

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

FILE TITLE/NUMBER/VOLUME: WILCOTT, James B.

INCLUSIVE DATES: 29 APRIL 1956 - 15 APRIL 1966

CUSTODIAL UNIT/LOCATION: OFFICE OF PERSONNEL

ROOM: 5E13

DELETIONS, IF ANY: _____

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
3-9-78	3-9-78	HAROLD D. LEAP	Harold D. Leap

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SECRET

TERMINATED
WILCOTT, JAMES B.
25798

SECRET

18 Apr 1966

REQUEST FOR PERSONNEL ACTION						DATE PREPARED			
1 SERIAL NUMBER 025798		2 NAME (Last-First-Middle) WILSON JAMES B. JR				21 Apr 66			
3 NATURE OF PERSONNEL ACTION RESIGNATION *				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 15 66		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS		7 COST CENTER NO CHARGEABLE 6135 1164		8 LEGAL AUTHORITY (Completed by Office of Personnel)					
9 ORGANIZATIONAL DESIGNATIONS DDF/AH USFIELD WH/C J:HAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH				10 LOCATION OF OFFICIAL STATION J:HAVE					
11 POSITION TITLE FISCAL ACCT ASST			12 POSITION NUMBER 1369		13 CAREER SERVICE DESIGNATION SF				
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15 OCCUPATIONAL SERIES 0501.03		16 GRADE AND STEP 07 4		17 SALARY OR RATE \$ 6890.			
18 REMARKS * Staff Employee Special Subject is re-employable Resignation Memo Attached 4/15/66 4/3									
19a SIGNATURE OF REQUESTING OFFICIAL Robert P. Gishman, Chief/Pers				DATE SIGNED 22 April 66		DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE 45	20 EMPLOY CODE 18	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 MONTHS CODE 29	25 DATE OF BIRTH 2/13/31	26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.
28 NTE EXPIRES MO. DA. YR.		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CR 2-PIC 3-NONE		31 SEPARATION DATA CODE 1.60.00.25	32 CONNECTION CANCELLATION DATA TYPE MO. DA. YR.		33 SECURITY REQ. NO.	34 SEX
35 VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO. DA. YR.		37 LONG COMP. DATE MO. DA. YR.		38 CAREER CATEGORY CAR RESY PROV. TEMP	39 FEGLI-HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES HEALTH INS CODE		40 SOCIAL SECURITY NO
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPT STATE CODE			
45 POSITION CONTROL CERTIFICATION 050966N				46 SP APPROVAL M. 3			DATE APPROVED 5/16/66		

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14.

SECRET

EMPLOYEE NOTICE OF RESIGNATION

RESIGN EFFECTIVE 15 MAR 66 FOR THE FOLLOWING REASON: MAIL ROOM

MAY 9 10 10 AM '66

Oct 1966

MAIL ROOM

MY LAST WORKING DAY WILL BE —

DATE SIGNED

SIGNATURE OF EMPLOYEE

Richard M. M...

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

INSTRUCTIONS

Items 1 thru 7 and 9 thru 18a — The initiating office should fill in each of the referenced items. Items 1 thru 7 and 9 thru 18 require information which pertains only to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

- | | | |
|---------------------|------------|------------|
| Regular | Semmer | WAE |
| Part Time | Detail Out | Consultant |
| Temporary | Detail In | Military |
| Temporary-Part-Time | | |

Item 9 — "Organizational Designations" should show all levels of organization pertinent to identifying the location of the position:

- Major Component (Director, Deputy Director, etc.)
- Office, Major Staff, etc.
- Foreign Field or U.S. Field (if pertinent)
- Division or Staff (subordinate to first line)
- Branch
- Section
- Unit

REC'D
OFFICE
MAY 10 10 01 AM '66

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING— The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

SECRET

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED			
1 SERIAL NUMBER 025793					2 NAME (Last-First-Middle) WILCOTT, James B., Jr.			
3 NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT * <i>62200</i>			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <i>11 21 65</i>		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS V TO V CF TO V			7 COST CENTER NO. CHARGE 6135-1164		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS U.S. Field JMWAVE Deputy Chief of Station for Operational Support Finance Branch			10 LOCATION OF OFFICIAL STATION JMWAVE					
11 POSITION TITLE FISCAL ACCT. ASST. (SF)			12 POSITION NUMBER 1369		13 CAREER SERVICE DESIGNATION SF			
14 CLASSIFICATION SCHEDULE (G.S. I.B., etc.) GS (07)		15 OCCUPATIONAL SERIES 0501.03	16 GRADE AND STEP 07 (4)		17 SALARY OR RATE \$ 6890			
18 REMARKS *Staff Employee Special. <i>62200</i> <i>#109301</i>								
19A SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.			DATE SIGNED <i>11/17/65</i>		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>			
DATE SIGNED <i>16 Nov 65</i>								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19 ACTION CODE <i>13</i>	20 EMPLOY CODE <i>10</i>	21 OFFICE CODING NUMERIC ALPHABETIC <i>51550 WH</i>		22 STATION CODE <i>99999</i>	23 INTEGRITY CODE	24 MOOTHS CODE		
25 DATE OF BIRTH MO DA. YR. <i>09/29/31</i>		26 DATE OF GRADE MO. DA. YR. <i>09/15/63</i>		27 DATE OF LET MO. DA. YR. <i>09/13/64</i>				
28 WFE EMPLOY MO. DA. YR.		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-ESC 3-FICA 5-WORSE CODE <i>1</i>		31 SEPARATION DATA CODE		
32 CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.		33 SECURITY REQ. NO. <i>0000</i>		34 SEX <i>M</i>		EOD DATA		
35 VET PREFERENCE CODE <i>1</i>		36 SERV COMP. DATE MO. DA. YR. <i>06/26/53</i>		37 LONG COMP DATE MO. DA. YR. <i>04/57</i>		38 CAREER CATEGORY LAW RESV PROV TEMP CODE <i>1</i>		
39 FEDERAL HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		39 HEALTH INS CODE		40 SOCIAL SECURITY NO.				
41 PREVIOUS GOVERNMENT SERVICE DATA CODE <i>1</i>			42 LEAVE CAT CODE <i>6</i>		43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS <i>0 0</i>		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE <i>1-YES 2-NO</i>	
45 POSITION CONTROL CERTIFICATION <i>12-Sub H</i>					46 APPROVAL <i>[Signature]</i>		DATE APPROVED <i>11/17/65</i>	

SECRET

GROUP EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 9 November 1965
1. SERIAL NUMBER 025798		2. NAME (Last-First-Middle) XXXXXXXXXXXX <i>Shelton, James D. Jr.</i>				
3. NATURE OF PERSONNEL ACTION RESIGNATION			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 20 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS ▶		V TO V	V TO C	7. COST CENTER NO. CHANGE 6135-1164		
C TO V		X	C TO C	8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DPP/WH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch			10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FISCAL ACCT. ASST.		12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SF		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 (4)		
				17. SALARY OR RATE \$ 6990		
18. REMARKS						
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman</i> ROBERT D. CASHMAN, C/WH/Per			DATE SIGNED 11/20/65	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>James D. Shelton Jr.</i>		
				DATE SIGNED 11/20/65		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE 72/10	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGRAL CODE	
24. HOURS CODE	25. DATE OF BIRTH MO DA YR 09 12 31		26. DATE OF GRADE MO DA YR		27. DATE OF LEE MO DA YR	
28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-CSC 3-FICA 5-NONE CODE 12009		31. SEPARATION DATA CODE TYPE MO DA YR		
32. CORRECTION CANCELLATION DATA		33. SECURITY REG. NO		34. SEX		
EOD DATA						
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		
38. CAREER CATEGORY CODE 0-NONE 1-PROV 2-TEMP		39. FEDERAL HEALTH INSURANCE CODE 0-NONE 1-YES		40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NONE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NONE		
				44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NONE		
45. POSITION CONTROL CERTIFICATION 12-20-65 TV			46. O P APPROVAL		DATE APPROVED 11/20/65	

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 April 1965	
1. SERIAL NUMBER 025793		2. NAME (Last-First-Middle) [REDACTED] <i>Shibell, James B</i>					
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 25 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGE 5135-1164	
9. ORGANIZATIONAL DESIGNATIONS ISP/Special Affairs Staff U.S. Field Forward Operations Station - JMWAVE Deputy for Support Finance Branch				10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FINANCIAL ACCT. ASST.				12. POSITION NUMBER 1090		13. CAREER SERVICE DESIGNATION SE	
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15. OCCASIONAL SERIES ORCL03		16. GRADE AND STEP 07 (4)		17. SALARY OR RATE \$ 6650	
18. REMARKS Subject replacing <u>Wm C. JUCENTUAL</u> , rotating to Headquarters latter part of May 1965. C-03-60 OVERLAP Record 4/5 1 of 2 roll 15/1/65 Concur: [Signature] 4/1/65 [Signature] 4/1/65							
18A. SIGNATURE OF REQUESTING OFFICER [Signature]				DATE SIGNED 15/1/65		18B. SIGNATURE CAREER SERVICE APPROVING OFFICER [Signature]	
18C. SIGNATURE SUPERVISING OFFICER [Signature]							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 13		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 4600 SAS		22. STATION CODE 99999	
23. INTEGRITY CODE		24. PDQTRS CODE		25. DATE OF BIRTH MO DA YR 2 09 37 31		26. DATE OF GRADE MO DA YR 09 15 63	
27. DATE OF LEI MO DA YR 09 13 64		28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-ESA 3-FICA 5-WONS CODE 1	
31. SEPARATION DATA CODE		32. CORRECTION-CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO 00000		34. SER NO M1	
35. VET PREFERENCE CODE 1		36. SERV. COMP DATE MO DA YR 06 26 63		37. LONG COMP DATE MO DA YR 09 04 57		38. CAREER CATEGORY CAR. RESV PROG. TEMP CODE C	
39. FEDERAL HEALTH INSURANCE CODE 1		40. SOCIAL SECURITY NO		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1		42. LEAVE CAT CODE 6	
43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO CODE 0		44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO CODE 0		45. POSITION CONTROL CERTIFICATION 4-26-65 HT		46. OP. APPROVAL DATE APPROVED 20 APR 1965	

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 19 April 1965 ✓					
1. SERIAL NUMBER 025798		2. NAME (Last-First-Middle) WILCOFF, James B., Jr.							
3. NATURE OF PERSONNEL ACTION Resignation			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 24 65		5. CATEGORY OF EMPLOYMENT Regular				
6. FUNDS <input checked="" type="checkbox"/> X V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHARGEABLE 5271-0003			8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS DBS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				10. LOCATION OF OFFICIAL STATION Washington, D. C.					
11. POSITION TITLE Finance Assistant (7)				12. POSITION NUMBER 0170		13. CAREER SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0510.10		16. GRADE AND STEP 07-4	17. SALARY OR RATE 6650			
18. REMARKS <p>See - Security See - Payroll</p>									
19A. SIGNATURE OF REQUESTING OFFICIAL <i>Thomas H. Stuchland</i> Act. Chief, CA Division				DATE SIGNED 18 APR 1965	19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Act. Director of Finance</i>		DATE SIGNED 18 APR 1965		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 45	20. EMP. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTELE CODE	24. MOON'S CODE 1	25. DATE OF BIRTH 09 27 31	26. DATE OF DEATH	27. DATE OF LEA
28. WTE EXPIRES NO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 = CSZ 3 = FICA 5 = NONE 150009		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA NO. DA. YR. END DATA		33. SECURITY REG. NO.	34. SEA
35. VET. PREFERENCE CODE 0 = NONE 1 = 5 YR. 2 = 10 YR.	36. SERV. COMP. DATE NO. DA. YR.		37. LONG. COMP. DATE NO. DA. YR.		38. CAREER CATEGORY CAR/RESV PROV/TEMP		39. SEC. / MIL. RESERVE CODE 0 = WAIVER 1 = YES	40. SOCIAL SECURITY NO.	41. STATE TAX DATA
42. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 = NO PREVIOUS SERVICE 1 = NO GOVERN SERVICE 2 = MORE THAN 6 MONTHS SERVICE (LESS THAN 3 YRS) 3 = MORE THAN 6 MONTHS SERVICE (MORE THAN 3 YRS)	43. LEAVE CAT. CODE	44. FEDERAL TAX DATA FORM EXECUTED CODE 1 = YES 2 = NO		45. STATE TAX DATA FORM EXECUTED CODE 1 = YES 2 = NO	46. D.P. APPROVAL	DATE APPROVED 18 APR 1965			

DLB: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
025798		WILCOTT JAMES B JR					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RESIGNATION				04 24 65		REGULAR	
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE	
X						5277 0003 0000	
CF TO V		CF TO CF		8. CSC OR OTHER LEGAL AUTHORITY			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
FINANCE ASSISTANT				0470		SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0510.18		07 4		6850	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
1. SERIAL NUMBER 025798						2. NAME (Last-First-Middle) WILCOTT, James Bernard, Jr.		
3. NATURE OF PERSONNEL ACTION Reassignment & Transfer to Vouchered Funds				4. EFFECTIVE DATE REQUESTED MONTH: 10 DAY: 11 YEAR: 64		5. CATEGORY OF EMPLOYMENT Regular		
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)				
<input checked="" type="checkbox"/> V TO V <input checked="" type="checkbox"/> X CF TO V		<input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		5277-0003				
9. ORGANIZATIONAL DESIGNATIONS DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				10. LOCATION OF OFFICIAL STATION Washington, D. C.				
11. POSITION TITLE Finance Assistant				12. POSITION NUMBER 6470		13. CAREER SERVICE DESIGNATION SF		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0510.16		16. GRADE AND STEP 0714		17. SALARY OR RATE \$ 6650		
18. REMARKS From: FE/Tokyo Security Approval Granted by Pers. SD/OS <i>9/21/64</i> CONCUR: <i>10/1/64</i> FE/Personnel <i>W. D. ...</i> <i>25/4/64</i> lcc - Sec lcc - Payroll w/ Forms W-4 and								
19A. SIGNATURE OF REQUESTING OFFICIAL Acting Chief, C&T Division				DATE SIGNED		DATE SIGNED		
				<i>...</i>		<i>...</i>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODE NO.	22. STATION CODE	23. TIME GRADE CODE	24. MOOTPS CODE	25. DATE OF 505	26. DATE OF CHRG	27. DATE OF LEI
16	16	12500	F-10	2-OB	1	09/27/61		
28. NTE EXPIRES	29. SPEC. B. RESERVE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	EOD DATA			33. SECURITY REQ. NO.
		1 - CSC 2 - FICA 3 - NONE						
34. VET. PREFERENCE	35. SERV. COMP. DATE	36. LIND. COMP. DATE	37. CAREER CATEGORY	38. FEED. / HEALTH INSURANCE	39. SOCIAL SECURITY NO.			
0 - NONE 1 - 5 PT. 2 - 10 PT.			CAR/RESV PROV/TEMP	0 - WA VER 1 - YES				
40. PREVIOUS GOVERNMENT SERVICE DATA	41. MILITARY DATA	42. FEDERAL TAX DATA	43. STATE TAX DATA					
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERV. (LESS THAN 3 YRS) 3 - BREAK IN SERV. (MORE THAN 3 YRS)		FORM PRECUTED 1 - YES 2 - NO	FORM PRECUTED 1 - YES 2 - NO					
44. POSITION CONTROL CERTIFICATION <i>from FE</i> B				45. O.P. APPROVAL		DATE APPROVED		
				<i>...</i>		10 Oct 64		

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1. SERIAL NUMBER 025798				2. NAME (Last-First-Middle) WILCOTT, JAMES F., JR.			
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH: 09 DAY: 15 YEAR: 63		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS		V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 4137-7351-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP FE SECTION 4300 FE/JMO - TOKYO STATION SUPPORT STAFF				10. LOCATION OF OFFICIAL STATION TOKYO, JAPAN			
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 03		17. SALARY OR RATE 5,910	
18. REMARKS FROM: GS- 6 step 4 FOR FURTHER INFO, CALL X5271							
18A. SIGNATURE OF REQUESTING OFFICIAL LEE AUSTIN, CFE/PERSONNEL				DATE SIGNED 05 SEP 1963		DATE SIGNED 9/11/63	
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. INTERPLE CODE	24. MONTHS CODE	25. DATE OF BIRTH
22	10	45370FE		3897	3	09	27
26. DATE OF GRAD		27. DATE OF LEI		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA	
MO DA YR		MO DA YR		TYPE MO DA YR		33. SECURITY REQ. NO.	
EOD DATA							
35. RET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY	
CODE		MO DA YR		MO DA YR		CODE	
0 - NONE						39. REG. 1 / HEALTH INSURANCE	
1 - 5 YRS						CODE	
2 - 10 YRS						0 - DRIVER	
						1 - YES	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA	
CODE				CODE		CODE	
0 - NO PREVIOUS SERVICE				1 - YES		FORM EXECUTED	
1 - NO BREAK IN SERVICE				2 - NO		CODE	
2 - BREAK IN SERVICE (LESS THAN 3 YRS)						MO DA YR	
3 - BREAK IN SERVICE (MORE THAN 3 YRS)						FORM EXECUTED	
						CODE	
						MO DA YR	
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL		DATE APPROVED	
W. Kearney 09/13/63						13 SEP 1963	

FORM 1152 OBSOLETE PREVIOUS EDITIONS
4-62 AND FORM 1152a.

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025798		2. NAME (Last-First-Middle) Willett, James H., Jr.				13 October 1961	
3. NATURE OF PERSONNEL ACTION Promotion				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 12 61		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS		7. COST CENTER NO. CHARGEABLE 2137-7301-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDE/FE FE/JAO - Tokyo Station Support Staff-TOKYO				10. LOCATION OF OFFICIAL STATION Tokyo, Japan			
11. POSITION TITLE Fiscal Acct Asst			12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 6 4		17. SALARY OR RATE 5,325	
18. REMARKS Promotion from GS-5, Step 5 to GS-6, Step 4							
18A. SIGNATURE OF REQUESTING OFFICIAL M.L. Shobe, JCS PERS				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER E.R. SAUNDERS, Comptroller	
DATE SIGNED				DATE SIGNED		1961	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22		20. EMPLOY CODE 10		21. STATION CODE 5638 FE 37587		22. STATION CODE	
23. RETIRE CODE		24. DATE OF BIRTH 3 09 12 7 13		25. DATE OF SEAS 11 12 61		26. DATE OF LEA 11 12 61	
27. RETIRE DATA		28. SEPARATION DATA		29. CORRECTION/CANCELLATION DATA		30. SECURITY REQ. NO.	
31. VET. PREFERENCE		32. SERA. COMP. DATE		33. LONG. COMP. DATE		34. MIL. SERV. CREDITED	
35. FEEDBACK HEALTH INSURANCE		36. SOCIAL SECURITY NO.		37. FEDERAL TAX DATA		38. STATE TAX DATA	
39. PREVIOUS GOVERNMENT SERV. DATA		40. LEAVE DATA		41. FEDERAL TAX DATA		42. STATE TAX DATA	
43. POSITION CONTROL CERTIFICATION		44. O.P. APPROVAL		DATE APPROVED		11/3/61	

12/11/59

SECRET



APPLICATION FOR MEMBERSHIP
in the CAREER STAFF of the
CENTRAL INTELLIGENCE AGENCY

To the Director of Central Intelligence

Sir:

I submit herewith my application for membership in the Career Staff of the Central Intelligence Agency as defined below:

"The Career Staff of the Central Intelligence Agency is a group of carefully selected and trained individuals who accept an obligation to devote themselves to the needs of the Agency, and who intend to make a career with the Agency."

