



**SECRET**

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

H a n d l e   W i t h   C a r e

**SECRET**

ORIGINAL - Biographic Profile

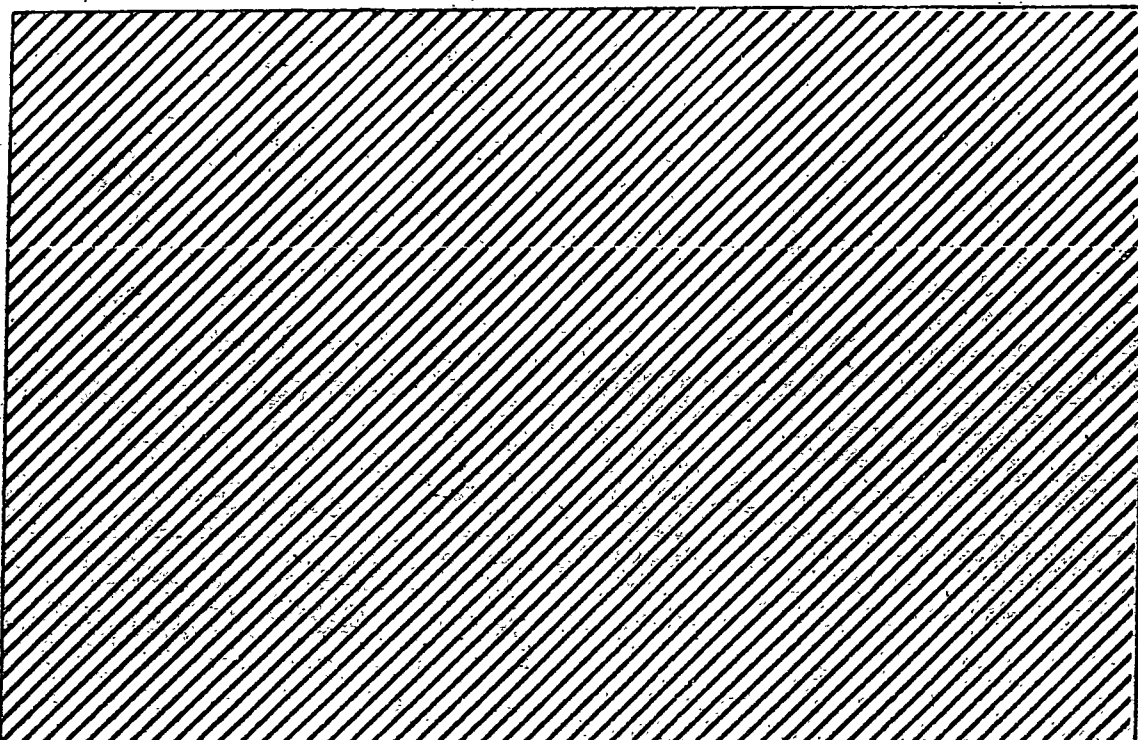
- see summarized copy in slot

Personnel Actions concerning  
Period After Mexico City  
Assignment

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>					DATE PREPARED 15 June 1964	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert				
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 05 64		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X		V TO V	V TO CF	7. COST CENTER NO. CHANGE-ABLE 5225-0079		8. LEGAL AUTHORITY (Completed by Office of Personnel) <i>Moore</i>
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION				10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.		
11. POSITION TITLE PHOTO GEN			12. POSITION NUMBER 0113		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES (011) 1060.02	16. GRADE AND STEP 10 (3)		17. SALARY OR RATE \$8200	
18. REMARKS FROM: DDP/TSD FOREIGN FIELD MEXICO CITY  Security Approval Granted by Pers. SA/OS <i>6/23/64</i> <i>Big 7/1/64</i> CG: Security & Vouchered Payroll  <div style="float: right; border: 1px solid black; padding: 2px;">Recorded by 6/27/64 <i>DW</i></div>						
18A. SIGNATURE OF REQUESTING OFFICIAL H. LEE OLSON		DATE SIGNED		18B. SIGNATURE OF OFFICER APPROVING <i>H. Lee Olson</i> H. LEE OLSON, TSD/CMO		DATE SIGNED 6/27/64
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC ALPHABETIC 41200 72		22. STATION CODE 75013	23. INTERTYPE CODE	24. MODIFIER CODE 1
25. DATE OF BIRTH MO DA YR 05 09 35		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR		28. NIE EXPIRES MO DA YR
29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE TYPE		32. CORRECTION/CANCELLATION DATA MO DA YR
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
39. FECLY / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.		41. SECURITY REG. NO.		
42. PREVIOUS GOVERNMENT SERVICE 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)		43. LEAVE CAT. CODE		44. FEDERAL TAX DATA FORM EMPLOYED CODE 1 - YES 2 - NO		45. STATE TAX DATA FORM EMPLOYED CODE 1 - YES 2 - NO
46. POSITION CONTROL CERTIFICATION <i>H. Lee Olson</i>				47. O.P. APPROVAL <i>H. Lee Olson</i>		DATE APPROVED 6/30/64

