

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
31 July 1973

| | | | |
|---|------------------------------------|--|---|
| 1. SERIAL NUMBER 007667 | | 2. NAME (Last-First-Middle) Bustos Videla, Charlotte Z. | |
| 3. NATURE OF PERSONNEL ACTION Reassignment | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 03 03 73 |
| 5. CATEGORY OF EMPLOYMENT Regular | | | 6. FUNDS X V TO V CF TO V |
| 7. FAN AND NSCA 42354525 0000 | | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |
| 9. ORGANIZATIONAL DESIGNATIONS DDO/WH Division FI Staff | | 10. LOCATION OF OFFICIAL STATION Washington, D.C. | |
| 11. POSITION TITLE OPS Officer | | 12. POSITION NUMBER 0640 | 13. CAREER SERVICE DESIGNATION D |
| 14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS | 15. OCCUPATIONAL SERIES 0136.01 | 16. GRADE AND STEP 13 7 | 17. SALARY OR RATE \$ 23642 |

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18. REMARKS
Home Base: WII

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| 18A. SIGNATURE OF REQUESTING OFFICIAL H. H. Beuthold C/WH/Pers | DATE SIGNED 31 Jul 73 | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER W. L. Korman | DATE SIGNED 31-7-73 |
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

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| 19. ACTION CODE 39 | 20. EMPLOY. CODE 10 | 21. OFFICE CODING NUMERIC: 51100 ALPHA: WH | 22. STATION CODE 75013 | 23. INTERGR. CODE | 24. HOURS CODE 1 | 25. DATE OF BIRTH MO. DA. YR. 2 11 29 | 26. DATE OF GRADE MO. DA. YR. | 27. DATE OF LEI MO. DA. YR. |
| 28. NTE EXPIRES MO. DA. YR. | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA CODE | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. | EOD DATA | | 33. SECURITY REG NO | 34. SSN |
| 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 CAB/RESV PROV/TIMP | 39. FEGLI/HEALTH INSURANCE CODE -PAID -RESV -OPT -RELEASABLE | 40. SOCIAL SECURITY NO | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA FORMS EXECUTED CODE 1-YES 2-NO | 44. STATE TAX DATA FORMS EXECUTED CODE 1-YES 2-NO | 45. POSITION CONTROL CERTIFICATION 11/26/73 | | 46. DATE APPROVAL 31 Jul 1973 | | 47. DATE APPROVED 8-1-78 |

FORM 8-72 1152

USE PREVIOUS EDITION

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CLASSIFIED BY 01-0332

11-2 AMOR

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EYES ONLY

17 JAN 1973

MEMORANDUM FOR: Chairman, GS-13 Evaluation Board

**SUBJECT : Recommendation for Promotion to GS-14
Charlotte Bustos-Videla**

1. It is recommended that Charlotte Bustos-Videla be promoted from GS-13 to GS-14.

2. The performance of this officer has been characterized for many years by all of her supervisors as consistently strong to outstanding. She has been able to establish herself as indispensable in each Headquarters Branch or Field Station assignment, usually functioning as the backbone of the unit to which assigned. Since return to Headquarters in September 1972 from her field assignment in Mexico, her performance has been entirely congruent with the thrust of the Field Station's enthusiasm over her ability, performance, attitude and growth potential. She is currently chief of the Cuban and CA Section of her branch, and has established once again her mastery over her assigned duties. She is the kind of sound, dependable, yet imaginative officer greatly appreciated by her supervisors. In short, she is a true professional who performs beyond her grade level.

3. In regard to her potential, she has served in the Agency since 1951, starting as a secretary/stenographer, and advancing brilliantly with each new challenge offered. She achieved professional status in 1953 and has spent the bulk of her time since then specializing in Latin American affairs, demonstrating total flexibility in assignments, a voracious appetite for work and a penchant for exceptionally precise and thorough production. A review of her career to date can lead to the conclusion that she has always risen successfully to each new professional challenge, and is still far from reaching her maximum capacities. While she has had little supervisory experience in the field, her supervisor was of the opinion that she is a "natural leader". This has been borne out in her performance in her current capacity as a Branch Section Chief, in which she has demonstrated exemplary supervisory ability. Notwithstanding her drive, aggressiveness and professional aplomb, she is a popular co-worker, is receptive to guidance and sensitive and responsive to the needs of her subordinates.

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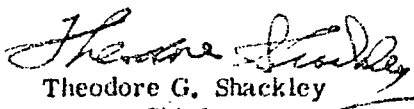
4. This employee has utilized her fluency in the Spanish language to maximum advantage in her work. Formal testing recently confirmed her high proficiency in that language. Coupled with a comprehensive training record and her invaluable experiences over a twenty year period, she has become particularly effective in Latin American operations and operational support, demonstrating excellence in each of several recognized specializations, including CI operations, functional support, reports and requirements, area support and varied covert action activities.

5. The officer's adaptability, high intelligence and mastery over her trade was of inestimable value to Mexico City Station, and over a five year period from 1967 to 1972, she functioned as the Station's internal troubleshooter. Her duties included the maintenance of

[redacted] target analysis, reports writing, operational support, handling of [redacted] agents, and special assignments as the Chief of Station's Executive Assistant.

6. The employee is occasionally called upon by the Office of Training to administer specialized training, and she was chosen recently to attend the Mid-Career Course ending in December 1972. Meanwhile, her absence from her new job is felt sorely by the Branch. It is expected that her current assignment will last about two years.

7. In summary, we have here an exceptional officer who has been performing at the level of a GS-14 for some years; it is now time to promote her to that grade commensurate with her performance and which she so justly deserves.


Theodore G. Shackley
Chief
Western Hemisphere Division

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MEMORANDUM FOR: Chairman, QSI - Honor and Merit Awards Panel
SUBJECT: Request for Quality Step Increase (HR 20-37)
Mrs. Charlotte Bustos-Videla

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for Charlotte Bustos-Videla.
2. As noted in the attached fitness report, Subject's performance of her duties has been uniformly outstanding. In addition to her responsibilities in the Cuban section of the Mexico City Station, she has recently been made the executive assistant to the Chief of Station at Mexico City. In this job, she screens all incoming material for matters of interest to the Chief and Deputy Chief of Station. She also continues performing her past functions in the Cuban section for the Station.
3. Subject's present high quality of performance is typical of her performance since she entered the Agency in 1951. It is fully expected that this level of performance will be maintained.
4. Although the present Chief of Station was not the reviewing official on the attached fitness report, he has commented that he considered Subject an outstanding officer and has recommended that she be considered for a Quality Step Increase.

William V. Broe

William V. Broe
Chief

Western Hemisphere Division

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EYES ONLY
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16 MAR
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MEMORANDUM FOR: Secretary, CBCS Panel (Section A)

SUBJECT: Recommendation for Promotion to Grade GS-13
Charlotte Z. Bustos-Videla

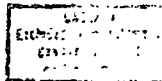
1. The promotion of Charlotte Z. Bustos-Videla from GS-12 to GS-13 is hereby recommended.

2. This exceptional officer has now been performing at a senior level for several years and, while recognition through a Quality Step Increase was granted her last year, her sustained performance clearly exceeding the requirements of a GS-13 qualifies her for a promotion at this time. Subject is one of the outstanding women who have demonstrated their capacity for even further advancement within the Agency and will probably continue to advance in the future. The present recommendation is based on already demonstrated ability to operate at a senior level.

3. Subject is 36 years old and has been in grade as a GS-12 for the past five and one-half years.

R. W. Verheul
Desmond Fitzgerald
Chief,
Western Hemisphere Division

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(When Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED | |
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| 1. SERIAL NUMBER 007667 | | | | | | 2. NAME (Last-First-Middle) Bustosvidola, C/ Z. | |
| 3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds | | | | 4. EFFECTIVE DATE REQUESTED MONTH: 09 DAY: 17 YEAR: 72 | | 5. CATEGORY OF EMPLOYMENT Regular | |
| 6. FUNDS | | 7. FINANCIAL ANALYSIS NO. CHARGEABLE | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | |
| X | | 3235-0620 | | COO/WF. | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/WH Division Branch 1 CA Section | | | | 10. LOCATION OF OFFICIAL STATION Wash., D. C. | | | |
| 11. POSITION TITLE Ops Officer (D-13) | | | | 12. POSITION NUMBER 1294 | | 13. CAREER SERVICE DESIGNATION D | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS | | 15. OCCUPATIONAL SERIES 0136.01 | | 16. GRADE AND STEP 13 7 | | 17. SALARY OR RATE \$ 22,487 | |
| 18. REMARKS FROM: DDP/WH/BR 1/MEXICO CITY STATION/0418 *HOME BASE: WH 2 - Security 1 - Finance Security Approval Granted by Pers. SO/OS 15 Sept 72 Issue Army W-2 (Concur: CCS <u>C. Smith</u>) 25 SEP 1972 22 SEP 1972 E 2 IMPDET CL BY 007034 | | | | | | | |
| 19A. SIGNATURE OF AUTHORIZING OFFICIAL Henry L. Berthold, C/WH/Pers | | | | DATE SIGNED 15 Sep 72 | | 19B. SIGNATURE OF CAREER MANAGER Jan R. ... | |
| 19C. DATE SIGNED 15 Sep 72 | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19 ACTION CODE 16 | 20 EMPLOY CODE 10 | 21 OFFICE CODING 51300/WH | 22 STATUS CODE 45013 | 23 INTEREST CODE | 24 REASONS CODE 1 | 25 DATE OF BIRTH CL 12 72 | 26 DATE OF GRADE |
| 27 PAY PERIODS | 28 SPECIAL REFERENCE | 29 RETIREMENT DATA | 30 SEPARATION DATA CODE | 31 CORRECTION/RECALLATION DATA | 32 SECURITY REQ. NO. | 33 SEC. | 34 SEC. |
| 35 PAY PERIODS | 36 NEW EMP DATE | 37 LONG COMP DATE | 38 LABEL CATEGORY | 39 REG. HEALTH PROGRAM | 40 SOCIAL SECURITY NO. | | |
| 41 PERIODS UNDER GOVERNMENT SERVICE | 42 LEAVE BALANCE | 43 FEDERAL TAX DATA | 44 | 45 | 46 | 47 | 48 |
| 49 POSITION COMPLETION/TERMINATION | 50 | 51 | 52 | 53 | 54 | 55 | 56 |

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25 SEP 1972

DR. ...
...

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18 DEC 1979

MEMORANDUM FOR: Charlotte Eustos-Videla
THROUGH : Chief, WH Division
SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Service.

2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

Thomas H. Karamossian
Deputy Director for Plans

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12 DEC 1969

**MEMORANDUM FOR: Head, Clandestine Service
Career Service**

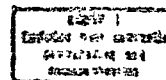
**SUBJECT : Notification of Approval of
Quality Step Increase -
Charlotte Bustos-Videla**

1. I am pleased to send to you the attached official notification of the approval of a second Quality Step Increase to be awarded to this employee. The previous Quality Step Increase was effective March 1964.

2. May I again ask that you arrange an appropriate ceremony for the presentation of this Quality Step Increase which is in recognition of her continuing excellent performance.

for 
Robert S. Wattle
Director of Personnel

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-2-

SUBJECT: Request for Quality Step Increase (HR 20-37)
Mrs. Charlotte Bustos-Videla

APPROVAL RECOMMENDED:

Robert J. [Signature]
Chairman, DDP/SSI Panel

9 Dec 69
Date

APPROVED:

for John J. Caldwell
Director of Personnel

12 Dec 1969

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| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED 17 OCTOBER 1968 | |
| 1 SERIAL NUMBER 007667 | | 2 NAME (Last-First-Middle) BUSTOS-VIDELA, CS Z. | | | | | |
| 3 NATURE OF PERSONNEL ACTION REASSIGNMENT | | | | 4 EFFECTIVE DATE REQUESTED MONTH: 11 DAY: 03 YEAR: 68 | | 5 CATEGORY OF EMPLOYMENT REGULAR | |
| 6 FUNDS | | V TO V CF TO V | | V TO CF X CF TO CF | | 7 FINANCIAL ANALYSIS NO CHARGEABLE 9135 0990 | |
| 9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION | | | | 10 LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO | | | |
| 11 POSITION TITLE OPS OFFICER | | | | 12 POSITION NUMBER 0418 | | 13 CAREER SERVICE DESIGNATION D | |
| 14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS | | 15 OCCUPATIONAL SERIES 0136.01 | | 16 GRADE AND STEP 13 4 | | 17 SALARY OR RATE \$ 158.49 | |
| 18 REMARKS STAFF EMPLOYEE SPECIAL FROM: POSTION # 1528 1 - Finance | | | | | | | |
| 19A SIGNATURE OF REQUESTING OFFICER <i>Henry L. Berthold</i> C/WH/Personnel | | | | DATE SIGNED | | 19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>David M. ...</i> | |
| 19C SIGNATURE OF APPROVING OFFICER | | DATE SIGNED | | 19D SIGNATURE OF APPROVING OFFICER | | DATE SIGNED | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 20 ACTION CODE 37 | | 21 OFFICE CODES NUMERIC: 10 ALPHABETIC: 51/620 | | 22 STATION CODE WH 15075 | | 23 INTERISE CODE 3 | |
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| 456 WFE EMPLOY CODE | | 457 SPECIAL REFERENCE | | 458 RETIREMENT DATA | | 459 SEPARATION DATA CODE | |
| 460 WFE EMPLOY CODE | | 461 SPECIAL REFERENCE | | 462 RETIREMENT DATA | | 463 SEPARATION DATA CODE | |
| 464 WFE EMPLOY CODE | | 465 SPECIAL REFERENCE | | 466 RETIREMENT DATA | | 467 SEPARATION DATA CODE | |
| 468 WFE EMPLOY CODE | | 469 SPECIAL REFERENCE | | 470 RETIREMENT DATA | | 471 SEPARATION DATA CODE | |
| 472 WFE EMPLOY CODE | | 473 SPECIAL REFERENCE | | 474 RETIREMENT DATA | | 475 SEPARATION DATA CODE | |
| 476 WFE EMPLOY CODE | | 477 SPECIAL REFERENCE | | 478 RETIREMENT DATA | | 479 SEPARATION DATA CODE | |
| 480 WFE EMPLOY CODE | | 481 SPECIAL REFERENCE | | 482 RETIREMENT DATA | | 483 SEPARATION DATA CODE | |
| 484 WFE EMPLOY CODE | | 485 SPECIAL REFERENCE | | 486 RETIREMENT DATA | | 487 SEPARATION DATA CODE | |
| 488 WFE EMPLOY CODE | | 489 SPECIAL REFERENCE | | 490 RETIREMENT DATA | | 491 SEPARATION DATA CODE | |
| 492 WFE EMPLOY CODE | | 493 SPECIAL REFERENCE | | 494 RETIREMENT DATA | | 495 SEPARATION DATA CODE | |
| 496 WFE EMPLOY CODE | | 497 SPECIAL REFERENCE | | 498 RETIREMENT DATA | | 499 SEPARATION DATA CODE | |
| 500 WFE EMPLOY CODE | | 501 SPECIAL REFERENCE | | 502 RETIREMENT DATA | | 503 SEPARATION DATA CODE | |

FORM 1152

SECRET

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

| | | | | | | | | | |
|--|----------------|--|----------------------------|--|--|--|--|---------------------------------|-------------------------------|
| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED 13 OCTOBER 1967 | | | |
| 1 SERIAL NUMBER 007667 | | 2 NAME (Last-First-Middle) BUSTOSVIDELA, CHARLOTE Z. 07-17-37 | | | | | | | |
| 3 NATURE OF PERSONNEL ACTION REASSIGNMENT | | | | 4 EFFECTIVE DATE REQUESTED MONTH: 07 DAY: 15 YEAR: 67 | | 5 CATEGORY OF EMPLOYMENT REGULAR* | | | |
| 6 FUNDS | | V TO V CF TO V | | V TO CF X CF TO CF | | 7 FINANCIAL ANALYSIS NO CHARGEABLE 8135 0990 | | | |
| 9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION | | | | | | 10 LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO | | | |
| 11 POSITION TITLE OPS OFFICER | | | | 12 POSITION NUMBER 1528 | | 13 CAREER SERVICE DESIGNATION D | | | |
| 14 CLASSIFICATION SCHEDULE (G.V. F.R. NO.) GS | | 15 OCCUPATIONAL SERIES 0136.01 | | 16 GRADE AND STEP IX 13 3 | | 17 SALARY OR RATE \$ 13,769 | | | |
| 18 REMARKS OPS OFFICER OCCUPYING INTEL ANALYST. * STAFF EMPLOYEE XXXX SPECIAL. EX CONCUR: <i>Thomas K. Sturge</i> CCS <i>Henry L. Berthold</i> C/WH/Personnel <i>No objection</i> <i>Joyce Mayhew</i> CSPS/Agent Branch 1 - Finance | | | | | | | | | |
| 18A SIGNATURE OF REQUESTER <i>Henry L. Berthold</i> Henry L. Berthold C/WH/Personnel | | | DATE SIGNED 17 Oct 67 | | 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Paul M. Y. ...</i> | | DATE SIGNED 13 Oct 67 | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODING NUMERIC: 51021 ALPHABETIC: 411 | | 22 STATION CODE 1528 | 23 INTEGER CODE | 24 ACQUIS CODE 3 | 25 DATE OF BIRTH MO: 01 DA: 12 YR: 37 | 26 DATE OF GRADE MO: DA: YR: | 27 DATE OF LEI MO: DA: YR: |
| 28 NET EXPENSES MO: DA: YR: | | 29 SPECIAL REFERENCE 62 | 30 RETIREMENT DATA CODE | | 31 SEPARATION DATA CODE | 32 CORRECTION/CANCELLATION DATE TYPE: MO: DA: YR: | | 33 SECURITY FIG NO | 34 SER |
| 35 NET PREFERENCE CODE: 8-None, 1-1 yr, 2-2 yr | | 36 SERV COMP DATE MO: DA: YR: | | 37 LONG COMP DATE MO: DA: YR: | | 38 CAREER CATEGORY CAR SERV PROV TEMP CODE | 39 HEALTH STATUS CODE: 1-None, 2-None | | 40 SOCIAL SECURITY NO |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 1-NO PREVIOUS SERVICE, 2-LESS THAN 3 YEARS, 3-3 TO 5 YEARS, 4-MORE THAN 5 YEARS | | | | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA FORM EXECUTED CODE: 1-YES, 2-NO | | 44 STATE TAX DATA FORM EXECUTED CODE: 1-YES, 2-NO | | 45 STATE CODE |
| 46 POSITION CONTROL INFORMATION | | | | | 47 O.P. APPROVAL <i>[Signature]</i> | | DATE APPROVED 14/10/67 | | |

6
51

~~SECRET~~

23 June 1967

MEMORANDUM FOR: Central Cover Group

SUBJECT : Cover for Charlotte E. Bustos-Videla

1. Mrs. Charlotte E. Bustos-Videla is being transferred PCS to Mexico City in staff capacity. She will fill slot 1523.

2. Mrs. Bustos-Videla is traveling under Travel Order No. 39-68. (See copy attached) [redacted]

[redacted] Mexico City. Limited household effects will be sent, the remaining items (also limited) will be stored at Government expense.

