME: [Redacted] DATE OF BIRTH: [Redacted]

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

DEPARTMENT OR AGENCY: CIA (Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
[Redacted]	[Redacted]	Brother	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death. I hereby specifically reserve the right to cancel or change my Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

JUNE 15, 1955  
(Date of execution—month, day, year)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

[Redacted Signature Box] (City, zone number, and State)

[Redacted Address Box] (City, zone number, and State)

THIS SPACE RESERVED FOR RECEIVING AGENCY

Rec'd Off of Personnel  
6/15/55

**IMPORTANT.**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

### EXAMPLES OF DESIGNATIONS

#### HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

#### HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth **
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowo	792 Broadway, Whiting, Ind.	Mother	One-half

#### HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

#### HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

\*Do not write name as M. E. Brown or as Mrs. John M. Brown.  
\*\*Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

**IMPORTANT:** The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

**PART I.—EMPLOYEE'S STATEMENT**

**PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE**

1. NAME (Last, first, middle initial):

2. DATE OF BIRTH:

9. RETENTION GROUP

10. CSC STATUS (For permanent employees only)  
 YES  NO

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
CIA	55	6	15				

11. SERVICE

YEAR	MONTH	DAY

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE"

BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon?)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
U.S. ARMY	1952	NOV	17	1959	MAY	16	HON.

12. TOTAL SERVICE  
 2 00 00  
 1 1 29

13. NONCREDITABLE SERVICE (Leave purposes only):

14. NONCREDITABLE SERVICE (RIF purposes only):

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR?  YES  NO  
 IF ANSWER IS "YES" LIST FOLLOWING INFORMATION:

TYPE OF ABSENCE (LWOP, Phil. Serv., AWOL, Mat. Mar.)	FROM—			TO—			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?  YES  NO  
 (If answer is "Yes," in what agency were you employed at the time status was acquired?)

15. EMPLOYMENT RIGHTS  
 YES  NO

16. RETENTION RIGHTS  
 YES  NO

17. EXPIRATION DATE OF RETENTION RIGHTS

7. ARE YOU:  
 A. THE WIFE OF A DECEASED VETERAN?  YES  NO  
 B. THE MOTHER OF A DECEASED OR DISABLED VETERAN?  YES  NO  
 C. THE UNDEVELOPED WIDOW OF A VETERAN?  YES  NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

15 June 1955  
(DATE)

(SIGNATURE)

Subscribed and sworn to before me on this 15th day of June 1955 at Washington, D.C.  
(MONTH) (YEAR) (CITY)

BEAL   
(NAME) (OFFICE)

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

**PART III.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
LEAVE PURPOSES**

	YEARS	MONTHS	DAYS
TOTAL SERVICE (Item 13) .....			
NONCREDITABLE SERVICE (Item 13) .....			
CREDITABLE SERVICE (Leave purposes) .....			
ENTRANCE ON DUTY DATE (Present agency) .....	5	5	4 <sup>5</sup>
LESS CREDITABLE SERVICE (Leave purposes) .....	1	1	29
SERVICE COMPUTATION DATE (Leave purposes) .....	54	4	16

*Required 1/11/57*

**PART IV.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction  
in force purposes differs from the amount creditable for leave purposes)

	YEARS	MONTHS	DAYS
TOTAL SERVICE (Item 13) .....			
NONCREDITABLE SERVICE (Item 14) .....			
CREDITABLE SERVICE (RIF purposes) .....			
ENTRANCE ON DUTY DATE (Present agency) .....			
LESS CREDITABLE SERVICE (RIF purposes) .....			
SERVICE COMPUTATION DATE (RIF purposes) (Enter as the "service computation date" on the employee's "Service Record Card," SF-7)			

REMARKS:

SECRET

1. NAME (Last, First, Middle) [Redacted]		2. DATE OF BIRTH [Redacted]	3. GRADE GS-13
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/CE/[Redacted]		5. PRESENT POSITION Ops Officer - [Redacted]	6. EMPLOYEE EXTENS. 6109
7. PROPOSED STATION [Redacted]		8. PROPOSED POSITION (Title, Number, Grade) OPS Officer-4947-GS-13	
9. [Redacted]		10. ESTIMATED DATE OF DEPARTURE 10 May 1969	11. NO. OF DEPENDENTS TO ACCOMPANY 3
12. COMMENTS Request evaluation of current medical for proposed PCS assignment			
13. DATE OF REQUEST 24 Jan 1969		14. ROOM NUMBER AND BUILDING [Redacted]	15. EXTENSION 6109
16. OFFICE OF MEDICAL SERVICES DISPOSITION			
17. OFFICE OF SECURITY DISPOSITION			
OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION 27 MAR 1969 QUALIFIED FOR PROPOSED ASSIGNMENT Chairman, Overseas Candidate Review Panel			
REQUEST FOR PCS OVERSEAS EVALUATION			

259a USE PREVIOUS EDITIONS

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

**SECRET**

1. NAME (Last, First, Middle) [Redacted]		2. DATE OF BIRTH [Redacted]		3. GRADE GS-12	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/78 [Redacted]		5. PRESENT POSITION Ops Officer		6. EMPLOYEE EXTENSION 140	
7. PROPOSED STATION [Redacted]		8. PROPOSED POSITION (Title, Number, Grade) Ops Officer/441/GS-13			
9. [Redacted]		10. ESTIMATED DATE OF DEPARTURE 1 June 1968		11. NO. OF DEPENDENTS TO ACCOMPANY 3	
12. COMMENTS Request that Subject's [Redacted] physical be re-evaluated for the above PCS assignment.					
13. DATE OF REQUEST 23 December 1967		14. SIGNATURE OF REQUESTING OFFICIAL [Redacted]		15. ROOM NUMBER AND BUILDING 5 B 22	
16. EXTENSION 6109					
17. OFFICE OF MEDICAL SERVICES DISPOSITION [Redacted]					
18. OFFICE OF SECURITY DISPOSITION [Redacted]					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION [Redacted]					
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>					

file

# PERSONAL HISTORY STATEMENT

**Instructions:** 1. Answer all questions completely. If question is not applicable write "NA." 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** <sup>Miss</sup>  <sup>Telephone:</sup>  
 (Use No. (Use No. Initials) <sup>Mrs.</sup> (First) (Middle) (Last) Office 2-3-8115  
 Ext. 8533  
 Home

**PRESENT ADDRESS**   
 (St. and Number) (City) (State) (Country)

**PERMANENT ADDRESS** NA  
 (St. and Number) (City) (State) (Country)

**B. NICKNAME**  **WHAT OTHER NAMES HAVE YOU USED?** NA

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?

HOW LONG? IF A LEGAL CHANGE, GIVE PARTICULARS

**C. DATE OF BIRTH**  **PLACE OF BIRTH** NEW YORK KINGS  
 (City) (State) (Country)

**D. PRESENT CITIZENSHIP** U.S.A. **BY BIRTH?** YES **BY MARRIAGE?** NA  
 (Country)

**BY NATURALIZATION CERTIFICATE NO.** NA **ISSUED** \_\_\_\_\_ **BY** \_\_\_\_\_  
 (Date) (Court)

**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** \_\_\_\_\_

**HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP?** NO **GIVE PARTICULARS:** \_\_\_\_\_



(2)

K. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? U.A.

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 ANNULMENTS .....

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

NAME OF SPOUSE .....  
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, N.Y. SEPT. 2, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE .....  
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS .....  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1930 PLACE OF BIRTH JACKSON, TENN. MARYSON  
(City) (State) (Country)

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

CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE? .....

OCCUPATION CLERK LAST EMPLOYER .....

EMPLOYER'S OR BUSINESS ADDRESS .....  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM U.A. TO ..... BRANCH OF SERVICE .....

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

(2)

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

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 ANNULMENTS .....