In accordance with this definition, I desire to devote myself to the faithful performance of duty in the Central Intelligence Agency, and I accept the obligations and conditions of that service which are determined to be essential to the furtherance of its mission.

I am aware of the many restrictions necessarily placed upon me by virtue of the security requirements inherent in my employment by the Central Intelligence Agency. I am also aware that as a member of the Career Staff, it will be my obligation to serve anywhere and at any time and for any kind of duty as determined by the needs of the Agency, and I have been assured that in order to carry out this policy, full consideration will be given to my particular capabilities, interests, and personal circumstances. By virtue of this application for membership and upon my acceptance in the Career Staff, I am assured that, with continuing satisfactory work performance and conduct on my part, just and equitable attention will be accorded my personal progress during my tenure in the Career Staff. I am also assured that, on my satisfactory completion of any assignments, I will be offered reassignments which are compatible insofar as possible with my abilities and career interests, and that I shall be entitled to the benefits now available or to be made available in the future to members of the Career Staff of the Central Intelligence Agency.

MEMBERSHIP IN THE CAREER STAFF OF
THE CENTRAL INTELLIGENCE AGENCY
APPROVED, TO TAKE EFFECT 4 MAR 1960

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:
EXECUTIVE DIRECTOR
THE CIA SELECTION BOARD

James T. Kellogg
(Signature)

12/11/59
(Date)

Daniel C. Krapp

SECRET

REQUEST FOR PERSONNEL ACTION																	
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet Prof		5. Sex		6. CS: EOD				
		Wilcott, James E., Jr.				Mo. Da. Yr.			None-0 5 Pr-1 10 Pr-2		Code		Mo. Da. Yr.				
7. SEC		8. CSC		9. CSC Or Other Legal Authority				10. Appt. Aff'd. by			11. FEGLI		12. LCD		13. All. Yrs		
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.				Yes-1 No-2		Mo. Da. Yr.		Yes-1 No-2		Code	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DPS/Office of the Comptroller Finance Div. Accounts Branch Accounting Control Section Accts Receivable and Payable Unit						Wash., D.C.					
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
USIA - Frg -		Fiscal Acct Clk				0506		GS		0501.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 3		\$ 1310		SF		Mo. Da. Yr.		Mo. Da. Yr.		0263 1010	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment + T to CF		16		Mo. Da. Yr.		Regular		21			
				05 15 60							

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP/FE FE/JAO - Tokyo Station Support Staff - Tokyo				171		Tokyo, Japan				37587	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
USIA - Frg -		Fiscal Acct Asst				3167		GS		0501.03	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
		\$				Mo. Da. Yr.		Mo. Da. Yr.		0137 7351 3000	

SOURCE OF REQUEST

A. Requested By (Name And Title)				C. Request Approved By (Signature And Title)			
GEE/JAO				Robert D. Cashman, CFF/Personnel			
B. For Additional Information Call (Name & Telephone Ext.)							
Little, X2957							

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Post Control		2-23-60	E.		
C. Classification			F. Approved By		

Remarks

2 copies to Security.
Please transfer from vouchered to unvouchered funds as of 15 May 1960.
Subject to replace [redacted] who is returning to 21 June 1960.

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol Prof		5. Sex		6. CSC Code	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31			Non-0 Code S Pt-1 10 Pt-9 1		M 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Retmt		9. CSC Or Other Legal Authority		10. Apmt. Affidav			11. FLETC		12. LCD		13. ...	
Mo. Da. Yr. 06 26 53		Yes-1 Code No-2 1		50 USCA 403		Mo. Da. Yr.			Yes-1 Code No-2		Mo. Da. Yr. 03 04 57		Yes-1 Code No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Season Code	
DCS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occas Series	
Dept - USfld - Frgn - 2		FINANCE ASST				0470		GS		0510.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 2X 3		\$ 4340		SF		Mo. Da. Yr. 09 12 57		Mo. Da. Yr. 04 12 55		9 6300 20 004	

ACTION 9 18 60

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		96		Mo. Da. Yr. 10 15 57		ASAP		Regular		01	

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Season Code	
DDS/Office of the Comptroller Finance Division, Accounts Branch Accounting Control Section Accts Receivable and Payable Unit				↑		Wash., DC					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occas Series	
Dept - XX USfld - Frgn - 2		Fiscal Acct Clk				506				0501.04	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/3		\$ 4340		SF		Mo. Da. Yr.		Mo. Da. Yr.		0263-1040	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
Deputy Chief, Finance Division		<i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Cont. of	<i>[Signature]</i>	10-2-57	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	2-5-57
Remarks					
<i>[Handwritten Notes]</i>					

REQUEST FOR PERSONNEL ACTION																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS-EOD			
125798		WILCOTT JAMES B JR.				Mo.	Da.	Yr.	None-0	Code	M 1		Mo.	Da.	Yr.	
09		27		31		5 Pt-1		10 Pt-2				03		04 57		
7. SCD		8. CSC Reint.		9. CSC Or Other Legal Authority				10. Appt. Affidav.			11. FEGLI		12. LCD		13. Min. Serv. Req.	
Mo.	Da.	Yr.	Yes-1	Code	50 USCA 403				Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.
06	26	53	No-2	1					No-2	03	04	57	No-2	2		

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803	WASH., D. C.				75013	
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept. - USStd - Frgn -	Code	2 TIME LV PAY CLK			0305002		GS	0544.01		
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 11		\$ 4190		SF	Mo. Da. Yr. 09 122 57		Mo. Da. Yr. 09 21 58		9-6300-20-004	

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
Reassignment		56	Mo. Da. Yr. ASAP		Regular		01		

PRESENT ASSIGNMENT

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3803	Wash., DC				75013	
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept. - X - USStd - Frgn -	Code	2 Finance Assistant			470			0510.14		
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/2		\$ 4190.00		SF	Mo. Da. Yr. 7 12 57		Mo. Da. Yr. 9 20 59		9-6300-20-004	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
Acting Chief, Finance Division		<i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		20 1959	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	3/20/59

Remarks

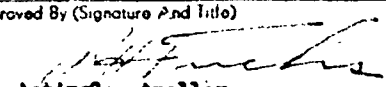
For slotting purposes only

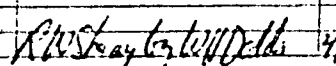
REQUEST FOR PERSONNEL ACTION															
1. Serial No.	2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Prof.		5. Sex		6. GS - LCB			
105749	WILSON JAMES E JR				Mo.	Da.	Yr.	Non-0	Code	M	F	Mo.	Da.	Yr.	
	7. SCD	8. CSC Form		9. CSC Or Other Legal Authority		10. Appt. Affidav			11. FEGLI		12. LCD		13. ...		
	Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code
	06	26	53	No-2	1				No-2		03	04	97	No-2	12

PREVIOUS ASSIGNMENT												
14. Organizational Designations				Code	15. Location Of Official Station				Station Code			
DPS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803	WASH., D. C.				75013			
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.		20. Occup. Series			
Dept -	Code	FINANCE ASST			051103		05		0510.15			
USHD -												
Frqn.												
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number			
05 1		\$ 3670		SP	Mo. Da. Yr.		Mo. Da. Yr.		8-6304-20			
					09 12 197		09 12 197					

ACTION												
27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code		30. Separation Date			
Reassignment		56	ASAP		Regular		01					
			Mo. Da. Yr.									

PRESENT ASSIGNMENT												
31. Organizational Designations				Code	32. Location Of Official Station				Station Code			
DPS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section				3803	Wash., DC							
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.		37. Occup. Series			
Dept -	Code	Time Leave Pay Clk			M305.02		05		0544.01			
USHD -												
Frqn.												
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number			
5/1		\$ 3670.00		SP	Mo. Da. Yr.		Mo. Da. Yr.		8-6304-20			

SOURCE OF REQUEST												
A. Requested By (Name & Title)						C. Request Approved By (Signature & Title)						
Deputy Chief, Finance Division						 Acting Comptroller						
B. For Additional Information Call (Name & Telephone Ext.)												

CLEARANCES												
Clearance		Signature		Date		Clearance		Signature		Date		
A. Career Board						D. Placement						
B. Pos. Control		St		16 APR 1998		E.						
C. Classification						F. Approved By		 [Name]		4/16/98		
Remarks												

Classify According To Content.

REQUEST FOR PERSONNEL ACTION																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Ver. Prst.		5. Sex	6. CS - EOD				
		WILCOTT, James B., Jr.				Mo	Da	Yr	None-0	Code	M	Mo	Da	Yr		
						9	27	31	5 Pr-1							
						10. Apmt. Affidav.			11. FEGLI		12. LCD		13. ¹¹ _{Code} ¹² _{Code}			
									Yes-1		Code		Yes-1		Code	
						No-2							No-2			

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Fiscal Division Accounts Branch Allotment Ledger Section						Wash., DC					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. XX	Code	Fiscal Acct Clk				30.01				0501.04	
Unfld.											
Fragn.											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
5/1		\$ 3670.00		SF		Mo Da Yr		Mo Da Yr		8-6303-20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment		56		Mo Da Yr		Regular		01			
				ASAP							
				2/23/58							

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3805		Wash., DC				75013	
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. XX	Code	Finance Assistant				M521.03				0510.14	
Unfld.											
Fragn.											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/1		\$ 3670.00		SF		Mo Da Yr		Mo Da Yr		8-6304-20	
						09/22/57		09/21/57			

SOURCE OF REQUEST

A. Requested By (Signature And Title)		C. Request Approved By (Signature And Title)	
<i>[Signature]</i> Deputy Chief, Finance Division		<i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	<i>[Signature]</i>	2/14/58	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	2/17/58

Remarks

Subject will replace [redacted] who is processing for an o/s assignment.

Classify According To Content.

REQUEST FOR PERSONNEL ACTION												VOUCHERED 12 September 1957			
1. Serial No.		2. Name (Last-First-Middle) <p style="text-align: center;">WILCOTT, James B.</p>				3. Date Of Birth			4. Var. Pref.		5. Sex		6. CS - EOD		
						Mo	Da	Yr	None-0	Code			Mo	Da	Yr
						9	27	31	5 Pr-1	1	M				
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority				10. Apmt Affidav.		11. FEGLI		12. LCD		13. <small>Ret. Code</small>	
Mo	Da	Yr	Yes-1	Code					Mo	Da	Yr	Yes-1	Code		
			No-2						No-2	1				No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code	15. Location Of Official Station <p style="text-align: center;">Washington, D. C.</p>				Station Code		
16. Dept.- Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - X	Code	Fiscal Acct. Clk				30.01				GS-0501.04-4	
Usld.	M										
Frn.											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
GS-4	1	\$ 3415		SF		Mo	Da	Yr	Mo	Da	Yr
											8-6303-20

ACTION

27. Nature Of Action <p style="text-align: center;">PROMOTION</p>		Code	28. Eff. Date		29. Type Of Employee			Code	30. Separation Data	
			Mo	Da	Yr	<i>Regular</i>				
			2	9	1957					

PRESENT ASSIGNMENT

31. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code	32. Location Of Official Station <p style="text-align: center;">Washington, D. C.</p>				Station Code		
33. Dept.- Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - X	Code	Fiscal Acct Clk				30.01				GS-0501.04-5	
Usld.	M										
Frn.											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
GS-5	1	\$ 3670		SF		Mo	Da	Yr	Mo	Da	Yr
											8-6303-20

SOURCE OF REQUEST

A. Requested By (Name And Title) Chief, Fiscal Division <i>Dwight</i>		C. Request Approved By (Signature And Title) <i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.) x 4445			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		<i>9/19/57</i>	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	<i>9/21/57</i>
Remarks					

STANDARD FORM 52
 PROVIDED BY THE
 U. S. CIVIL SERVICE COMMISSION
 JANUARY 1956 - FEDERAL PERSONNEL
 MANUAL, CHAPTER III

REQUEST FOR PERSONNEL ACTION

EC-9 Nov. 1956

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) <i>Mr. James B. Wilcott, Jr.</i>		2. DATE OF BIRTH <i>27 Sept. 1931</i>	3. REQUEST NO. <i>C-5481 RC-135</i>	4. DATE OF REQUEST <i>28 June 1956</i>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Excepted Appointment</i>		6. EFFECTIVE DATE A. PROPOSER: <i>ASAP</i>		7. C. S. OR OTHER LEGAL AUTHORITY <i>SDUSCA 403J</i>
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>4 March 1957</i>		

FROM—	9. POSITION TITLE AND NUMBER	TO—	<i>Fiscal Acct Clk M 30.01-4</i>
	10. SERVICE GRADE AND SALARY		<i>GS-0501.04-4 \$3415 pa</i>
	11. ORGANIZATIONAL DESIGNATIONS		<i>DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.</i>
	12. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <i>7</i>

A. REMARKS (Use reverse if necessary)

This action cancels Recruitment Request submitted under date of 25 June 1956

Personnel Folder is attached

B. REQUESTED BY (Name and title) <i>Chief, Fiscal Division</i>	D. REQUEST APPROVED BY Signature: <i>[Signature]</i> Title: <i>Acting Comptroller</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <i>4445</i>	

13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE	WWII	OTHER	5-PT.
			<input checked="" type="checkbox"/>
15 POINT		15 POINT	
DISAB.		OTHER	
		<i>SD/SF</i>	

15. SEX <i>M</i>	16. RACE <i>W</i>	17. APPROPRIATION FROM: <i>6-6303-20</i>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <i>yes</i>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <i>4 March 57</i>	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	----------------------	--	--	---	---

21. STANDARD FORM 50 REMARKS

OFFICE/DIVISION WITHIN CEILING

27 NOV 1956

Date *BAB* *Position Gen. Clk.*

Ⓞ suby. to med.

Ⓞ suby. to trial period

RC-135

DOG: 03/04/57

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			<i>CSEOD: 03/04/57</i>
B. CEIL. OR POS. CONTROL	<i>[Signature]</i>	<i>9 JUL 1956</i>	<i>LCD: 03/04/57</i>
C. CLASSIFICATION			<i>SCD: 06/26/53</i>
D. PLACEMENT OR EMPL.	<i>[Signature]</i>	<i>7/11</i>	<i>PSE Due: 03/09/58</i>
E.			

F.

CONFIDENTIAL
(When Filled In)

REPORT OF INTERVIEW		1. DATE OF INTERVIEW 10 April 1956	2. PLACE Syracuse, New York
3. PREVIOUS APPLICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. INTERVIEWER Neil F. Doherty		5. REFERRED BY ---
6. TYPE OF PRINT IN CAPS	LAST NAME WILCOTT,	FIRST NAME JAMES	MIDDLE NAME B.
7. PERMANENT ADDRESS 400 James Street, Syracuse, New York			TELEPHONE none
8. BUSINESS ADDRESS ---			TELEPHONE ---
9. TEMPORARY ADDRESS ---			TELEPHONE ---
10. DATE OF BIRTH 27 Sept. 1931	12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country)		
11. PLACE OF BIRTH Cleveland, Ohio	U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		IF NATURALIZED INDICATE DATE
13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> DIVORCED	14. NO. OF DEPEND. (Excluding wife) 0		
15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 10-9) N A			
16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.) Polana Central High - left at end of first year (1948) GED (Army) Equivalency diploma 1951 Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major - left when his marks were getting too low - working also. Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course - all A's and B's except 2 C's. (Can end course in Fall or continue)			
17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving) August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant - \$45 per wk - laid off due to slow business. Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator \$50 per wk. was an unskilled job with no future. May '54 - Sept. '54 - Toboggan Inn, Eagle Bay, N.Y. - Handyman \$60 wk, plus room and board - summer job. Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - \$60 wk. - did not make out as a salesman.			
18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS. Dec. '48 - August. '52 - U.S. Army Electrician and generator operator (MOS 3166 - Cpl. liked the work and was considered fairly good at it.			