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <b>Zembernardi, Robert M.</b>	NAME AND RELATIONSHIP OF DEPENDENT* <b>Philip Edward - son</b>	CLAIM NUMBER <b>64-184</b>
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There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on ~~Log burn~~ **28 December 1963**

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

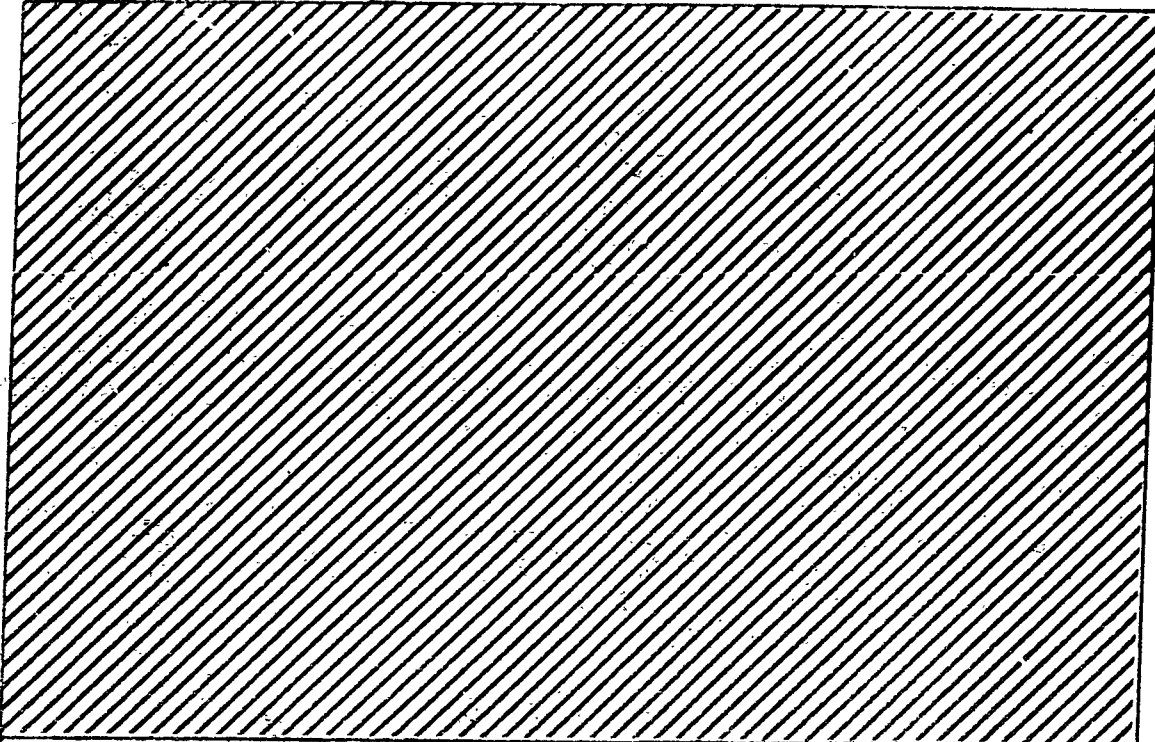
DATE OF NOTICE <b>10 FEB 1964</b>	SIGNATURE OF BSC REPRESENTATIVE <i>B. Detalica</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 2 April 1963	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FINDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V		<input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHARGE-ABLE 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico			
11. POSITION TITLE IC TECH AIDS				12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136. AT 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535	
18. REMARKS FWD M: GS-9 (2)  P.A.A. <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">Recorded by CSPD <i>JM</i></div>							
19A. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS			DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL JAMES R. SHIELDS, TSD/CMC		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMP. DT. CODE 10	21. OFFICE CODE 46575 TS	22. STATION CODE 45015	23. UNIT REF. CODE	24. NO. OF MONTHS 3	25. DATE OF BIRTH 05/19/35	26. DATE OF DEATH
27. RATE EXPIRES	28. SPECIAL REFERENCE 80	29. RETIREMENT DATA 1 - LGE 3 - FICA 5 - NONE	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA	32. SECURITY REG. NO.	33. PFR	
34. VET. PREFERENCE	35. SERV. COMP. DATE	36. LEAVE CAT. CODE	37. FEDRA. TAX DATA	38. FEED. / HEALTH INSURANCE	39. SOCIAL SECURITY NO.		
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)		41. LEAVE CAT. CODE	42. FEDRA. TAX DATA FORM EXEMPTION CODE 1 - FLS 2 - NO	43. FEED. / HEALTH INSURANCE FORM EXEMPTION CODE 1 - FFS 2 - NO	44. SOCIAL SECURITY NO.		
45. POSITION CONTROL CERTIFICATION 5 APR 1963 <i>Shuo</i>				46. O.P. APPROVAL <i>Paul C. Williams</i>		DATE APPROVED 5 Apr 63	