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

NAME OF SPOUSE .....  
(First) (Middle) (Initials) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, N.Y. SEPT 3, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE .....  
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS .....  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1926 PLACE OF BIRTH JACKSON, MISSISSIPPI MISSISSIPPI  
(City) (State) (Country)

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

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? .....  
(City) (State) (Country)

OCCUPATION LABORER LAST EMPLOYER .....

EMPLOYER'S OR BUSINESS ADDRESS .....  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO ..... BRANCH OF SERVICE .....

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

Sec. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME ..... RELATIONSHIP ..... AGE .....  
CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (City) (State) (Country)

2. NAME ..... RELATIONSHIP ..... AGE .....  
CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (City) (State) (Country)

3. NAME ..... RELATIONSHIP ..... AGE .....  
CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (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. and Number) (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. and Number) (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. and Number) (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 .....

(4)

OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

EMPLOYER'S OR OWN BUSINESS ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. 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. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)

PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)

PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)

PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)

PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

**SEC. 8. FATHER-IN-LAW**

FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)

LIVING OR DECEASED LIVING DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_ PLAIN MADISON  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH JACKSON, TENN

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

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? \_\_\_\_\_  
(City) (State) (Country)

OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

SEC. 9. MOTHER-IN-LAW

FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)  
LIVING OR DECEASED DECEASED DATE OF DECEASE MAY 1955 CAUSE L.I.C. 10112  
PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) TEWA MADISON  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH INDEPENDENT, N.Y.  
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA  
CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE? \_\_\_\_\_  
(City) (State) (Country)  
OCCUPATION NA 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 NA RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (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 NA RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

(14)

F. 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:

.....  
.....  
.....  
.....

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME ..... RELATIONSHIP .....  
ADDRESS .....  
(St. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

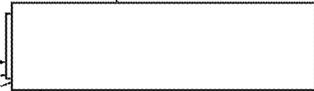
ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

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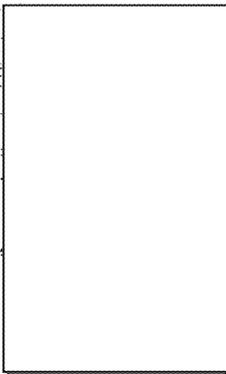
SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT WASHINGTON, D. C. DATE AUG 30, 1956  
(City and State)

.....  
(Witness)



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.



### PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If a question is not applicable write "N/A". 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 notes. Attach to any question or questions for which you do not have sufficient room.  
 2. Type print or write carefully. Illegible or inaccurate copies will not receive complete credit.

#### HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

#### 22A. PERSONAL BACKGROUND

1. YOUR NAME

[Redacted]

2. BIRTH DATE [Redacted]  
 3. BIRTH PLACE [Redacted]  
 4. GRADE [Redacted]

5. PRESENT ADDRESS

[Redacted]

6. PREVIOUS ADDRESS

[Redacted]

7. OCCUPATION

[Redacted]

8. EDUCATION

[Redacted]

9. MILITARY SERVICE

[Redacted]

10. MARITAL STATUS

[Redacted]

11. RELIGION

[Redacted]

12. OTHER INFORMATION

[Redacted]

13. SIGNATURE

[Redacted]

14. DATE

[Redacted]

15. PRINT NAME

[Redacted]

16. PRINT ADDRESS

[Redacted]

17. PRINT CITY

[Redacted]

18. PRINT STATE

[Redacted]

19. PRINT ZIP

[Redacted]

20. PRINT PHONE

[Redacted]

21. PRINT SOCIAL SECURITY

[Redacted]



CHILDREN OF DEPENDENTS (Include partial dependents)

1. NAME [REDACTED] RELATIONSHIP [REDACTED] AGE [REDACTED]  
 OCCUPATION [REDACTED] ADDRESS [REDACTED]  
 2. NAME [REDACTED] RELATIONSHIP [REDACTED] AGE [REDACTED]  
 OCCUPATION [REDACTED] ADDRESS [REDACTED]  
 3. NAME [REDACTED] RELATIONSHIP [REDACTED] AGE [REDACTED]  
 OCCUPATION [REDACTED] ADDRESS [REDACTED]