Robert D. Cushman
Chief, HR Personnel

~~SECRET~~

SECRET
(When Filled In)

| | | | |
|---|--|---|---|
| REQUEST FOR PERSONNEL ACTION | | DATE PREPARED 10 JULY 1967 | |
| 1 SERIAL NUMBER 007667 | 2 NAME (Last-First-Middle) BUSTOS VIDELA, CHARLOTTE Z. | | |
| 3 NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS | | 4 EFFECTIVE DATE REQUESTED MONTH: 07 DAY: 16 YEAR: 67 | 5 CATEGORY OF EMPLOYMENT REGULAR |
| 6 FUNDS V TO V: <input type="checkbox"/> V TO CF: <input checked="" type="checkbox"/> CF TO V: <input type="checkbox"/> CF TO CF: <input type="checkbox"/> | 7 FINANCIAL ANALYSIS NO. CHARGEABLE 3135 0990 | 8 LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION | | 10 LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO | |
| 11 POSITION TITLE OPS OFFICER (11) | 12 POSITION NUMBER 1528 | 13 CAREER SERVICE DESIGNATION D | |
| 14 CLASSIFICATION SCHEDULE (GS, LH, etc.) GS | 15 OCCUPATIONAL SERIES 0136.01 | 16 GRADE AND STEP 13 3 | 17 SALARY OR RATE \$ 13,769 |
| 18 REMARKS X OPS OFFICER OCCUPYING ENTEL ANALYST POSITION FROM: DDP/WH/1/Pos. No. 1201 PRA IN ACCORDANCE WITH HR20-17d(b), NOT TO EXCEED TWO YEARS. | | | |
| 18A SIGNATURE OF REQUESTING OFFICER <i>Robert D. Cashman</i> Robert D. Cashman | DATE SIGNED <i>10 July</i> | 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Paul M. Y...</i> | DATE SIGNED <i>13 July 67</i> |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19 ACTION CODE 20 | 20 EMPLOY CODE 10 | 21 OFFICE CODING NUMERIC: 61626 ALPHABETIC: WH | 22 STATUS CODE 45075 |
| 23 INITIATION CODE 3 | 24 MONTHS 01 | 25 DATE TO BE PAID MO. DA. YR. 12 129 | 26 DATE OF BIRTH MO. DA. YR. |
| 27 DATE OF LEI MO. DA. YR. | 28 SECURITY REG NO. | 29 SEX | 30 EOD DATA |
| 29 NET PREFERENCE MO. DA. YR. 07 15 67 | 30 SPECIAL REFERENCE .82 | 31 RETIREMENT DATA 1-ESA 2-FEA 3-NONE | 32 SEPARATION DATA CODE TYPE MO. DA. YR. |
| 33 VET PREFERENCE CODE 0-None 1-5 YR 2-10 YR | 34 SERV COMP DATE MO. DA. YR. | 35 LONG COMP DATE MO. DA. YR. | 36 CAREER CATEGORY CODE 1-REG 2-TEMP |
| 37 FEDERAL INSURANCE CODE 1-YES 2-NO | 38 HEALTH INS CODE | 39 SOCIAL SECURITY NO. | 40 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) |
| 41 LEAVE CAT 65A | 42 FEDERAL TAX DATA FORM EXECUTED CODE 1-TS 2-N2 | 43 STATE TAX DATA CODE 1-YES 2-NO | 44 STATE TAX DATA CODE 1-YES 2-NO |
| 45 POSITION CONTROL CERTIFICATION 07-14674 | 46 OP APPROVAL <i>[Signature]</i> | 47 DATE APPROVED <i>[Signature]</i> | |

G
51

34

C. Noble

SECRET
(If Now Filled In)

| | | |
|-------------------------------------|--|---|
| REQUEST FOR PERSONNEL ACTION | | DATE PREPARED 19 OCTOBER 1966 |
|-------------------------------------|--|---|

| | |
|----------------------------------|--|
| 1 SERIAL NUMBER 007667 | 2 NAME (Last-First-Initial) BUSTOSVIDELA, C.Z. |
|----------------------------------|--|

| | | |
|--|---|--|
| 3 NATURE OF PERSONNEL ACTION PROMOTION | 4 EFFECTIVE DATE REQUESTED MONTH: 10 DAY: 23 YEAR: 66 | 5 CATEGORY OF EMPLOYMENT REGULAR |
|--|---|--|

| | | | |
|---|-------------------------------------|---|--|
| 6 FUNDS X <input checked="" type="checkbox"/> TO V <input type="checkbox"/> CF TO V | V TO CF <input type="checkbox"/> | 7 FINANCIAL ANALYSIS NO. CHARGEABLE 7235 0620 | 8 LEGAL AUTHORITY (Completed by Office of Personnel) |
|---|-------------------------------------|---|--|

| | |
|--|--|
| 9 ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 1 FI SECTION | 10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C. |
|--|--|

| | | |
|--|-----------------------------------|---|
| 11 POSITION TITLE OPS OFFICER (13) | 12 POSITION NUMBER 1201 | 13 CAREER SERVICE DESIGNATION D |
|--|-----------------------------------|---|

| | | | |
|--|--|----------------------------------|---------------------------------------|
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS | 15 OCCUPATIONAL SERIES 0136.01 | 16 GRADE AND STEP 13 3 | 17 SALARY OR RATE \$ 13,769 |
|--|--|----------------------------------|---------------------------------------|

18 REMARKS
FROM: GS-12/6 (\$12,822)

29

19 SIGNATURE OF REQUESTING OFFICIAL: *Robert D. Cashman*
DATE SIGNED: **21 Oct 66**

20 SIGNATURE OF CAREER SERVICE APPROVING OFFICER: *John P. Brown*
DATE SIGNED: **10/21/66**

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|-----------------------------|-----------------------------|--|---------------------------------|------------------|---------------------------|---|---|---|
| 21 ACTION CODE 22 | 22 EMPLOY CODE 10 | 23 OFFICE CODING NUMERIC: 51300 ALPHABETIC: WH | 24 STATION CODE 75C13 | 25 INTEGRIS CODE | 26 HOURS CODE 1 | 27 DATE OF BIRTH MO: 01 DA: 12 YR: 29 | 28 DATE OF GRADE MO: 10 DA: 23 YR: 66 | 29 DATE OF LEE MO: 10 DA: 23 YR: 66 |
|-----------------------------|-----------------------------|--|---------------------------------|------------------|---------------------------|---|---|---|

| | | | | | | | |
|-------------------------------|---|-----------------------------|-------------------------|--|------------|--------------------|--------|
| 30 BIE EXPIRES MO: DA: YR: | 31 SPECIAL REFERENCE 1-INC 2-FICA 3-NONE | 32 RESTRICTION DATA CODE | 33 SEPARATION DATA CODE | 34 CORRECTION/CANCELLATION DATA TYPE MO: DA: YR | EOD DATA → | 35 SECURITY REQ NO | 36 SEX |
|-------------------------------|---|-----------------------------|-------------------------|--|------------|--------------------|--------|

| | | | | | |
|--|---------------------------------|---------------------------------|---|--|-----------------------|
| 37 VET PREFERENCE CODE 0-NO PREFERENCE 1-5 YR 2-10 YR | 38 SERV LUMP DATE MO: DA: YR | 39 LOVS COMP DATE MO: DA: YR | 40 CAREER CATEGORY CAR RISK PROV-TEMP | 41 FEGLI HEALTH INSURANCE CODE CODE 0-WAITER 1-YES | 42 SOCIAL SECURITY-NO |
|--|---------------------------------|---------------------------------|---|--|-----------------------|

| | | | |
|--|-------------------|---|--|
| 43 PREVIOUS CIVILIAN GOVERNMENT SERVICE 1-NO PREVIOUS SERVICE 2-ONE OR MORE YEARS 3-TWO OR MORE YEARS (MORE THAN 3 YEARS) | 44 LEAVE CAT CODE | 45 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 00151 | 46 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE 5 1230 11 00 |
|--|-------------------|---|--|

| | | |
|--|--|-------------------------------------|
| 47 POSITION CONTROL CERTIFICATION 10-21/66 N | 48 O.P. APPROVAL <i>Robert D. Cashman</i> | 49 DATE APPROVED 10/21/66 |
|--|--|-------------------------------------|

1 SEP 1966

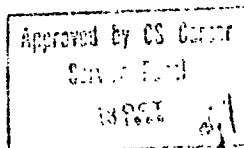
MEMORANDUM FOR: **CSPS/A**

SUBJECT : **Recommendation for Promotion of
Charlotte Bustos-Videla**

1. The promotion recommendation to GS-13 of Mrs. Charlotte Bustos-Videla is hereby submitted. Mrs. Bustos-Videla entered the Agency in August 1951 as a GS-5 and rapidly and deservedly rose to a GS-12 by 1959. She has now been almost seven years in grade and has been recommended for promotion to the CSPS/A by WH Division five times previously.

2. This outstanding officer has continued to perform at the exceptional level which has by now become her standard of performance. Her past four annual Fitness Reports have each given her an overall rating of outstanding. In this connection it is noteworthy that no two Fitness Reports were written by the same rating officer. She continues to occupy a GS-13 officer slot and her performance clearly continues to exceed the requirements for that position. She is considered to be one of the outstanding women who have demonstrated their capacity for further advancement within the Agency.

3. Mrs. Bustos-Videla not only continues to bring continuity to the Mexican Branch through her long experience on Mexican affairs, but consistently contributes to the smooth functioning of the Branch through her highly efficient organizational capabilities. She has been called upon to handle all manner of difficult desk problems. She invariably responds quickly, cheerfully, and effectively. She has been instrumental in on-the-job training of a number of officers, both for desk assignments and in preparation for field assignments. She has excellent rapport with innumerable persons in other areas and staffs, thus adding to the efficiency and speed with which she accomplishes her daily tasks. Her promotion at this time is urged.



William V. Broe
William V. Broe
Chief,
Western Hemisphere Division

~~SECRET~~
(When Filled In)

11 August 1966

MEMORANDUM FOR: Charlott L. Bustos-Vilela

THROUGH : Head of C3 Career Service

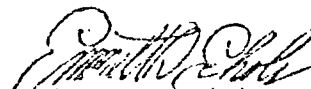
SUBJECT : Notification of Non-eligibility for Designation as a Participant in the CIA Retirement and Disability System

1. As you may know, we are in the process of reviewing the employment history and current career field of all employees in the Agency to identify those who are eligible for designation as a participant in the new CIA Retirement and Disability System. In this process, the initial review of each case is made by the individual's Career Service. If the Head of his Career Service nominates him for participation in the System, this nomination is reviewed by the CIA Retirement Board which recommends final action to me. However, if the Head of the Career Service advises that the employee does not meet the basic requirements of HR 20-50 for participation, I have accepted this finding without further review by the CIA Retirement Board. This practice has been adopted in the interest of expediting this screening process so that those employees who are eligible to participate in the System may be designated participants as soon as possible.

2. In your case, the Head of your Career Service has advised me that you do not meet the requirements of HR 20-50 for designation as a participant and I have accordingly made the formal determination required by the regulation that you are not eligible for designation. From a review of your record it appears that the decision of your Career Service was based upon the fact that you do not have sufficient time prior to completing 15 years of service with the Agency in which you could complete a minimum of 60 months of qualifying service as required by regulation. My determination that you are not eligible at this time for designation in no way affects your current status under the Civil Service Retirement System, nor does it preclude reconsideration of your eligibility to participate in the CIA System if you should meet the requirements for designation in the future.

3. Should you desire further information concerning the requirements for designation as a participant in the CIA Retirement System, I suggest that you read paragraph 6 of HR 20-50 and paragraph 5 of the Employee Bulletin dated 30 July 1965, entitled "Public Law 88-643, The Central Intelligence Agency Retirement Act of 1964 for Certain Employees."

4. It is always possible that the records upon which the determination made in your case may have been incomplete or inaccurate regarding your actual employment history with the Agency. If, after studying the materials cited above, you have questions regarding the determination that you are not eligible to participate in the CIA Retirement System, please feel free to contact officials of your Career Service. They are familiar with the details of your case and will gladly discuss them with you. In addition, you may wish to discuss your case with the CIA Retirement Staff located in Room 205, Magazine Building (extension 2847). If such discussions do not resolve any questions you have regarding your eligibility, you may request that your case be formally considered by the CIA Retirement Board. However, this request must be made within 30 days of the date of this memorandum.


Edward D. Echols
Director of Personnel

~~SECRET~~

GROUP 1
Excluded from automatic
downgrading and
declassification

14-00000
EYES ONLY
~~SECRET~~

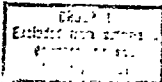
1 MAR 1966

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)

SUBJECT : Recommendation for Promotion to
Grade GS-13, Charlotte Z. Bustos-Videla

1. The promotion request from GS-12 to GS-13 on Mrs. Bustos-Videla is hereby submitted.
2. This outstanding officer has continued to perform at the exceptional level which has by now become for her a standard of performance. She now formally occupies a senior (GS-13) FI Officer slot in the Mexican Branch and her performance clearly continues to exceed the requirement for that position. She is still considered to be one of the outstanding women who have demonstrated their capacity for further advancement within the Agency, independently, of the experience on Mexican affairs acquired through continuity in her present assignment.
3. The comments made in connection with the four previous promotion recommendations continue to be entirely applicable.
4. Subject is 37 years old and has been in grade as a GS-12 for the past six years.

William V. Broe
for William V. Broe
Chief,
Western Hemisphere Division



EYES ONLY
~~SECRET~~

SECRET

9 SEP 1965

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)
SUBJECT : Recommendation for Promotion to
Grade GS-13, Charlotte Z. Bustos-Videla

1. The promotion request from GS-12 to GS-13 on Mrs. Bustos-Videla is hereby resubmitted.
2. This outstanding officer has continued to perform at the exceptional level which has by now become for her a standard of performance. She now formally occupies a senior (GS-13) FI Officer slot in the Mexican Branch and her performance clearly continues to exceed the requirement for that position. She is still considered to be one of the outstanding women who have demonstrated their capacity for further advancement within the Agency, independently of the expertise on Mexican affairs acquired through continuity in her present assignment.
3. The comments made in connection with the three previous promotion recommendations continue to be entirely applicable.
4. Subject is 36 years old and has been in grade as a GS-12 for the past six years.

by *Wm. V. Broe*
William V. Broe
Chief,
Western Hemisphere Division

*not
approved
S/T*

SECRET
(When Filled In)

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED 28 JULY 1965 | |
| 1 SERIAL NUMBER 007667 | | 2 NAME (Last-First-Middle) BUSTOS-VIDELA, C | | | | 3 CATEGORY OF EMPLOYMENT REGULAR | |
| 3 NATURE OF PERSONNEL ACTION REASSIGNMENT | | 4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR AUG 1 65 | | 5 COST CENTER NO CHARGE 6235 0620 | | 6 LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 6 FUNDS XX V TO V CF TO V | | V TO CF CF TO CF | | 7 ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 1 MEXICO SECTION 3rd Section | | 8 LOCATION OF OFFICIAL STATION WASHINGTON, D.C. | |
| 11 POSITION TITLE OPS OFFICER | | 12 POSITION NUMBER 1201 | | 13 CAREER SERVICE DESIGNATION D | | 14 CLASSIFICATION SCHEDULE (G.V. I.R. etc.) GS | |
| 15 OCCUPATIONAL SERIES 0136.01 | | 16 GRADE AND STEP 12 45 | | 17 SALARY OR RATE \$ 11,915 11670 | | 18 REMARKS FROM: DDP/WH/MEXICO SECTION/1202/ MRS. BUSTOS-VIDELA WILL REPLACE MR. RICHARD SCUTT WHO WILL BE REASSIGNED TO DDP/EE. TO BE EFFECTIVE 1 AUGUST 1965 | |
| 19 SIGNATURE OF REQUESTING OFFICER ROBERT D. CASHMAN | | DATE SIGNED 30 July | | 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | DATE SIGNED 8/1/65 | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 23 SECTION OF EMPLOY CODE | | 21 OFFICE CODING NUMERIC ALPHABETIC 5130 011 | | 22 STATION CODE 12013 | | 24 MOBILE CODE 1 | |
| 25 NET EMPLOY | | 29 SPECIAL REFERENCE | | 30 RETIREMENT DATA | | 32 CORRECTION/CANCELLATION DATA EOD DATA | |
| 26 NET RESERVE | | 33 SECURITY REQ NO | | 34 SER | | 35 SOCIAL SECURITY NO | |
| 41 PREVIOUS GOVERNMENT SERVICE DATA | | 47 LEAVE CAT CODE | | 43 FEDERAL TAX DATA | | 44 STATE TAX DATA | |
| 45 POSITION CONTROL CERTIFICATION 7/10/65 106 | | 46 O.P. APPROVAL | | DATE APPROVED 8/4/65 | | | |

Received By
[Signature]

FORM 1152
USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND
DECLASSIFICATION

4 SEP 1964

MEMORANDUM FOR: Secretary, CSCS (Panel A)

SUBJECT : Recommendation for Promotion to GS-13
Mrs. Charlotte Bustos-Videla.

1. The promotion to GS-13 of Mrs. Charlotte Bustos-Videla is recommended. Mrs. Bustos-Videla entered the Agency in August 1951 as a GS-5 and rapidly and deservedly rose to a GS-12 grade by 1959.

2. This recommendation is based on Mrs. Bustos-Videla's performance during the past three years as the senior assistant to the various chiefs of the Mexican desk/branch, who unanimously have found her to be extremely competent and reliable both in her routine assignments and special tasks occasionally levied on her, such as country studies, compilation of programs, requirement reviews, etc.

3. Mrs. Bustos-Videla has consistently responded with intelligence and clarity and has materially contributed to orderly imaginative administration of Headquarters support to a most active station. In the process, she has been instrumental in training on-the-job innumerable officers both for desk assignments and in preparation for field assignments.

4. For her outstanding performance she received a quality step increase in April 1964. This deserved recognition should now be followed up at this time by a promotion to the next grade in accordance with the consistently good performance at the GS-13 level over a prolonged period of time.

Desmond Fitzgerald
Desmond Fitzgerald
Chief
Western Hemisphere Division

CONFIDENTIAL

14 APR 1964

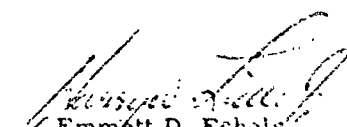
MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of Quality Step Increase -
Mrs. Charlotte Bustos-Videla

1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.