CONFIDENTIAL
(When Filled In)

19. AREA KNOWLEDGE (Areas, type of knowledge, how acquired, etc.)							
Okinawa July '49 - March '51							
20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)							
LANGUAGE	NATIVE FLUENCY	FLUENT BUT FOREIGN	ADEQUATE FOR TRANSLATOR	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
N A							
21. SALARY REQUESTED \$2200				22. POOL INTEREST <input type="checkbox"/> YES <input type="checkbox"/> NO			
23. ACCEPTABLE STATION		WASHINGTON, D.C. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREFERENCE LIMITATIONS			
		ANYWHERE IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Prefers C/S and the sooner the better- anywhere.			
		OVERSEAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
24. HEALTH Good							
25. FORMS GIVEN <input checked="" type="checkbox"/> PMS <input checked="" type="checkbox"/> APP. I <input checked="" type="checkbox"/> MED. <input type="checkbox"/> SEC. AGREE. <input checked="" type="checkbox"/> L/A (If required)							
26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)							
<p>The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge). The guy has intelligence (LA/5 61-61) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthand from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.</p>							
27. RECOMMENDED FOR GS 4 Adm/ Accounting				28. SERIAL NUMBERS			
29. TESTS LA/5 61-61				30. Neil P. Doherty May 13, 1956			
				SIGNATURE OF INTERVIEWER			
				DATE			

CONFIDENTIAL

SECRET

BIOGRAPHIC PROFILE (PART I) SCD: 26 Jun 1953						
1. PERS. SERIAL NO. 5555						
2. Name (Last-First-Middle) WILSON, James Bernard, Jr.						
3. SEX	4. DATE OF BIRTH	5. LONGEVITY COMP. DATE				
M	Sep 1931	4 Mar 1957				
6. MARITAL STATUS	7. DEPENDENTS (Exclud. on leave)	8. NO. YEARS OF BIRTH	9. US NATURALIZATION DATE(S)			
Married		2 1934, 1959	NA NA			
10. CAREER STATUS	MEMBERSHIP	OTHER STATUS	10. LAST MED. RPT. DATE FOR	QUAL. FOR	SPONS. NA	QUAL. FOR
			Mar 1960	PCS	O/S	O/S PCS
11. CURRENT RESERVE STATUS	NONE SERVICE	GRADE	ACTIVE DUTY WITH CIA CAT. - 1	RELEASE TO MIL. SER. CAT. - 2	TO BE RETIRED DEFERRED CAT. - 3	
12. ASSESSMENT DATE	13. PROFESSIONAL TEST DATE		14. LANGUAGE APTITUDE TEST DATE			
None	None		Jan 1960			
15. NON-CIA EMPLOYMENT						
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator						
1952 Esso Tower Station, Utica, NY - Attendant						
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator						
Various Summer & Part-time positions while attending college						
16. NON-CIA EDUCATION						
1953-54 Utica College, Utica, NY - Physics						
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin/Actg						
1957-59 USDA Graduate School, DC - Federal Govt Actg; Mathematics of Actg&Investment						
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)						
German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958						
18. AGENCY SPONSORED TRAINING						
1957 Clerical Induct 1960 Intro to Communism						
1957 Clerical Orient						
1960 Intel Orient						
1960 Ops Spt						
19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SC	ORGANIZATION & ORGAN	TITLE (if any)	LOCATION
Mar 1957	Fisc Acct Clerk 0501.04	4	SF	Compt/Fiscal Div/Accts Br		Hq
Sep 1957	" " 0501.04	5	SF	" " " "		"
Feb 1958	Finance Asst 0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br		"
Mar 1958	Time, Lv, Pay Clerk 0544.01	5	SF	" " " " " "		"
Mar 1959	Finance Asst 0510.14	5	SF	" " " " " "		"
Oct 1959	Fisc Acct Clerk 0501.04	5	SF	Compt/Finance Div/Accts Br		"
May 1960	Fisc Acct Asst 0501.03	5	SF	DSP/FE/Jao-TokyoSta/Spt Stf		Tokyo
Nov 1961	" " " 0501.03	6	SF	" " " " " "		"
Sep 1963	" " " 0501.03	7	SF	" " " " " "		"
Oct 1964	Finance Asst 0510.16	7	SF	DES/Finance/CF Div/Comp&TaxAccts		Hq
20. DATE REVIEWED 23 Nov 1964						
21. PROFILE REVIEWED BY ard						
22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE <input checked="" type="checkbox"/> No						

SECRET
(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOTT, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1964		28. PROFILE REVIEWED BY mrd	

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
AM				025798			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Wilcott, James B. Jr			27 Sep 31	M	GS-07	SP	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst			DDP/FE/JKO		Tokyo		
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 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.				12. REPORTING PERIOD (From - to)			
31 Aug 64				1 July 1963 - 30 June 1964			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						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	
15 JUL 1964						P	

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

SECTION C NARRATIVE COMMENTS OFFICE OF PERSONNEL

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has performed his duties in a competent manner. He handles huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 9 Jun 64 SIGNATURE OF EMPLOYEE /s/ James Wilcott

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 23 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 9 Jun 64 OFFICIAL TITLE OF SUPERVISOR Finance Officer TYPED OR PRINTED NAME AND SIGNATURE /s/ Frank Wells

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.

DATE 7 Jun 64 OFFICIAL TITLE OF REVIEWING OFFICIAL Finance Officer TYPED OR PRINTED NAME AND SIGNATURE /s/ Jack Randall

SECRET

CONFIDENTIAL
SECRET
(When Filled In)

FJT 10,374, 31 May 63

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025798	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
WILCOTT, JAMES B. JR.			27 Sept 31	M	GS-6	SF	
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		8. CURRENT STATION		
FISCAL ACCT ASST			DDP/FE/JKO		Tokyo		
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"/> 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. REPORTING PERIOD (From - to)			
				1 Jul 62 - 30 Jun 63			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						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	
20 JUN 1963						P	

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 must be described, if applicable.

MAY 17 3 38 PM '63
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

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	
21 May 1963	/s/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
33		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Finance Officer	/s/ Clarence Norment III
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in the evaluation.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Adm Officer	/s/ Douglas S. Trabue

SECRET
CONFIDENTIAL

SECRET

(When Filled In)

1. PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I) COD: 26 Jun 1953				
25268		2. NAME (Last-First-Middle)		3. SEX	4. DATE OF BIRTH	5. COMPLETION EMPLOY. DATE
MILCOTT, James Bernard, Jr.		M	6. MARITAL STATUS	7. DEPENDENTS (Exclud. spouse)	8. US NATURALIZATION DATE(S)	
Married		2	9. CAREER STATUS	10. LAST MED. EXAM. DATE	11. LAST MED. EXAM. QUAL. FOR	12. LAST MED. EXAM. QUAL. FOR
None		1921, 1958	None	Mar 1960	PCS O/S	O/S PCS
11. CURRENT RESERVE STATUS		12. GRADE	13. ACTIVE CLY. WITH CIA CAT. - 1	14. RELEASE TO MIL. SER. CAT. - 2	15. TO BE DEFERRED CAT. - 3	
None		None	None	Jan 1960		
16. NON-CIA EMPLOYMENT						
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator						
1952 Esso Tower Station, Utica, NY - Attendant.						
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator						
Various Summer & Part-time positions while attending college						
17. NON-CIA EDUCATION						
1953-54 Utica College, Utica, NY - Physics						
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Excc Business Admin/Acctg						
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg&Investment						
18. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)						
German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958						
19. AGENCY SPONSORED TRAINING						
1957 Clerical Induct						
1957 Clerical Orient						
1960 Intel Orient						
1960 Cps Spt						
20. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGN. TITLE (If any)	LOCATION	
Mar 1957	Fisc Acct Clerk	0501.04	4	SF Compt/Fiscal Div/Accts Br	Hq	
Sep 1957	" "	0501.04	5	SF " " " " " "	"	
Feb 1958	Finance Asst	0510.14	5	SF Compt/Fin Div/Comp&Tax Accts Br	"	
Mar 1958	Time, Lv, Pay Clerk	0514.01	5	SF " " " " " "	"	
Mar 1959	Finance Asst	0510.14	5	SF " " " " " "	"	
Oct 1959	Fisc Acct Clerk	0501.04	5	SF Compt/Finance Div/Accts Br	"	
May 1960	Fisc Acct Asst	0501.03	5	SF DDP/FE/Jac-TokyoSta/Spt Stf	Tokyo	
Nov 1961	" " "	0501.03	6	SF " " " " " "	"	
Sep 1963	" " "	0501.03	7	SF " " " " " "	"	
Oct 1964	Finance Asst	0510.16	7	SF DDS/Finance/CF Div/Comp&TaxAccts	Hq	
21. DATE REVIEWED		22. PROFILE REVIEWED BY		23. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE		
23 Nov 1964		[Signature]		[Signature] NO		

SECRET
(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOFF, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1964		28. PROFILE REVIEWED BY ard	

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Wilcott, James B., Jr.		27 Sep 31	M	GS-07	SF
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Fiscal Acct Asst		DDP/WH/C		JMWAVE	
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"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify): Resignation		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
			26 Apr 65 - 15 Apr 66		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1		Lists, computes and verifies cover companies commercial payrolls involving approximately persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling			RATING LETTER A
SPECIFIC DUTY NO. 2		Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel			RATING LETTER W
SPECIFIC DUTY NO. 3		Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies			RATING LETTER A
SPECIFIC DUTY NO. 4		Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents			RATING LETTER A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER A

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 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.

JUL 15 10 37 AM '66

During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.

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	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
12 months	Subject departed the Station without seeing this Report.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett

SECRET

SECRET
(When Filled In)

P. J. Wilson

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025703	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) WILSON, James B, Jr.			2. DATE OF BIRTH 27 Sep 1931	3. SEX M	4. GRADE GS-07	5. SO SP	
6. OFFICIAL POSITION TITLE Finance Assistant			7. OFF/DIV/BR OF ASSIGNMENT Fin/GFD/CFEAB		8. CURRENT STATION Wash., D. C.		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. ASAP				12. REPORTING PERIOD (From - to) 11 Oct. 1964 - 25 April 1965			
SECTION B PERFORMANCE EVALUATION:							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Analyzing Payroll Accounts						RATING LETTER P	
SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts						RATING LETTER P	
SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances						RATING LETTER P	
SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters.						RATING LETTER P	
SPECIFIC DUTY NO. 5 Preparing Correspondence						RATING LETTER A	
SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files						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 pertinent 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

OFFICE OF PERSONNEL

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Any list of explained ratings given in Section A, to provide basis for determining future personnel action. Scope of performance of managerial or supervisory duties must be described, if applicable.

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 30 April 1965 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

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

6 Employee had departed for PCS prior to this date.

DATE 30 April 1965 OFFICIAL TITLE OF SUPERVISOR Chief, Staff Agents Accts. Sec. TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

DATE 30 April 1965 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Compensation and Tax Div. TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER		
					025793		
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) Wilcott, James E. Jr			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07	5. SO SF	
6. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV. OR OF ASSIGNMENT DDP/FE/JFO		8. CURRENT STATION Tokyo		
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"/>	CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT-SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 Aug 64				12. REPORTING PERIOD (From - to) 1 July 1963 - 30 June 1964			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).						RATING LETTER P	
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.						RATING LETTER P	
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						RATING LETTER P	
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.						RATING LETTER P	
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.						RATING LETTER P	
SPECIFIC DUTY NO. 6 Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						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	
15 JUL 1964							

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 functions, if applicable.

Subject has performed his duties in a competent manner. ~~Handling~~ huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

9 Jun 64

SIGNATURE OF EMPLOYEE

/s/ James Wilcott

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

23

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

DATE

9 Jun 64

OFFICIAL TITLE OF SUPERVISOR

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Frank Wells

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for finance training upon his return to Headquarters in July 1964.

DATE

7 Jun 64

OFFICIAL TITLE OF REVIEWING OFFICIAL

Finance Officer

TYPED OR PRINTED NAME AND SIGNATURE

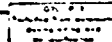
/s/ Jack Randall

SECRET

FJTT 10,374, 31 May 63

~~SECRET~~

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025793	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
WILCOFF, JAMES B. JR.			27 Sept 31	M	GS-6 SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV OR OF ASSIGNMENT 8. CURRENT STATION		
FISCAL ACCT ASST			DDP/EE/SKO Tokyo		
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"/> 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-)		
			1 Jul 62 - 30 Jun 63		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).					P
SPECIFIC DUTY NO. 2					RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6					RATING LETTER
Performs other related duties as assigned by the Finance Officer.					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
20 JUL 1963					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/referencing. 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.

17 3 30 PM '63
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

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	
21 May 1963	/s/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
33		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Finance Officer	/s/ Clarence Norment III
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in the evaluation.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Adm Officer	/s/ Douglas S. Trabue

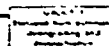
SECRET

CONFIDENTIAL

SECRET
(When Filled In)

James B. Wilcote
of Career Service Board

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025778			
SECTION A. GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
WILCOTE, James B.			27 Sept 31	M	GS-6	SF	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst.			FE/Tokyo		Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
				X ANNUAL	REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See instructions - Section C)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 Apr 61 - 30 June 62			
SECTION B. PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Station cashier responsible for the day to day receipt and disbursement of cash.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						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	



SECTION C **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

SECTION D **CERTIFICATION AND COMMENTS**

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

DATE 19 July 1962	SIGNATURE OF EMPLOYEE James B. Wilcott /s/
-----------------------------	--

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

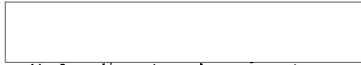
25	
DATE 17 July 1962	OFFICIAL TITLE OF SUPERVISOR Finance Officer
	TYPED OR PRINTED NAME AND SIGNATURE <input type="text"/>

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE 17 July 1962	OFFICIAL TITLE OF REVIEWING OFFICIAL Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE Clarence F. Norment
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SECRET
(When Filled In)



FITNESS REPORT	EMPLOYEE SERIAL NUMBER 52-5748
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SECTION A GENERAL					
1. NAME (Last) (First) (Middle) WILCOX, James B			2. DATE OF BIRTH 27 Sept 1931	3. SEX M	4. GRADE GS-05
5. SERVICE DESIGNATION SF		6. OFFICIAL POSITION TITLE Fiscal Acct. Asst.		7. OFF/DIV/BR. OF ASSIGNMENT Tokyo Station	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE	<input 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. 31 May 60		11. REPORTING PERIOD From 27 May 60 to 31 Mar 61		12. SPECIAL (Specify)	

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 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO. 4	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO. 4	
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO. 4	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO. 4	
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.		RATING NO. 5	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO. 4	

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"> 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. 	RATING NO. 4

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 APPLICABLE	NOT OBSERVED	RATING
					1 2 3 4 5
GETS THINGS DONE					4
RESOURCEFUL					4
ACCEPTS RESPONSIBILITIES					4
CAN MAKE DECISIONS ON HIS OWN WHEN NEEDED ARISES					4
DOES HIS JOB WITHOUT STRONG SUPPORT					4
FACILITATES SMOOTH OPERATION OF HIS OFFICE			X		
WRITES EFFECTIVELY			X		
SECURITY CONSCIOUS					4
THINKS CLEARLY					4
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					4
OTHER (Specify):					

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 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 future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he has had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner. MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory 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: 3 May 1961 SIGNATURE OF EMPLOYEE: James B. Wilcott (signed)

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 8 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

OTHER (Specify): DATE: 3 May 1961 OFFICIAL TITLE OF SUPERVISOR: TYPED OR PRINTED NAME 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: 3 May 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL: TYPED OR PRINTED NAME AND SIGNATURE: Clarence Torment

SECRET
(When Filled In)

REVIEWED BY:

SP [Signature]

FITNESS REPORT					EMPLOYEE SERIAL NUMBER								
SECTION A GENERAL													
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX		4. GRADE						
5. SERVICE DESIGNATION			6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT							
8. CAREER STAFF STATUS					9. TYPE OF REPORT								
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input 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 type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.			11. REPORTING PERIOD			SPECIAL (Specify)							
30 April 1950			From 1 MAR 50 - 31 MAR 50 To										
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 Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine				RATING NO.		SPECIFIC DUTY NO. 1 (continued) Records Division				RATING NO.			
				4						4			
SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.				RATING NO.		SPECIFIC DUTY NO. 2				RATING NO.			
				4									
SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.				RATING NO.		SPECIFIC DUTY NO. 3				RATING NO.			
				4									
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.													
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.								RATING NO.					
								4					
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 APPLICABLE	NOT OBSERVED	RATING					
								1	2	3	4	5	
GETS THINGS DONE													
RESOURCEFUL													
ACCEPTS RESPONSIBILITIES													
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X							
DOES HIS JOB WITHOUT STRONG SUPPORT													
FACILITATES SMOOTH OPERATION OF HIS OFFICE													
WRITES EFFECTIVELY													
SECURITY CONSCIOUS						X							
THINKS CLEARLY													
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS													
OTHER (Specify):													
SEE SECTION 25 ON REVERSE SIDE													

SECRET

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 future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of a particular grade or responsibility. An "excellent" rating reflects an entirely satisfactory 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 19 April 1960 SIGNATURE OF EMPLOYEE [Signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 Months 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 OTHER (Specify):

DATE 18 April 1960 OFFICIAL TITLE OF SUPERVISOR C/Voucher Review Unit TYPED OR PRINTED NAME AND SIGNATURE [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 21/10/60 OFFICIAL TITLE OF REVIEWING OFFICIAL [Signature] BR/Accounts Branch

SECRET

REVIEWED BY: *[Signature]*
SECRET
[Handwritten initials]

FITNESS REPORT EMPLOYEE SERIAL NUMBER
125798

SECTION A GENERAL			
1. NAME (Last) (First) (Middle) Wilcott, Jr. James B.		2. DATE OF BIRTH 27 Sept. 1931	3. SEX M
4. GRADE GS-5		7. OFFICE/BR OF ASSIGNMENT Comp/ Finance Division	
3. SERVICE DESIGNATION SF		6. OFFICIAL POSITION/TITLE Time Leave Pay Clerk	
9. CAREER STAFF STATUS		8. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input 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
10. DATE REPORT DUE IN O.P. 30 April 1959		11. REPORTING PERIOD From 1 Apr 58 To 31 Mar 59	

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 Maintenance of Payroll		RATING NO. 3	SPECIFIC DUTY NO. 4 Coordination liaison with Area Division on payroll problems		RATING NO. 3	
SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering base and premium pay and allowances		RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations		RATING NO. 4	
SPECIFIC DUTY NO. 3 Maintaining of leave records		RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks		RATING NO. 3	

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.

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.	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 APPLICABLE	NOT OBSERVED	RATING				
				1	2	3	4	5
GETS THINGS DONE								
RESOURCEFUL								
ACCEPTS RESPONSIBILITIES								
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES								
DOES HIS JOB WITHOUT STRONG SUPPORT								
FACILITATES SMOOTH OPERATION OF HIS OFFICE								
WRITES EFFECTIVELY								
SECURITY CONSCIOUS								
THINKS CLEARLY								
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS								
OTHER (Specify):								

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 future personnel actions.

Mr. Wilcott is a genial and cooperative person. He is well liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does require strong supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

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: March 10, 1959
SIGNATURE OF EMPLOYEE: James B. Wilcott Jr. *[Signature]*

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 6
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: *[Signature]*

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: March 10, 1959
OFFICIAL TITLE OF SUPERVISOR: Time, Leave, Pay Supr.
TYPED OR PRINTED NAME 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: March 10, 1959
OFFICIAL TITLE OF REVIEWING OFFICIAL: A/S, Staff Employees Accts. Sect.
TYPED OR PRINTED NAME AND SIGNATURE: *[Signature]*

(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) Wilson, James B.	2. DATE OF BIRTH 27 Sept. 1921	3. SEX M	4. SERVICE DESIGNATION SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Comptroller - Finance Division	6. OFFICIAL POSITION TITLE Chief, Finance Branch		
7. GRADE GS-5	8. DATE REPORT DUE IN CP 1 December 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 1 November 1957 - 31 September 1957	
10. TYPE OF REPORT (Check one)	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR	<input type="checkbox"/> SPECIAL (Specify)
	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-EMPLOYEE	

SECTION B. CERTIFICATION

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

A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE 5 Dec. 1957	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR <i>[Signature]</i>	D. SUPERVISOR'S OFFICIAL TITLE Johnny Chief, Accounting Br.
-----------------------------	--	--

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 DATE

Posted Pos. Control *[Signature]* 12/1/57

Reviewed by *[Signature]* 12/1/57

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE 5 Dec. 1957	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL <i>[Signature]</i>	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Accounting Branch
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SECTION C. JOB PERFORMANCE EVALUATION

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

COMMENTS: Mr. Wilson is very industrious and accepts his assignments without hesitations.