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>Zambonardi, Robert M</i>	NAME AND RELATIONSHIP OF DEPENDENT* <i>Paula - SON</i>	CLAIM NUMBER <i>63-460</i>
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There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on *22 February 65* *Intestinal disease*.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>8 June 1965</i>	SIGNATURE OF BSO REPRESENTATIVE <i>B. De Felice</i>
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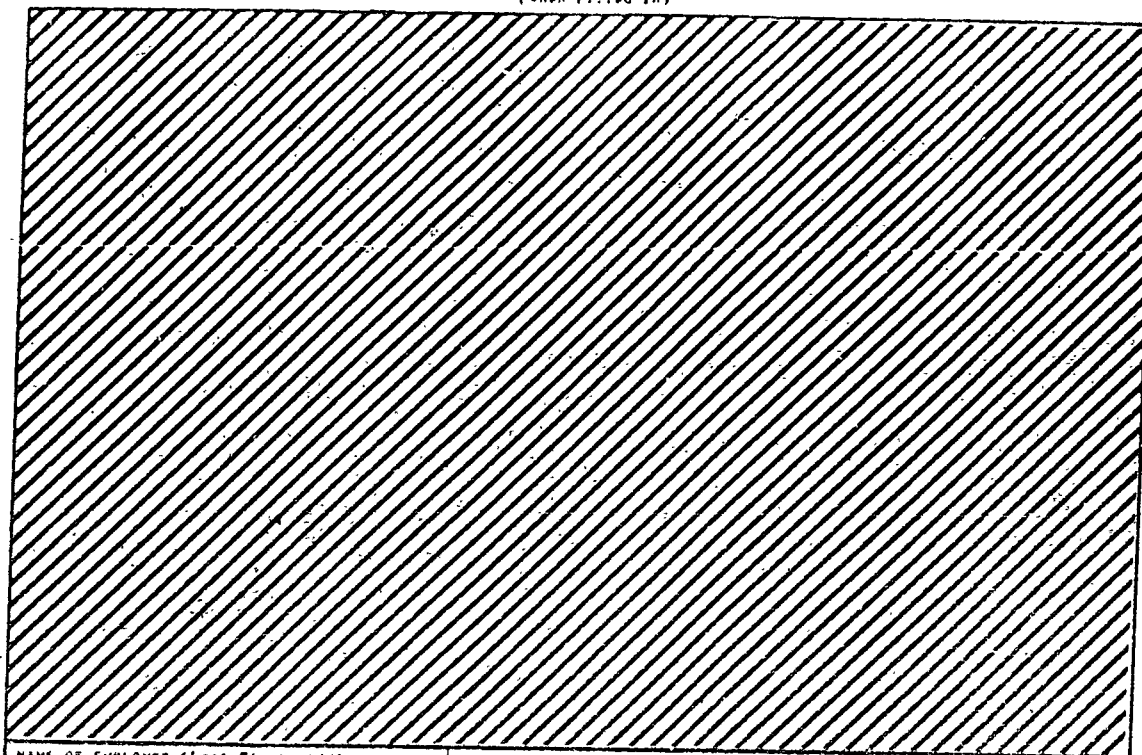
NOTICE OF OFFICIAL DISABILITY CLAIM FILE



SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1. SERIAL NUMBER 022592 ✓										2. NAME (Last-First-Middle) ZAMBERNARDI, Robert		16 January 1962	
3. NATURE OF PERSONNEL ACTION PROMOTION					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01   21   62			5. CATEGORY OF EMPLOYMENT REGULAR <del>XXXXXXXX</del>					
6. FUNDS ▶		V TO V		V TO CF		7. COST CENTER NO. CHARGE-ABLE 2:25-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
CF TO V		X=		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP/TSD - Foreign Field Western Hemisphere Mexico							
10. LOCATION OF OFFICIAL STATION Mexico City, Mexico						11. POSITION TITLE IO TECH AIDS		12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS			15. OCCUPATIONAL SERIES 0136.63			16. GRADE AND STEP # 9 (1)		17. SALARY OR RATE \$ 6435 ✓					
18. REMARKS FROM: GS-8 (1)													
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             RECEIVED              (Stamp)              13           </div>													
104. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS				DATE SIGNED		105. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>(Signature)</i> JAMES R. SHIELDS TSD/CMD				DATE SIGNED			
SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 46575 TS		22. STATION CODE 45025	23. INTERALE CODE	24. GRADE AND STEP 3	25. DATE OF BIRTH 05/09/35	26. DATE OF DEPART 1/21/62	27. DATE OF LEI 1/21/62				
28. NIE LAPSES		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - RUIF		31. SEPARATION DATA CODE	32. DEPENDENT/DEPENDENT ACTION DATA		33. SECURITY REQ. W/		34. SEA			
FOD DATA →													
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. CODE		39. FEEDS / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA		45. FORM 1042-E		46. FORM 1042-E		47. STATE CODE			
48. POSITION CONTROL CERTIFICATION NA 1-29-62	49. G.P. APPROVAL <i>(Signature)</i>				DATE APPROVED 1/27/62								

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
ZAMBERNARDI, Robert	Wife - Martha Cecilia	51-286

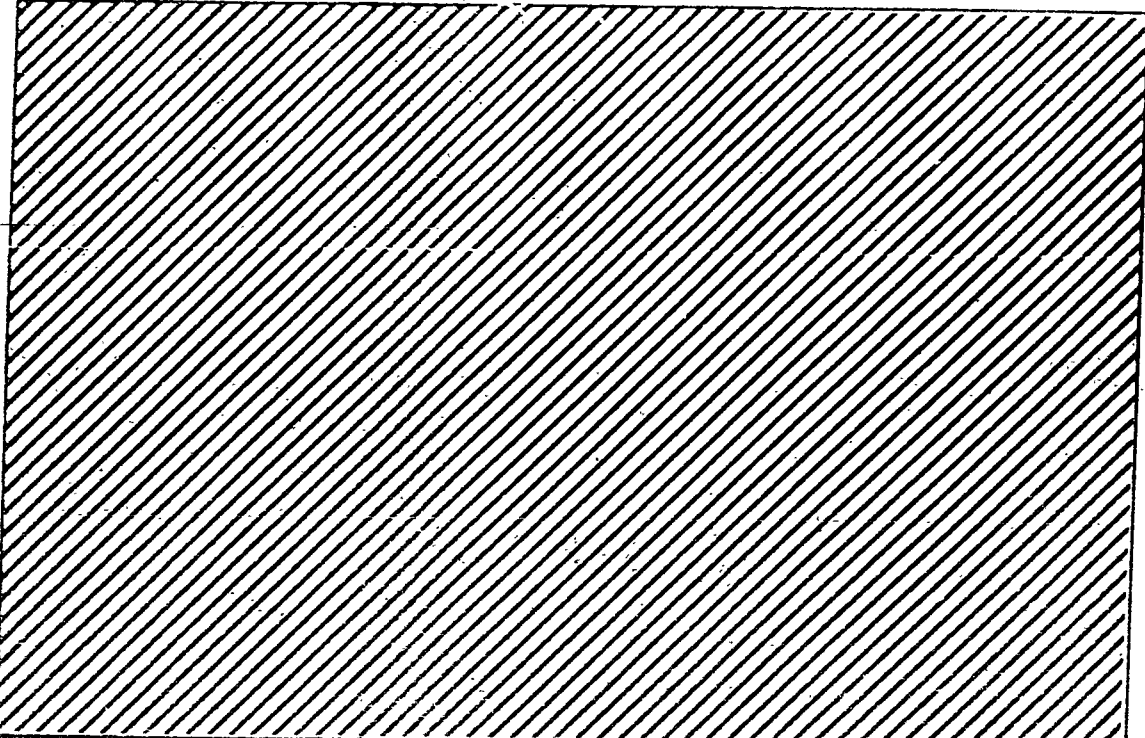
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 3 March 1961 - Leukemia of Uterus

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	<del>XXXXXXXXXX</del> Dependent	CASE OR CLAIM NUMBER
Zambernardi, Robert M.	Wife Martha	56-226