2. The salary increase accomplished by the award of a Quality Step Increase is important and tangible evidence of the esteem in which the employee so recognized is held. However, I believe the commendatory and incentive benefits of this award will be partially lost unless it is presented in an appropriate ceremony which will afford the individual recognition among co-workers and supervisory officials. Also, I believe such recognition serves to inspire other employees to aspire to earning such recognition.

3. May I ask, therefore, that you arrange to have this Quality Step Increase presented at an appropriate ceremony.


Emmett D. Echols
Director of Personnel

*Presented in
a ceremony
4/24/64*

CONFIDENTIAL

SECRET

20 March 1964

MEMORANDUM FOR: BDP/OP

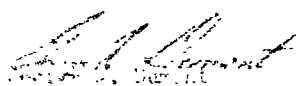
THROUGH : Chief, Clandestine Services Personnel Office

SUBJECT : Charlotte Z. Bustos-Videla -- Request for
Quality Step Increase

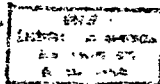
1. It is recommended that a Quality Step Increase for Mrs. Charlotte Z. Bustos-Videla be endorsed by you for the reasons presented in the attached memorandum prepared by the Chief, Western Hemisphere Division.

2. A review of Mrs. Bustos-Videla's Official Personnel File overwhelmingly supports the statement of Chief of Staff. Without exception, the performance of this officer during her employment with the Agency throughout her career has been identified by various and all supervisors as "Superior" and "Outstanding." Likewise, nothing in other records maintained by the Office of Personnel contradicts or modifies the impressive record made by Mrs. Bustos-Videla.

3. Testimony to the high regard which officials of WH Division view this officer's work is furnished by noting that Mrs. Bustos-Videla is the first female officer to be proposed for a QSI by WH and one of a total of but three officers nominated by that Division for the award since the QSI provision of the Federal Salary Reform Act of 1962 became effective in CIA approximately fifteen months ago.


Robert A. Bennett
Chief, Clandestine Services
Personnel Office

SECRET



~~SECRET~~

8 March 1964

MEMORANDUM FOR: Deputy Director of Plans
ATTENTION : DDP/OP
**SUBJECT : Request for Quality Step Increase for
Charlotte Bustos-Videla**

1. On the basis of the information presented below, it is recommended that a quality step increase be approved for Charlotte Bustos-Videla.

2. As stated in the accompanying Fitness Report, Subject's performance of her duties has been uniformly outstanding. In addition to her responsibilities as the desk officer for Mexico PI and Operational Support Projects, she carries a heavy burden in the areas of administration, preparation of special reports and training of personnel. She frequently represents the Mexico Section in dealings with other elements of the Agency and acts for the Chief of Section in his absence. Subject's performance clearly exceeds the normal requirements of the assignment and of her present GS grade level.

3. Subject's present high quality of performance typifies her performance over a period of several years and it is fully expected that this level will be maintained.

4. Consideration was given to the granting of a Merit Award but the quality step increase seems more appropriate in this case. Subject has been passed over for promotion in the past and due to limitations as to

SECRET

-2-

area of assignment, it is unlikely that a promotion to grade GS-13 can be obtained. The salary increase is therefore thought to be the most fitting reward for her outstanding service.

J. C. King
C. KING
C/WHD

CONCUR:

[Redacted Signature]

ESP/OP

24 March 64
Date

APPROVED:

Robert S. Santos
Director of Personnel

24 MAR 64
Date

SECRET
(When Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED | |
|---|--|-------------------------------|----------------------------------|---|---------------------------|
| 1. SERIAL NUMBER | | | | 2. NAME (Last-First-Middle) | |
| 007667 | | | | BUSTOSVIDELA, C. Z. | |
| 3. NATURE OF PERSONNEL ACTION | | | 4. EFFECTIVE DATE REQUESTED | | 5. CATEGORY OF EMPLOYMENT |
| REASSIGNMENT | | | MONTH DAY YEAR 12 1 63 | | REGULAR |
| 6. FUNDS | | 7. COST CENTER NO. CHARGEABLE | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| X | | 4235 1000 1000 | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | 10. LOCATION OF OFFICIAL STATION | | |
| DDP WH BRANCH 3 MEXICO SECTION | | | WASHINGTON, D. C. | | |
| 11. POSITION TITLE | | | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION | |
| OPS OFFICER | | | 0321 | D | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE | |
| GS | | 0136.01 | 12 4 | \$10,420 | |
| 18. REMARKS | | | | | |
| FROM: DDP/WH/3/607/Mexico Sec/Hqs | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded by CSPD <i>J.M.</i> </div> | | | | | |
| 19A. SIGNATURE OF REQUESTING OFFICIAL | | DATE SIGNED | | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL | |
| <i>Robert D. Casiman</i> | | 11/9/63 | | <i>[Signature]</i> | |
| ROBERT D. CASIMAN, C/WH/POFB | | | | | |
| ALL REQUESTS FOR PERSONNEL ACTION MUST BE APPROVED BY THE OFFICE OF PERSONNEL | | | | | |
| 20. POSITION CONTROL IDENTIFICATION | | 21. DATE APPROVED | | 22. DATE RECEIVED | |
| 1/21/63 | | | | | |

SECRET

~~SECRET~~

15 March 1963

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)

**SUBJECT: Recommendation for Promotion to Grade GS-13
Mrs. Charlotte Bustos-Vidala**

1. Mrs. Charlotte Bustos-Vidala entered on duty with WH Division in August of 1951. She has served on a variety of desks covering South American as well as Mexican and Central American affairs. In each of her assignments she has demonstrated exceptional competence and devotion to duty.

2. Since December 1957 Mrs. Bustos has been assigned to the Mexican Desk and at present is Acting Chief. She is the soul and motor of that desk, managing many of its operations and supervising its staff, many of whom she has trained. She is past mistress of administrative procedures and the ease with which she obtains clearances, maintains files and secures necessary approvals while handling the most complicated operational aspects of projects is phenomenal. Her work output is enormous and yet everything is done simply and modestly with a minimum of excess motion. She is an outstanding employee and should be deserving of recognition.

3. It is recommended that Mrs. Bustos be promoted to grade GS-13.

J. C. KING
Chief,
Western Hemisphere Division

*Not Approved
June 63*

~~SECRET~~

SECRET
(When Filled In)

| | | | | | |
|--|--|--|---|---|---|
| REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED 1 June 1961 | |
| 1. SERIAL NUMBER 107667 | | 2. NAME (Last-First-Middle) BUSTOS-VIDELA, C. Z. | | | |
| 3. NATURE OF PERSONNEL ACTION NAME CHANGE FROM-CHARLOTTE L. ZEHKUND | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 13 61 | | 5. CATEGORY OF EMPLOYMENT REGULAR |
| 6. FUNDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V | | 7. COST CENTER NO. CHARGEABLE 1235 1000 1000 | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9. ORGANIZATIONAL DESIGNATIONS DIP WH BRANCH 3 MEXICO SECTION | | | 10. LOCATION OF OFFICIAL STATION WASH., D. C. | | |
| 11. POSITION TITLE OPS OFFICER | | 12. POSITION NUMBER D | 12A. PCR CONTROL NO. | 13. CAREER SERVICE DESIGNATION DI | |
| 14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS 12 | | 15. OCCUPATIONAL SERIES 0136.01 | 16. GRADE AND STEP 12 12 | 17. SALARY OR RATE \$ 8955- 9215 | |
| 18. REMARKS By Marriage. | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL <i>J. C. Bowers</i> | | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>O. C. Dawson</i> | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | |
| 19. ACTION TO BE TAKEN REG. REG. REG. | | 20. OFFICE CODE NO. NUMERIC ALPHABETIC | 21. STATUS REG. REG. | 22. ACTION TYPE REG. REG. | 23. DATE OF HIGH MO. DA. YR. |
| 24. SPECIAL REFERENCE | | 25. MERGEMENT DATA | 26. CORRECTION DATA | 27. CORRECTION CANCELLATION DATA | 28. DATE OF LET MO. DA. YR. |
| 29. PREVIOUS SERVICE | | 30. SER. COMP. DATA | 31. MIL. SER. DATA | 32. MIL. SER. DATA | 33. MIL. SER. DATA |
| 34. PREVIOUS SERVICE DATA | | 35. MIL. SER. DATA | 36. MIL. SER. DATA | 37. MIL. SER. DATA | 38. MIL. SER. DATA |
| 39. POSITION CONTROL CERTIFICATION | | 40. O.P. APPROVAL <i>O. C. Dawson</i> | | | |

FORM 1152 (REV. 5-60) 1152

SECRET

147

~~SECRET~~

23 May 1961

MEMORANDUM FOR: WH/Personnel

SUBJECT: Change of Name

It is requested that all records in the Agency, including the section which issues payroll checks, be changed to reflect my married name: Charlotte Z. Euston-Videla. This change is effective immediately.

Charlotte Z. Euston-Videla
Charlotte Z. Euston-Videla
SA/3/Mexico

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|---|-----------------------------------|--|--|------------------------------------|---------------|------------------------------------|--|--|--|
| 1. Serial No. 07667 | | 2. Name (Last-First-Middle) ZEHRUNG CHARLOTTE | | | 3. Date Of Birth Mo. Da. Yr. 01 12 29 | | | 4. Vet. Prof. Non-0 5 Pt-1 10 Pt-2 Code 0 | | 5. Sex F 2 | | 6. CS - EOD Mo. Da. Yr. 00 27 51 | | |
| 7. SCD Mo. Da. Yr. 04 02 51 | | 8. CSC Reim. Yes-1 No-2 Code 1 | | 9. CSC Or Other Legal Authority 50 USCA 403 J | | 10. Appt. Affidav. Mo. Da. Yr. | | | 11. FEGLI Yes-1 No-2 Code | | 12. LCD Mo. Da. Yr. 00 27 51 | | 13. ... Yes-1 No-2 Code 2 | |

PREVIOUS ASSIGNMENT

| | | | | | | | | | | | | |
|---|--|--|--|--------------|--|--|--|---|--|--|--|--|
| 14. Organizational Designations DDP WM BRANCH 111 MEXICO SECTION | | | | Code 4613 | | 15. Location Of Official Station WASH., D. C. | | | | Station Code 75013 | | |
| 16. Dept. - Field Data - Code USfld - Fign - 12 | | 17. Position Title XXXXXX OPS OYCR | | | | 18. Position No. 300 3A-321 | | 19. Serv. GS | | 20. Occup. Series 0136.51 | | |
| 21. Grade & Step 11 2 4 | | 22. Salary Or Rate 8530 7750 | | 23. SD DI | | 24. Date Of Grade Mo. Da. Yr. 04 110 55 | | 25. PSI Due Mo. Da. Yr. 04 106 58 | | 26. Appropriation Number 0235-1000-1000 8 2500 20 | | |

ACTION

| | | | | | | | | | | | |
|-----------------------------------|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|
| 27. Nature Of Action PROMOTION | | Code 30 | | 28. Eff. Date Mo. Da. Yr. 12 13 59 | | 29. Type Of Employee REGULAR | | Code 01 | | 30. Separation Data | |
|-----------------------------------|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|

PRESENT ASSIGNMENT

| | | | | | | | | | | | | |
|--|--|--------------------------------|--|--------------|--|--|--|---------------------------------------|--|--|--|--|
| 14. Organizational Designations | | | | Code 4613 | | 15. Location Of Official Station | | | | Station Code | | |
| 16. Dept. - Field Data - Code USfld - Fign - 12 | | 17. Position Title OPS OYCR | | | | 18. Position No. 607 321 | | 19. Serv. GS | | 20. Occup. Series 0136.01 | | |
| 21. Grade & Step 12 1 | | 22. Salary Or Rate 8330 | | 23. SD DI | | 24. Date Of Grade Mo. Da. Yr. 12 13 59 | | 25. PSI Due Mo. Da. Yr. 5 14 60 | | 26. Appropriation Number 0235-1000-1000 | | |

SOURCE OF REQUEST

| | | | |
|--|--|--|--|
| A. Requested By (Name And Title) P. C. Bowers WM Personnel Officer | | C. Request Approved By (Signature And Title) | |
| B. For Additional Information Call (Name & Telephone Ext.) John Wainlako 8242 | | | |

CLEARANCES

| | | | | | | | | | | | |
|-------------------|--|-------------|--|-----------|--|----------------|--|-----------|--|------|--|
| Clearance | | Signature | | Date | | Clearance | | Signature | | Date | |
| A. Career Board | | [Signature] | | 11 Dec 59 | | D. Placement | | | | | |
| B. Post Control | | [Signature] | | 12-17-59 | | E. | | | | | |
| C. Classification | | | | | | F. Approved By | | | | | |
| Remarks | | | | | | | | | | | |

~~SECRET~~

16 July 1959

Exh. 100 (3)

MEMORANDUM FOR: Secretary, CS/CS Panel (Section B)

SUBJECT: Recommendation for Promotion -
Miss Charlotte L. Zehring

1. Miss Charlotte L. Zehring entered on duty with CIA on 27 August 1951. She was assigned to the Mexican Section of WH Division, Branch III, in June 1957. During the past two years she has been the responsible Case Officer for several FI and CE Projects.

2. Miss Zehring is a loyal and dedicated employee. She has displayed considerable initiative and has been able to carry out her duties with a minimum amount of support. She readily accepts responsibility and is a highly efficient worker who thinks clearly and logically. Her knowledge of Headquarters and Field procedures in addition to her ability to organize her work greatly facilitates the smooth functioning of the Mexican Desk. She has demonstrated a superior comprehension of the numerous and varied projects of the Mexico City Station which has contributed to the overall Headquarters support of the stations performance. Because of her sound understanding of operations and her outstanding capacity for work, Miss Zehring has an excellent potential for assuming greater responsibilities.

3. In recognition of her outstanding performance it is recommended that Miss Zehring be promoted to grade GS-12.

J. C. King
J. C. KING
Chief

Western Hemisphere Division


~~S-E-C-R-E-T~~

17 March 1953

MEMORANDUM FOR: Charlotte Zehring

VIA : Chief, WE/3/Mexico

1. You have been selected by your division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your appointment is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the Clandestine Services objectives for your component.
2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and Index cards recommended for destruction by other members of your branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RI as that of an officially appointed Records Officer.
3. A series of meetings will be held in Room 1400, F Building to brief you and your colleagues on the details of your duties as Records Officer. You have been scheduled to attend the meeting to be held on Wednesday, 2 April 1958, 1300 - 1645 hours; if it is not possible for you to attend on the date designated, please call Extension 8325 to arrange for an alternate date. Please review the attached materials prior to this meeting.


DDP Records Policy Officer

Attachment

As stated

cc: Personnel Jacket of Addressee

~~S-E-C-R-E-T~~

SECRET

Classify According To Content.

| REQUEST FOR PERSONNEL ACTION | | | | | | | | | | | | | | | | | | |
|------------------------------|----|-----------------------------|---------|---------------------------------|--|------------------|----|--------------------|---------------|-----------|--------|-------------|------|-------------------------|----|----|---------|------|
| 1. Serial No. | | 2. Name (Last-First-Middle) | | | | 3. Date Of Birth | | | 4. Vet. Pref. | | 5. Sex | 6. CS - EOD | | | | | | |
| | | ZEHNING, Charlotte L. | | | | Mo | Da | Yr | None-0 | Code | | Mo | Da | Yr | | | | |
| | | | | | | 1 | 12 | 29 | 5 Pt-1 | 0 | F | | | | | | | |
| 7. SCD | | 8. CSC Reim. | | 9. CSC Or Other Legal Authority | | | | 10. Apmt. Affidav. | | 11. FEGLI | | 12. LCD | | 13. Mil Ser. Credit LCD | | | | |
| Mo | Da | Yr | Yes - 1 | Code | | | | | Mo | Da | Yr | Yes - 1 | Code | Mo | Da | Yr | Yes - 1 | Code |
| | | | No - 2 | 1 | | | | | | | | No - 2 | | | | | No - 2 | |

PREVIOUS ASSIGNMENT

| | | | | | | | | | | |
|--|------|--------------------|--|--------|----------------------------------|------------------|-------------|-----------|--------------------------|----|
| 14. Organizational Designations | | | | Code | 15. Location Of Official Station | | | | Station Code | |
| DDP/WH Branch III Mexico Section | | | | | Washington, D.C. | | | | | |
| 16. Dept. - Field | | 17. Position Title | | | | 18. Position No. | | 19. Serv. | 20. Occup. Series | |
| Dept. - X | Code | Reports Officer | | | | BA-0072.01 | | GS | 0132.144 | |
| Usfld. | | | | | | | | | | |
| Fragn. | | | | | | | | | | |
| 21. Grade & Step | | 22. Salary Or Rate | | 23. SD | 24. Date Of Grade | | 25. PSI Due | | 26. Appropriation Number | |
| 11-2 | 3 | \$ 6605 | | DI | Mo | Da | Yr | Mo | Da | Yr |
| | | | | | 07 | 10 | 55 | 07 | 06 | 57 |
| | | | | | | | | | 8-3500-20 | |

ACTION

| | | | | | | | | | |
|----------------------|--|------|---------------|----|----------------------|---------|------|---------------------|--|
| 27. Nature Of Action | | Code | 28. Eff. Date | | 29. Type Of Employee | | Code | 30. Separation Data | |
| REASSIGNMENT | | 56 | Mo | Da | Yr | REGULAR | | 01 | |
| | | | 07 | 13 | 58 | | | | |

PRESENT ASSIGNMENT

| | | | | | | | | | | |
|--|------|--------------------|--|--------|----------------------------------|------------------|-------------|-----------|--------------------------|----|
| 31. Organizational Designations | | | | Code | 32. Location Of Official Station | | | | Station Code | |
| DDP/WH Branch III Mexico Section | | | | 4713 | Washington, D.C. | | | | 95013 | |
| 33. Dept. - Field | | 34. Position Title | | | | 35. Position No. | | 36. Serv. | 37. Occup. Series | |
| Dept. - X | Code | I.O. (FI) | | | | BA-521-22 | | GS | 0136.51 | |
| Usfld. | | | | | | | | | | |
| Fragn. | | | | | | | | | | |
| 38. Grade & Step | | 39. Salary Or Rate | | 40. SD | 41. Date Of Grade | | 42. PSI Due | | 43. Appropriation Number | |
| 11-2 | 3 | \$ 6605 | | DI | Mo | Da | Yr | Mo | Da | Yr |
| | | | | | 07 | 10 | 55 | 07 | 05 | 57 |
| | | | | | | | | | 8-3500-20 | |