7. 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.
- Rate 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 others 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 them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	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.

DESCRIPTIVE RATING NUMBER	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 records obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER	4	SPECIFIC DUTY NO. 4 assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER	4
SPECIFIC DUTY NO. 2 prepares current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER	4	SPECIFIC DUTY NO. 5 records liquidation and cancellations of obligations to individual allotment accounts.	RATING NUMBER	4
SPECIFIC DUTY NO. 3 Checks and reconciles runs of expenditures with those in the allotment ledger accounting records.	RATING NUMBER	4	SPECIFIC DUTY NO. 6 prepares summaries required for reconciliations and supplies allotment records (copies) for distribution to the various allottees.	RATING NUMBER	4

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

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.

RATING NUMBER	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
----------------------	--

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

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Army. It is believed that he could readily adapt himself to other duties in the field of accounting.

SECRET

NOTIFICATION OF ESTABLISHMENT OF []		DATE 19 April 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, []	ESTABLISHED FOR
	<input checked="" type="checkbox"/> CHIEF, []	WH WILCOTT, James B., Jr.
ATTN:	[]	FILE NO.
REF:	[]	ID CARD NO.
		Returned
		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records:
(OPMEMO 20-800-12)

a. Temporarily for _____ days, effective _____

b. Continuing, effective _____ EOD _____

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

Ascertain that [] being issued.
(HB 20-661-1)

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

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

Remarks: Subject is going on PCS out of D.C. area.

Cover History

James J. Franklin

THIS MATTER IS NOT REOPEN

SECRET

NOTIFICATION OF ESTABLISHMENT OF [redacted]		DATE 10 September 64
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, [redacted]	ESTABLISHED FOR
	<input checked="" type="checkbox"/> CHIEF, [redacted]	OFF FIN WILCOTT, James B. Jr.
ATTN:	[redacted]	FILE NO.
REF:	8 September 64 Requesting cover	ID CARD NO.
		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records:
(OPMEMO 22-800-11)

a. Temporarily for _____ days, effective _____

b. Continuing, effective May 60

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

Ascertain that [redacted] being issued.

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

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

Remarks:

Cover History
 Mar 57-May 60 Hdqs/overt
 May 60-Jul 64 DAC & DAFC/Japan

James H. Franklin

SECRET
(When Filled In)

N.M. 17 MAY 66

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 2 NAME (LAST FIRST MIDDLE)
 025793 WILCOIT JAMES B JR

3 NATURE OF PERSONNEL ACTION 4 EFFECTIVE DATE 5 CATEGORY OF EMPLOYMENT
 RESIGNATION* (04) 15/66 REGULAR

6 FUNDS 7 COST CENTER NO CHARGEABLE 8 CSC OR OTHER LEGAL AUTHORITY
 V TO W V TO EP 6132 1164 0000
 EP TO W X EP TO EP

9 ORGANIZATIONAL DESIGNATIONS 10 LOCATION OF OFFICIAL STATION
 DUP/WH/US FIELD JM WAVE
 WH/C JM WAVE
 DEP CHIEF OF STATION FOR CPS SUPPORT
 FINANCE BRANCH JM WAVE

11 POSITION TITLE 12 POSITION NUMBER 13 SERVICE DESIGNATION
 FISCAL ACCT ASSI 1369 SF

14 CLASSIFICATION SCHEDULE (GS, LB, etc.) 15 OCCUPATIONAL SERIES 16 GRADE AND STEP 17 SALARY OR RATE
 GS 0501.03 07 4 6590

18 REMARKS
 *STAFF EMPLOYEE SPECIAL



LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

2 STATION CODE	23 INITIREE CODE	24 HQ/PLS Code	25 DATE OF BIRTH MO DA YR 09 27 31	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 DATA CODE	31 SEPARATION DATA CODE 1 BDCN43	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR	EOD DATA		33 SECURITY REQ NO.
34 COMP DATE DA YR	38 CAREER CATEGORY CAN 01 SW MOSU 11 MP	39 FEGLI / HEALTH INSURANCE CODE CODE G - WAIVED F - YES HEALTH INS CODE	40 SOCIAL SECURITY NO		
42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE 1 - YES 2 - NO		

SIGNATURE OR OTHER AUTHENTICATION:
 [Signature]

FORM 1150

Use Previous Edition

SECRET

GROUP 1
 Excluded from automatic
 downgrading and
 declassification

(When Filled In)

FJH 21 DEC 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT										
EXCEPTED APPT+ CAREER					NO. DA. YR. 11 21 65		REGULAR										
4. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		6135 1134 0000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DDP/WH U.S. FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH					JMWAVE												
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION										
FISCAL ACCT ASST					1369		SF										
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
GS			0501.03		07 4		6830										
18. REMARKS																	
*STAFF EMPLOYEE - SPECIAL																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREEE CODE		24. RPTG. CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
13		10		51550 WH		99999				2		08 27 31		09 15 63		09 13 64	
28. NTE EXP. RES.		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA				33. SECURITY REG. NO.		34. SEX			
NO DA. YR.				1 - CSC 2 - FICA 3 - NONE		1		TYPE NO. DA. YR. EOD DATA				00000		M1			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE				40. SOCIAL SECURITY NO.					
CODE		0 - NONE 1 - 5 PT 2 - 10 PT		NO DA. YR. NO DA. YR. 06 26 53 03 04 57		CAR BENN PROV TEMP C		CODE CODE 0 WAIVER HEALTH INS CODE 1 1 1 1									
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.)		6		FORM EXECUTED CODE NO. TAX EXEMPTIONS FORM EXECUTED 1 - YES 2 - NO 0 0 1 - YES 2 - NO				CODE NO TAX EXEMPT STATE CODE					
SIGNATURE OR OTHER AUTHENTICATION										POSTED 12-22-65							

FORM 11 62 21 DEC 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
1. SERIAL NUMBER 025790		2. NAME (LAST FIRST MIDDLE) <i>Wilcott, James B Jr</i>												
3. NATURE OF PERSONNEL ACTION RESIGNATION					4. EFFECTIVE DATE 11 24 65		5. CATEGORY OF EMPLOYMENT REGULAR							
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE 6135 1104 0000		8. CSC OR OTHER LEGAL AUTHORITY						
CP TO V		X		CP TO CP										
9. ORGANIZATIONAL DESIGNATIONS DDP: WH US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPERATIONAL SUPPORT FINANCE BRANCH					10. LOCATION OF OFFICIAL STATION JMWAVE									
11. POSITION TITLE FISCAL ACCT ASST					12. POSITION NUMBER 1393		13. SERVICE DESIGNATION SF							
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS			15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6830							
18. REMARKS														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19. ACTION CODE 15	20. Empl Code 10	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MGRS CODE	25. DATE OF BIRTH 11 24 31		26. DATE OF GRADE	27. DATE OF LEI				
		NUMERIC	ALPHABETIC				MO	DA	YR	MO	DA	YR		
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE 1ED0081	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX				
MO	DA	YR	1 - CSC	CODE	TYPE	MO	DA	YR	EOD DATA					
2 - FICA	3 - NONE	NO.	DA	YR	NO	DP	YR	CAR	RELV	CODE	CODE	0 - WAIVER	HEALTH INS CODE	60. SOCIAL SECURITY NO
3 - 10 PT.								PROV	TEMP			1 - YES		
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA						
CODE	0 - NO PREVIOUS SERVICE	1 - NO BREAK IN SERVICE	2 - BREAK IN SERVICE (LESS THAN 3 YRS)	3 - BREAK IN SERVICE (MORE THAN 3 YRS)	FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMP	STATE CODE	1 - YES	2 - NO	
					1 - YES	2 - NO		1 - YES	2 - NO					
SIGNATURE OR OTHER AUTHENTICATION														

FORM 11 62 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN,	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
████████████████████ <i>Thelwell, James B</i>	025798	51	550	CF GS 07 4	\$ 6,650	\$ 6,890

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

NCS 09/27/65

1 SERIAL NUMBER

2 NAME (LAST FIRST MIDDLE)

625798

Kilcoll, James B

3 NATURE OF PERSONNEL ACTION

4 EFFECTIVE DATE

5 CATEGORY OF EMPLOYMENT

REASSIGNMENT

MO DA YE
05 31 65

6 FUNDS

V TO V

V TO CF

CF TO V

X

CF TO CF

7 COST CENTER NO CHARGEABLE

8 CVC OR OTHER LEGAL AUTHORITY

5135 1164 0000

9 ORGANIZATIONAL DESIGNATION

10 LOCATION OF OFFICIAL STATION

DDP/WH DIVISION
US FLD D CH STA OP SUP

JMWAVE

11 POSITION TITLE

12 POSITION NUMBER

13 CAREER SERVICE DESIGNATION

FISCAL ACCT ASST

1369

SF

14 CLASSIFICATION SCHEDULE (GS, GS, etc.)

15 OCCUPATIONAL SERIES

16 GRADE AND STEP

17 SALARY OR RATE

OS

0501.03

07

18 REMARKS

POSTED
6-3-65 HT

SIGNATURE OR OTHER AUTHENTICATION

SECRET
(When Filled In)

DLG: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 025798		2. NAME (LAST FIRST MIDDLE) <i>Wheeler, James B</i>							
3. NATURE OF PERSONNEL ACTION CAREER EXCEPTED APPT				4. EFFECTIVE DATE MO. DA. YR. 04 25 65		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		X		CF TO CF		5135 1164 0000 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/SAS U.S. FIELD FORWARD OPERATIONS STATION-JMWAVE DEPUTY FOR SUPPORT FINANCE BRANCH						10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 1080		13. SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6650		
18. REMARKS REPLACEMENT FOR EDNA C. JECENTHAL.									
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> POSTED ON <i>BK</i> OF-4b 28 APR 1965 </div>									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 13		20. EMPLOY CODE 10		21. OFFICE CODING NUM. ALPHABETICAL 49760 SAS		22. STATION CODE 89399		23. INTEGREE CODE	
24. MO. DA. YR. 09 27 31		25. DATE OF BIRTH MO. DA. YR. 09 15 63		26. DATE OF GRADE MO. DA. YR. 09 13 64		27. DATE OF LEI			
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CSC 2. FIRM 3. NONE CODE 1		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE NO. DA. YR.	
33. SECURITY REG NO 00000		34. SER 41		35. VET. PREFERENCE CODE 1		36. SERV COMP DATE MO. DA. YR. 06 26 53		37. LONG COMP. DATE MO. DA. YR. 03 04 57	
38. CAREER CATEGORY CAP. RES. TEMP. C		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1		42. LEAVE CAT CODE 6	
43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO 0 0		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMP 1 - YES 2 - NO		45. SIGNATURE OR OTHER AUTHENTICATION					
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> POSTED <i>04/28/65 JK</i> </div>									

Jgd

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET
(When Filled In)

DLB: 27 APR 65

DEF NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT								
RESIGNATION						MO DA YR 04 24 65			REGULAR								
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY								
X						5277 0003 0000											
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDS/OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION						WASH., D. C.											
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION								
FINANCE ASSISTANT						0470			SF								
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE								
GS			0510.16			07 4			6650								
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY. CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LES	
45		10		NUMBER C ALPHABETIC		CODE		CODE		CODE		MO DA YR 09 27 31		MO DA YR		MO DA YR	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REC NO.		34. SEX		EOD DATA			
MO DA YR		MO DA YR		1. CSC 2. PICA 3. NONE		CODE		TYPE MO DA YR		MO DA YR		MO DA YR					
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE							
0 - NONE 1 - 5 PT 2 - 10 PT		MO DA YR		MO DA YR		L44 DES. TEMP.		O - WAIVER 1 - YES 2 - NO		HEALTH INS CODE							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				CODE		FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX/STATE CODE EXEMP							
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS)				1 - YES 2 - NO		1 - YES 2 - NO				1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION																	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="text-align: center; margin: 0;">APR 29/65</p> </div>																	

FORM 1150
11 62

Use Previous Edition

SECRET

Jgd

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

DLB: 9 OCT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)											
025798		WILCOTT JAMES JR											
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS					10 11 64			REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY				
X		CF TO V		CF TO CF		5277 0003 0000			50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDS OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION & TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION						WASH., D. C.							
11. POSITION TITLE					12. POSITION NUMBER			13. SERVICE DESIGNATION					
FINANCE ASSISTANT					0470			SF					
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
GS			0510.16		07 4		6650						
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE													
20. EMPLOY CODE													
21. OFFICE CODING													
22. STATION CODE													
23. INTEGREE CODE													
24. HOURS CODE													
25. DATE OF BIRTH													
26. DATE OF GRADE													
27. DATE OF LEI													
28. NTE EXPIRES			29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO		34. SEX
MO DA YR			1		2		3		4		5		6
10 10			13500 FIN		75013		1		09 27 31		EOD DATA		
35. VET PREFERENCE			36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO		
CODE			NO DA YR		NO DA YR		CAR DESL CODE		CODE 0 WAIVER 1 YES		HEALTH INS CODE		
0 - NONE 1 - 5 PT 2 - 10 PT													
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA			
CODE				CODE		FORM EXECUTED				STATE TAX DATA			
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				1 - YES 2 - NO		FORM EXECUTED 1 - YES 2 - NO				STATE TAX DATA CODE NO TAX STATE CODE 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION													
FROM: FE B													
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;">POSTED</p> <p style="text-align: center; margin: 0;">9 Oct 64</p> <p style="text-align: center; margin: 0;">JPS</p> </div>													

FORM 11 62 1150

Use Previous Edition

SECRET

yga

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

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

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	025798	49	380	CF 09 07 3	\$ 5,910	\$ 6,185

11

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours				
025798		WILCOTT JAMES B JR		49 380 CF		11F				
5 OLD SALARY RATE				6 NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS	07 3	\$ 6,185	09/15/63	GS	07 4	\$ 6,380	09/13/64			
8 Remarks and Authentication										
<ul style="list-style-type: none"> / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD <p style="text-align: right;">CLERKS INITIALS AUDITED BY</p> <p style="text-align: right;">04 742 08</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE <i>[Signature]</i> DATE 1/1/64</p> <p style="text-align: right;"><i>mcr</i></p>										
PAY CHANGE NOTIFICATION										

SECRET
(When Filled In)

OLS: 13 SEPT 63

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
PROMOTION						09 15 63		REGULAR									
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		4137 7351 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/FE FOREIGN FIELD FE/JKO-TOKYO STATION SUPPORT STAFF						TOKYO, JAPAN											
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION									
FISCAL ACCT ASST						3167		SF									
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE								
GS			0501.03			07 3			5910								
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HQ/IN CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
22		10		45380 FE		37587		3		3		09 27 31		09 15 63		09 15 63	
28. RATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SER		EOD DATA →			
NO DA YR		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		NO DA YR		NO DA YR		CAN GEN LOUD		CODE		O WAIVER		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA											
CODE		CODE		FORM EXECUTED		NO TAX EXEMPTIONS		FORM EXECUTED		CODE		NO TAX EXEMP		STATE CODE			
0 - NO PREVIOUS SERVICE				1 - YES				1 - YES									
1 - NO BARREN IN SERVICE				2 - NO				2 - NO									
2 - BREAK IN SERVICE LESS THAN 3 MOS																	
3 - BREAK IN SERVICE MORE THAN 3 MOS																	
SIGNATURE OR OTHER AUTHENTICATION												<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0; font-size: 1.5em;">09/25/63 JK</p> </div>					

FORM 1150 1-62

Use Previous Edition

SECRET

19 SEP 63

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 727 AND
 DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	OLD		NEW	
			FUNDS	GR-ST	GR-ST	SALARY
WILCOTT JAMES B JR	025798	56380	CF 06 4	\$ 5325	CF 06 4	\$ 5949

ARE:9 NOV 1961

SECRET
 (When Filled In)

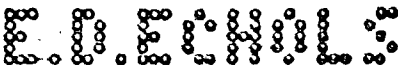
NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION					NO. DA. YR. 11 12 61		REGULAR				
A. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2137 7351 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP FE FE/JAO TOKYO STATION SUPPORT STAFF TOKYO					TOKYO, JAPAN						
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
FISCAL ACCT ASST					3167		SF				
14. CLASSIFICATION SCHEDULE (GS, WD, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0501.03		06 4		5325				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
22	10	56380 FE		37587		3	09 27 31	11 12 61	11 12 61		
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	34. SER
NO DA YR				1. CBC 2. PICA 3. NONE				TYPE NO DA YR			
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/LCD		39. SEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		NO DA YR		NO DA YR		1. YES 2. NO		CODE CODE 0. WAIVER 1. YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA			
CODE		CODE		FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX EXEMPT STATE CODE			
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)				1. YES 2. NO				1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> [Signature/Stamp Area] </div>											

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.