4. PARTNER (Give the same information for dependent and/or partner on a separate sheet)

NAME [REDACTED]  
 DATE OF BIRTH [REDACTED] DATE OF DEATH [REDACTED]  
 [REDACTED]

5. PARTNER (Give the same information for dependent and/or partner on a separate sheet)  
 NAME [REDACTED] PLACE OF BIRTH [REDACTED]  
 DATE OF BIRTH [REDACTED] DATE OF DEATH [REDACTED]  
 OCCUPATION [REDACTED] ADDRESS [REDACTED]  
 RELATIONSHIP [REDACTED] AGE [REDACTED]  
 OCCUPATION [REDACTED] ADDRESS [REDACTED]

6. CHILDREN OF DEPENDENTS (Include partial dependents)  
 NAME [REDACTED] RELATIONSHIP [REDACTED] AGE [REDACTED]  
 OCCUPATION [REDACTED] ADDRESS [REDACTED]  
 NAME [REDACTED] RELATIONSHIP [REDACTED] AGE [REDACTED]  
 OCCUPATION [REDACTED] ADDRESS [REDACTED]  
 NAME [REDACTED] RELATIONSHIP [REDACTED] AGE [REDACTED]  
 OCCUPATION [REDACTED] ADDRESS [REDACTED]



SEC. 2. MOTHER-IN-LAW

FULL NAME \_\_\_\_\_  
LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_  
PRESENT OR LAST ADDRESS \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
IF BORN OUTSIDE U.S. DATE AND PLACE OF ENTRY \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED \_\_\_\_\_ WHEREBY \_\_\_\_\_  
OCCUPATION \_\_\_\_\_

SEC. 3. RELATIVE BY BLOOD, MARRIAGE OR ADOPTION, WHO RESIDES ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES

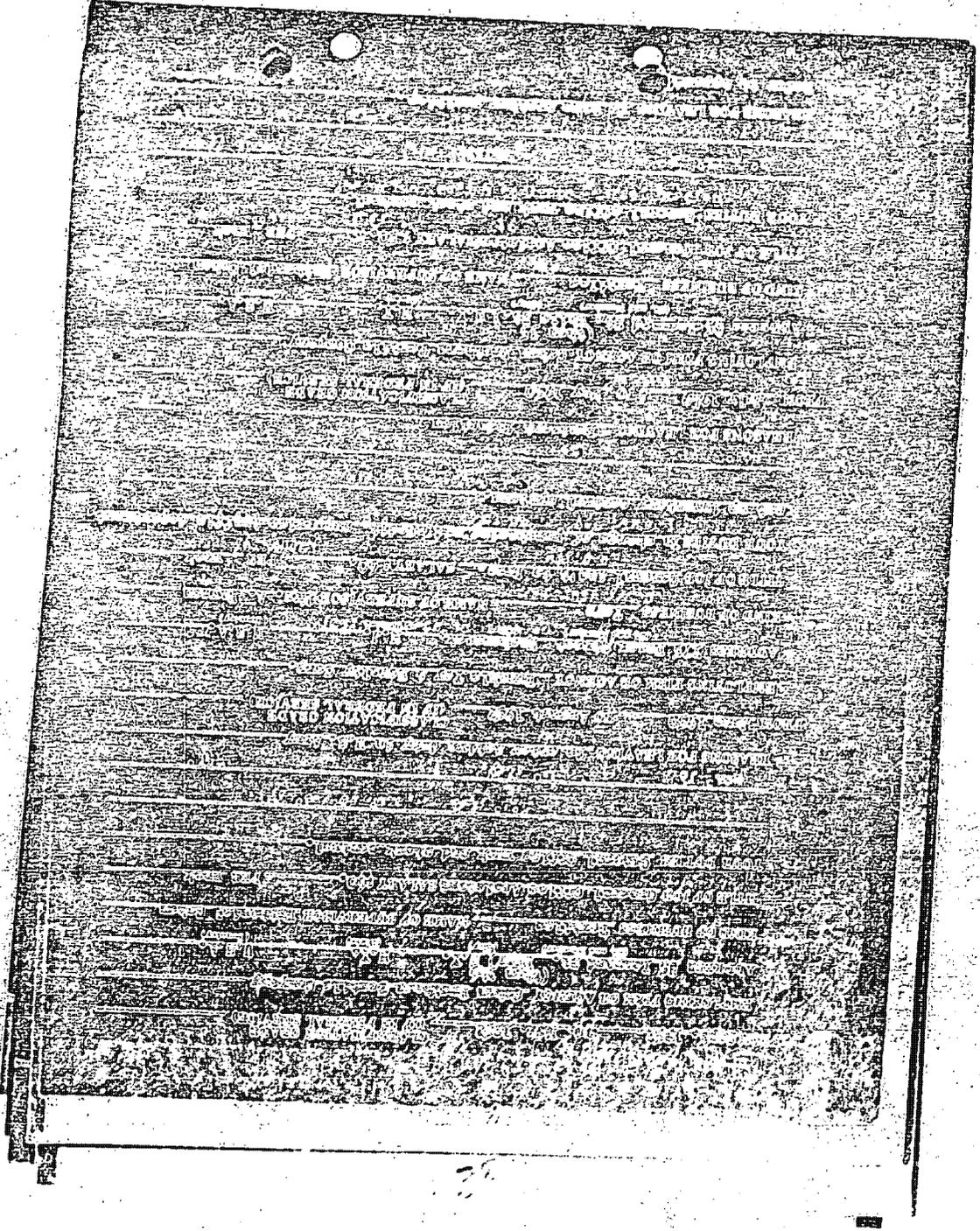
NAME \_\_\_\_\_  
RESIDENCE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED \_\_\_\_\_ WHEREBY \_\_\_\_\_  
OCCUPATION \_\_\_\_\_