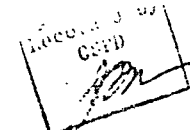
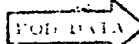
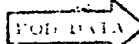
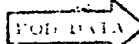
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 16 February 1960.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF REPRESENTATIVE
8 April 1960	B. De Felice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>15 Dec 1960</b>																																																																																																																																																																																	
1. SERIAL NUMBER <b>522592</b>		2. NAME (Last-First-Middle) <b>ZAMBERNARDI, Robert</b>																																																																																																																																																																																			
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>			4. EFFECTIVE DATE REGISTERED MONTH DAY YEAR <b>12 25 60</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>																																																																																																																																																																																
6. FUNDS		V TO V	X TO CF	7. COST CENTER NO. CHANGE-ABLE <b>1125-5700-3007</b>																																																																																																																																																																																	
		CF TO V	X	8. LEGAL AUTHORITY (Completed by Office of Personnel)																																																																																																																																																																																	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/TSD Western Hemisphere MEXICO</b>			10. LOCATION OF OFFICIAL STATION <b>Mexico, City, Mexico</b>																																																																																																																																																																																		
11. POSITION TITLE <b>IO TECH AIDS</b>			12. POSITION NUMBER <b>575</b>	12a. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION <b>D 3</b>																																																																																																																																																																																
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS-9</b>		15. OCCUPATIONAL SERIES <b>0136.63</b>	16. GRADE AND STEP <b>08 01</b>		17. SALARY OR RATE <b>5885</b>																																																																																																																																																																																
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<i>12-21-60</i>			<i>[Signature]</i>																																																																																																																																																																																		

Personnel Actions Committee  
From the Personnel Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	
ATTN:	Personnel	FILE NO. 4954
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional		EMPLOYEE NO.

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

Block Records: (OPMEMO 20-800-11) Resignation effective 20 Aug 65

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

b. Continuing, effective EOD Jul 56

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

NA Ascertain that Army W-2 being issued. (HB 20-561-1)

NA Submit Form 1322 for any change affecting this cover. (R 240-310)

NA Submit Form 1323 for transferring cover responsibility. (R 240-350)

Remarks:

Cover Hist

Forwarding Address:  
c/o American Embassy  
Mexico City, Mexico  
Employment Address:  
Unknown

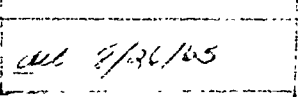
*James J. Transition*

NM/ul CHIEF MILITARY COVER CCA

DESTRUCTION: Copy 1-PDD, Copy 2-Operating Component Copy 3-01 D 05 Copy 4-01/TELE Copy 5-PDD/CS, Copy 6 File

SECRET  
(When Filled In)

N.M. 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION																	
OEF																	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)															
022592		ZAMBERNARDI ROBERT															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT										
RESIGNATION					08 20 65		REGULAR										
6. FUNDS				7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>				V TO V	V TO CF	CF TO V	CF TO CF	6125 0079 0000									
V TO V	V TO CF																
CF TO V	CF TO CF																
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION					WASH., D. C.												
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION										
PHOTOG GEN					0113		D										
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
GS			1060.02		11 3		9240										
18. REMARKS																	
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. POSTICE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
45		10										05 09 35					
28. W/A CAPTES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA		32. CANCELLATION/CANCELLATION DATA		33. SECURITY R/S NO		34. SEX		EOD DATA			
						3ACOM											
35. NET PREFERENCE		36. SERV LUMP DATE		37. LONG LUMP DATE		38. EMPLOY CATEGORY		39. FEET/HEALTH INSURANCE		40. SOCIAL SECURITY NO							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE 3. BREAK IN SERVICE (MAY 1 1951) 4. BREAK IN SERVICE (MAY 1 1951)						1. YES 2. NO				1. YES 2. NO							
SIGNATURE OR OTHER AUTHENTICATION																	

FORM 1150 11 67

Use Previous Edition

SECRET

*Jga*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification  
(When Filled In)

1150 11 67  
(When Filled In)

1. Serial No.		2. Name			3. Cost Center Number			4. LWOP Hours		
022592		ZAMBERNARDI ROBERT			41 575 CF					
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last PR Date	Grade	Step	Salary	Effective Date	PM	EM	ADI
GS 10	2	\$ 7,945	04/14/63	GS 10	3	\$ 8,200	04/12/64			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE: 6 March 1964										
PAY CHANGE NOTIFICATION										