SOURCE OF REQUEST

| | | | |
|--|--|--|--|
| A. Requested By (Name And Title) | | C. Request Approved By (Signature And Title) | |
| P.O. BOWERS WH/Personnel Officer | | | |
| B. For Additional Information Call (Name & Telephone Ext.) | | | |
| JOHN WASHENKO X 8242 | | | |

CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|-------------------|-------------|---------|----------------|-------------|------------|
| A. Career Board | [Signature] | 11/1/58 | D. Placement | [Signature] | 11/1/58 |
| B. Pay. Control | [Signature] | 11/1/58 | E. | | |
| C. Classification | | | F. Approved By | [Signature] | 1 APR 1958 |

Remarks

FEDERAL SEC. INV. NO. 60459
 [Signature]

~~SECRET~~

Classify According To Content.

| REQUEST FOR PERSONNEL ACTION | | | | | | | | | | | | | | |
|------------------------------|----|-----------------------------|-------|---------------------------------|--|--------------------|----|----|---------------|-------|------------|----|--|----|
| | | | | | | | | | | | 8 Nov 1957 | | | |
| 1. Serial No. | | 2. Name (Last-First-Middle) | | | | 3. Date Of Birth | | | 4. Ver. Prof. | | 5. Sex | | 6. CS - EOD | |
| | | ZEHKUNG, Charlotte L. | | | | Mo | Da | Yr | None-0 | Code | | Mo | Da | Yr |
| | | | | | | 1 | 12 | 29 | 5 Pt-1 | 0 | | | | |
| 7. SCD | | 8. CSC Rstmt | | 9. CSC Or Other Legal Authority | | 10. Apmt. Affidav. | | | 11. FEGLI | | 12. LCD | | 13. ¹⁰⁰ ₁₀₀ ¹⁰⁰ ₁₀₀ Co | |
| Mo | Da | Yr | Yes-1 | Code | | | Mo | Da | Yr | Yes-1 | Code | Mo | Da | Yr |
| | | | No-2 | 1 | | | | | | No-2 | | | | |

PREVIOUS ASSIGNMENT

VOUCHERED

| | | | | | | | | | | | |
|--|------|--------------------|--|--------|--|----------------------------------|----|-------------|----|--------------------------|----|
| 14. Organizational Designations | | | | Code | | 15. Location Of Official Station | | | | Station Code | |
| DDP/WH Branch II Argentina Section | | | | | | Washington, D. C. | | | | | |
| 16. Dept. - Field | | 17. Position Title | | | | 18. Position No. | | 19. Serv. | | 20. Occup. Series | |
| Dept. - X | Code | Reports Officer | | | | BA-313 | | GS | | 0132.44 | |
| Useful- Frag. | | | | | | | | | | | |
| 21. Grade & Step | | 22. Salary Or Rate | | 23. SD | | 24. Date Of Grade | | 25. PSI Due | | 26. Appropriation Number | |
| GS-11-2 | | \$ 6605.00 | | DI | | Mo | Da | Yr | Mo | Da | Yr |
| | | | | | | | | | | 8-3500-20 | |

ACTION

| | | | | | | | | | | | |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action | | Code | | 28. Eff. Date | | 29. Type Of Employee | | Code | | 30. Separation Data | |
| Reassignment | | 56 | | 12/01/57 | | Regular | | 01 | | | |
| | | | | | | | | | | | |

PRESENT ASSIGNMENT

VOUCHERED

| | | | | | | | | | | | |
|--|------|--------------------|--|--------|--|----------------------------------|----|-------------|----|--------------------------|----|
| 31. Organizational Designations | | | | Code | | 32. Location Of Official Station | | | | Station Code | |
| DDP/WH Branch III Mexico Section | | | | 4613 | | Washington, D.C. | | | | 11/22 22A13 | |
| 33. Dept. - Field | | 34. Position Title | | | | 35. Position No. | | 36. Serv. | | 37. Occup. Series | |
| Dept. - X | Code | Reports Officer | | | | BA-72.01 | | GS | | 0132.44 | |
| Useful- Frag. | 21 | | | | | | | | | | |
| 38. Grade & Step | | 39. Salary Or Rate | | 40. SD | | 41. Date Of Grade | | 42. PSI Due | | 43. Appropriation Number | |
| GS-11-2 | | \$ 6605.00 | | DI | | Mo | Da | Yr | Mo | Da | Yr |
| | | | | | | 04 | 10 | 55 | 04 | 06 | 58 |
| | | | | | | | | | | 2-3500-20 | |

SOURCE OF REQUEST

| | | | |
|--|--|--|--|
| A. Requested By (Name And Title) | | C. Request Approved By (Signature And Title) | |
| P.C. BOWERS WH/Personnel Officer | | | |
| B. For Additional Information Call (Name & Telephone Ext.) | | | |
| H.C. MONTAGUE X 8242 | | | |

CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|-------------------|--------------------|----------|----------------|--------------------|----------|
| A. Career Board | <i>[Signature]</i> | 11/22/57 | D. Placement | <i>[Signature]</i> | 11/22/57 |
| B. Pos. Control | <i>[Signature]</i> | | E. | | |
| C. Classification | | | F. Approved By | Robert W. Shesay | |

| | | | | | |
|---------|--|--|--|--|--|
| Remarks | | | | | |
| | | | | | |

~~SECRET~~

SECRET

REPRODUCTION MASTERS

~~SECRET~~

BIOGRAPHIC PROFILE

SECRET

Handle With Care

Charlotte BUSTONS-VIDELA

LEFT HAND SIDE

(numbered top to bottom)

1. Admin and finance documents - March 1974 - Jan 1978
2. Admin and finance documents - May 1951 - April 1956
3. Bio profile (sanitized form in file)

Charlotte BUSTOS-VIDELA

RIGHT HAND SIDE FILE

(numbered top to bottom)

1. Personnel/cover - after 1973
2. "Actions" - Personnel actions - after 1973
3. "Actions" - Personnel Actions - Before 1957
4. "Fitness Reports" - May 1973 - Nov 1977
5. "Fitness Reports" prior to 1957
6. "Other" - admin material - after 1973
7. "Other"-admin material-prior to 1957
8. "Medical" - all medical material related to clearances
9. "PHS-SEC" - document related to cover legend

SECRET

CLASSIFIED BY 030

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

11 Sep 72

FILE NO. 3190

| | | | | |
|----------------|-------------------------------------|---|-----------------|--|
| TO: (CHECK) | <input checked="" type="checkbox"/> | CHIEF, CONTROL DIVISION | SS NUMBER | |
| | <input type="checkbox"/> | CHIEF, CONTRACT PERSONNEL DIVISION | EMPLOYEE NUMBER | 007667 |
| | <input checked="" type="checkbox"/> | CHIEF, OPERATING COMPONENT (For action) | IC CARD NUMBER | NH 2040 |
| ATTN: | Edmond A. Sullivan | | OFFICIAL COVER | <input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED |
| REF: | Form 1322 dated 5 May 72 | | | |
| SUBJECT | BUSTOS-VIDELA, Charlotte Z | | UNIT | |

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

| | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> | ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: | |
| <input checked="" type="checkbox"/> | BASIC COVER PROVIDED EFFECTIVE DATE <u>Aug 62</u> | SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HR 20-11) | |
| <input type="checkbox"/> | OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify) | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HR 20-7) | |
| <input checked="" type="checkbox"/> | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HR 20-7) | EAA: CATEGORY I | CATEGORY II |
| <input checked="" type="checkbox"/> | SUBMIT FORM 125 _____ W-2 TO BE ISSUED. (HR 20-11) | RETURN ALL OFFICIAL DOCUMENTATION TO CCS | |
| <input checked="" type="checkbox"/> | SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2*) | SUBMIT FORM 2689 FOR _____ HOSPITALIZATION CARD | |
| <input checked="" type="checkbox"/> | SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2*) | DO NOT WRITE IN THIS BLOCK | |
| <input checked="" type="checkbox"/> | EAA: CATEGORY I | CATEGORY II | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | SUBMIT FORM 2689 FOR <u>AGE</u> HOSPITALIZATION CARD | | |
| DEMANDS AND/OR COVER HISTORY Aug 51 - Aug 62 Hqs/OVERT Aug 62 - Jul 67 Hqs/DAC Jul 67 - Aug 72 Mexico/ Sep 72 - Present Hqs/DAC | | | |

CD/kas

DISTRIBUTION: COPY 1 - CO
 COPY 2 - OPERATING COMPONENT
 COPY 3 - O'DA
 COPY 4 - O/T/ELASC
 COPY 5 - OI
 COPY 6 - TOS - FILE

FORM 1551 USE PREVIOUS EDITIONS

SECRET

14 SEP 1972

WARNING - SECURITY

113-22-431

THIS EMPLOYEE HAS BEEN IDENTIFIED AS
A C.I.A. EMPLOYEE FOR PURPOSES OF
WITHOLDING STATE AND FEDERAL TAXES

DATE DESIGNATED JANUARY 03 1961

07667 CHARLOTTE L ZHRUNG 235100010

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

0JCS 07/21/73

| | | | |
|---|--|---|---|
| 1 SERIAL NUMBER 0C7657 | | 2 NAME (LAST FIRST MIDDLE) BUSTOSVIDELA C Z | |
| 3 NATURE OF PERSONNEL ACTION REASSIGNMENT | | | 4 EFFECTIVE DATE MO DA. YR. 07 01 73 |
| 5 CATEGORY OF EMPLOYMENT | | 6 SEC OR OTHER LEGAL AUTHORITY | |
| 6 FUNDS | <input checked="" type="checkbox"/> X <input type="checkbox"/> V TO V <input type="checkbox"/> CF TO V | <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF | 7 PAY AND NSCA 4235 4525 0000 |
| 9 ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION | | 10 LOCATION OF OFFICIAL STATION WASH., D.C. | |
| 11 POSITION TITLE OPS OFFICER | | 12 POSITION NUMBER 1294 | 13 CAREER GRADE INDICATOR OR 0 |
| 14 CLASSIFICATION SCHEDULE (GS, LS, etc.) GS | 15 OCCUPATIONAL SERIES 0136.01 | 16 GRADE AND STEP 13 | 17 SALARY OR RATE |

18 REMARKS

SIGNATURE OR OFFER IDENTIFICATION

FOUNDED
JAN 19 1973

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

EFFECTIVE DATE OF PAY ADJUSTMENT CORRECTED FROM 7 JAN 1973 TO 1 OCT 1972 UNDER EXECUTIVE ORDER 11777, DATED 12 APR 1973

NAME: BUSTOSVIDELA C Z
 SERIAL: 007667
 ORGN. FUNDS: 51 300 V
 GS-STEP: GS 13 7

NEW SALARY: \$23,642

SECRET
 (When Filled In)

MDP: 26 SEPT 72

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | |
|--|--|----------------------------|--|---------------------------------|--|------------------------------------|--|
| 1 SERIAL NUMBER | | 2 NAME (LAST-FIRST-MIDDLE) | | | | | |
| 007667 | | BUSTOSVIDELA C Z | | | | | |
| 3 NATURE OF PERSONNEL ACTION | | | | 4 EFFECTIVE DATE | | 5 CATEGORY OF EMPLOYMENT | |
| REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS | | | | MO DA YR 09 17 72 | | REGULAR | |
| 6 FUNDS | | 7 V TO V | | 8 V TO CI | | 9 FINANCIAL ANALYSIS NO CHARGEABLE | |
| X | | CF TO V | | CF TO CI | | 3235 0620 0000 | |
| 10 ORGANIZATIONAL DESIGNATIONS | | | | 11 LOCATION OF OFFICIAL STATION | | | |
| DUP/WH DIVISION BRANCH 1 CA SECTION | | | | WASH., D.C. | | | |
| 12 POSITION TITLE | | | | 13 POSITION NUMBER | | 14 SERVICE DESIGNATION | |
| OPS OFFICER | | | | 1294 | | U | |
| 15 GRADE AND STEP | | 16 ORGANIZATIONAL SERIES | | 17 GRADE AND STEP | | 18 SALARY OR RATE | |
| GS | | 01300 V | | 13 7 | | 23,642 | |
| 19 REMARKS | | | | | | | |
| W2 INFO: [REDACTED] | | | | | | | |
| PHONE BASE: WH | | | | | | | |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | |
|-----------|-----------|-------------|-------------|------------------|------------------|-------------------|
| 20 REGION | 21 OFFICE | 22 DIVISION | 23 POSITION | 24 DATE OF BIRTH | 25 DATE OF GRADE | 26 DATE OF ACTION |
| 16 | WH | 01300 | WH | 72013 | 01 | 12 25 |

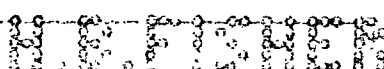
FOR DATA

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

| | | | | | |
|------------------|--------|--------|-------|---------|------------|
| NAME | SERIAL | OPGN, | FUNDS | GR-STEP | NEW SALARY |
| BUSTOSVIDELA C Z | 007667 | 51 620 | CF | G5 13 7 | \$22,487 |

| | | | | | | | | | |
|--|------|------------------|-------------------|----------------|------|---------------|----------------|--------------|-----|
| 1 SERIAL NO | | 2 NAME | | 3 ORGANIZATION | | 4 FUNDS | | 5 LWOP HOURS | |
| 007667 | | BUSTOSVIDELA C Z | | 51 620 | | CF | | | |
| 6 OLD SALARY RATE | | | 7 NEW SALARY RATE | | | 8 TYPE ACTION | | | |
| Grade | Step | Salary | Last LH. Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADJ |
| G5 | 13 6 | \$20,721 | 10/19/69 | G5 | 13 7 | \$21,313 | 10/17/71 | | |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | |
| SIGNATURE | | | | | | DATE | | | |
| | | | | | | 16/35 | | | |
| | | | | | | 559 | | | |
| <input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | |
|  | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11976 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
|------------------|--------|--------|-------|---------|------------|
| BUSTOSVIDELA C Z | 007667 | 51 620 | CF | GS 13 6 | \$20,721 |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-261 AND EXECUTIVE ORDER 11924 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 20 DECEMBER 1969

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
|------------------|--------|--------|-------|---------|------------|
| BUSTOSVIDELA C Z | 007667 | 51 620 | CF | GS 13 6 | \$19,555 |

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

| | | | | | |
|------------------|--------|-------|-------|-----------|------------|
| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
| BUSTOSVIDELA C 2 | 007667 | 51 | 100 | V GS 13 7 | \$24,811 |

| | | | | | | | | | | |
|----------------------------------|------|------------------|----------------|--------------------|------|----------|----------------|----------------|-----|-----|
| 1. SERIAL NO. | | 2. NAME | | 3. GRADE AND STEP | | | | 4. EMPLOYER | | |
| 007667 | | BUSTOSVIDELA C 2 | | GS 13 6 | | | | CF | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADP |
| GS 13 | 5 | \$17,920 | 10/29/69 | GS 13 | 6 | \$19,147 | 12/14/69 | | | |
| 8. Remarks and Authentication | | | | | | | | | | |
| QUALITY STEP INCREASE | | | | | | | | | | |
| /s/ R S HATTLES 12 DECEMBER 1969 | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

G51

| | | | | | | | | | |
|---|------|-----------------------|---------------|-------------------------|------|--------------------------------|----------------|---------------|----------|
| 1 SERIAL NO. | | 2 NAME | | 3 ORGANIZATION | | 4 FUNDS | | 5 LWOP HOURS | |
| 007667 | | BUSTOSVIDELA C Z | | 51 620 | | CF | | | |
| 6 OLD SALARY RATE | | | | 7 NEW SALARY RATE | | | | 8 TYPE ACTION | |
| Grade | Step | Salary | Last Eff Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADJ. |
| GS | 13 | 4 | \$17,393 | 10/22/67 | GS | 13 | 5 | \$17,920 | 10/19/69 |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | |
| SIGNATURE <i>Harriet J. ...</i> | | | | | | DATE <i>8/18/69/35</i> | | | |
| <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | |
| CLERKS INITIALS | | | | | | APPROVED BY <i>[Signature]</i> | | | |
| FORM 7-66 560 E | | Use previous editions | | PAY CHANGE NOTIFICATION | | | | (4-51) | |

COMPENSATION

UCI 13 15 35 35

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

| | | | | | |
|------------------|--------|--------|-------|---------|------------|
| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NET SALARY |
| BUSTOSVIDELA C Z | 007667 | 51 620 | CF | GS 13 4 | \$17,393 |

FVD: 31 OCT 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OLF

| | | | |
|---|--|--|---|
| 1 SERIAL NUMBER 007667 | | 2 NAME (LAST FIRST-MIDDLE) BUSTOSVIDELA C Z | |
| 3 NATURE OF PERSONNEL ACTION REASSIGNMENT | | | 4 EFFECTIVE DATE MO DA YR 11 03 68 |
| 5 CATEGORY OF EMPLOYMENT REGULAR | | | 6 FUNDS V TO V CF TO V X V TO CF CF TO CF |
| 7 Financial Analysis No Chargeable 9135 0990 0000 | | 8 CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J | |
| 9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION | | 10 LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO | |
| 11 POSITION TITLE OPS OFFICER | | 12 POSITION NUMBER 0418 | 13 SERVICE DESIGNATION D |
| 14 CLASSIFICATION SCHEDULE (GS LB etc) GS | 15 OCCUPATIONAL SERIES 0136.01 | 16 GRADE AND STEP 13 4 | 17 SALARY OR RATE 15843 |
| 18 REMARKS STAFF EMPLOYEE SPECIAL | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19 ACTION CODE 37 | 20 EMPLOY CODE 10 | 21 OFFICE CODING TO MERIC 51620 PHARMATIC WH | 22 STATION CODE 45075 |
| 23 INTEGREE CODE | 24 HOURS CODE 3 | 25 DATE OF BIRTH MO DA YR 01 12 29 | 26 DATE OF LEAVE MO DA YR |
| 27 DATE OF LEI MO DA YR | 28 TIME EXPIRES MO DA YR | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA 1. FSA 2. CIA 3. USA 4. NONE |
| 31 SEPARATION DATA CODE | 32 CORRECTION / CANCELS / AN DATA TYPE MO DA YR | 33 SECURITY REG NO | 34 SER |
| 35 VET PREFERENCE CODE 0 NONE 1 5 YR 2 10 YR | 36 SERV COMP DATE MO DA YR | 37 LONG COMP DATE MO DA YR | 38 CAREER CATEGORY CAP PROV TEMP |
| 39 FEDERAL HEALTH INSURANCE CODE 0 NONE 1 YES | 40 SOCIAL SECURITY NO | 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERV 1 NO BREAK IN SERV 2 BREAK IN SERV LESS THAN 5 YRS 3 BREAK IN SERV MORE THAN 5 YRS | 42 LEAVE CAT CODE |
| 43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO | 44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO | 45 SIGNATURE OR OTHER AUTHENTICATION | |