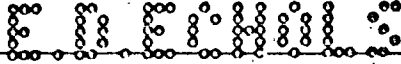
SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
SF	WILCOTT JAMES R JR	525798	51 71	GS-05 3	\$ 4,340	\$ 4,675

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGAN.		4. FUNDS		5.	
525798		WILCOTT JAMES R JR				DDP/FE 14		UV			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
GS 05	3	\$ 4,675	09	20	59	GS 05	4	\$ 4,840	09	18	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD									[Signature]		
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
											
PAY CHANGE NOTIFICATION											

(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
25778	WILCOTT JAMES B JR	DOP/FE 14	00
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Effective Date
05	05	4,840	09/18/60
Grade	Step	Salary	Effective Date
05	5	5,000	09/17/61
7. TYPE ACTION			
PSI	LSI	ADD.	
8. Remarks and Authentication			
/ / NO EXCESS LWOP			
/ / IN PAY STATUS AT END OF WAITING PERIOD			
/ / IN LWOP STATUS AT END OF WAITING PERIOD			
			
PAY CHANGE NOTIFICATION			

Form 560

Obsolete Previous Edition

SECRET

(4-61)

SECRET

(When Filled In)

AES: 6 MAY 1960

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Pref.	5. Sex	6. CS - EOD
525798	WILCOTT JAMES B JR	Mo. 09 Da. 27 Yr. 31	None-0 5 Pt-1 10 Pt-2	Code 1 M 1	Mo. 03 Da. 04 Yr. 57
7. SCD	8. CSC Vacant	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FtGLI	12. LCD
Mo. 06 Da. 26 Yr. 53	Yes-1 No-2	Code 1 50 USCA 403	Mo. Da. Yr.	Yes-1 No-2	Code 1 03 04 57

PREVIOUS ASSIGNMENT

14. Organizational Designation	Code	15. Location Of Official Station	Station Code
DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT	3803	WASH., D.C.	75013
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept - 1 USfld - 3 Fign - 5	Code 2 FISCAL ACCT CLK	0506	GS 0501.04
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade
05 3	\$ 4340	SF	Mo. 09 Da. 22 Yr. 57
		25. PSI Due	26. Appropriation Number
		Mo. 09 Da. 18 Yr. 60	0263 1040

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*	06	Mo. 05 Da. 15 Yr. 60	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designation	Code	32. Location Of Official Station	Station Code
DOP FE FE/JAO - TOKYO STATION SUPPORT STAFF - TOKYO	5171	TOKYO, JAPAN	37587
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept - 1 USfld - 3 Fign - 5	Code 5 FISCAL ACCT ASST	3167	GS 0501.03
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade
05 3	\$ 4340	SF	Mo. 09 Da. 23 Yr. 57
		42. PSI Due	43. Appropriation Number
		Mo. 09 Da. 18 Yr. 60	0137 7351 3000

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

07-16-60 JUK

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
AES: 2 OCT 1959														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILCOTT JAMES B JR				09 27 31			None Code 1		M 1		03 04 57	
7. SCD		8. CSC Retit.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. MIL. SERV. GEN.	
06 26 53		Yes-1 Code No-2 1		50 USCA 403 J					Yes-1 Code No-2		03 04 57		Yes-1 Code No-2	

PREVIOUS ASSIGNMENT													
14. Organizational Designations						Code		18. Location Of Official Station			Station Code		
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.						3803		WASH., D. C.			75013		
15. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series			
Dept - 2 USfld - 4 Frgn - 6		2 Code FINANCE ASST				0470		GS		0510.14			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade			25. PSI Due			26. Appropriation Number	
05 3		\$ 4340		SF		09 22 57			09 20 59			9 6300 20 004	

ACTION											
27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		10 04 59		REGULAR		01			

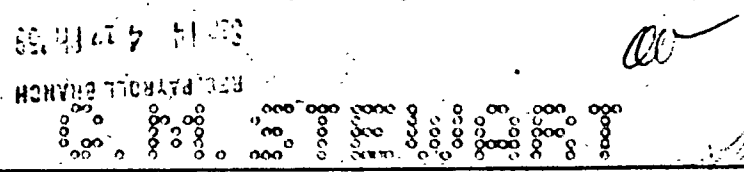
PRESENT ASSIGNMENT													
31. Organizational Designations						Code		32. Location Of Official Station			Station Code		
DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT						3803		WASH., D.C.			75013		
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series			
Dept - 2 USfld - 4 Frgn - 6		2 Code FISCAL ACCT CLK				0506		GS		0501.04			
33. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade			42. PSI Due			43. Appropriation Number	
05 3		\$ 4340		SF		09 22 57			09 10 60			0263 1040	

44. Remarks												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p align="center">POSTED</p> <p align="center">fy 10-6-59</p> </div>												

FORM NO 1 MAR 57 1150

SECRET

(4)

1. EMP. SERIAL NO. 125798		2. NAME WILCOTT JAMES B JR			3. ASSIGNED ORG. DDS/COMPT 11			4. FUNDS V-20		5. ALLOTMENT 26.3.46		
6. OLD SALARY RATE						7. NEW SALARY RATE						
GRADE		STEP	SALARY		LAST EFFECTIVE DATE			GRADE		STEP	SALARY	
					MO	DA	YR					
GS 5		2	\$ 4,190		09	21	58	GS 5		3	\$ 4,340	
					09	20	59					
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER												
8. CHECK ONE 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						9. NUMBER OF HOURS LWOP						
<input checked="" type="checkbox"/> NO EXCESS LWOP						<input type="checkbox"/> EXCESS LWOP						
						10. INITIALS OF CLERK			11. AUDITED BY			
TO BE COMPLETED BY THE OFFICE OF PERSONNEL												
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS						
GRADE		STEP	SALARY		MO	DA	YR					
14. AUTHENTICATION												
												
PERIODIC STEP INCREASE - AUTHENTICATION												

NOTIFICATION OF PERSONNEL ACTION													
MCM 25 MAR 59													
1. Serial No. 125798		2. Name (Last-First-Middle) WILCOTT JAMES B JR				3. Date of Birth Mo. Da. Yr. 09 27 31		4. Vet. Pref. Non-0 5 Pt-1 10 Pt-2		5. Sex Code M 1	6. CS - EOD Mo. Da. Yr. 03 04 57		
7. SCD Mo. Da. Yr. 06 26 53		8. CSC Reiml. Yes-1 No-2		9. CSC Or Other Legal Authority Code 1		10. Appt. Affidav. Mo. Da. Yr.		11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr. 03 04 57		13. Mil. Serv. Code Yes-1 No-2	
				50 USCA 403								2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				Code 3803	15. Location Of Official Station WASH., D. C.				Station Code 75013				
16. Dept. - Field Dept - 2 USId - 4 Frgn - 6		17. Position Title Code 2		18. Position No. 0305.02		19. Serv. GS		20. Occup. Series 0544.01					
21. Grade & Step 05 2		22. Salary Or Rate \$ 4190		23. SD SF		24. Date Of Grade Mo. Da. Yr. 09 22 57		25. PSI Due Mo. Da. Yr. 09 21 58		26. Appropriation Number 8 6304 20			

ACTION

27. Nature Of Action REASSIGNMENT		Code 56	28. Eff. Date Mo. Da. Yr. 03 25 59		29. Type Of Employee REGULAR		Code 01	30. Separation Data			
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PRESENT ASSIGNMENT

31. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				Code 3803	32. Location Of Official Station WASH., D. C.				Station Code 75013				
33. Dept. - Field Dept - 2 USId - 4 Frgn - 6		34. Position Title Code 2		35. Position No. 0470		36. Serv. GS		37. Occup. Series 0510.14					
38. Grade & Step 05 2		39. Salary Or Rate \$ 4190		40. SD SF		41. Date Of Grade Mo. Da. Yr. 09 22 57		42. PSI Due Mo. Da. Yr. 09 20 59		43. Appropriation Number 9 6300 20 004			

44. Remarks

POSTED
 27 MAR 59

SECRET

ORIGINAL SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1959 AUTHORIZED BY P. L. 85 - 512 AND 513
EFFECTIVE SALARY AS OF 18 JUNE 1959 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	125798	GS-05-1	\$ 3,670	\$ 4,040

EDDOWILL STEWART
ASST. DIRECTOR OF PERSONNEL

SECRET

IN LIFU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTING RESULTING
FROM R-20-250

SFR #	NAME	SD	OLD SLOT	NEW SLOT	DATE
125798	WILCOTT JAMES B JR	SF	0305.02	305	01/12/59

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGN.		4. FUNDS		5. ALLOTMENT	
125798		WILCOTT, JAMES B JR				DDS/COMPT		V-20			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS	5	\$ 4,040	09	22	57	GS	5	\$ 4,190	09	21	58
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED, OR PRINTED, NAME OF SUPERVISOR				DATE		SIGNATURE OF SUPERVISOR					
H. A. CEANDIER				13 August 1958		<i>H. A. Ceandier</i>					
PERIODIC STEP INCREASE - CERTIFICATION											

FORM NO. 560
1 MAR 58

SECRET

PERSONNEL FOLDER

(4)

00200

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
MCM28 APRIL 58															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS/EOD		
125798		WILCOTT, JAMES B JR				09 27 31			None-0 5 P-1 10 P-2		M 1		03 04 57		
7. SCD		8. CSC Reim.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. <small>Min. Serv. Credit</small>		
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.			Yes-1 No-2		Mo. Da. Yr.		Yes-1 No-2		
06 26 53		1		50 USCA 403							03 04 57		2		

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 2 USfld - 4 Frqn - 6		2				FINANCE ASST		0521.03		GS 0510.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 1		\$ 3670		SF		02 22 57		09 21 58		8 6304 20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		08 21 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 2 USfld - 4 Frqn - 6		2				TIME LV PAY CLK		0305.02		GS 0544.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 3670		SF		09 22 57		09 21 58		8 6304 20	

44. Remarks

POSTED
5/1/58 X21

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
MCM 21 FEB 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125798		WILGOTT, JAMES B JR				09 27 31			10 Pt-1 10 Pt-2 1		M 1		03 04 57	
7. SCD		8. CSC Reamt.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Ret. Code	
06 26 53		1 No - 2		50 USCA 403					03 04 57		1 No - 1 2 No - 2		2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
DDS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS BRANCH ALLOTMENT LEDGER SECTION				3802		WASH., D. C.				75013			
16. Dept. - Field		Code		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 2 USfld - 4 Frgn - 6		2		FISCAL ACCT CLK				30.01		GS		0501.04	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number			
05 1		\$ 3670		SF		09 22 57		09 21 58		8 6303 20			

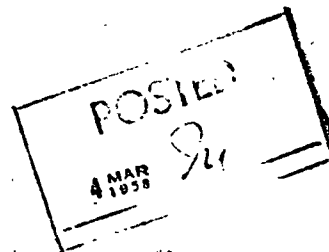
ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		02 23 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803		WASH., D. C.				75013			
33. Dept. - Field		Code		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 2 USfld - 4 Frgn - 6		2		FINANCE ASST				0521.03		GS		0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number			
05 1		\$ 3670		SF		09 22 57		09 21 58		8 6304 20			

44. Remarks



SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 1257		2. Name (Last-First-Middle) WILCOX, JAMES W.			3. Date Of Birth Mo. Da. Yr. 01 22 57			4. Vet Prof. None-0 5 Pt-1 10 Pt-2 1		5. Sex M 1		6. CS-EOD Mo. Da. Yr. 03 04 57		
7. SCB		8. CSC Rmtt. Yes-1 No-2 1		9. CSC Or Other Legal Authority 50 USCA 403 J		10. Apmt. Affidav. Mo. Da. Yr.			11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr. 02 04 57		13. <small>See Form 104</small> Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DPS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LEADER SECTION				Code		15. Location Of Official Station WASHINGTON, DC				Station Code		
16. Dept. - Field Dept - 2 USfld - 4 Frqn. - 6		17. Position Title FISCAL ADJUTANT				18. Position No. 2001		19. Serv. PS		20. Occup. Series 0501 04		
21. Grade & Step GS 1		22. Salary Or Rate \$ 2115		23. SD SF		24. Date Of Grade Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number 8 - 202 20		

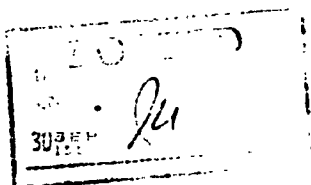
ACTION

27. Nature Of Action PROMOTION		Code 20		28. Eff. Date Mo. Da. Yr. 01 22 57		29. Type Of Employee REGULAR		Code 01		30. Separation Data	
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PRESENT ASSIGNMENT

31. Organizational Designations DPS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LEADER SECTION				Code 2002		32. Location Of Official Station WASHINGTON, DC				Station Code 75012		
33. Dept. - Field Dept - 2 USfld - 4 Frqn. - 6		34. Position Title FISCAL ADJUTANT				35. Position No. 2001		36. Serv. PS		37. Occup. Series 0501 04		
38. Grade & Step GS 1		39. Salary Or Rate \$ 2120		40. SD SF		41. Date Of Grade Mo. Da. Yr. 01 22 57		42. PSI Due Mo. Da. Yr. 01 21 57		43. Appropriation Number 8 - 202 20		

44. Remarks


 30 SEP 57

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9 Nov 56
 0-5481 njw

1. NAME (MR - MRS - MS - ONE; GIVEN NAME, INITIALS, AND SURNAME) MR. JAMES B. WILCOFF, JR.		2. DATE OF BIRTH 27 Sep 1931	3. JOURNAL OR ACTION NO.	4. DATE 4 Mar 1957																		
This is to notify you of the following action affecting your employment:																						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Accepted Appointment		6. EFFECTIVE DATE 4 Mar 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j																			
FROM		TO																				
8. POSITION TITLE Fiscal Acct Clerk		1-30.01-4																				
9. SERVICE, SERIES, GRADE, SALARY GS-0501.04-4		\$3415.00 per annum																				
10. ORGANIZATIONAL DESIGNATIONS 380273		DDI/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section																				
11. HEADQUARTERS 2		Washington, D. C.																				
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L 2	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL																		
13. VETERAN'S PREFERENCE <table border="1"> <tr> <td>NONE</td> <td>WWII</td> <td>OTHER</td> <td>5-PT.</td> <td>10-POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			NONE	WWII	OTHER	5-PT.	10-POINT				<input type="checkbox"/>	<input type="checkbox"/>	14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I. A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		NEW	VICE	I. A.	REAL				
NONE	WWII	OTHER	5-PT.	10-POINT																		
			<input type="checkbox"/>	<input type="checkbox"/>																		
NEW	VICE	I. A.	REAL																			
15. SEX M	16. APPROPRIATION FROM 7-6303-20	17. SUBJECT TO C. 2. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS ONLY) 4 Mar 1957	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																		
20. REMARKS. <p>Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination. RC-135</p> <p>DOG 03/04/57 CSEOD 03/04/57 LCD 03/04/57 SCD 06/26/53</p> <p>PSI due 03/03/58</p> <p>2 EOD 03/04/57</p> <p style="text-align: right;">POSTED MAR 6 1957</p>																						
ENTRANCE PERFORMANCE RATINGS: <table border="1"> <tr> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> </tr> </table>						000	000	000	000	000	000	000	000	000	000							
000	000	000	000	000	000	000	000	000	000													

Director of Personnel

4. PERSONNEL FOLDER COPY

779 314157

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER
						025798
SECTION A GENERAL						
1. NAME <small>(Last) (First) (Middle)</small>			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Wilcott, James B., Jr.			27 Sep 31	M	GS-07	SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Fiscal Acct Asst			DDF/WH/C		JMWAVE	
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"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> SPECIAL (Specify): Resignation			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
			26 Apr 65 - 15 Apr 66			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 Lists, computes and verifies <input type="checkbox"/> cover companies commercial payrolls involving approximately <input type="checkbox"/> persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling						RATING LETTER A
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel						RATING LETTER W
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies						RATING LETTER A
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents						RATING LETTER A
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER A

SECRET

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 OFFICE OF PERSONNEL 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;">Jul 15 10 37 AM '66</p>			
<p>During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion Man. Sec. being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.</p>			
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		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
12 months	Subject departed the Station without seeing this Report.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett	

SECRET

REVIEWED BY:

P. H. Johnson

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER
025798

SECTION A				GENERAL			
1. NAME (Last) (First) (Middle) WILCOTT, James E, Jr.			2. DATE OF BIRTH 27 Sep 1931	3. SEX M	4. GRADE GS-07	5. SO SF	
6. OFFICIAL POSITION TITLE Finance Assistant			7. OFF/DIV/BR OF ASSIGNMENT Fin/CFD/C&TAB		8. CURRENT STATION Wash., D. C.		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
CAREER-PROVISIONAL (See Instructions - Section C)				ANNUAL		<input checked="" type="checkbox"/>	REASSIGNMENT EMPLOYEE
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. ASAP				12. REPORTING PERIOD (From - to) 11 Oct. 1964 - 25 April 1965			

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 Analyzing Payroll Accounts	RATING LETTER P
SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts	RATING LETTER P
SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances	RATING LETTER P
SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters.	RATING LETTER P
SPECIFIC DUTY NO. 5 Preparing Correspondence	RATING LETTER A
SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files	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

5 MAY 1965

SECRET
(When Filled In)

OFFICE OF PERSONNEL

SECTION C NARRATIVE COMMENTS

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

MAIL ROOM

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 30 April 1965 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 6 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: Employee had departed for PCS prior to this date.

DATE: 30 April 1965 OFFICIAL TITLE OF SUPERVISOR: Chief, Staff Agents Accts. Sec. TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: I concur.

DATE: 30 April 1965 OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, Compensation and Tax Div. TYPE

SECRET

SECRET
(When Filled In)

FITNESS REPORT	EMPLOYEE SERIAL NUMBER 025798
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SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Wilcott, James B. Jr		2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07	5. SD SF
6. OFFICIAL POSITION TITLE Fiscal Acct Asst		7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/JKO		8. CURRENT STATION Tokyo	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 Aug 64			12. REPORTING PERIOD (From - to) 1 July 1963 - 30 June 1964		

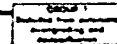
SECTION B PERFORMANCE EVALUATION	
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or 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 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).	RATING LETTER P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.	RATING LETTER P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.	RATING LETTER P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.	RATING LETTER P
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.	RATING LETTER P
SPECIFIC DUTY NO. 6 Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.	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
15 JUL 1964	



~~SECRET~~

SECTION C NARRATIVE COMMENTS OFFICE OF PERSONNEL

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.

Jun 9 9 44 AM '64

Subject has performed his duties in a competent manner. ~~UNCLASSIFIED~~ huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 9 Jun 64 SIGNATURE OF EMPLOYEE: /s/ James Wilcott

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 23 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE: 9 Jun 64 OFFICIAL TITLE OF SUPERVISOR: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Frank Wells

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL
Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.