SECRET  
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
022502		ZAMBERNARDI ROBERT													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
PROMOTION (CORRECTION)					04 14 63		REGULAR								
6. FUNDS		W TO W		W TO CF		7. COST CENTER NO (CHARGEAGE)		8. GIC OR OTHER LEGAL AUTHORITY							
CF TO V		X		CF TO CF		3125 5700 2407		50 USC 403							
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION										
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO										
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION								
10 TECH A105					0575		D								
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE								
GS			0136.93		10 2		7535								
18. REMARKS															
THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.93."															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE		21. OFFICE CODING		22. STATION CODE		23. INTEROFFICE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
		ALPHABETIC ALPHABETIC								MO DA YA		MO DA YA		MO DA YA	
										04 14 63					
28. HTR EFFRPTS		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX			
NO DA YA								TYPE MO DA YA		L					
								L		L					
35. VET PREFERENCE		36. SENY COMP DATE		37. LONG COMP DATE		38. EARLIER CATEGORY		39. FECS / HEALTH INSURANCE		40. SOCIAL SECURITY NO					
CODE		MO DA YA		MO DA YA		CODE		CODE		CODE					
								O - BALANCED HEALTH INS CODE							
								1 YES							
								2 NO							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA							
CODE				CODE		CODE		CODE		CODE		CODE		CODE	
1. NO. PREVIOUS SERVICE				1. YES		1. YES		1. YES		1. YES		1. YES		1. YES	
2. BREAK IN SERVICE				2. NO		2. NO		2. NO		2. NO		2. NO		2. NO	
3. BREAK IN SERVICE LESS THAN 2 YRS															
4. BREAK IN SERVICE MORE THAN 2 YRS															
SIGNATURE OR OTHER AUTHENTICATION										POSTED 15 APR 1963 <i>[Signature]</i>					

FORM 1150-1 APR 1963  
1150-1

Use Previous Edition

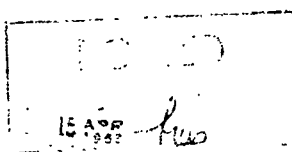
SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

14-881  
(When Filled In)

SECRET  
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER 022592		2. NAME (LAST FIRST MIDDLE) ZAMBERNARDI ROBERT											
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE MO. DA. YR. 04 14 63		5. CATEGORY OF EMPLOYMENT REGULAR					
A. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE 3125 5700 3007		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J					
CF TO V		X		CF TO CP		9. ORGANIZATIONAL DESIGNATIONS DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO					10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO		
11. POSITION TITLE 10 TECH AIDS						12. POSITION NUMBER 0575		13. SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0130.01			16. GRADE AND STEP 10 2		17. SALARY OR RATE 7535					
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE PP	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 46-075 75		22. STATION CODE 46075	23. INTEGREE CODE 3	24. HEIGHT CODE		25. DATE OF BIRTH MO DA YR 05 14 63		26. DATE OF GRADE MO DA YR 04 14 63		27. DATE OF LEI MO DA YR 04 14 63	
28. NIE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CSC 2. PICA 3. OTHER		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY SEC NO		34. SER	
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE CODE CODE U WA LEA HEALTH INS CODE		40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1. NO PREVIOUS SERVICE 2. DRIVE IN SERVICE CLASS (FROM 1-1953) 3. AREA IN SERVICE (FROM 1-1953)				42. LEAVE CAT. 43		44. FEDERAL TAX DATA FORMER EMPLOYER CODE NO. TAX DEPENDENTS FORM EXCLUDED CODE NO. TAX STATE CODE		45. STATE TAX DATA					
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;">  </div>													

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575 CF	GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION					01   21   62		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		2125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO						
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
10 TECH AIDS					0575		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		09 1		6435				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOYER CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
22	10	NS575	TS	115075		3	05   09   35	01   21   62	01   21   62		
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. FORFEITURE-CANCELLATION DATA		33. SECURITY REQ NO	34. SEX
								EOD DATA			
35. VET PREFERENCE		36. SERVICEMAN'S DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/CD		39. FECLY / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>1/25/62 <i>OM</i></p> </div>											

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 739 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 16 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD GR- ST OLD SALARY NEW GR- ST NEW SALARY  
 ZAMBERNARDI ROBERT 022592 46575 CF 09 1 \$ 6433 09 1 \$ 6674

1. Serial No		2. Name		3. Cost Center Number				4. LWOP Hours			
022592		ZAMBERNARDI ROBERT		46 575 CF 10							
5. OLD SALARY RATE					6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI	
GS 09		\$ 6,675	01/21/62	GS 09	23	\$ 6,900	01/20/63				
8. Remarks and Authentication											
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE: <i>[Handwritten Signature]</i>						DATE: <i>[Handwritten Date]</i>					
PAY CHANGE NOTIFICATION											

Form 560

Obsolete Previous Edition

(4-51)

SECRET  
 (When Filled In)

1. Serial No		2. Name		3. Cost Center Number				4. LWOP Hours			
22592		ZAMBERNARDI ROBERT		DIP/TSD 10 UV							
5. OLD SALARY RATE					6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI	
GS 08	1	\$ 5,885	12/25/61	GS 08	2	\$ 6,050	12/24/61				
8. Remarks and Authentication											
/ / IN LWOP STATUS AT END OF WAITING PERIOD / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD											
PAY CHANGE NOTIFICATION											

Form 560

Obsolete Previous Edition

SECRET

(4-51)