POSTED
11-15-68

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11613 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

| | | | | | | |
|------------------|--------|-------|-------|------------|------------|------------|
| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
| BUSTOSVIDELA C Z | 007667 | 51 | 620 | CF GS 13 4 | \$14,857 | \$15,849 |

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------------|--------------------------------------|-------------------------|---------------------------------|----------------------------------|--------------------------|---------------------------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------|--|----------------------|--|--------------------|--|--|--|--|--|--|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST-MIDDLE) | | | | | | | | | | | | | | | | | | | | | |
| 007667 | | BUSTOSVIDELA C Z | | | | | | | | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | | | | | | | | | | | | |
| PLACETS, MENT | | | | | 14 JUL 68 | | REGULAR | | | | | | | | | | | | | | | | |
| 6. FUNDS | | 7. Financial Analysis 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 | 6135 0300 0000 | | 50 USC 403 J | | | | | | | | | | | | | | | |
| V TO V | V TO CF | | | | | | | | | | | | | | | | | | | | | | |
| CF TO V | CF TO CF | | | | | | | | | | | | | | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | | | | | | | | |
| DDP, W/1 FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION | | | | | MEXICO CITY, MEXICO | | | | | | | | | | | | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | | | | | | | | | | | | | |
| GRS 13 4 | | | | 13 | | 13 | | | | | | | | | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, 1-8, etc) | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | | | | | | | | | | |
| GS | | | 4135.01 | | 13 4 | | 15750 | | | | | | | | | | | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | | | | | | | | | | |
| LEAVE EMPLOYEE 10/1/68 | | | | | | | | | | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | | | | | | | | | |
| 19. ACTION CODE | | 20. EMPLOY CODE | | 21. OFFICE CODING | | 22. STATION CODE | | 23. IN-EGREE CODE | | 24. RATING CODE | | 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LCI | | | | | | | |
| 07 | | 13 | | 51620 | | 45075 | | 3 | | 3 | | 14 JUL 68 | | 14 JUL 68 | | | | | | | | | |
| 28. INT. EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/AMENDMENT DATA | | 33. SECURITY | | 34. SER | | EOD DATA → | | | | | | | | | |
| | | 02 | | | | | | | | 612 NO | | | | | | | | | | | | | |
| 35. VET PREFERENCE | | 36. SERV. COMP. DATE | | 37. LONG COMP. DATE | | 38. CAREER CATEGORY | | 39. FEGLI/HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | | | 42. LEAVE CAT | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>0</td> <td>NO PREVIOUS SERVICE</td> </tr> <tr> <td>1</td> <td>NO DEBAR IN SERVICE</td> </tr> <tr> <td>2</td> <td>DEBAR IN SERVICE</td> </tr> <tr> <td>3</td> <td>DEBAR IN SERVICE (INVESTIGATIVE)</td> </tr> </table> | | | | 0 | NO PREVIOUS SERVICE | 1 | NO DEBAR IN SERVICE | 2 | DEBAR IN SERVICE | 3 | DEBAR IN SERVICE (INVESTIGATIVE) | 42. LEAVE CAT | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | | |
| 0 | NO PREVIOUS SERVICE | | | | | | | | | | | | | | | | | | | | | | |
| 1 | NO DEBAR IN SERVICE | | | | | | | | | | | | | | | | | | | | | | |
| 2 | DEBAR IN SERVICE | | | | | | | | | | | | | | | | | | | | | | |
| 3 | DEBAR IN SERVICE (INVESTIGATIVE) | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | POSTED <i>[Signature]</i> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

12411

651

CONTRACT

| | | | | | | | | | |
|---|------|-----------------------|----------------|-------------------------|------|------------|----------------|----------------|-----|
| 1 SERIAL NO. | | 2 NAME | | 3 ORGANIZATION | | 4 FUNDS | | 5 LWOP HOURS | |
| 007667 | | BUSTOSVIDELA C 2 | | 51 620 | | CF | | | |
| A OLD SALARY RATE | | | | 7 NEW SALARY RATE | | | | 8. TYPE ACTION | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADJ |
| GS 13 | 3 | \$13,769 | 10/23/66 | GS 13 | 4 | \$14,217 | 10/22/67 | | |
| 9 CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | |
| SIGNATURE | | | | | | DATE | | | |
| <i>Frank Fisher</i> | | | | | | 8/18/67 | | | |
| <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | |
| CLERKS INITIALS | | | | | | AUDITED BY | | | |
| C. J. M. | | | | | | | | | |
| FORM 7-66 560 E | | Use previous editions | | PAY CHANGE NOTIFICATION | | | | (4-31) | |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-216, PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."
 EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME
 BUSTOSVIDELA C 2

SERIAL ORGN. FUNDS GR-STEP OLD SALARY NEW SALARY
 007667 51 620 CF GS 13 3 \$13,769 \$14,407

MAH: 18 JULY 67

SECRET
(When Filled In)

530

NOTIFICATION OF PERSONNEL ACTION

OCF

| | | | |
|--|---|--|--|
| 1. SERIAL NUMBER 007667 | | 2. NAME (LAST-FIRST MIDDLE) BUSTOSVIDELA C Z | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS | | | 4. EFFECTIVE DATE MO DA YR 07 16 67 |
| 5. CATEGORY OF EMPLOYMENT REGULAR | | | 6. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J |
| 4. FUNDS | | V TO V X | V TO CF CF TO V CF TO CF |
| 7. Financial Analysis No. Chargeable 8135 0990 0000 | | 8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION | | 10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO | |
| 11. POSITION TITLE OPS OFFICER | | 12. POSITION NUMBER 1528 | 13. SERVICE DESIGNATION D |
| 14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS | 15. OCCUPATIONAL SERIES 0136.01 | 16. GRADE AND STEP 13 3 | 17. SALARY OR RATE 13769 |
| 18. REMARKS OPS OFFICER OCCUPYING INTEL ANALYST POSITION. | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19. ACTION CODE 20 | 20. EMPLOYER CODE 10 | 21. OFFICE CODING NUMERIC ALPHABETIC 51620 WH | 22. STATION CODE 45075 |
| 23. INTEGRAL CODE 3 | 24. MONTH 01 | 25. DATE OF BIRTH DA YR 12 29 | 26. DATE OF GRADE MO DA YR 07 15 69 |
| 27. DATE OF LET MO DA YR | 28. SPECIAL REFERENCE 82 | 29. RETIREMENT DATA 1. PFR 2. FRA 3. NONE | 30. SEPARATION DATA CODE TYPE |
| 31. CO-TERMINATION/ CANCELLATION DATA MO DA YR | 32. SECURITY #19 NO | 33. SECURITY #34 SEA | 34. SOCIAL SECURITY NO. |
| 35. YET PREFERENCE CODE 0. NONE 1. 5 PPT. 2. 10 PPT. | 36. SERV COMP DATE MO DA YR | 37. LONG COMP. DATE MO DA YR | 38. CAREER CATEGORY CODE 0. WAIVER 1. YES |
| 39. FEET/HEALTH INSURANCE CODE 0. WAIVER 1. YES | 40. SOCIAL SECURITY NO. | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0. NO PREVIOUS SERVICE 1. NO OPRAY IN SERVICE 2. OPRAY IN SERVICE LESS THAN 3 YRS 3. OPRAY IN SERVICE MORE THAN 3 YRS | 42. LEAVE CAT CODE |
| 43. FEDERAL TAX DATA CODE 1. YES 2. NO | 44. STATE TAX DATA FORM REC'D YES 1. YES 2. NO | 45. STATE CODE | 46. STATE CODE |
| SIGNATURE OR OTHER AUTHENTICATION | | | |

POSTED
07-20-67 N

"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 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|-------------------|--------|-------|-------|-----------|------------|------------|
| BUSTOS-VIDELA C Z | 907667 | 91 | 300 | V GS 12 6 | \$12,025 | \$12,459 |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|-------------------|--------|-------|-------|-----------|------------|------------|
| BUSTOS-VIDELA C Z | 907667 | 91 | 300 | V GS 12 6 | \$12,459 | \$12,822 |

007667 BUSTOSVIDELA C Z

| OLD SALARY RATE | | | | NEW SALARY RATE | | | | EFFECTIVE DATE | | |
|-----------------|------|--------|---------|-----------------|------|--------|----------------|----------------|----------|-----|
| Grade | Step | Salary | Low Hi | Grade | Step | Salary | Effective Date | PS | LU | ADJ |
| GS | 12 | 5 | 111,670 | 10/13/65 | GS | 12 | 6 | 112,025 | 10/10/65 | |

Remarks and Authorization

NO EXCESS LWOP
IN PAY STATUS AT END OF WAITING PERIOD
LWOP STATUS AT END OF WAITING PERIOD
CLERK INITIALS *D.J.* AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: *[Signature]* DATE 23 Aug 65

PAY CHANGE NOTIFICATION

(4-31)

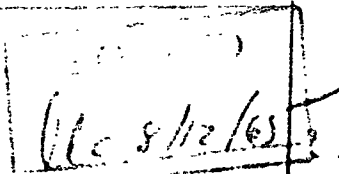
OCT 14 11 22 AM '65

NJM 11 AUG 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

| | | | |
|---|---|--|---|
| 1. SERIAL NUMBER 007667 | | 2. NAME (LAST-FIRST-MIDDLE) BUSTOSVIDELA C Z | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT | | | 4. EFFECTIVE DATE NO. DA. YR 08 01 65 |
| 5. FUND | | | 6. CATEGORY OF EMPLOYMENT REGULAR |
| <input checked="" type="checkbox"/> V TO V | <input type="checkbox"/> V TO EF | <input type="checkbox"/> EF TO V | <input type="checkbox"/> EF TO EF |
| 7. COST CENTER NO. CHARGEABLE 6235 0620 0000 | | 8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 1 FI SECTION | | 10. LOCATION OF OFFICIAL STATION WASH., D. C. | |
| 11. POSITION TITLE OPS OFFICER | | 12. POSITION NUMBER 1201 | 13. SERVICE DESIGNATION D |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS | 15. OCCUPATIONAL SERIES 0136.01 | 16. GRADE AND STEP 12 5 | 17. SALARY OR RATE 11670 |
| 18. REMARKS | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | |
| 19. ACTION CODE 37 | 20. EMPLOY CODE 10 | 21. OFFICE CODING NUMERIC ALPHABETIC 51300 WH | 22. STATION CODE 75013 |
| 23. INTEGRAL CODE | 24. MONTH | 25. DATE OF BIRTH MO DA YR 01 12 29 | 26. DATE OF GRADE MO DA YR |
| 27. DATE OF LEI MO DA YR | 28. MTR EXPIRES MO DA YR | 29. SPECIAL REFERENCE 1 CSC 2 FLCA 3 NONE | 30. RETIREMENT DATA CODE |
| 31. SEPARATION DATA DATE CODE | 32. CORRECTION/CANCELLATION DATA TYPE MO DA YR | 33. SECURITY REG NO | 34. SEX |
| 35. VET PREFERENCE | 36. SERV. COMP. DATE | 37. LONG COMP. DATE | 38. CAREER CATEGORY |
| 39. FEGLI / HEALTH INSURANCE CODE 0 WAIVER 1 YES | 40. HEALTH INS. CODE | 41. SOCIAL SECURITY NO | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 NO PREVIOUS SERVICE 1 NO BASIS IN SERVICE 2 BREAK IN SERVICE LESS THAN 5 YRS 3 BREAK IN SERVICE MORE THAN 5 YRS | | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA FORM 1041-1SD CODE NO TAX EXEMPTIONS 1 YES 2 NO |
| 44. STATE TAX DATA FORM RECEIVED CODE NO TAX EXEMPTIONS 1 YES 2 NO | | 45. STATE SECURITY NO | |
| SIGNATURE OR OTHER AUTHENTICATION | | | |
|  | | | |

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCS 05/27/65

| | |
|----------------------------------|---|
| 1 SERIAL NUMBER 007667 | 2 NAME (LAST-FIRST MIDDLE) RUSTOSVIDELA C Z |
|----------------------------------|---|

| | | |
|---|--|--------------------------|
| 3 NATURE OF PERSONNEL ACTION REASSIGNMENT | 4 EFFECTIVE DATE MO. DA. YR. 05 31 65 | 5 CATEGORY OF EMPLOYMENT |
|---|--|--------------------------|

| | | | | | |
|---------|---------------------------------------|--------|--------|--|--------------------------------|
| 6 FUNDS | <input checked="" type="checkbox"/> X | V TO V | V TO O | 7 COST CENTER NO CHARGEABLE 5235 0620 0000 | 8 CSC OR OTHER LEGAL AUTHORITY |
| | | O TO V | O TO O | | |

| | |
|---|--|
| 9 ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION | 10 LOCATION OF OFFICIAL STATION WASH., D. C. |
|---|--|

| | | |
|---|-----------------------------------|---|
| 11 POSITION TITLE OPS OFFICER | 12 POSITION NUMBER 1202 | 13 CAREER SERVICE DESIGNATION U |
|---|-----------------------------------|---|

| | | | |
|--|--|--------------------------------|-------------------|
| 14 CLASSIFICATION SCHEDULE (GS, IB, etc.) GS | 15 OCCUPATIONAL SERIES 0136.01 | 16 GRADE AND STEP 12 | 17 SALARY OR RATE |
|--|--|--------------------------------|-------------------|

18 REMARKS

POSTED
6-9-65 HT

SIGNATURE OR OTHER AUTHENTICATION

| | | | | | | | |
|--|------|----------------------|----------------|-----------------|------|----------|----------------|
| 007667 | | BUSTOS-VIDELA, C. Z. | | 52 600 | | | |
| OLD SALARY RATE | | | | NEW SALARY RATE | | | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date |
| OS 12 | 4 | \$10,970 | 10/13/63 | OS 12 | 5 | \$11,300 | 03/23/64 |
| Remarks and Authorization <p style="text-align: center;">QUALITY STEP INCREASE.</p> | | | | | | | |
| SIGNED: E. D. ECHO DATE: MARCH 23, 1964 <p style="text-align: center;">PAY CHANGE NOTIFICATION</p> | | | | | | | |

Form 9-61 560

Obsolete Previous Edition

(4-51)

MHC:5 DEC 63

SECRET
(When Filled In)

| | | | | | | | |
|--|--|----------------------------------|---------------------|----------------------------------|-------------------------|----------------------------------|--|
| OCF | | NOTIFICATION OF PERSONNEL ACTION | | | | | |
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST MIDDLE) | | | | | |
| 007667 | | BUSTOSVIDELA C Z | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | |
| REASSIGNMENT | | | | 12 05 63 | | REGULAR | |
| 6. FUNDS | | 7. COST CENTER NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| X | | 4235 1000 1000 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | |
| DDP WH BRANCH 3 MEXICO SECTION | | | | WASH., D.C. | | | |
| 11. POSITION TITLE | | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | |
| OPS OFFICER | | | 0321 | | D | | |
| 14. CLASSIFICATION SCHEDULE (GS, LW, etc) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | |
| GS | | 0136.01 | | 12 4 | | 10420 | |
| 18. REMARKS | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19. ACTION CODE | | 20. EMPLOY CODE | | 21. OFFICE CODING | | 22. STATION CODE | |
| 37 | | 10 | | 51400 WH | | 75013 | |
| 23. DATE OF BIRTH | | 24. DATE OF GRADE | | 25. DATE OF LET | | | |
| 01 12 29 | | | | | | | |
| 26. RETIREMENT DATA | | 27. SPECIAL REFERENCE | | 28. SEPARATION DATA CODE | | 29. CORRECTION/CANCELLATION DATA | |
| | | | | | | EOD DATA | |
| 30. VET PREFERENCE | | 31. FEES/RESULTS INQUIRY | | 32. SOCIAL SECURITY NO. | | | |
| | | | | | | | |
| 33. PREVIOUS GOVERNMENT SERVICE DATA | | 34. FEDERAL TAX DATA | | 35. STATE TAX DATA | | | |
| | | | | | | | |
| 36. SIGNATURE OR OTHER AUTHENTICATION | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 10925 </div> | | | | | | | |

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-75 AND DCI MEMORANDUM DATED 1 AUGUST 1962, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

| NAME | SERIAL | ORGN | FUNDS | GR-ST | OLD SALARY | NEW SALARY |
|------------------|--------|--------|-------|---------|------------|------------|
| BUSTOSVIDELA C Z | 007667 | 91 400 | V | GS 12 4 | \$10,420 | \$10,970 |

007667

| | | | | | | | | | | |
|---|------|------------------|---------------|--------------------|-----------------------|----------|----------------|----------------|----|------|
| 1. Serial No. | | 2. Name | | | 3. Cost Center Number | | | 4. LWOP Hours | | |
| 007667 | | BUSTOSVIDELA C Z | | | 64 400 V | | | 2B | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
| Grade | Step | Salary | Last PW. Date | Grade | Step | Salary | Effective Date | PS | LS | ADJ. |
| GS 12 | 3 | \$10,105 | 10/14/62 | GS 12 | 4 | \$10,420 | 10/13/63 | | | |
| 8. Remarks and Authentication | | | | | | | | | | |
| / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLEHRG INITIALS AUDITED BY <i>jen</i> | | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | | | |
| SIGNATURE: <i>[Signature]</i> DATE: <i>[Date]</i> | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

REC'D BUREAU

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 16 OCTOBER 1962

| NAME | SERIAL | ORGN | FUNDS | OLD GR-ST SALARY | OLD GR-ST SALARY | NEW GR-ST SALARY | NEW GR-ST SALARY |
|------------------|--------|-------|-------|---------------------|---------------------|---------------------|---------------------|
| BUSTOSVIDELA C Z | 007667 | A4400 | V | 12 2 \$ 9219 | | 12 2 \$ 9700 | |

335-000-1000

| | | | | | | | | | | |
|--|------|------------------|-------------|-----------------------|------|---------------|----------------|----------------|-----|-----|
| 1. Serial No. | | 2. Name | | 3. Cost Center Number | | 4. LWOP Hours | | | | |
| 007667 | | BUSTOSVIDELA C Z | | A4400 V | | | | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
| Grade | Step | Salary | Low EH Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADI |
| GS-12 | 2 | \$ 9,790 | 06/11/61 | GS-12 | 3 | \$ 10,105 | 10/14/62 | | | |
| 8. Remarks and Authentication | | | | | | | | | | |
| <input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT EN. OF WAITING PERIOD <input checked="" type="checkbox"/> 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>W. J. Holman</i> | | | | | | DATE: 26-X-62 | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

SECRET
(When Filled In)