SEC. 4. RELATIVE BY BLOOD OR MARRIAGE, RESIDING IN THE UNITED STATES

NAME \_\_\_\_\_  
RESIDENCE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED \_\_\_\_\_ WHEREBY \_\_\_\_\_  
OCCUPATION \_\_\_\_\_

[The page contains several lines of extremely faint, illegible text, likely bleed-through from the reverse side of the document. The text is arranged in approximately 10-12 horizontal lines across the page. Two circular punch holes are visible at the top of the page.]





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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. CENTRAL QUALIFICATION

FOREIGN LANGUAGE PROFICIENCY - FOREIGN EQUIVALENT OF GRADE AND COURSE  
LANGUAGE PROFICIENCY - FOREIGN EQUIVALENT OF GRADE AND COURSE  
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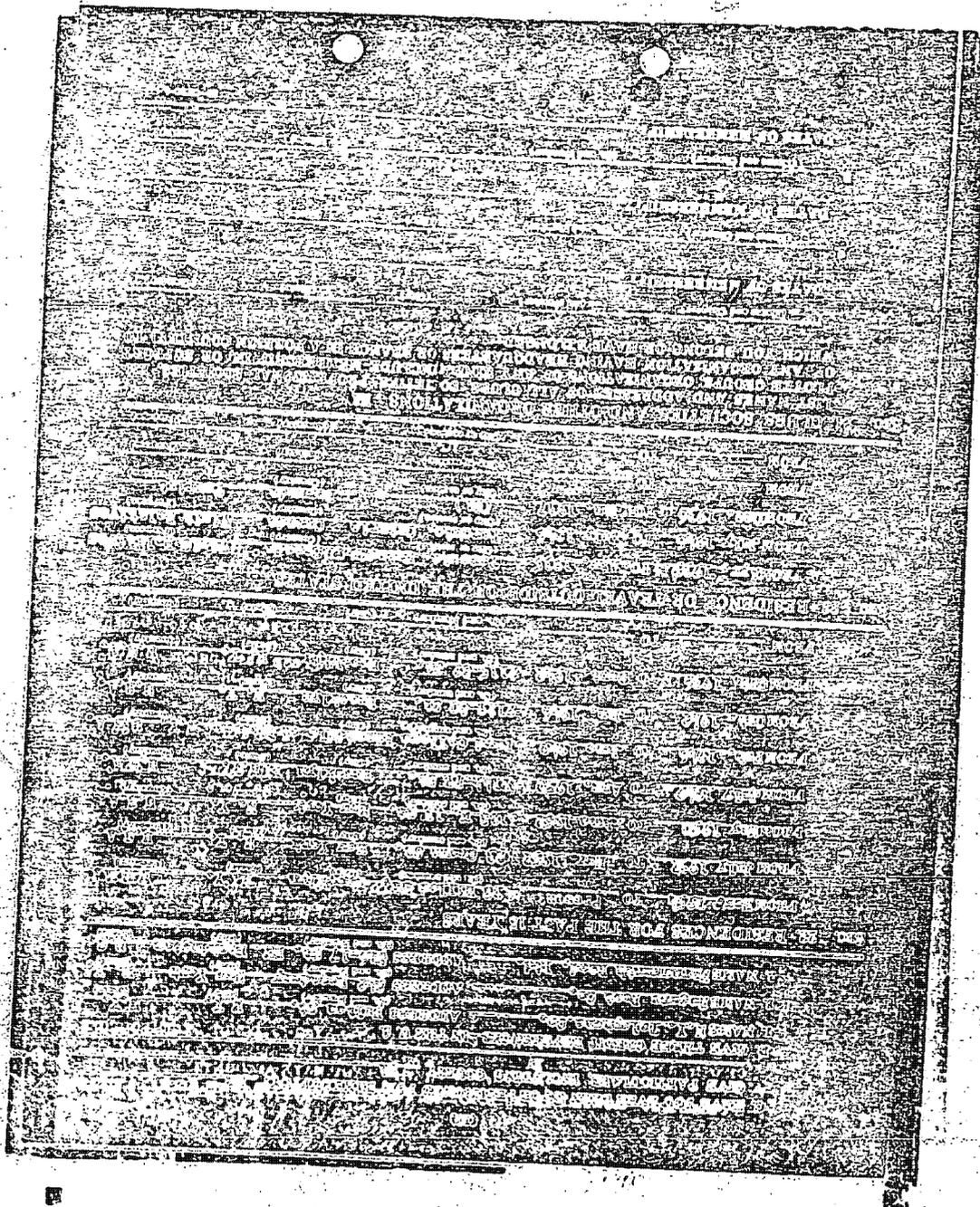
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**APPENDIX**

Page 1 - [Redacted]

Page 2 - [Redacted]

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AVIATION  
BROOKLYN, N. Y., U.S.A.  
2000 New York City, N.Y., U.S.A.  
Red [Redacted] on [Redacted]

Page 3 - [Redacted]

[Redacted]

AVIATION  
BROOKLYN, N. Y., U.S.A.  
2000 New York City, N.Y., U.S.A.  
Red [Redacted] on [Redacted]

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CONFIDENTIAL  
SECURITY INFORMATION  
SECURITY APPROVAL

Date: 2 August 1955

TO: Chief, Records & Services Division  
Personnel Office

Your Reference: SR-9299-A ORR

FROM: Chief, Security Division  
Personnel

Case Number: 102815

SUBJECT:

1. This is to advise you of security action in the subject case as indicated below:

- Security approval is granted the subject person for access to classified information.
- Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

- 2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
- 3. Subject is to be polygraphed as part of EOD procedures.

*My*

*Branch advised  
8/4/55*

CONFIDENTIAL

CONFIDENTIAL  
SECURITY INFORMATION  
INTEROFFICE MEMORANDUM

Date: 27 May 1955

TO: Chief, Processing & Records Division  
Personnel Office

FROM: Chief, Security Division  
Personnel

SUBJECT: [REDACTED] - #102815

Request No. SR-9299-A - ORR

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

Ident. Spec. GS-7, DDI/ORR-Office of the Chief, Washington, D. C.

2. This is to advise you of the following security action:

a.  Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b.  Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c.  Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

[REDACTED]

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