BLT: <sup>23</sup> 28 DEC 1960

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
022592		ZAMBERNARDI ROBERT											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT				
PROMOTION						MO DA YR 12 25 60			REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CF		1125 5700 3007			50 USC 403 d				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP TSO WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO							
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION				
10 TECH AIDS						0575			D				
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS				0136.63		08 1		5885					
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. Hdqrs. Code	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
22	10	A6575 TS		45075		3	MO DA YR 05 09 35			MO DA YR 12 25 60		MO DA YR 12 25 60	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY RLO NO.	34. SEX	
NO DA YR				1. CAL 2. FICA 3. NONE				EOD DATA					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LEO		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.		
CODE 0 - NONE 1 - 5 YR 2 - 10 YR		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE CODE 0 - WAIVER 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 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				1 - YES 2 - NO		FORM EXECUTED CODE NO TAX EXEMPTIONS			FORM EXECUTED CODE NO TAX EXEMP STATE CODE				
SIGNATURE OR OTHER AUTHENTICATION													
<p>POSTED</p> <p><i>[Signature]</i></p>													

SECRET  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Prof.		5. Sex		6. CS - FOD		
522592		ZAMBERNARDI ROBERT				Mo. Da. Yr.	None-0 5 Pt-1 10 Pt-2		Code		M 1		Mo. Da. Yr.	07 30 56	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidavit			11. FEGLI		12. TCD		13. Annu. Serv. Cde		
Mo. Da. Yr.	Yes-1 No-2	Code		50 USCA 403 J		Mo. Da. Yr.	Yes-1 No-2		Code		Mo. Da. Yr.	Yes-1 No-2	Code		
08 02 54	1	1					1		1		07 30 56	2	2		

### PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code		
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR				4448		WASH. D.C.				75013		
16. Dept. - Field		17. Position Title				18. Position Flz.		19. Serv.		20. Occup. Series		
Dept - 1 USfld - 3 Frgn - 5	Code		PHOTOG GEN				0513		GS		1060.02	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. Pst. Dtd		26. Appropriation Number		
07 1		\$ 4980		DT		Mo. Da. Yr.	Mo. Da. Yr.	9 2500 25 007				
						12 28 58	12 27 59					

### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		04 19 59		REGULAR		01			

### PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code		
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO				4455		MEXICO				45000		
33. Dept. - Field		34. Position Title				35. Position Flz.		36. Serv.		37. Occup. Series		
Dept - 1 USfld - 3 Frgn - 5	Code		10 TECH AIDS				0575		GS		0136.63	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. Pst. Dtd		43. Appropriation Number		
07 1		\$ 4980		DT		Mo. Da. Yr.	Mo. Da. Yr.	9 2500 75 007				
						12 28 58	12 27 59					

44. Remarks

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

POSTED

24 APR 1959

RW

4/20/59

NOV 1961

SECRET  
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER  
22592

**SECTION A GENERAL**

1. NAME (Last) (First) (Middle): **ZAMBERNARDI, Robert M.**

2. DATE OF BIRTH: **9 May 1935**

3. SER: **M**

4. GRADE: **GS-8**

5. SERVICE DESIGNATION: **KURIOT**

6. OFFICIAL POSITION TITLE: **IO TECH AIDS**

7. OFF/DIV/BR OF ASSIGNMENT: **WH/III/MEXI**

8. CAREER STAFF STATUS:  MEMBER

9. TYPE OF REPORT:  ANNUAL

10. DATE REPORT DUE IN O.P.: **31 AUGUST 1961**

11. REPORTING PERIOD: **7/1/60 - 6/30/61**

**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

RATING NO. 6		RATING NO. 5
RATING NO. 5		RATING NO. 5
RATING NO. 6	SPECIFIC DUTY NO. 6	RATING NO.

**SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects falls 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. **5**

**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)

OFFICE OF PERSONNEL

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 provide the basis for determining future personnel actions.

2 01 PM '61

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

██████████ was commended by COS, Mexico in January 1961 and a review of this file should include a review of HMT-1798 dated 12 January 1961.