REF: 11 AUG 61

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|---|------------------------------------|--|---|
| 1. SERIAL NUMBER 007667 | | 2. NAME (LAST-FIRST MIDDLE) BUSTOS-VIDELA C Z BUSTOSVIDELA C Z | |
| 3. NATURE OF PERSONNEL ACTION NAME CHANGE FROM* CHARLOTTE L. ZEBRUNG - CORRECTION** | | 4. EFFECTIVE DATE MO DA YR 06 12 61 | 5. CATEGORY OF EMPLOYMENT REGULAR |
| 6. FUNDS | V TO V | V TO CF | 7. COST CENTER NO. CHARGEABLE 2235 1000 1000 |
| | CF TO V | CF TO CF | |
| 8. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO SECTION | | 9. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J | |
| 10. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO SECTION | | 16. LOCATION OF OFFICIAL STATION WASH., D.C. | |
| 11. POSITION TITLE OPS OFFICER | | 12. POSITION NUMBER 0607 | 13. CAREER SERVICE DESIGNATION D |
| 14. CLASSIFICATION SCHEDULE (GS, WB, etc.) GS | 15. OCCUPATIONAL SERIES 0136.01 | 16. GRADE AND STEP 12 2 | 17. SALARY OR RATE 9215 |

18. REMARKS
 * BY MARRIAGE ON 18 MARCH 61.
 ** THIS ACTION CORRECTS SF 1150 EFF 12 JUNE 61 ITEM # 2, NAME, WHICH READ BUSTOSVIDELA C Z TO READ BUSTOS-VIDELA C Z, FOR PAYROLL PURPOSE ONLY.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| | | | | | | | | |
|--|----------------------------------|--|--|---|-----------------------------------|--|-------------------------------|-----------------------------|
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING NUMERIC ALPHABETIC | 22. STATION CODE | 23. INTEGREE CODE | 24. GRADE MO DA YR 01 12 29 | 25. DATE OF BIRTH MO DA YR | 26. DATE OF GRADE MO DA YR | 27. DATE OF LEI MO DA YR |
| 28. NTE EXPIRES MO SA YR | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA 1 - CAL 2 - PICA 3 - NONE | 31. SEPARATION DATA CODE | 32. EFFECTIVE/CANCELLATION DATA TYPE MO SA YR | EOD DATA | | 33. SECURITY REQ NO | 34. SEX |
| 35. NET PREFERENCE CODE 0 - NONE 1 - 2 PT 2 - 10 PT | 36. SERV. COMP. DATE MO DA YR | 37. LEAVE COMP DATE MO SA YR | 38. MIL. SERV. CAP/INT/LS 1 - YES 2 - NO | 39. FEGLI/HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES | HEALTH INS CODE | | 40. SOCIAL SECURITY NO | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREV GOV SERVICE 1 - NO ANGRS IN SERVICE 2 - ANGRS IN SERVICE (1082) WHEN BY MOST 3 - ANGRS IN SERVICE (MORE THAN 12 MOS) | | | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA FORM RECEIVED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO | | 44. STATE TAX DATA FORM RECEIVED CODE NO TAX EXEMPT STATE CODE 1 - YES 2 - NO | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED
08/22/61 JK

AES: 12 JUNE 61

SECRET
(When Filled In)

| OFF | | | | | | | | | | | | NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|---|--|-----------------------|--|------------------------------|--|--|--|--------------------------|--|----------------------------------|--|----------------------------------|--|-----------------------------|--|---------------------------------|-------------------|------------------------|--|---------------------------|--|--|--|
| 1. SERIAL NUMBER | | | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | 3. NATURE OF PERSONNEL ACTION | | | | 4. EFFECTIVE DATE | | | | 5. CATEGORY OF EMPLOYMENT | | | |
| 007667 | | | | RUSTOSVIDELA C Z | | | | | | | | NAME CHANGE FROM* | | | | 06 12 61 | | | | REGULAR | | | |
| 6. FUNDS | | | | V TO V | | | | V TO CF | | | | 7. COST CENTER NO. CHARGEABLE | | | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | | | |
| X | | | | | | | | | | | | 1235 1000 1000 | | | | 50 USC 403 J | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | |
| DOP WH BRANCH 3 MEXICO SECTION | | | | | | | | | | | | WASH., D.C. | | | | | | | | | | | |
| 11. POSITION TITLE | | | | | | | | | | | | 12. POSITION NUMBER | | | | 13. CAREER-SERVICE DESIGNATION | | | | | | | |
| OPS OFFICER | | | | | | | | | | | | 0607 | | | | D. | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, WD, etc.) | | | | 15. OCCUPATIONAL SERIES | | | | 16. GRADE AND STEP | | | | 17. SALARY OR RATE | | | | | | | | | | | |
| GS | | | | 0136.01 | | | | 12 2 | | | | 9215 | | | | | | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | | | | | | | | | | |
| *BY MARRIAGE. 18 MARCH 1961 | | | | | | | | | | | | | | | | | | | | | | | |
| 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. PAY GRADE | | 25. DATE OF BIRTH | | | 26. DATE OF GRADE | | | 27. DATE OF LEI | | | |
| 53 | | 10 | | NUMERIC ALPHABETIC | | | | | | | | 600 | | MO DA YA | | | MO DA YA | | | MO DA YA | | | |
| | | | | | | | | | | | | | | 01 12 29 | | | | | | | | | |
| 28. DTE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REG NO. | | 34. SEX | | | | | | | | | |
| MO DA YA | | | | 1. CSC 2. FICA 3. NONE | | | | CODE | | TYPE NO. DA YA | | EOD DATA | | | | | | | | | | | |
| 35. VET PREFERENCE | | | | 36. SERV. COMP. DATE | | | | 37. LONG COMP. DATE | | | | 38. MIL SERV CREDIT/LED | | 39. FEGLI/HEALTH INSURANCE | | | | 40. SOCIAL SECURITY NO | | | | | |
| CODE | | | | MO DA YA | | | | MO DA YA | | | | 1-YES 2-NO | | CODE CODE 0-DENIED 1-YES | | | | HEALTH INS CODE | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | | | | | 42. LEAVE CAT | | 43. FEDERAL TAX DATA | | | | 44. STATE TAX DATA | | | | | | | | | |
| CODE | | | | | | | | CODE | | NON-EXEMPTED CODE | | | | FORM EXEMPTED | | | | CODE NO TAX STATE CODE | | | | | |
| 1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE (LESS THAN 18 MOS) 3. BREAK IN SERVICE (MORE THAN 18 MOS) | | | | | | | | | | 1-YES 2-NO | | | | 1-YES 2-NO | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>06/14/61 ZK</p> </div> | | | | | | | | | | | | | | | | | | | | | | | |

SECRET
(When Filled In)

| | | | | | | | | | | |
|--|------|----------------------------------|----------------|--------------------|-----------------------|----------|----------------|----------------|-----|-----|
| 1. Serial No. | | 2. Name | | | 3. Cost Center Number | | | 4. LWOP Hours | | |
| 107667 | | MUST SVICED ZEHRUNG CHARLOTTE | | | DDP/WH 3 V-20 | | | | | |
| 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 | 12 1 | \$ 8,955 | 12/13/59 | 12 | 2 | \$ 9,215 | 06/11/60 | | | |
| 8. Remarks and Authentication | | | | | | | | | | |
| <p align="right"><i>Jer</i></p> <p>NO EXCESS LWOP</p> <p>IN PAY STATUS AT END OF WAITING PERIOD</p> <p>IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="center">EMMETT D. ECHOLS</p> <p align="right"><i>WK</i></p> | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

Form 560
7-60

Obsolete Previous Edition

SECRET

(4-54)

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 |
| DI | ZEHRUNG CHARLOTTE | 107667 | 46 13 | GS-12 1 | \$ 8,330 | \$ 8,955 |

/s/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

PAS: 11 DEC 1959

| | | | | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|--|---------------------------------------|----------------------|---|---|--|--|
| 1. Serial No. 107667 | | 2. Name (Last-First-Middle) ZEHRUNG CHARLOTTE | | | 3. Date Of Birth Mo. Da. Yr. 01 12 29 | | | 4. Vet. Prof. None-0 5 Pt-1 10 Pt-2 0 | | 5. Sex F 2 | | 6. CS - EOD Mo. Da. Yr. 08 27 51 | | |
| 7. SCD Mo. Da. Yr. 04 02 51 | | 8. CSC Retire. Yes-1 No-2 1 | | 9. CSC Or Other Legal Authority 50 USCA 403 | | 10. Appt. Affidav. Mo. Da. Yr. | | | 11. FEGLI Yes-1 No-2 | | 12. LCD Mo. Da. Yr. 08 27 51 | | 13. Mil. Serv. Lea. Yes-1 No-2 2 | |

PREVIOUS ASSIGNMENT

| | | | | | | | | |
|--|--|--------------------------------------|---------------------|---|---------------------------------|---|------------------------------|--|
| 14. Organizational Designations DDP WH BRANCH 111 MEXICO SECTION | | | Code 4613 | 15. Location Of Official Station WASH., D. C. | | | Station Code 75013 | |
| 16. Dept. - Field Dept - 2 USfld - 4 Fign - 6 2 | | 17. Position Title I.O. FI | | | 18. Position No. 0521 | | 19. Serv. GS | 20. Occup. Series 0136.51 |
| 21. Grade & Step 11 4 | | 22. Salary Or Rate \$ 7750 | 23. SD DI | 24. Date Of Grade Mo. Da. Yr. 04 10 55 | | 25. PSI Due Mo. Da. Yr. 04 06 58 | | 26. Appropriation Number 8 3500 20 |

ACTION

| | | | | | | | | |
|--|--|-------------------|---|--|--|--|-------------------|---------------------|
| 27. Nature Of Action PROMOTION | | Code 30 | 28. Eff. Date Mo. Da. Yr. 12 13 59 | | 29. Type Of Employee REGULAR | | Code 01 | 30. Separation Data |
|--|--|-------------------|---|--|--|--|-------------------|---------------------|

PRESENT ASSIGNMENT

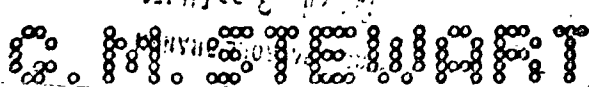
| | | | | | | | | |
|--|--|---------------------------------------|---------------------|--|---------------------------------|---|------------------------------|---|
| 31. Organizational Designations DDP WH BRANCH 111 MEXICO SECTION | | | Code 4613 | 32. Location Of Official Station WASH., D.C. | | | Station Code 75013 | |
| 33. Dept. - Field Dept - 2 USfld - 4 Fign - 6 2 | | 34. Position Title OPS OFCR | | | 35. Position No. 0607 | | 36. Serv. GS | 37. Occup. Series 0136.01 |
| 38. Grade & Step 12 1 | | 39. Salary Or Rate \$ 8330 | 40. SD DI | 41. Date Of Grade Mo. Da. Yr. 12 13 59 | | 42. PSI Due Mo. Da. Yr. 06 11 61 | | 43. Appropriation Number 0235 1000 1000 |

44. Remarks

LOSE
 1-7-60
 WJA

12-15-59

SECRET
(WHEN FILLED IN)

| 1. EMP. SERIAL NO. 107667 | | 2. NAME ZEHNING CHARLOTTE | | | | 3. ASSIGNED ORGAN. DDP/WH 3 | | 4. FUNDS V-20 | | 5. ALLOTMENT - 31 | |
|---|------|------------------------------|---------------------|----|-----|--------------------------------|------|------------------|----------------|----------------------|-----|
| 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 11 | 3 | \$ 7,510 | 04 | 06 | 58 | GS 11 | 4 | \$ 7,750 | 10 | 04 | 59 |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER | | | | | | | | | | | |
| 8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD | | | | | | 9. NUMBER OF HOURS LWOP | | | | | |
| | | | | | | 10. INITIALS OF CLERK | | | 11. AUDITED BY | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT | | | | | | 13. REMARKS | | | | | |
| 14. AUTHENTICATION | | | | | | | | | | | |
|  PAY CHANGE NOTIFICATION | | | | | | | | | | | |

FORM 5-59

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

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

| | | | | | |
|--------|-------------------|----|----------|----------|----------|
| SER # | NAME | SD | OLD SLOT | NEW SLOT | DATE |
| 107667 | ZEHNING CHARLOTTE | DI | 0521 | 321 | 04/28/59 |

SECRET

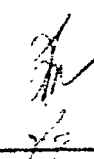
GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

| NAME | SERIAL | GRADE-STEP | OLD SALARY | NEW SALARY |
|-------------------|--------|------------|------------|------------|
| ZEHRUNG CHARLOTTE | 107667 | GS-11-3 | \$ 6,820 | \$ 7,510 |

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET

| | | | | | | | | | | | |
|---|------|-------------------|---------------------|-----|-------------------|-------------------------|------|----------|----------------|--------------|-----|
| 1. EMP. SERIAL NO. | | 2. NAME | | | 3. ASSIGNED ORGN. | | | 4. FURN. | | 5. ALLOTMENT | |
| 107667 | | ZEHRUNG CHARLOTTE | | | DDP/WH | | | 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 11 | 2 | \$ 6,605 | 10 | 07 | 56 | GS 11 | 3 | \$ 6,820 | 04 | 06 | 58 |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER | | | | | | | | | | | |
| 9. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP | | | | | | 9. NUMBER OF HOURS LWOP | | | | | |
| IF EXCESS LEAVE LWOP, CHECK FOLLOWING: | | | | | | 10. INITIALS OF CLERK | | | | | |
| <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD | | | | | | 11. AUDITED BY | | | | | |
| <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
|  GORDON M. STEWART PERIODIC STEP INCREASE - AUTHENTICATION | | | | | | | | | | | |

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

MCM 3 APRIL 58

| | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|---|---|--|---|----------------------------|---------------|------------------------------------|--|---|--|
| 1. Serial No. 107667 | | 2. Name (Last-First-Middle) ZEHRUNG CHARLOTTE | | | 3. Date Of Birth Mo. Da. Yr. 01 12 29 | | | 4. Vet. Prof. None-0 5 Pt-1 10 Pt-2 0 | | 5. Sex F 2 | | 6. CS - EOD Mo. Da. Yr. 08 27 51 | | |
| 7. SCD Mo. Da. Yr. 04 02 51 | | 8. CSC Patmt. Yes-1 No-2 1 | | 9. CSC Or Other Legal Authority 50 USCA 403 d | | 10. Appt. Affidav. Mo. Da. Yr. 04 10 55 | | | 11. FEGLI Yes-1 No-2 | | 12. LCD Mo. Da. Yr. 08 27 51 | | 13. Code Yes-1 No-2 2 | |

PREVIOUS ASSIGNMENT

| | | | | | | | | | | | | |
|---|--|--|--|-----------------------------|--|--|--|--|--|---------------------------------------|--|--|
| 14. Organizational Designations DDP WH BRANCH 111 MEXICO SECTION | | | | Code 4613 | | 15. Location Of Official Station WASH D C | | | | Station Code 75013 | | |
| 16. Dept. - Field Dept - 8 USfid - 4 Frgn - 6 | | 17. Position Title Code 2 REPORTS OFF | | 18. Position No. 0072.01 | | 19. Serv. GS | | 20. Occup. Series 0132.44 | | | | |
| 21. Grade & Step 11 2 | | 22. Salary Or Rate \$ 6605 | | 23. SD D1 | | 24. Date Of Grade Mo. Da. Yr. 04 10 55 | | 25. PSI Due Mo. Da. Yr. 04 06 58 | | 26. Appropriation Number 8 3500 20 | | |

ACTION

| | | | | | | | | | | | |
|--------------------------------------|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|
| 27. Nature Of Action REASSIGNMENT | | Code 56 | | 28. Eff. Date Mo. Da. Yr. 04 03 58 | | 29. Type Of Employee REGULAR | | Code 01 | | 30. Separation Data | |
|--------------------------------------|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|

PRESENT ASSIGNMENT

| | | | | | | | | | | | | |
|---|--|--|--|--------------------------|--|--|--|--|--|---------------------------------------|--|--|
| 31. Organizational Designations DDP WH BRANCH 111 MEXICO SECTION | | | | Code 4613 | | 32. Location Of Official Station WASH., D. C. | | | | Station Code 75013 | | |
| 33. Dept. - Field Dept - 8 USfid - 4 Frgn - 6 | | 34. Position Title Code 2 I.O. FI | | 35. Position No. 0521 | | 36. Serv. GS | | 37. Occup. Series 0136.51 | | | | |
| 38. Grade & Step 11 2 | | 39. Salary Or Rate \$ 6605 | | 40. SD D1 | | 41. Date Of Grade Mo. Da. Yr. 04 10 55 | | 42. PSI Due Mo. Da. Yr. 04 06 58 | | 43. Appropriation Number 8 3500 20 | | |

44. Remarks

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5/7/58

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | | |
|----------------------------------|-----|-----------------------------|---------------|------|---------------------------------|------------------|-----|--------------------|-----------------------------|-----------|---------------|---------|-------------|---------------|-----|
| MYL | | | | | | | | | | | | | | | |
| 1. Serial No. | | 2. Name (Last-First-Middle) | | | | 3. Date Of Birth | | | 4. Vol. Prof. | | 5. Sex | | 6. CS - EOD | | |
| 107667 | | ZEHRUNG CHARLOTTE | | | | Mo. | Da. | Yr. | None-0 5 Pt-1 10 Pt-2 | Code | F | 2 | Mo. | Da. | Yr. |
| 01 | | 12 | | 29 | 0 | 08 | 27 | 51 | | | | | | | |
| 7. SCD | | | 8. CSC Rmt. | | 9. CSC Or Other Legal Authority | | | 10. Apmt. Affidav. | | 11. FEGLI | | 12. LCD | | 13. Encl. Cts | |
| Mo. | Da. | Yr. | Yes-1 No-2 | Code | | | | Mo. | Da. | Yr. | Yes-1 No-2 | Code | | | |
| 04 | 02 | 51 | 1 | 1 | 50 USCA 403 J | | | | | | 08 | 27 | 51 | 2 | |

PREVIOUS ASSIGNMENT

| | | | | | | | | | | |
|--|------|--------------------|--|--------|----------------------------------|-----|-------------|-------------------|--------------------------|-----|
| 14. Organizational Designations | | | | Code | 15. Location Of Official Station | | | | Station Code | |
| DDP WH BRANCH 11 ARGENTINA SECTION | | | | | WASH D C | | | | | |
| 16. Dept. - Field | | 17. Position Title | | | 18. Position No. | | 19. Serv. | 20. Occup. Series | | |
| Dept - 2 | Code | REPORTS OFFICER | | | 313 | | GS | 0132.44 | | |
| USfld - 4 | | | | | | | | | | |
| Frqn - 6 | 2 | | | | | | | | | |
| 21. Grade & Step | | 22. Salary Or Rate | | 23. SD | 24. Date Of Grade | | 25. PSI Due | | 26. Appropriation Number | |
| 11 2 | | \$ 6605 | | DI | Mo. | Da. | Yr. | Mo. | Da. | Yr. |
| | | | | | | | | | 8 3500 20 | |