DATE: 7 Jun 64 OFFICIAL TITLE OF REVIEWING OFFICIAL: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Jack Randall

~~SECRET~~

FJTT 10,374, 31 May 63

CONFIDENTIAL
SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
WILCOTT, JAMES B. JR.			27 Sept 31	M	GS-6 SF
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		8. CURRENT STATION
FISCAL ACCT ASST			DDF/FE/JKO		Tokyo
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
CAREER	RESERVE	TEMPORARY	INITIAL	ANNUAL	REASSIGNMENT SUPERVISOR
			X		REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify)		
SPECIAL (Specify)			SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 Jul 62 - 30 Jun 63		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).					P
SPECIFIC DUTY NO. 2					RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6					RATING LETTER
Performs other related duties as assigned by the Finance Officer.					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

20 JUN 1963

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 recommendation for promotion. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>MAY 17 3 38 PM '63 MAIL ROOM</p>			
<p>Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.</p>			

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				
21 May 1963	/s/ James B. Wilcott				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
33					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
21 May 1963	Finance Officer	/s/ [Redacted]			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
Concur in the evaluation.					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
21 May 1963	Adm Officer	/s/ Douglas S. Trabue			

SECRET

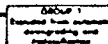
CONFIDENTIAL

REVIEWED BY:

Paul J. [Signature]
of Career Service Board

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025778			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle) WILCOTT, James B.			2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6	5. SD SF	
6. OFFICIAL POSITION TITLE Fiscal Acct Asst.			7. OFF/DIV/BR OF ASSIGNMENT FE/Tokyo		8. CURRENT STATION Tokyo		
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"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 Apr 61 - 30 June 62				
SECTION B				PERFORMANCE EVALUATION			
<p>W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong: Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Station cashier responsible for the day to day receipt and disbursement of cash.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						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	



SECRET
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.</p>			
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		
19 July 1962	James B. Wilcott /e/		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
25			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 July 1962	Finance Officer	Clarence F. Norment	

SECRET

SECRET
(When Filled In)

APPROVED BY:
Paul J. Oliver
SUPERVISOR

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				525798		
SECTION A GENERAL						
1. NAME (Last) (First) (Middle) WILCOTT, James B		2. DATE OF BIRTH 27 Sept 1931		3. SEX M	4. GRADE GS-05	
5. SERVICE DESIGNATION SF		6. OFFICIAL POSITION TITLE Fiscal Acct. Asst.		7. OFF/DIV/BR OF ASSIGNMENT Tokyo Station		
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE	<input 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. x 31 May 1961		11. REPORTING PERIOD From 27 May 60 to 31 Mar 61		12. SPECIAL (Specify)		
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 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO. 4	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO. 4	
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO. 4	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO. 4	
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.		RATING NO. 5	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO. 4	
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.						
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.					RATING NO. 4	
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 APPL. CABLE	NOT OBSERVED	RATING	
					1	2
GETS THINGS DONE						
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

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 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.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner. MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory 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 3 May 1961	SIGNATURE OF EMPLOYEE James B. Wilcott (Signed)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 8	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	
OTHER (Specify):		
DATE 3 May 1961	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.	
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.	
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.	
<input type="checkbox"/>	I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.	
COMMENTS OF REVIEWING OFFICIAL		
DATE 3 May 1961	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE Clarence Norment

SECRET

SECRET
(When Filled In)

REVIEWED BY:

Ruby J. Johnson
SUPERVISORY BOARD

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
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SECTION A GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
Wilcott, James B. Jr.	27 September 1931	M	GS-3
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	
SP	Fiscal Accountant Clerk	Cont/Finance/Accts	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input 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
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD	
30 April 1960		From 1 APR 59 - 31 MAR 60	

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	RATING NO.	SPECIFIC DUTY NO. 1 (continued)	RATING NO.
Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine		Records Division	4
SPECIFIC DUTY NO. 2	RATING NO.	SPECIFIC DUTY NO. 2	RATING NO.
Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.	4		
SPECIFIC DUTY NO. 3	RATING NO.	SPECIFIC DUTY NO. 3	RATING NO.
Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.	4		

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"> 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. 	RATING NO. 4

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 APPLICABLE	NOT OBSERVED	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
 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 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 future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of equal grade, title or responsibility. An "average" rating reflects an entirely satisfactory performance.

APR 21 1 12 PM '60

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: 19 April 1960 SIGNATURE OF EMPLOYEE: James E. Willett Jr

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 12 Months 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 OTHER (Specify):

DATE: 18 April 1960 OFFICIAL TITLE OF SUPERVISOR: C/Voucher Review Unit TYPED OR PRINTED NAME 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: 4/18/60 OFFICIAL TITLE OF REVIEWING OFFICIAL: DC/Accounts Branch

SECRET

REVIEWED BY: *Robert L. Johnson*
 SECRET *RA*
 When Filled In *10/19/59*
 FEDERAL BUREAU OF INVESTIGATION
 EMPLOYEE SERIAL NUMBER 125798

FITNESS REPORT

SECTION A GENERAL			
1. NAME (Last) (First) (Middle) Wilcott, Jr. James B.		2. DATE OF BIRTH 27 Sept. 1931	3. SEX M
4. GRADE GS-5		7. OFF/DIV/BR OF ASSIGNMENT Compt/ Finance Division	
5. SERVICE DESIGNATION SP		8. OFFICIAL POSITION TITLE Time Leave Pay Clerk	
9. CAREER STAFF STATUS		10. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input 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
11. REASSIGNMENT/SUPERVISOR		12. REASSIGNMENT/EMPLOYEE	
13. DATE REPORT DUE IN O.P. 30 April 1959		14. REPORTING PERIOD From 1 Apr 58 - To 31 Mar 59	

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 Fundamental of Payroll		RATING NO. 3	SPECIFIC DUTY NO. 4 Connecting liaison with Area divisions on payroll problems		RATING NO. 3	
SPECIFIC DUTY NO. 2 Preparation of all payroll documents concerning base and premium pay and allowances		RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations		RATING NO. 4	
SPECIFIC DUTY NO. 3 Maintaining of leave records		RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks		RATING NO. 4	

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.

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.	RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">3</div>
--	--

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 APPLICABLE	NOT OBSERVED	RATING						
							1	2	3	4	5		
GETS THINGS DONE									..				
RESOURCEFUL									..				
ACCEPTS RESPONSIBILITIES									..				
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									..				
DOES HIS JOB WITHOUT STRONG SUPPORT									..				
FACILITATES SMOOTH OPERATION OF HIS OFFICE									..				
WRITES EFFECTIVELY									..				
SECURITY CONSCIOUS									..				
THINKS CLEARLY									..				
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS									..				
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 ~~ability for~~ ^{ability 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.

Mr. McCott is a genial and cooperative ^{MAR 16 2 19 PM '59} worker who gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does not ^{MAR 16 2 19 PM '59} require supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

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 March 10, 1959 SIGNATURE OF EMPLOYEE James S. McCott Jr. *[Handwritten Signature]*

2. BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 3
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

~~[Redacted]~~

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 March 10, 1959 OFFICIAL TITLE OF SUPERVISOR Time, Leave, Pay Supv. TYPED OR PRINTED NAME 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 March 10, 1959 OFFICIAL TITLE OF REVIEWING OFFICIAL A/C, Staff Employees Accts. Sec TYPED OR PRINTED NAME AND SIGNATURE

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. 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 B. CERTIFICATION 1. FOR THE RATER: THIS REPORT HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT: A. CHECK (X) APPROPRIATE STATEMENTS:

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

D. THIS DATE 5 Dec. 1957 C. OFFICIAL TITLE OF SUPERVISOR Deputy Chief, Accounting Br.

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 DATE Posted Pos. Control [Signature] 10/25/57 Reviewed by POC [Signature] 12/11/57

I certify that any substantial difference of opinion with the supervisor is reflected in the above section. A. THIS DATE 5 Dec. 1957 B. TYPED OR OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Accounting Branch

SECTION C. JOB PERFORMANCE EVALUATION 11/20

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 WEARNESS. 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: Mr. Wilcott is very industrious and accepts his assignments without hesitation.

SECRET

(When Filled In)

7. 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 that specific duty.

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 the 4 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	HAS AND USES AREA KNOWLEDGE	MAIL ROOM	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS		PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS		TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES		DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO		KEEPS ARMS
TYPING	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.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELS ANYONE I KNOW 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	

SPECIFIC DUTY NO. 1	RECORDS obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER	4	SPECIFIC DUTY NO. 4	Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER	4
SPECIFIC DUTY NO. 2	Prepares current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER	4	SPECIFIC DUTY NO. 3	Records liquidations and cancellations of obligations to individual allotment accounts.	RATING NUMBER	4
SPECIFIC DUTY NO. 3	Checks and reconciles items of expenditures with those in the allotment ledger accounting records.	RATING NUMBER	4	SPECIFIC DUTY NO. 6	Prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.	RATING NUMBER	4

8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Mr. Wilcott is very ambitious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

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.

RATING NUMBER	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

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

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Agency. It is believed that he could readily adapt himself to other duties in the field of accountancy.

Standard Form No. 2873 FPM Supplement 892-1 MAY 1966	FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT	GAO 3000 2810 104
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Part A—IDENTIFYING DATA

1 NAME (LAST) (FIRST) (MIDDLE INITIAL) Wilcott, James F., Jr.	2 DATE OF BIRTH 9/27/31	3 CARRIER CLASSIFICATION 078128
4 ADDRESS (NUMBER AND STREET) 16620 S.W. 102 Avenue	5 PAYROLL OFFICE TAG 11239901	6 EMPLOYMENT CODE NO. 425
(CITY) (STATE) (ZIP CODE) Irvine, Florida	7 DATE THIS NOTICE BECOMES EFFECTIVE 23 April 1966	

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B—TERMINATION

YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE

Part C—CHANGE IN PLAN

YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN

Part D—TRANSFER OUT

Part E—TRANSFER IN

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM)

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT

Part F—SUSPENSION

Part G—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

Part H—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO.

NAME ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE DATE OF BIRTH

Part I—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD

YOUR NEW ENROLLMENT CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J—REMARKS

Part K—DATE OF NOTICE

[Signature] Central Intelligence Agency **4/30/66**
 HEALTH BENEFITS OFFICER Washington 25, D. C. DATE
 (ALTERNATE) NAME OF AGENCY ADDRESS

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER	DIVISION								
<small>INSTRUCTIONS: Use HR 20-33 and HR 20-1250 for guidance. Complete all items including "Other items" and not applicable. Forward original and two copies for preparation of contract.</small>		Robert D. CASEY	DDP/AM								
		TELEPHONE EXTENSION	DATE								
		6576	26 April 1959								
SECTION I GENERAL											
1. NAME <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> THRU	2A. PROJECT	3. ALLOTMENT NO.	4. SLOT NO.								
[REDACTED]	W/Data	SJF-1164	1035								
5. PREVIOUS CIA PSEUDONYM OR ALIASES	2B. PERMANENT STATION	3A. FUNDS									
None	USAID	* * *									
6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.)											
Staff Employee converting to Staff Agent											
7. SECURITY CLEARANCE (Type and date)	7A. MEDICAL CLEARANCE	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
Top Secret	<input checked="" type="checkbox"/> OBTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.										
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.)									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Staff Agent									
SECTION II PERSONAL DATA											
11. CITIZENSHIP	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE	14. DATE OF BIRTH (Month, day, year)								
U.S.A.		33	21 September 27, 1931								
15. LEGAL RESIDENCE (City and state or country)		16. CURRENT RESIDENCE (City and state or country)									
Cold Brook, N. Y.		Forestville, Md.									
17. MARITAL STATUS (Check as appropriate)											
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED											
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:									
Wife 30 Son 6											
SECTION III U.S. MILITARY STATUS											
20. RESERVE	21. VETERAN	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)									
N.A.	Yes										
23. BRANCH OF SERVICE	24. RANK OR GRADE	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO								
U. S. Army	Corporal										
SECTION IV COMPENSATION											
27. BASIC SALARY	28. POST DIFFERENTIAL	29. COVER (Breakdown, if any) The gross cover compensation will be approximately the equivalent of Subject's net Agency salary. The exact amount to be determined at finance briefing.									
GS-07(4)	N.A.										
		30. FEDERAL TAX WITHHOLDING									
		Is COVER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
		Is CIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)											
31. QUARTERS	32. POST	33. OTHER									
None	None	None									
34. COVER (Breakdown, if any)											
SECTION VI TRAVEL											
35. TYPES <input type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
37. HME TO BE SHIPPED	37A. HME TO BE STORED	38. PERSONAL VEHICLE TO BE SHIPPED	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL								
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH											
<table border="0"> <tr> <td>Wife</td> <td>U.S.A.</td> <td>30</td> <td>9 Sept. 1934</td> </tr> <tr> <td>Son</td> <td>U.S.A.</td> <td>6</td> <td>16 Feb. 1959</td> </tr> </table>				Wife	U.S.A.	30	9 Sept. 1934	Son	U.S.A.	6	16 Feb. 1959
Wife	U.S.A.	30	9 Sept. 1934								
Son	U.S.A.	6	16 Feb. 1959								
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES											
SECTION VII OPERATIONAL EXPENSES											
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER									
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH											

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)	CASE OFFICER ROBERT D. CASHELAN TELEPHONE EXTENSION 6576	DIVISION DDP/MI DATE 26 April 1965
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NOTE: SEE INSTRUCTIONS ON FIRST SHEET.

SECTION VIII OTHER BENEFITS
 46. BENEFITS (See HR 20-44, HR 20-41, HR 20-7, HR 20-33, and HB 20-620-1, HB 20-1000-1, and/or successor regulations for benefits applicable to various categories of contract personnel.)

Entitled to all benefits of a Staff Employee

SECTION IX COVER ACTIVITY							
47. STATUS (Check)	PROPOSED	<input type="checkbox"/>	48. TYPE (Check)	PROPRIETARY	<input type="checkbox"/>	CULTURAL	<input checked="" type="checkbox"/>
	ESTABLISHED	<input checked="" type="checkbox"/>		SUBSIDIZED	<input type="checkbox"/>	EDUCATIONAL	<input type="checkbox"/>
					<input type="checkbox"/>	MILITARY	<input type="checkbox"/>
					<input type="checkbox"/>	TOURIST	<input type="checkbox"/>
					<input type="checkbox"/>	OTHER	<input type="checkbox"/>
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS							
		<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO		
						<input type="checkbox"/> COMPLETE	<input type="checkbox"/> PARTIAL

SECTION X OFFSET OF INCOME		
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)		
		<input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE

SECTION XI TERM			
51. DURATION		52. EFFECTIVE DATE	
DAYS	MONTHS	YEARS	
			53. RENEWABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
54. TERMINATION NOTICE (Number of days)		55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION XII FUNCTION	
56. PRIMARY FUNCTION (CI, PI, PP, other)	
Support - Finance	

SECTION XIII DUTIES	
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED	
Fiscal Accounting Assistant	

SECTION XIV QUALIFICATIONS	
58. EXPERIENCE	
EOC CIA as Staff Employee 4 March 1957	

59. EDUCATION (Check Highest Level Attained)	GRADE SCHOOL	<input type="checkbox"/>	HIGH SCHOOL GRADUATE	<input type="checkbox"/>	TRADE SCHOOL GRADUATE	<input type="checkbox"/>
	BUSINESS SCHOOL GRADUATE	<input type="checkbox"/>	COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/>		
	<input checked="" type="checkbox"/> COLLEGE (No Degree)	<input type="checkbox"/>	COLLEGE DEGREE	<input type="checkbox"/>	POST GRADUATE	<input type="checkbox"/>
					MA	PHD

60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)	LANGUAGE	61. INDIVIDUAL'S COUNTRY OF ORIGIN			
		U.S.A.			

	SPEAK	WRITE	READ
	FLUENT AVERAGE POOR	FLUENT AVERAGE POOR	FLUENT AVERAGE POOR
German		X	X
Japanese	X		X

62. AREA KNOWLEDGE	Okinawa, Japan
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SECTION XV EMPLOYMENT PRIOR TO CIA	
63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING	
Dec. 1948 - March 1957 - U. S. Army	

SECTION XVI ADDITIONAL INFORMATION	
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)	
Social Security No. 101-24-6095	

APPROVAL			
DATE	TYPED NAME & SIGNATURE OF REQUESTING OFFICIAL	DATE	TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER

Standard Form No. 2899
CHAPTER 1-3 F.P.M.
G.S.O. 3300

HEALTH BENEFITS REGISTRATION FC 1 6781
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959
(Read instructions on back of last page. Use only typewriter or ballpoint pen.)

CAREER'S CONTROL NO
078128

PART A
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL)
Elcott James B., Jr.

2. DATE OF BIRTH (Use numbers)
MONTH: **9** DAY: **27** YEAR: **31**

3. Are you now married?
YES NO

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBERS) (STATE)
[Blank]

5. SEX
MALE FEMALE

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?
YES NO

7. Place an "X" in proper box to show your annual basic salary range.
UNDER \$4,000 \$4,000 TO \$5,999 \$6,000 TO \$9,999 \$10,000 OR OVER

PART B
FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select)

NAME OF PLAN: **Association Benefit**
OPTION (HIGH OR LOW): **Low**
ENROLLMENT CODE NUMBER: **1 2 5**

2. In order to be on list of eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	THIRD PARTY	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	THIRD PARTY
Wife or Husband: Rita Louise	9 9 31	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Steven James (son)	2 16 59	<input checked="" type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support because of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)
YES NO

PART C
FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.

1. I elect not to enroll in any plan under the Health Benefits Act.

2. I elect to cancel my present enrollment under the Health Benefits Act.

3. The reason for my election is (Place an "X" in proper box):
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent.

(b) I am covered by a health insurance plan which is not under the Health Benefits Act.

(c) Any other reason.

PART D
FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

1. Enrollment code number of present plan. [Blank]

2. Number of event which permits change. (See table on back of brochure for proper number.) [Blank]

3. Date of event which permits change.
MONTH: [Blank] DAY: [Blank] YEAR: [Blank]

PART E
ALL WHO REGISTER MUST FILL IN THIS PART

YOUR SIGNATURE—DO NOT PRINT: *James B. Elcott* (DATE): *11/16/60*

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

PART F
TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE: [Blank]

2. DATE RECEIVED IN EMPLOYING OFFICE: *1/24/61*

3. EFFECTIVE DATE OF ELECTION: *7/1/60*

4. AGENCY OFFICE NO: [Blank]

5. OFFICIAL ACTION (INITIALS AND DATE): [Blank]

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL: [Blank]

REMARKS
FOR USE ONLY BY ANNUITANTS AND AGENCY.
2-15-1961 *525778*

APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY
(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, JAMES BERNARD WILCOTT, JR., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

4 March 1957

(Date of entrance on duty)

James B. Wilcott, Jr.
(Signature of appointee)

Subscribed and sworn before me this 4th day of March A. D. 1957,

at Washington,
(City)

D. C.
(State)

[SEAL]

Ann L. Phillips
(Signature of official)

Appointment Clerk

(Title)

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

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

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

1426 21st Street N.W. Washington, D.C.

2. (A) DATE OF BIRTH

9/07/31

(B) PLACE OF BIRTH (city and State or territory and foreign country)

Cleveland, Ohio

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY

(B) RELATIONSHIP

(C) STREET AND NUMBER, CITY AND STATE

(D) TELEPHONE NO.

Mrs. Geroldine Fisher sister 1510 Brinkerhoff Ave Utica, N.Y.

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

If no, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

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

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	X		10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?		X
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 12.		X	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?		
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR PAYMENT FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give details in Item 12.		X	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?		X
8. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR OFFENSE UNDER FEDERAL, STATE, TERRITORY, COUNTY, OR MUNICIPAL LAW OR FEDERAL, STATE, TERRITORY, COUNTY, OR MUNICIPAL LAW? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$50 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE FINISHED. If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) action taken.		X	B. HAVE YOU RECEIVED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?		X
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE EMPLOYMENT? If your answer is "Yes," give dates of and reasons for such barment in Item 12.		X	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.		X

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

ITEM NO.	ANSWERS	ITEM NO.	ANSWERS

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointments. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

12 March 1959

To: Personnel Division
From: James B. Wilcott, Jr.
Subject: Supplements to personnel records

Please add to my personnel records the attached information concerning my education and recently born child.