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 13 September 1961 SIGNATURE OF EMPLOYEE /s/ Robert M. Zambernardi

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 13 September 1961 OFFICIAL TITLE OF SUPERVISOR Deputy Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ in pseudo

3. BY REVIEWING OFFICIAL

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

COMMENTS OF REVIEWING OFFICIAL

DATE 13 September 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ in pseudo

SECRET



14-00000

Fitness Reports for period After, and  
Personnel Actions for period prior to —  
Assignment Mexico City

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>					EMPLOYEE SERIAL NUMBER <b>22592</b>						
<b>SECTION A GENERAL</b>											
1. NAME (Last) <b>ZAMBERNARDI</b> (First) <b>Robert</b> (Middle)			2. DATE OF BIRTH <b>9 May 1935</b>		3. SEX <b>M</b>		4. GRADE <b>GS-7</b>				
5. SERVICE DESIGNATION <b>KURIOT</b>			6. OFFICIAL POSITION TITLE <b>IO TECH AIDS</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>KURIOT/Mexico</b>					
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.			11. REPORTING PERIOD From		To SPECIAL (Specify)						
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).											
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent		5 - Excellent		6 - Superior	7 - Outstanding
				RATING NO. <b>5</b>					RATING NO. <b>4</b>		
				RATING NO. <b>6</b>					RATING NO. <b>4</b>		
				RATING NO. <b>5</b>					RATING NO. <b>6</b>		
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.									RATING NO. <b>4</b>		
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS						NOT APPLICABLE		NOT OBSERVED		RATING	
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):											
<b>SEE SECTION "E" ON REVERSE SIDE</b>											

19601/229

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 basis for determining future personnel actions.

Dec 29 11 04 AM '60  
MAIL ROOM

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

**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: 27 Oct 1960 SIGNATURE OF EMPLOYEE: Subject signed form 45a in pseudo.

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 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: 27 Oct 1960 OFFICIAL TITLE OF SUPERVISOR: TYPED OR PRINTED NAME AND SIGNATURE: Winston Scott

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: OFFICIAL TITLE OF REVIEWING OFFICIAL: TYPED OR PRINTED NAME AND SIGNATURE:

SECRET

**SECRET**  
(When Filled In)

13 AUG 1959  
122592

<b>FITNESS REPORT</b>	EMPLOYEE SERIAL NUMBER <b>122592</b>
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SECTION A GENERAL			
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert M.</b>	2. DATE OF BIRTH <b>9 May 1935</b>	3. SEX <b>M</b>	4. GRADE <b>GS-7</b>
5. SERVICE DESIGNATION <b>DT</b>		6. OFFICIAL POSITION TITLE <b>PHOTO GEN</b>	
		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/TSS/TA/PSD</b>	
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 checked="" type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. <b>30 June 1959</b>		11. REPORTING PERIOD <b>Dec 1958 to Jun 1959</b>	

**SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES**  
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
		ATING NO. <b>3</b>			ATING NO. <b>4</b>	
		ATING NO. <b>4</b>			ATING NO. <b>5</b>	
		ATING NO. <b>4</b>			ATING NO. <b>3</b>	

**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. <b>4</b>
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**SECTION D DESCRIPTION OF THE EMPLOYEE**  
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING				
			1	2	3	4	5
GETS THINGS DONE					XX		
RESOURCEFUL					XX		
ACCEPTS RESPONSIBILITIES						XX	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					XX		
DOES HIS JOB WITHOUT STRONG SUPPORT					XX		
FACILITATES SMOOTH OPERATION OF HIS OFFICE					XX		
WRITES EFFECTIVELY	XX						
SECURITY CONSCIOUS						XX	
THINKS CLEARLY					XX		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS	XX						
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'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

**SECTION F CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

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 OFFICIAL TITLE OF SUPERVISOR

25 JUNE 1959

C/TSS/PSD/OSL

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 THEIR EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL

25 JUNE 1959

I. O. TECH. AIDS

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>122592</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert</b>		2. DATE OF BIRTH <b>5 Sept 1935</b>		3. SEX <b>M</b>	4. GRADE <b>GS-5</b>
5. SERVICE DESIGNATION <b>DT</b>	6. OFFICIAL POSITION TITLE <b>PHOTOG GEN</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/TSS/TA/PD</b>	
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 checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. <b>December 1958</b>		11. REPORTING PERIOD <b>Dec 1957 to Dec 1958</b>		SPECIAL (Specify) <b>Also Promotion</b>	
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
7 - Outstanding					
		RATING NO. 3	RATING NO. 4		RATING NO. 4
		RATING NO. 4			RATING NO. 4
		RATING NO. 3	SPECIFIC DUTY NO. 6		RATING NO.
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <b>4</b>
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLICABLE	NOT 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.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

**SECTION F CERTIFICATION AND COMMENTS**

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

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 8 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Subject on leave, will be shown to him later

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 23/12/58 OFFICIAL TITLE OF SUPERVISOR DC/TSS/PSD/OSC

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 MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE 23 DECEMBER 1958 OFFICIAL TITLE OF REVIEWING OFFICIAL DC/TSS/PSD TYPED OR PRINTED NAME AND SIGNATURE

SECRET

14-00000

Fitness Reports and other  
Personnel Documents During Period  
Prior His Assignment to Mexico City