ACTION

| | | | | | | | | | |
|----------------------|--|------|---------------|-----|----------------------|---------|------|---------------------|--|
| 27. Nature Of Action | | Code | 28. Eff. Date | | 29. Type Of Employee | | Code | 30. Separation Data | |
| REASSIGNMENT | | 56 | Mo. | Da. | Yr. | REGULAR | | 01 | |
| | | | 12 | 01 | 57 | | | | |

PRESENT ASSIGNMENT

| | | | | | | | | | | |
|--|------|--------------------|--|--------|----------------------------------|-----|-------------|-------------------|--------------------------|-----|
| 31. Organizational Designations | | | | Code | 32. Location Of Official Station | | | | Station Code | |
| DDP WH BRANCH 111 MEXICO SECTION | | | | 4613 | WASH D C | | | | 75013 | |
| 33. Dept. - Field | | 34. Position Title | | | 35. Position No. | | 36. Serv. | 37. Occup. Series | | |
| Dept - 2 | Code | REPORTS OFF | | | 0072.01 | | GS | 0132.44 | | |
| USfld - 4 | | | | | | | | | | |
| Frqn - 6 | 2 | | | | | | | | | |
| 38. Grade & Step | | 39. Salary Or Rate | | 40. SD | 41. Date Of Grade | | 42. PSI Due | | 43. Appropriation Number | |
| 11 2 | | \$ 6605 | | DI | Mo. | Da. | Yr. | Mo. | Da. | Yr. |
| | | | | | 04 | 11 | 55 | 04 | 10 | 58 |
| | | | | | | | | | 8 3500 20 | |

44. Remarks

POSTED

10/19/57 *Rr*

SECRET
CLASSIFICATION

| FITNESS REPORT | | | | | |
|--|---|--|--|------------------------------------|---------------------------------|
| SECTION A GENERAL INFORMATION | | | | | |
| 1. EMPLOYEE NUMBER 007667 | 2. NAME (Last, first, middle) Bustos-Videla, Charlotte Z. | 3. DATE OF BIRTH 12 Jan 29 | 4. SEX F | 5. GRADE GS-13 | 6. SD D |
| 7. OFFICIAL POSITION TITLE Operations Officer | | 8. OFF. DIV./BR OF ASSIGNMENT DDO/WH/1 | 9. CURRENT STATION | | 10. HQ CD |
| 11. TYPE OF APPOINTMENT | | | 12. TYPE OF REPORT | | |
| <input type="checkbox"/> CAREER | <input type="checkbox"/> RESERVE | <input type="checkbox"/> CONTRACT | <input type="checkbox"/> OTHER (Spec.) | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> ANNUAL |
| | | | <input type="checkbox"/> REASSIGNMENT | <input type="checkbox"/> SPECIAL | |
| 13. REPORTING PERIOD (From-to) XXXX 1 August 1972 - 30 April 1973 | | | 14. DATE REPORT DUE IN O.R. | | |
| SECTION B QUALIFICATIONS UPDATE | | | | | |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT. | | | | | |
| SECTION C PERFORMANCE EVALUATION | | | | | |
| <p>U—Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p>M—Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p>P—Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</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 Functions as Chief of the WH/1/SA and Cuba Section, supervising one case officer, one IA and one secretary. | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 2 Analyzes all traffic pertaining to Branch and Station SA and Cuban Operations, performs all operational support, project actions, correspondence, coordination, memoranda and file maintenance. | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 3 Prepares studies, file analyses and special reports such as budget and program call and correspondence with the White House. | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 4 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER S |

SECRET
CLASSIFICATION

| SECTION D | NARRATIVE COMMENTS |
|---|--------------------|
| Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper. | |
| <p>In the 8 months during which she was under my supervision, Mrs. Bustos has performed in that same hard-working, highly-productive style which has become her trademark over the years. She understands the intelligence process from start to finish and is personally experienced with each step along the way, save the agent handling aspects. She excels in each phase of the work.</p> <p>As chief of the Branch SA and Cuban activities section, she has once again demonstrated her mastery over her assigned duties. She is a sound, dependable, yet imaginative and energetic operations officer, whose performance leaves little to be desired. While she had had little previous supervisory experience, she has in this assignment demonstrated exemplary supervisory ability. Notwithstanding her drive, tenacity and attention to detail, she is a popular co-worker, is receptive to guidance and is sensitive to, and responsive to the needs of her subordinates.</p> <p>In her performance of specific duty No. 2, she has brought to bear upon her daily duties her broad experience, high intelligence and good operational sense, functioning with practically no need of close supervision. It is comforting to know that an assignment given to this employee is always done promptly, professionally and cheerfully.</p> <p>Her adaptability was demonstrated in her specific duty No. 3. Despite the press of normal daily activity, she was often called upon to produce "crash"</p> | |
| (continued) | |

| SECTION E CERTIFICATION AND COMMENTS | | |
|--|--|---|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, C AND D OF THIS REPORT | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 21 May 1973 | <i>Charlotte J. ...</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 8 | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 21 May 1973 | DC/WH/1 | <i>Raymond J. Swider</i> Raymond J. Swider |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | The rater has written an accurate and thorough evaluation of Mrs. Bustos. I concur without reservation in the ratings provided subject. She is an exceptional officer. Her ability to perform a variety of assignments in Headquarters and the Field has measured up to an outstanding record. Her work with subordinates clearly indicate she is a good supervisor. Mrs. Bustos performs all facets of her work in an exemplary manner and in my judgement rates in the upper percentile in the A Category. | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 21 May 1973 | C/WH/1 | <i>John C. Murray</i> John C. Murray |

CLASSIFICATION
SECRET

Narrative Comments (continued): (Charlotte Z. Bustos-Videla)

papers for the Branch because of her innate talents and established reliability. She never failed to impress her supervisor with her production, writing ability and energy. Her overall performance is clearly in excess of her grade level.

In terms of true cost and security-consciousness, she must also be considered very strong because she has a positive and aggressive attitude towards these subjects. It is with deep regret that the Branch parts with this employee who now moves up to the Division front office staff.

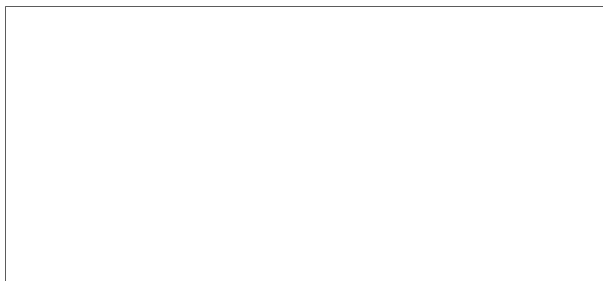
C-O-N-F-I-D-E-N-T-I-A-L

Covert Action Operations Seminar No. 2-73
35 hours, full time

Participant : Bustos-Videla, Charlotte Office : WH
Year of Birth: 1929 Service Designation: D
Grade : GS-13 No. of Students : 20
EOD Date : 08/51

COURSE OBJECTIVES, CONTENT AND METHODS

The objective of the Seminar is to give the participant a familiarization with the major fields of covert action. These are viewed as:



The Seminar includes a discussion of the "political animal" and an analytical look at the political personality.

The technique of instruction is one of talks by Operations Officers experienced in various specific kinds of operation, followed by questions and discussion. Participants are encouraged and expected to ask questions and engage in the discussions, drawing upon and relating their experience to that under discussion. One of the important values to be gained from the Seminar is this exchange of experience.

ACHIEVEMENT RECORD

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

FOR THE DIRECTOR OF TRAINING:



Chief Instructor

2/28/73
Date

C-O-N-F-I-D-E-N-T-I-A-L

CONFIDENTIAL

TRAINING REPORT

Midcareer Course No. 34

Student : Bustos-Videla, Charlotte Date : 11/5-12/22/72
Year of Birth: 1929 Office : WH/1
Grade : 13 Service Designation: D
No. of Students : 30

COURSE OBJECTIVES -- CONTENT AND METHODS

The Midcareer Course is designed to enable potential executive officers to develop and widen their understanding of management practices, of the Agency and the Intelligence Community, and of the Government's involvement in international affairs.

The Course consists of three major segments of varying lengths. The topics covered through lectures, seminars, group discussions and field trips are:

1. Effective managerial behavior as derived through study of the Managerial Grid.
2. The functions, relationships and problems of various Agency components and of members of the Intelligence Community.
3. Selected elements of national power and current developments in key international affairs.

ACHIEVEMENT RECORD

No evaluation of the student is made during the Course, and no final grade is given upon course completion.

FOR THE DIRECTOR OF TRAINING:

[Signature Box]

22 DEC 1972

Date

Midcareer Course Chairman

Classified by: 17-1626
EX-2, APDCI,
WSISM

CONFIDENTIAL

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relation to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

In reviewing my previous fitness report and those of my predecessors, on this fine officer, I find myself hard put not to repeat what has been said so often before. She has been the backbone of this section and of those where she has worked previously. Her work has always shown excellent judgement and ingenuity. A self-starter with tremendous drive and discipline, the amount of work she has produced has been prodigious. An excellent team worker, she has never shirked when as so often happens - she is asked to take on additional work or work on a matter outside of her regular field. While forceful, she is diplomatic and tactful and is able to present suggestions and criticisms in a pleasant manner. She is one of the most dedicated persons I have met in the Organization, and exceptionally dependable. While, as a woman and a Specialist, she has had little opportunity to handle agents she has done very well with those we have given her to handle. She has showed great ability in the training of two transcribers and in the debriefing of two female agents and their husbands. This is in large part due to her in-depth knowledge of the targets this section is working on. The past few months have been difficult, requiring the complete reorganization of this Section and the termination of the majority of our assets. Under this stress, she has performed in her usual outstanding manner. Perhaps, even a little better. Her handling of a great deal of file work has been excellent, probably in part because she was the one who set it up and has maintained it in its present very good state.

(continued)

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

| | |
|--------------------|---|
| DATE 7 Aug 1972 | SIGNATURE OF EMPLOYEE /s/ Charlotte Z. Bustos-Videla |
|--------------------|---|

2. BY SUPERVISOR

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

| | | |
|-----------------------|--|--|
| DATE 7 August 1972 | OFFICIAL TITLE OF SUPERVISOR Operations Officer | TYPED OR PRINTED NAME AND SIGNATURE /s/ John M. Burke |
|-----------------------|--|--|

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Without any hesitation I concur with the outstanding ratings above. Subject is now up for rotation and we will miss her immensely. For years she has dedicated her entire time to her job which she has done so well. She has been creative, thorough and accurate. Although she has not had supervisory experience at this station, she has performed in a manner which clearly reflects that she would have no problem with supervising. A truly outstanding employee with growth potential.

| | | |
|--------------------|--|--|
| DATE 7 Aug 1972 | OFFICIAL TITLE OF REVIEWING OFFICIAL DCOS | TYPED OR PRINTED NAME AND SIGNATURE /s/ George A. Fill XXXXXXXXXXXX |
|--------------------|--|--|

SECRET

(CONTINUED)

SECTION C NARRATIVE COMMENTS

The one criticism of this Officer's work that I and others have made in the past still stands. She tries to do everything and somethings in this business just don't deserve the attention she gives them.

I have no personal knowledge of her supervisor abilities, but believe she is a natural leader.

SECRET

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | |
|--|---|------------------------------------|-----------------------------|---|--|----------|--------------------|
| | | | | 007667 | | | |
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE | 5. SD |
| Bustos-Videla, Charlotte Z. | | | 12 Jan 29 | | F | GS-13 | D |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OF ASSIGNMENT | | 8. CURRENT STATION | | |
| Operations Officer | | | DDP/WH/1 | | Mexico City | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | | 10. CHECK (X) TYPE OF REPORT | | | |
| <input checked="" type="checkbox"/> CAREER | <input type="checkbox"/> RESERVE | <input type="checkbox"/> TEMPORARY | | <input type="checkbox"/> INITIAL | <input type="checkbox"/> REASSIGNMENT SUPERVISOR | | |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) | | | | <input checked="" type="checkbox"/> ANNUAL | <input type="checkbox"/> REASSIGNMENT EMPLOYEE | | |
| <input type="checkbox"/> SPECIAL (Specify): | | | | <input type="checkbox"/> SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. | | | | 12. REPORTING PERIOD (From: to) | | | |
| | | | | January 1971 - December 1971 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | | |
| U-Unsatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. | | | | | | |
| M-Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. | | | | | | |
| P-Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. | | | | | | |
| S-Strong | Performance is characterized by exceptional proficiency. | | | | | | |
| O-Outstanding | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. | | | | | | |
| SPECIFIC DUTIES | | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | | |
| SPECIFIC DUTY NO. 1 | Prepares operational target studies on PBRUMEN officials and assists in the planning of operations against these targets. | | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 2 | Screens all raw reports dealing with PBRUMEN targets for operational and positive intelligence. | | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 3 | Conducts name checks, file reviews, prepares finished memos, cables, and dispatches. Assists Case Officers in preparation of operational reports. | | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 4 | Prepares draft intelligence reports from raw agent reports, technical operations and defector debriefings. | | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 5 | Handles miscellaneous special projects for the Station: screening and routing to all sections daily audio take; operational reporting and project responsibility for COA/D&TO project. | | | | | | RATING LETTER S |
| 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 S |

SECRET

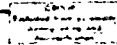
(When Filled In)

| SECTION C | | NARRATIVE COMMENTS | |
|--|--------------------------------------|-------------------------------------|--|
| <p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be considered, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p> <p>Dec 27 8 55 AM '71</p> <p>This supervisor has worked with a variety of Intelligence Assistants. Many were good, but none compared with this Subject. She is the most thorough and fastest working IA I have met. Her capacity for hard work and long hours is prodigious. Her knowledge of operational matters is equal to that of most case officers. She has an operationally creative mind and has made many excellent suggestions for the improvement of the section's work. Additionally, her command of the Spanish language enhances all of the above abilities. This officer has found her very pleasant to work with. She has a unique ability to make constructive criticism in a tactful manner.</p> <p>If this Subject has a weakness, it was pointed out by the reviewing officer in the last fitness report when he said, "in her voracious appetite for all kinds of facts (she) can at times put undue emphasis on them, including factual minutiae as against equally important but more elusive subjective factors.</p> <p>Because of her outstanding performance and abilities the Subject will be given some activity handling agent personnel, during the forthcoming year.</p> <p>The Subject's continued fine performance since her last promotion merits special consideration by the Promotion Board.</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 | | |
| 9 December 1971 | /s/ Charlotte Z. Bustos-Videla | | |
| 2. BY SUPERVISOR | | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE | |
| 9 December 1971 | Ops Officer | /s/ John M. Burke | |
| 3. BY REVIEWING OFFICIAL | | | |
| COMMENTS OF REVIEWING OFFICIAL | | | |
| <p>I concur with the above ratings and comments. Subject performs all the tasks outlined above in a very professional and methodical manner. One does not even sense that the work is going on until the finished product is produced. It is always excellent. We count heavily on her thoughts and ideas in all operational studies and considerations. She is ops oriented and has an excellent bank of information to call on when necessary. She is pleasant and has the respect of her co-workers as well as her supervisors. Her abilities are varied and she can be counted on to perform extremely well regardless of assignment or target. We will be losing this fine officer soon and we will be hard put to find someone who will be able to replace her.</p> | | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE | |
| 9 December 1971 | Deputy Chief of Station | /s/ George A. Fill | |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER | |
|--|--|--|---|-------------|-----------------------------------|------------|
| | | | | | 007667 | |
| SECTION A GENERAL | | | | | | |
| 1. NAME BUGTOS-VIDELA, CHARLOTTE Z. (Middle) | | | 2. DATE OF BIRTH 12 Jan. 29 | 3. SEX F | 4. GRADE GS-13 | 5. SD D |
| 6. OFFICIAL POSITION TITLE Operations Officer | | | 7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/Br 1 | | 8. CURRENT STATION Mexico City | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | | |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR | | | |
| <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) | | | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE | | | |
| <input type="checkbox"/> SPECIAL (Specify): | | | <input type="checkbox"/> SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From- to-) 1 January - 31 December 1970 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</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 Prepares operational target studies on PBRUMEN officials of interest and helps in the preparation of operational planning re target personnel. | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 2 Screens the raw reports from technical operations and agents for operationally useful information. | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 3 Provides operational and administrative support for station PBRUMEN activities. This includes name checks, file reviews, preparation of memos, cables and dispatches, and helps in the preparation of project reports, outlines, and renewals. | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 4 Supervises the handling of the station PBRUMEN [] and in general [] of interest to and from PBRUMEN for our station, Headquarters and other stations. | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 5 Helps the station intelligence chief in the preparation of finished intelligence reports from a PBRUMEN [] (only part of the reporting period). | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 6 Handles miscellaneous special projects for the station in addition to her PBRUMEN duties (examples: organization of station [] screening certain raw reports for whole station, preparation of OOA/DIO project renewal). | | | | | RATING LETTER S | |
| 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 O | |



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject worked most of April 1971 at the station PBRUMEN section. She was clearly outstanding in collating information from all sources during a recent intensified "PBRUMEN" month, determining as a result the overall pattern of the PBRUMEN mission here, spotting operational leads and updating target studies on all PBRUMEN officials as a result. Her final writeup regarding both new information obtained and the gaps that remain was thorough and useful.

Subject is extraordinarily rapid and efficient in researching for info, organizing files and other material and writing up any kind of resulting memo or dispatch. The same might be said perhaps of some other real pros in the IA field. However, in addition, Subject has a good, tough, operations-oriented mind and positively contributes ideas and suggestions re new operational techniques which the station has used profitably. Subject has natural managerial abilities as recently demonstrated in her organizing TDY help in a station-wide file and [redacted] in connection with [redacted]. Her Spanish is more than adequate for reading reports, and handling operational messages in that language. In sum, Subject is a tremendous station asset and would be extremely hard to replace without noting a serious loss in station efficiency.