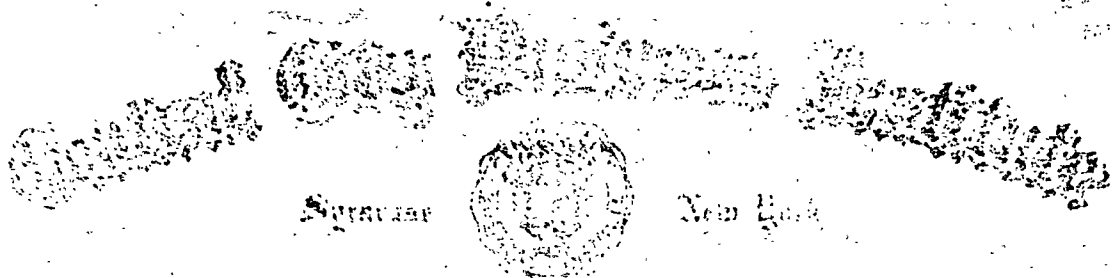
When I submitted my Personnel History Statement with my application for employment I was still attending business school. Therefore, my final transcript and graduation certificate were not included.

The attached auto-stat copies are attached as instructed by Personnel Division.

Also attached is a copy of my grade report for the 1st and 2nd semesters at the U. S. Department of Agriculture Graduate school for Elementary Federal Government Accounting.

James B. Wilcott Jr.

JAMES B WILCOTT JR



Syracuse

New York



We do hereby certify that
James H. Wilcott

has completed the curriculum prescribed by the Faculty and Board of Directors of this Institute and after examinations in all the required subjects is therefore adjudged worthy of Graduation from the Course of

Executive Business Administration and Accounting

and is entitled to all the rights, privileges, and honors of the Institute, by which these
privileges are conferred.

In testimony whereof, witness the seal of the Institute and the signatures of its officers
are affixed at Syracuse, New York.

February 27, 1957

James H. Wilcott
James H. Wilcott, Sec'y

1. NAME James B. Wilcox
 2. ADDRESS 1000 ...
 3. CITY ...
 4. STATE ...
 5. ZIP ...

6. PHONE ...
 7. OCCUPATION ...
 8. DATE ...

9. SIGNATURE James B. Wilcox
 10. ADDRESS ...

11. NAME ...
 12. ADDRESS ...

13. CITY ...
 14. STATE ...
 15. ZIP ...

16. PHONE ...
 17. OCCUPATION ...
 18. DATE ...

19. SIGNATURE ...
 20. ADDRESS ...

ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 10/10/01 BY 60322
 UCBA/STP

1. NAME James B. Wilcox
 2. ADDRESS ...
 3. CITY ...
 4. STATE ...
 5. ZIP ...

6. PHONE ...
 7. OCCUPATION ...
 8. DATE ...

9. SIGNATURE James B. Wilcox
 10. ADDRESS ...

11. NAME ...
 12. ADDRESS ...

13. CITY ...
 14. STATE ...
 15. ZIP ...

16. PHONE ...
 17. OCCUPATION ...
 18. DATE ...

19. SIGNATURE ...
 20. ADDRESS ...

ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 10/10/01 BY 60322
 UCBA/STP

SECTION IX								MARITAL STATUS									
1. CHECK ONE:		SINGLE		MARRIED		WIDOWED		SEPARATED		DIVORCED		ANNULLED					
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS																	
WIFE OR HUSBAND: IF YOU HAVE BEEN MARRIED MORE THAN ONCE, INCLUDING ANNULMENTS, USE SHEET FOR FORMER WIFE OR HUSBAND, GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.																	
3. NAME OF SPOUSE				(First)			(Middle)			(Nee)			(Last)				
4. DATE OF MARRIAGE				5. PLACE OF MARRIAGE													
6. DATE OF BIRTH				7. PLACE OF BIRTH													
8. NATIONALITY AT BIRTH				9. SUBSEQUENT CITIZENSHIPS													
10. PRESENT RESIDENCE (Last residence, if deceased)																	
SECTION X														CHILDREN			
FULL NAME				SEX		YEAR OF BIRTH		PLACE OF BIRTH				NATIONALITY AT BIRTH*					
				M	F												
STEVEN JAMES WILCOTT				X		1959		Washington, D. C.				U.S. citizen					
*SUBSEQUENT CITIZENSHIPS HELD BY ANY CHILD (Identify child and give his, or her, present address)																	
SECTION XI														FATHER			
1. FULL NAME				2. YEAR OF BIRTH				3. PLACE OF BIRTH				4. NATIONALITY AT BIRTH					
5. SUBSEQUENT CITIZENSHIPS				6. OCCUPATION				7. PRESENT RESIDENCE									
SECTION XII														MOTHER			
1. FULL NAME				2. YEAR OF BIRTH				3. PLACE OF BIRTH				4. NATIONALITY AT BIRTH					
5. SUBSEQUENT CITIZENSHIPS				6. OCCUPATION				7. PRESENT RESIDENCE									

SECTION II		CITIZENSHIP						
1. PRESENT CITIZENSHIP		2. NATIONALITY AT BIRTH AND ANY SUBSEQUENT CITIZENSHIPS (If different than Item 1.)						
3. PRESENT RESIDENCE (Indicate as owner, tenant or sub-tenant)								
4. PERMANENT ADDRESS (If different than Item 3.)								
5. IF U.S. NATURALIZED CITIZEN, GIVE NAME, DATE, CITY AND NUMBER OF CERTIFICATE GRANTED								
6. TRAVEL OUTSIDE COUNTRY OF PRESENT RESIDENCE (Countries, dates and purposes)								
SECTION III		OCCUPATIONAL AND FINANCIAL DATA						
1. PRESENT OCCUPATION		2. TITLE	3. SALARY (Per annum)					
4. FINANCIAL STATUS (Earnings, bank deposits, securities and property)								
SECTION IV		ORGANIZATIONAL AFFILIATIONS						
1. MEMBERSHIP IN RELIGIOUS ORGANIZATIONS								
2. PRESENT AND PAST MEMBERSHIP IN PROFESSIONAL AND SOCIAL ORGANIZATIONS; POLITICAL AFFILIATIONS								
SECTION V		EDUCATIONAL DATA						
1. SCHOOLS								
NAME AND LOCATION OF SCHOOL	NAME OF COURSE	DATES ATTENDED		DEGREE RECEIVED				
		FROM	TO					
US Dept. of Agriculture Graduate School Wash D. C.	Elementary Federal Gov. Accounting 1st semester	Sept 1957	Feb 1958	Grade - B				
US Dept. of Agriculture Graduate School Wash D. C.	Elementary Federal Gov. Accounting 2nd semester	Feb 1958	May 1958	Grade - A				
2. LANGUAGES AND DIALECTS								
LANGUAGE (List below each language in which you possess any degree of competence.)	COMPETENCE							
	READ		WRITE		SPEAK		UNDERSTAND	
	YES	NO	YES	NO	YES	NO	YES	NO

SECRET

(When Filled In)

11-1-58

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I GENERAL

1. FULL NAME (Last-First-Middle)
Wilcott, James Bernard Jr.

2. CURRENT ADDRESS (No., Street, City, Zone, State)
**Governor Shepard Apts Apt 103
2121 Virginia Ave NW Washington, 7 D.C.**

3. PERMANENT ADDRESS (No., Street, City, Zone, State)
same

4. HOME TELEPHONE NUMBER
NA-8-3771 Ex 103

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE
Washington, D.C.

SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.
Mrs. Elsie L. Wilcott

2. RELATIONSHIP
Wife

3. HOME ADDRESS (No., Street, City, Zone, State, Country)
2121 Virginia Ave NW Washington 7, D.C.

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country); INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE
2430 E St. Washington, D.C.

5. HOME TELEPHONE NUMBER
NA 8-3771 EX 103

6. BUSINESS TELEPHONE NUMBER
EX 3-6115

7. BUSINESS TELEPHONE EXTENSION
EX 3229

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 WIDOWED SEPARATED DIVORCED ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS
NA

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) (maiden) (Last)
Elsie Louise Paul Wilcott

4. DATE OF MARRIAGE
9/9/55

5. PLACE OF MARRIAGE (City, State, Country)
Eagle Bay, New York USA

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)
Cold Brook, New York USA

7. LIVING YES NO

8. DATE OF DEATH

9. CAUSE OF DEATH
FOR

10. CURRENT ADDRESS (Give last address, if deceased)
2121 Virginia Ave NW, Washington 7, D.C.

11. DATE OF BIRTH
9/9/34

12. PLACE OF BIRTH (City, State, Country)
Cold Brook, New York

13. IF BORN OUTSIDE U.S.-DATE OF ENTRY
NA

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)
USA

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION
Govern. clerk steno

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)
2430 E St. Washington, D.C.

CODED

QUALIFIED
DATE 15 AUG 1958

SECTION III CONTINUED TO PAGE 2

SECRET
(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR None	
22. BRANCH OF SERVICE NA	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN None	

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

1. FULL NAME (Last-First-Middle) None	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

None

SECTION V FINANCIAL STATUS

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

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

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? YES NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.
My wife also receives a salary.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.
None

SECTION V CONTINUED TO PAGE 3

SECRET
2

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2						
8. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS						
NAME OF INSTITUTION			ADDRESS (City, State, Country)			
The National Bank of Washington			Washington, D. C.			
9. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?			YES		<input checked="" type="checkbox"/> NO	
10. IF YOU HAVE ANSWERED "YES" TO QUESTION 9 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)						
SECTION VI CITIZENSHIP						
1. COUNTRY OF CURRENT CITIZENSHIP		2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:				
USA		<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):				
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP?		4. GIVE PARTICULARS				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (Paper papers, etc.)						
NA						
SECTION VII EDUCATION						
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED						
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE			<input type="checkbox"/> OVER 70 YEARS OF AGE - NO DEGREE			
<input type="checkbox"/> HIGH SCHOOL GRADUATE			<input type="checkbox"/> BACHELOR'S DEGREE			
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE			<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE			
<input checked="" type="checkbox"/> TWO YEARS COLLEGE OR LESS			<input type="checkbox"/> MASTER'S DEGREE		<input type="checkbox"/> DOCTOR'S DEGREE	
2. COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT	DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR HRS. COMPLETED (Specify)
		FROM	TO			
Utica College of Syracuse Univ. Utica, NY	Math Physics	Feb. 53	June 55	None		
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS		
		FROM	TO			
Central City Business Institute	Accounting (2 years)	Feb. 1955	Feb. 1957			
4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)						
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS		
		FROM	TO			
Ft. Belvoir Engineer School	electrician	April 1949	June 1949	8		
5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE: At present taking a course at US Dept of Agr. Title - Elementary Federal Government Accounting						

SECRET

SECRET
(When Filled In)

SECTION VIII							GEOGRAPHIC AREA KNOWLEDGE			
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.										
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY							
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT				
Okinawa		6/49 to 3/51	X							
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE										
3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.										
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY							
			HDQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING					

SECTION IX							TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (B.P.M.)		2. SHORTHAND (W.P.M.)		3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM						
40				GREGG	SPEEDWRITING	STENOYPL	OTHER (Specify):			
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)										
National Bookkeeping										

SECTION X		SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH			
Chess - Fair, Football - fair			
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK			
US Dept of Agr. Graduate School - Elementary Federal Government Accounting			
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTRANGE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.			
National Bookkeeping machines, comptometer, calculator			
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE; NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.			
None			
5. FIRST LICENSE OR CERTIFICATE (Year of issue)		6. LATEST LICENSE OR CERTIFICATE (Year of issue)	

SECRET

SECTION X CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

None

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

None

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

None

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

1. INCLUSIVE DATES (From- and To-) 3/20/57 to 2/15/58	2. GRADE 5	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Fiscal Div. Accounts Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Accounting Clerk	
6. DESCRIPTION OF DUTIES Posting of financial transactions to Allotment Ledgers		
1. INCLUSIVE DATES (From- and To-) 2/15/58 to Present	2. GRADE 5	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Finance Div. Tax and Compensation Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Payroll Clerk	
6. DESCRIPTION OF DUTIES Preparation of payroll documents considering base and premium pay and allowances, Maintaining of leave records, Conduct liaison with area division on payroll problems Application of Agency pay regulations.		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

(When Filled In)

SECTION XII CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	M		CITIZENSHIP	ADDRESS
None						

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

I feel that my instruction at the Dept. of Agr. Graduate School is giving me a good foundation in governmental accounting and I sincerely hope it will be considered in future assignments.

RECORDED
APR 14 10 23 AM '58

DATE COMPLETED 4/12/58

SIGNATURE OF EMPLOYEE
Samuel F. [unclear]

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(When Filled In)

1124

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
WILCOTT	JAMES	BERNARD JR.	

1. RESIDENCE DATA	
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED SYRACUSE, N.Y.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE COLD BROOK, N.Y.	HOME LEAVE RESIDENCE

2. MARITAL STATUS (Check one)						
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED	
IF MARRIED, PLACE OF MARRIAGE EAGLE CRY, N.Y.					DATE OF MARRIAGE 9/7/54	
IF DIVORCED, PLACE OF DIVORCE DECREE					DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED					DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)						

3. MEMBERS OF FAMILY			
NAME OF SPOUSE ELSIE LOUISE	ADDRESS (No., Street, City, Zone, State) COLD BROOK, N.Y.	TELEPHONE NO.	
NAMES OF CHILDREN STEVEN JAMES	ADDRESS COLD BROOK, N.Y.	SEX M.	DATE OF BIRTH 2/16/59
NAME OF FATHER (Or male guardian) JAMES BERNARD WILCOTT	ADDRESS UNKNOWN	TELEPHONE NO.	
NAME OF MOTHER (Or female guardian) ESTHER MAUD WILCOTT	ADDRESS 1510 BRINKERHOFF AVE. UTICA, N.Y.	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.			

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
NAME (Mr., Mrs., Miss) GERALDINE FRANCIS HOSMER	(Last-First-Middle)	RELATIONSHIP SISTER
HOME ADDRESS (No., Street, City, Zone, State) 1510 BRINKERHOFF AVE. UTICA, N.Y.		HOME TELEPHONE NUMBER
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) US ARMY	YES	
	NO	<input checked="" type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES	
	NO	<input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES	YES	<input checked="" type="checkbox"/>
	NO	

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

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(When Filled In)

8. 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 ALL BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

*CITIZEN'S BANK OF MARYLAND
RIVERDALE, MD # 460-1-576*

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. (If "Yes" where is document located?) *NO UNKNOWN*

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

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

9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT *Washington, D.C.* DATE *15 April 1965* SIGNATURE *James E. Wilcott Jr.*

CONFIDENTIAL

**STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE
 AND DETERMINATION OF COMPETITIVE STATUS**

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT

PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial) WILCOTT, JAMES BERNARD, JR.	2. DATE OF BIRTH 27 Sept. 1931	9. RETENTION GROUP
		10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT

NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
NONE										

4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"										
BRANCH	FROM—			TO—			DISCHARGE (Hon or dishon.?)	12. TOTAL SERVICE 03-08-08		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
U. S. Army	1948	Dec	13	1952	Apr	20	Hon.	13. NONCREDITABLE SERVICE (Leave 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mes Mar)	FROM—			TO—			TOTAL			14. NONCREDITABLE SERVICE (RIF purposes only):
	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)									
7. ARE YOU:									
A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
16. RETENTION RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
17. EXPIRATION DATE OF RETENTION RIGHTS									

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.

4 March 1957 (DATE)
James B. Wilcott, Jr. (SIGNATURE)

Subscribed and sworn to before me on this 4th day of March 1957 at Washington, D. C. (CITY) (STATE)

S E A L
Carroll Phillips
 Appointment Clerk

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.


INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.

Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter S2.) Employee has a competitive status. This determination is based upon the following evidence:

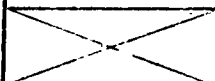
NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

*Verified
6/9/57*

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COMPUTATION DATE (Leave Purposes)
Years	03	/	03	57	03	53
Months	08	/	08	03	08	06
Days	08	/	08	04	08	26

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COMPUTATION DATE* (RIF Purposes)
Years						
Months						
Days						

* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

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SECURITY APPROVAL

DATE : 20 November 1965
YOUR REFERENCE: Memorandum dated 18 November 1965
CASE NO. : 109301
TO : Director of Personnel
ATTN :
SUBJECT : WILCOTT, James B., Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

A personal interview in the Office of Security must be arranged.

A personal interview is not necessary.

Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

Steven L. Kuhn
Steven L. Kuhn
Chief, Personnel Security Division

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STAFF AGENT CLEARANCE

DATE : 19 April 1965

YOUR REFERENCE: 32273

CASE NO. : #109301

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : ~~XXXXXXXXXXXXXXXXXXXX~~ Hilbert, James B

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-07, by DDP/WH in the capacity of

Fiscal Acct. Asst., at JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

A personal interview in the Office of Security must be arranged by your office.

A personal interview is not necessary.

W. A. Osborne

W. A. Osborne
CHIEF, PERSONNEL SECURITY DIVISION, GS



JAMES B. WILCOTT JR
MAR 57

[Redacted]

PERSONAL HISTORY STATEMENT

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I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the original document as the same appears in the files of the [redacted] and that the same is a true and correct copy of the original document as the same appears in the files of the [redacted].

STATE OF CALIFORNIA, COUNTY OF [redacted]

James B. Wilcott Jr. is a resident of the County of [redacted] State of California.

He is the [redacted] of the [redacted] and is the [redacted] of the [redacted].

He is the [redacted] of the [redacted] and is the [redacted] of the [redacted].

He is the [redacted] of the [redacted] and is the [redacted] of the [redacted].

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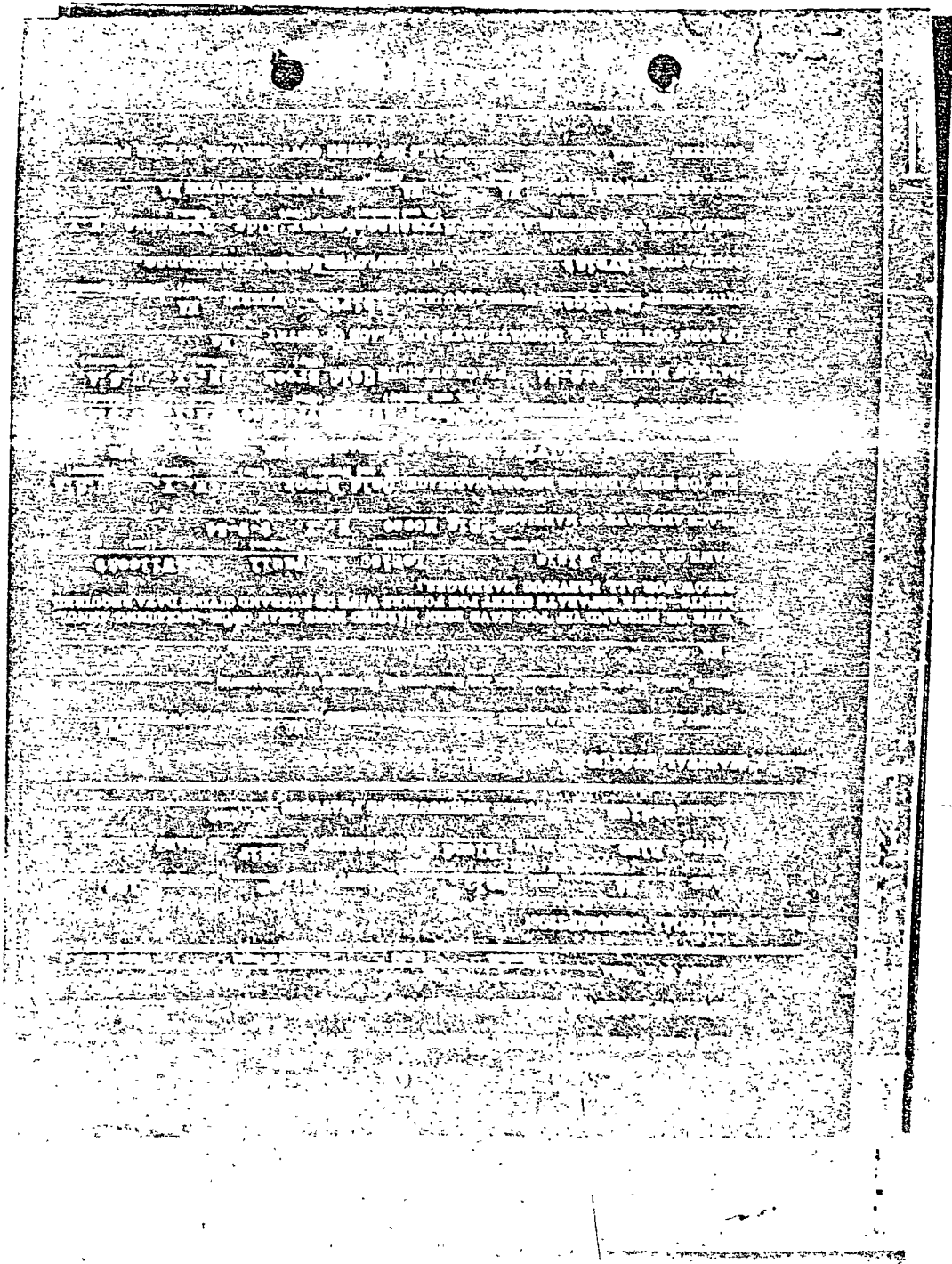
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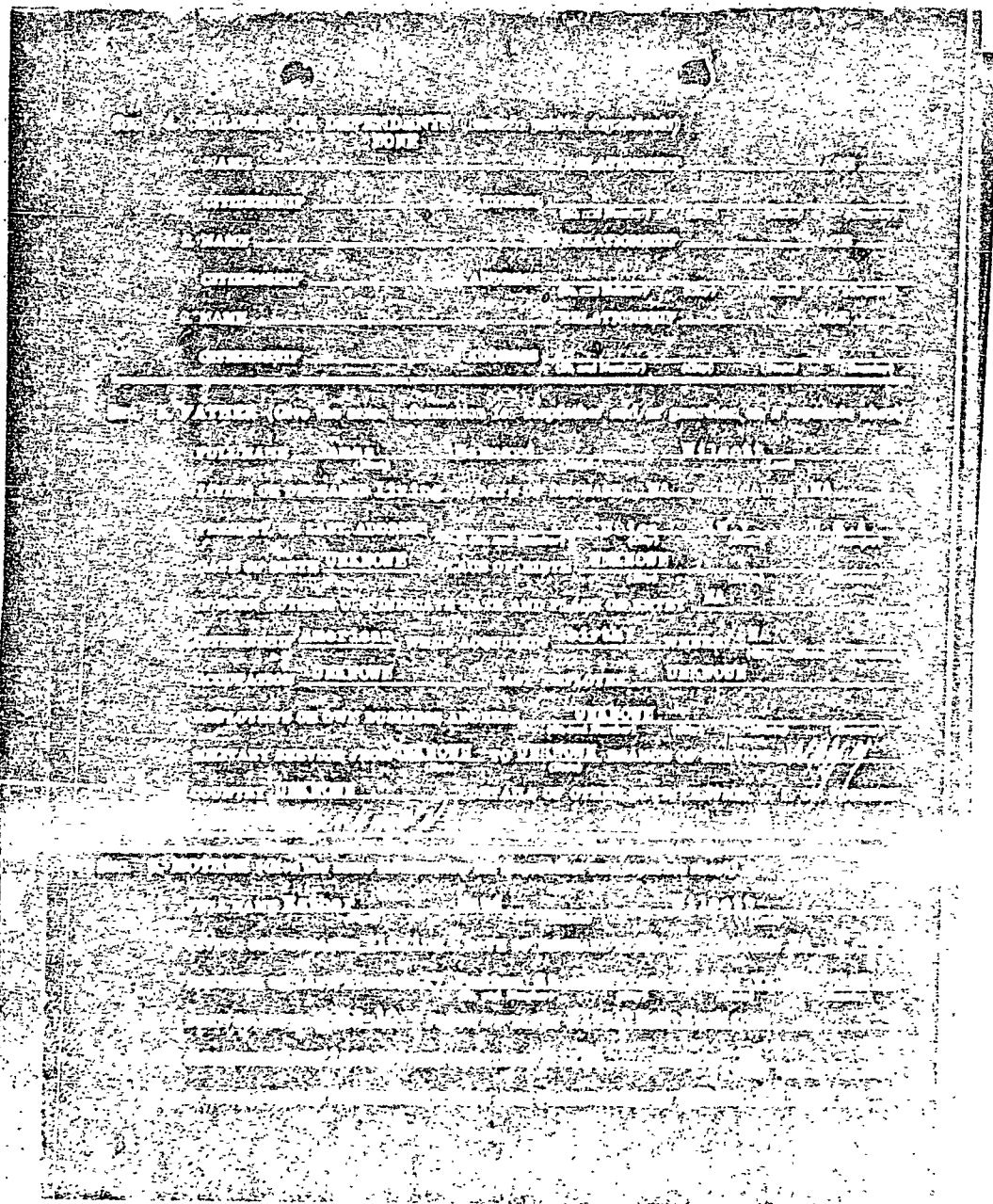
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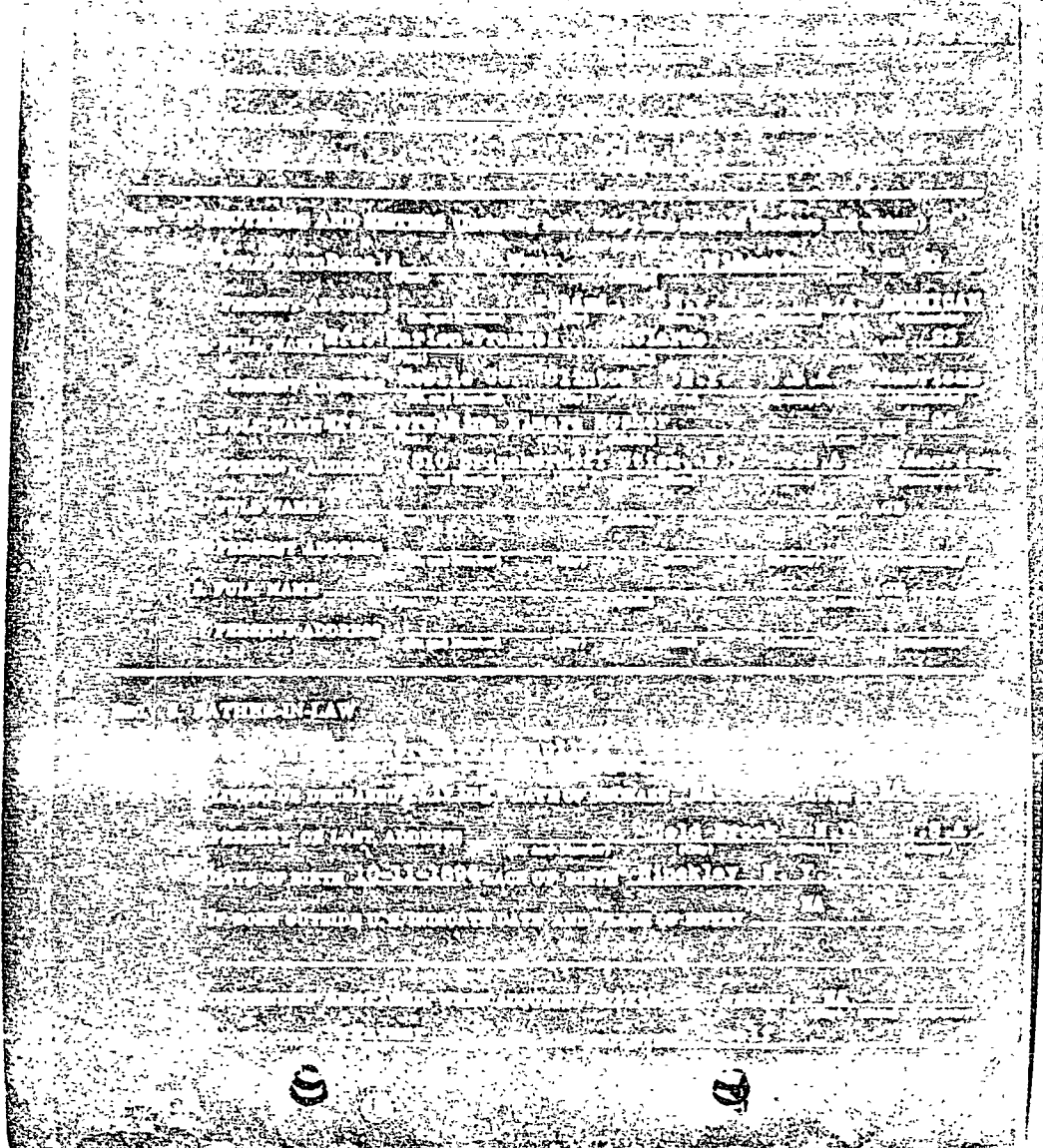
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[Redacted]







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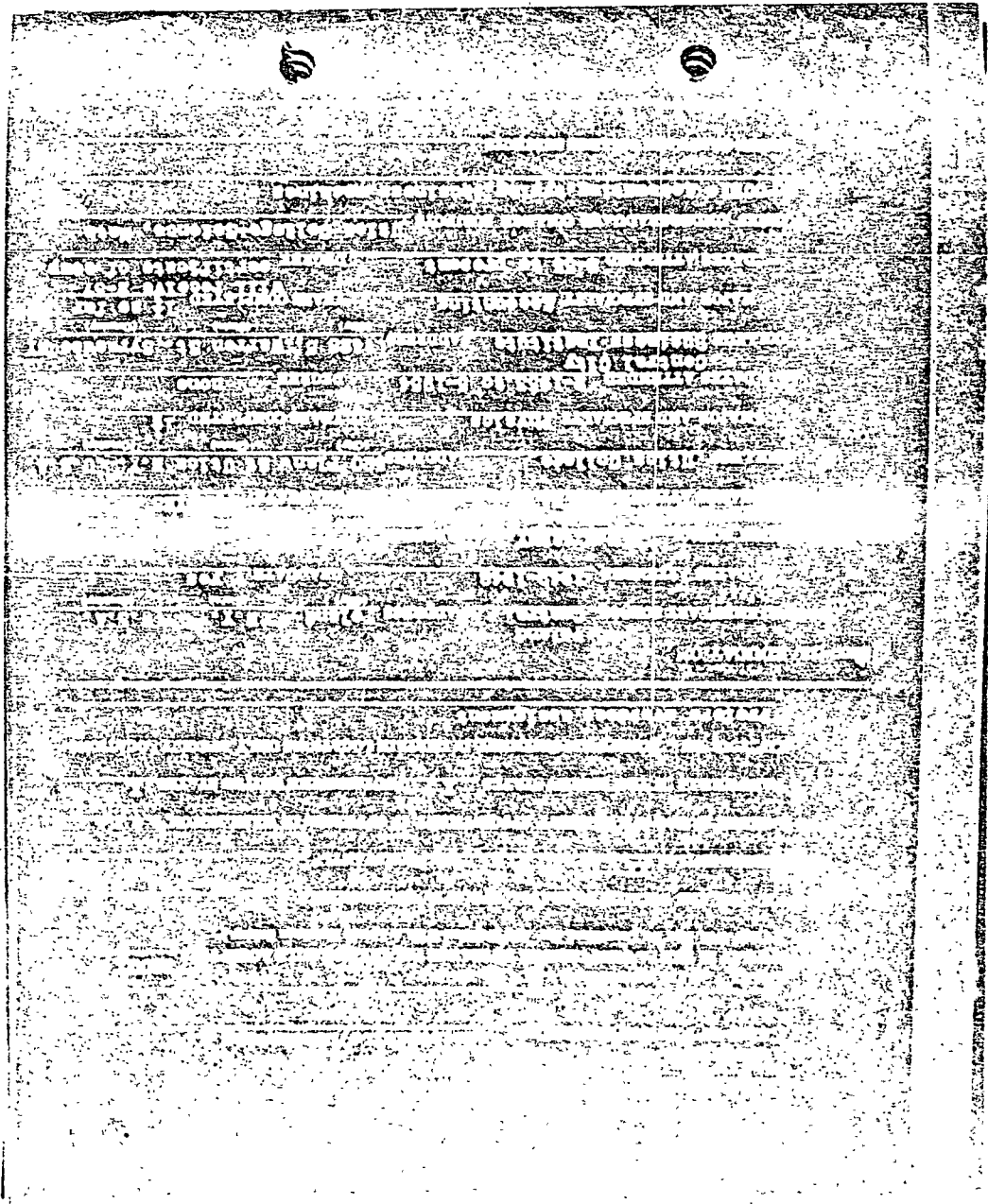
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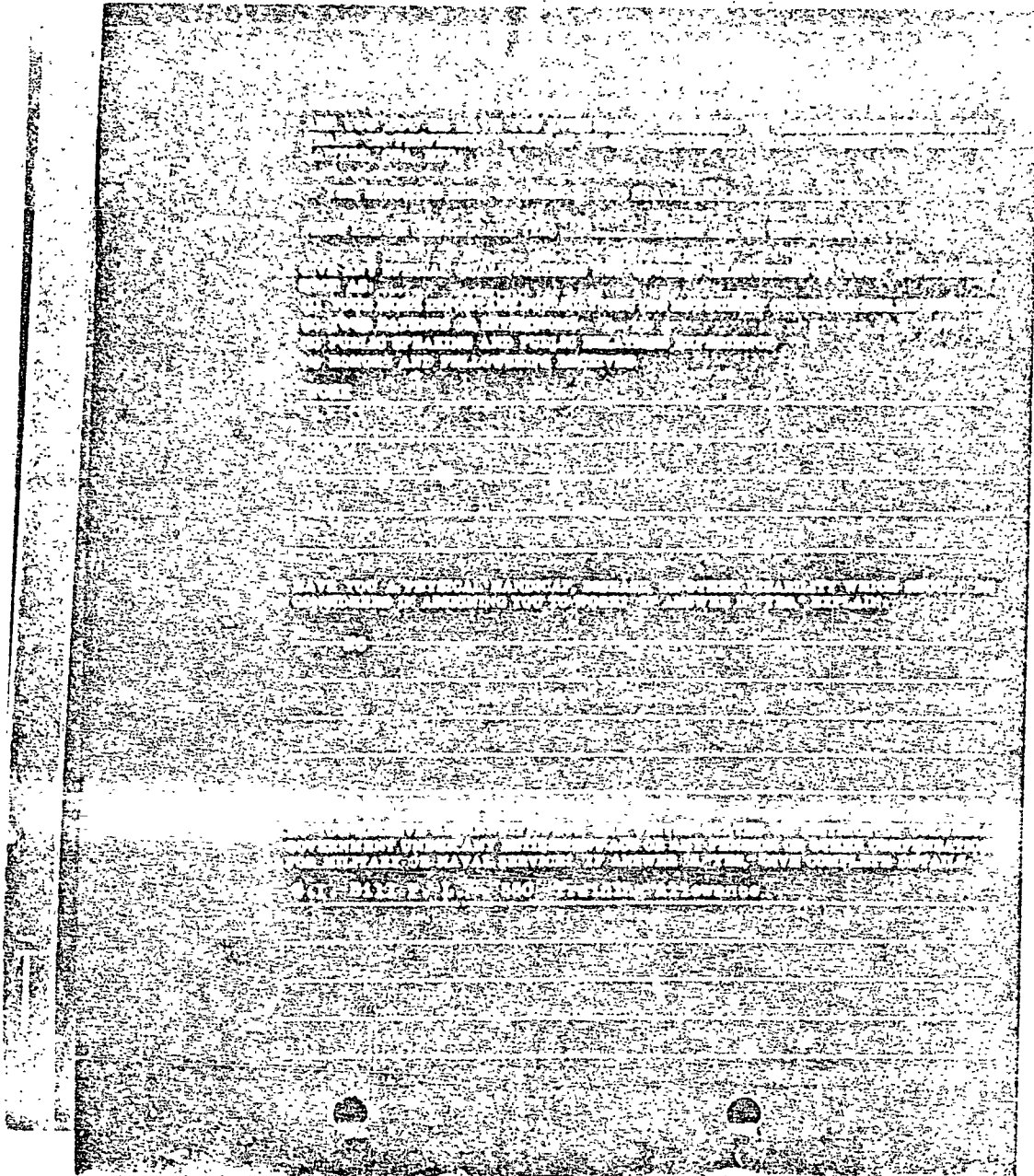
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JAMES B WILCOTT JR
 MAR 57



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JAMES B. WILCOTT JR.
 MAR 57

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[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to heavy noise and low contrast. The text appears to be organized into sections, possibly separated by horizontal lines or headings, but the specific content cannot be discerned.]

JAMES B. WILCOTT JR.
 MAR 57

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[Illegible text, possibly a signature or name.]

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[Illegible text, possibly a signature or name.]

[Illegible text, possibly a date or reference number.]

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JAMES B WILCOX JR
 MAR 57

CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 9 November 1956

**TO: Chief, Records & Services Division
Personnel Office**
**FROM: Chief, Security Division
Personnel**
SUBJECT: WILCOTT, James Bernard, Jr.

Your Reference: C-5861 Compt.

Case Number: 109301

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.

W. M. Knott
W. M. Knott
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(Black & Bernard)
11/15/56

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