-continued

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|---|---|-------------------------------------|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE | SIGNATURE OF EMPLOYEE | |
| 5 March 1971 | /s/ Charlotte F. Bastos-Videla | |
| 2. BY SUPERVISOR | | |
| DOES THIS EMPLOYEE HAVE BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 5 March 1971 | Operations Officer | /s/ John Issminger |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| Although in my opinion there is an excessive use of "outstanding" by the rating officer, I am in accord with his narrative comments. Subject is definitely more than an IA and has performed as such when the station has required an individual with in-depth knowledge of station procedures, operational awareness combined with an ability to prepare studies in a short period of time. She's thorough, concise and rapid. One of our hardest workers and most dependable employees. | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 25 March 1971 | Deputy Chief of Station | /s/ George A. Fill |

SECRET

SECTION C

NARRATIVE COMMENTS

-continued

Three rather personalized comments might add meaning to this fitness report. Anyone, particularly a female, fitting the above description of efficiency and achievement can be, and often is a little overbearing and difficult to work with as a person. Subject, withall, is a pleasant personality who knows how to make her contributions and comments in a forthright but tactful manner. Secondly, and this one is a little hard to say, Subject in her voracious appetite for all kinds of facts can at times put undue emphasis on them including factual minutiae as against equally important but more elusive subjective factors. Thirdly, this rating officer has personally observed Subject only working on station premises at an office job, and frankly has no idea how she might function in outside operational work (cultivating people,

SECRET / RYBAT

MEMORANDUM FOR THE RECORD

CHARLOTTE BUSTOS VIDELA

SUBJECT: Overall Outstanding Rating on [REDACTED]:
Method of Recognition

1. This memo is being written in accordance with paragraph three of Book Dispatch 5273 of 12 April 1966.
2. [REDACTED] was last granted a Quality Step Increase about a year ago in recognition of her very fine performance. It is a little early to repeat that kind of recognition even though it is a most logical and meaningful means to show recognition of her outstanding work.
3. Consideration should be given to an appropriate occasion in the fairly near future to grant another QSI to [REDACTED].

SECRET / RYBAT

Reviewed by OI SPD/PCB

SECRET
(When Filled In)

| FITNESS REPORT | | | | | | EMPLOYEE SERIAL NUMBER | |
|---|----------------------------------|------------------------------------|--------------------------------------|--|--|---------------------------|--|
| | | | | | | 007667 | |
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) BustoeVidela Charlotte Z | | | 2. DATE OF BIRTH 12 Jan 29 | 3. SEX F | 4. GRADE GS-13 | 5. SO D | |
| 6. OFFICIAL POSITION TITLE Ops Officer | | | | 7. OFF/DIV/BR OF ASSIGNMENT DDP/MI/Branch 1 | 8. CURRENT STATION Mexico City | | |
| 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. 28 February 1970 | | | | 12. REPORTING PERIOD (From- to) 1 August 1969 - 31 December 1969 | | | |
| 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 Complete reorganization of Station files, including development of new procedures, revision of file categories, consolidation, purging and destruction. | | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 2 Provides overall guidance to Station and FDY personnel engaged in reorganization of Station files. Supervision of Secretary-Receptionist. | | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 3 Special assistance to COS/DCOS in revamping the paper flow within the Station and between the Station and other Government agencies. | | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 4 Preparation of special studies for the COS/DCOS concerning the effectiveness of Station paper handling procedures, personnel economies related thereto and the improvement of Station | | | | | | RATING LETTER | |
| SPECIFIC DUTY NO. 5 utilization of manpower, space and funds as a result of the reorganization of Station Registry functions and personnel. | | | | | | RATING LETTER S | |
| 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 S | |

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

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

In July 1969 Subject was transferred from the Cuba Section to the Station front office to serve as an executive assistant to the COS with special responsibility for ensuring that the paper flow of the Station remained under effective control during the period of transition resulting from the assignment here of several senior officers. This transition period necessitated or gave rise to a number of changes in the management and administrative areas of the Station. Subject's performance in this assignment under these circumstances was clearly outstanding. Her sound judgment, imagination and responsiveness to guidance not only contributed to maintaining the stability and momentum of the Station but also made possible an early effort to come to grips with many of the problems which an inflated Registry and a highly distinctive records system created for the new Station management team.

During the ensuing six month period, Subject has recommended and implemented a number of changes which have produced a more effective and less costly records system. Paper holdings have been reduced substantially, input has been reduced and now conforms to basic CS procedures and requirements. Personnel savings have been effected and supervisory responsibilities more clearly delineated.

To sum up, Subject has made and continues to make a major contribution in a singularly unsensational area of Station activity. Her advice is sought and appreciated not only by the COS and myself, but by other
(CONTINUED)

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 15 January 1970 SIGNATURE OF EMPLOYEE: /s/ Charlotte Bustos-Videla

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 6 months

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

DATE: 15 January 1970 OFFICIAL TITLE OF SUPERVISOR: DCOS TYPED OR PRINTED NAME AND SIGNATURE: /s/ Paul V. Harwood

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: It would be difficult to overstate the contribution made by Subject to this Station during the past six month period, and I concur fully in the ratings and comments of the Rating Officer. I might add that Subject is one of the more versatile, conscientious and productive employees with whom I have worked in this organization, and that in addition to the administrative/management role outlined above, continued to provide valuable operational/analytical assistance to the Cuban and other operational sections of the Station. The initiative and imagination shown by Subject in the very complicated administrative management assignment have been particularly commendable and her complete familiarity with the country, the language, and the background of the Station

DATE: 15 January 1970 COMMENTS: COS TYPED OR PRINTED NAME AND SIGNATURE: /s/ James B. Noland

SECRET/RYPAT

- 2 -

SECTION C

NARRATIVE COMMENTS

CONTINUED

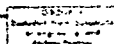
personnel who appreciate her personal and professional qualities.

Subject is aware that her current assignment is an unusual one and that she soon may have worked herself out of her current job. Since she speaks fluent Spanish, has a unique ability to get along with people and to get things done, there will be no problem in assigning her back into a position more closely supporting operations. Our operations are certain to benefit thereby.

SECRET/RYPAT

(When Filled In)

| FI: SS REPORT | | | | | | EMPLOYEE SERIAL NUMBER | |
|---|---|--------------------------|--|--|--|-------------------------------------|-------------------------|
| | | | | | | 007667 | |
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) BUSTOSVIDELA, Charlotte Z. | | | 2. DATE OF BIRTH 12 Jan 29 | 3. SEX F | 4. GRADE 13 | 5. SD D | |
| 6. OFFICIAL POSITION TITLE Ops Officer | | | 7. OFF/DIV. BR OF ASSIGNMENT DDP/WH/FF/1 | | 8. CURRENT STATION Mexico City | | |
| 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 type="checkbox"/> | ANNUAL | <input checked="" type="checkbox"/> | REASSIGNMENT SUPERVISOR |
| <input type="checkbox"/> | SPECIAL (Specify): | | | <input type="checkbox"/> | SPECIAL (Specify): | | |
| 11. DATE REPORT DUE IN O.P. October 1969 | | | | 12. REPORTING PERIOD (From- to-) March to August 1969. | | | |
| 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 | |
| Until she was called to other duties in the front office of the Station, did analysis on BRUMEN targets of Station interest, collated information and prepared studies. <i>2040</i> | | | | | | O | |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER | |
| Screened the raw product of several technical operations and processed intelligence and operational information in close cooperation with full time senior transcribers whom she handled completely. | | | | | | O | |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER | |
| Handled the Station BRUMEN and program, and reported information to COMINT Stations and other customers. | | | | | | S | |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER | |
| Provided operational support (file checks, operational reviews, liaison memoranda, etc.) for various Station activities. | | | | | | S | |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER | |
| Contributed to the preparation of monthly summaries and project reporting (outlines, renewals, etc.) | | | | | | O | |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER | |
| Handled special projects for the Station in addition to her BRUMEN duties. | | | | | | O | |
| 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 notation. Which most accurately reflects his level of performance. | | | | | | RATING LETTER | |
| | | | | | | O | |



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject's performance continued during the period under review to deserve high praise. Her enormous appetite for work, her attention to detail, her ability to absorb and digest enormous files and complicated cases, her professionalism and devotion to the duties entrusted to her really deserve the rating of outstanding. Subject speaks good Spanish, has considerable initiative, much experience in analytic work and a genuine talent for administrative work.

In view of her past performance, her record at the Station and her potential, Subject who was recommended for promotion to the GS-14 level should be promoted as soon as possible.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

1 August 1969

SIGNATURE OF EMPLOYEE

Charlotte Z. Bustosvidela (signed)

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

1 August 1969

OFFICIAL TITLE OF SUPERVISOR

Ops. Officer

TYPED OR PRINTED NAME AND SIGNATURE

(signed)

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject is indeed an exceptional officer who is highly deserving of the foregoing ratings and related accolades. In her new role as executive assistant to the COS she has been invaluable during the difficult and complicated transition from the old regime to the new, and the related reorganization of the Station. Her organizational abilities are unsurpassed by anyone known to the undersigned, and she certainly merits consideration for early promotion.

DATE

1 August 1969

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

James B. Noland

SECRET

SECRET

Reviewed by 6P/PD/E&B

(When Filled In)

| FITNESS REPORT | | | | | EMPLOYER SERIAL NUMBER | |
|--|--------------------------|--------------------------|--|--------------------------|--|--------------------------|
| | | | | | 007667 | |
| SECTION A GENERAL | | | | | | |
| 1. NAME (Last) (First) (Middle) Bustos-Videla, Charlotte | | | 2. DATE OF BIRTH 12 Jan 1929 | 3. S.F.A. F | 4. GRADE GS-13 | 5. SD D |
| 6. OFFICIAL POSITION TITLE Ops Officer | | | 7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1 | | 8. CURRENT STATION Mexico City | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | | |
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | INITIAL | | REASSIGNMENT SUPERVISOR | |
| SPECIAL (Specify) | | | ANNUAL | | REASSIGNMENT EMPLOYEE | |
| SPECIAL (Specify) | | | SPECIAL (Specify) | | | |
| 11. DATE REPORT DUE IN O.R. | | | 12. REPORTING PERIOD (From - to) January 1968 - March 1969 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> | | | | | | |
| SPECIFIC DUTIES | | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised). | | | | | | |
| SPECIFIC DUTY NO. 1 Handles Station PBRUMEN [] and [] program and reports [] information to WOFIRM stations and other customers | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 2 Screens the raw product of several [] operations and processes intelligence and operational information in close cooperation with two full time senior transcribers whom she chandles completely | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 3 Does analysis on targets of Station interest, collates information and prepares studies | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 4 Contributes to the preparation of monthly summaries and project reporting (outlines, renewals, etc.) | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 5 Provides operational support (file, checks, operational reviews, liaison memoranda, etc. for various Station activities | | | | | RATING LETTER S | |
| 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 O | |

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If copy is needed to complete Section C, attach a separate sheet of paper.

Subject's performance during the period of over one year under review continued to deserve the rating of Outstanding. Her major contributions during that period were in the fields of operational research and exploitation of information obtained through technical means. She was, during this period, given full responsibility for the handling of two full time senior transcribers including administrative matters. In view of the difficulty of recruiting target personnel the task of fully exploiting information obtained from technical sources is of great importance. Subject handled this task with her usual enormous capability for work, displaying initiative and great professionalism. She continued, in addition, to handle the other tasks listed in this report together with sensitive reporting sent by a separate channel, altogether a much heavier workload than is usually carried by one person. She was helped in this by her good knowledge of Spanish, a talent for administrative work, considerable analytic experience and great devotion to her work. Subject should be considered for promotion to the grade of GS-14 at the first opportune moment.

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 | |
| 3 April 69 | Charlotte Bustos-Videla /s/ | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 19 months | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 3 April 69 | Ops Officer | [] /B/ |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| <p>The reviewing officer fully agrees with the ratings and comments of the rating officer. Subject consistently performs her duties in an outstanding manner, bringing to her job truly exceptional qualities of intelligence, reliability, and good humor. She is one of the most valuable employees in the Station, and the recommendation for her promotion from GS-13 to GS-14 is fully and enthusiastically endorsed.</p> | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 3 April 69 | COS, | Winston Scott /B/ |

SECRET

S-E-C-R-E-T

TRAINING REPORT

Soviet Bloc Operations Course No. 3
80 hours, full time

5 - 16 June 1967

Student : BUSTOS-VIDELA, Charlotte

Office : DDP/WH

Year of Birth: 1929

Service Designation: D

Grade : GS-13

No. of Students : 34

EOD Date : August, 1951

COURSE OBJECTIVES

To orient the student on the special nature of the Clandestine Services' Soviet Bloc target and to train him in the application of clandestine methods for collecting information on, assessing, and preparing recruitment operations against Soviet Bloc personalities.

ACHIEVEMENT RECORD

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

FOR THE DIRECTOR OF TRAINING:



Instructor, QTR

22 June 67
Date

S-E-C-R-E-T

SECRET
(When Filled In)

| FITNESS REPORT | | | | | | EMPLOYEE SERIAL NUMBER | |
|---|--------|--------------------------|--|---|--|---------------------------|---------|
| | | | | | | 007667 | |
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) BUSTOS-Videla, Charlotte | | | 2. DATE OF BIRTH 12 Jan 1929 | 3. SEX F | 4. GRADE GS-13 | 5. SD D | |
| 6. OFFICIAL POSITION TITLE Ops Officer | | | 7. OFF/DIV/SR OF ASSIGNMENT DDP/WH/1 | | 8. CURRENT STATION Mexico City | | |
| 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) | | | | XXX | | ANNUAL | |
| SPECIAL (Specify) | | | | SPECIAL (Specify) | | | |
| 11. DATE REPORT DUE IN O.P. 29 February 1968 | | | | 12. REPORTING PERIOD (From - to) August 1967 through January 1968 | | | |
| 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 Handles Station PBRUMEN program (maintains a [] screens [] documents and reports [] information to WOFIRM stations and other interested customers). | | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 2 Screens the raw product of technical operations and processes the intelligence and operational information. | | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 3 Does analysis on targets of Station interest, pulling documents together, collating information and preparing studies. | | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 4 Helps with the preparation of monthly summaries and project reporting (outlines, renewals etc.). | | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 5 Provides operational support (file checks, operational reviews, liaison memoranda etc.) for various Station activities. | | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 6 <i>[Handwritten mark]</i> | | | | | | 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 O | |
| Reviewed by <i>[Signature]</i> LAB | | | | | | | |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Since her arrival at this Station, Subject's performance has truly been outstanding. She has, on her own initiative, reorganized many of the operational files and procedures of the PBRUMEN Section. She has made particularly useful exhaustive analyses of the documents concerning a number of Station targets not only per request of this Station but also on her own initiative. She has revamped the Section's [] program, curtailing the [] to more manageable size and expediting the reporting of [] information to the many customers for such information. Her thorough review of the take of several technical operations has increased their usefulness as well as emphasized their weaknesses.

Subject's ~~strong~~ ~~ability~~ ~~experience~~, ~~talent~~ ~~for~~ ~~administration~~, her initiative, sharp analytic mind and good knowledge of Spanish have greatly facilitated the operation of the PBRUMEN Section of this Station at a time of almost complete personnel change. She has not been directly involved with the actual running of operations both because she appears much better suited for the support type work entrusted to her and because she frankly would not have the time under present circumstances to do so. Subject is carrying the workload usually handled by more than one person.

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 | |
| 16 Jan. 1968 | /s/ Charlotte Bustos-Vidola | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYER, GIVE EXPLANATION | |
| 5 months | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 16 Jan. 1968 | Ops Officer | [] |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| The Reviewing Officer fully concurs in the evaluation of Subject by the Rating Officer. Subject consistently turns in a superior performance, whatever her task, and for a Station Chief the only problem she presents is to determine where best to assign her. She is a source of strength to her Section, has the knack of making herself irreplaceable. | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 17 January 1968 | Chief of Station | [] |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | |
|---|---|--------------------------|--|---|----------------------------------|---------------------------|---------------------------------|
| | | | | 007667 | | | |
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) Bustosvidela, C.Z. | | | 2. DATE OF BIRTH Jan 1929 | 3. SEX F | 4. GRADE GS-13 | 5. SD D | |
| 6. OFFICIAL POSITION TITLE Ops Officer | | | 7. OFF/DIV/DR OF ASSIGNMENT DDP/WH/1 | | 8. CURRENT STATION HQS | | |
| 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 |
| <input type="checkbox"/> SPECIAL (Specify): | | | | <input type="checkbox"/> SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. 31 Jan 67 | | | | 12. REPORTING PERIOD (From- to-) 1/66 - 12/66 | | | |
| 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 Handles all aspects of <input type="checkbox"/> FI/CE/Support projects including project actions, logistical and financial support, requirements, guidance and review. | | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 2 Handles all matters concerning the agents belonging to these projects including field agents, Contract, Career, and Staff Agents. This includes OA/CSA's, contracts, training, travel, cover and funding. | | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 3 Prepares, or helps prepare, miscellaneous memoranda and studies, such as monthly FI achievements, operational program, budget exercises, responses to requests on operations or background info regarding Mexico. | | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 4 Routes correspondence, supervises tickler system, maintains project, agent, and subject 201 files. | | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 5 Branch records officer. | | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | |
| Takes into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | RATING LETTER S | |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

FEB 16 10 33 AM '67

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 continued to perform during the period under review in the same highly competent manner which all who know her have come to expect of her. She continues to put forth her best efforts at all times. She is particularly to be commended for the manner in which she cheerfully accepts onerous tasks, usually with very short deadlines, and invariably comes up with a thoroughly prepared answer within the time allotted. She is efficient, she is fully knowledgeable and capable in her job, she has a friendly, warm, and pleasant personality, and is always ready to respond to her fellow workers with a helping hand. She has no supervisory responsibility per se, but is frequently called upon for guidance to new secretaries and case officers alike and is of real help in such cases. Subject is one of the strongest Headquarters case officers known to rater, and her overall performance certainly borders very closely on being evaluated Outstanding.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

5 Jan 1967

SIGNATURE OF EMPLOYEE

[Handwritten Signature]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

18

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

DATE

20 January 1967

OFFICIAL TITLE OF SUPERVISOR

DC/WH/1

TYPED OR PRINTED NAME AND SIGNATURE

J.H.V. Fisher

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An outstanding officer recognized as such and appreciated by all.

DATE

31 January 1967

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WH/1

TYPED OR PRINTED NAME AND SIGNATURE

W.J. Kaufman

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | |
|---|---|-------------------------------------|-----------------------------|---------------------------------|-------------------------|--------------------------|---------|
| | | | | 007667 | | | |
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD | |
| BUSTOSVIDELA, C. Z. | | | 12 Jan 29 | F | GS-12 | D | |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OF ASSIGNMENT | | 8. CURRENT STATION | | |
| Ops Officer | | | DDP/WH/1 | | Headquarters | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | | 10. CHECK (X) TYPE OF REPORT | | | |
| <input checked="" type="checkbox"/> | CAREER | <input type="checkbox"/> | RESERVE | <input type="checkbox"/> | TEMPORARY | <input type="checkbox"/> | INITIAL |
| <input type="checkbox"/> | CAREER-PROVISIONAL (See instructions - Section C) | <input checked="" type="checkbox"/> | ANNUAL | <input type="checkbox"/> | REASSIGNMENT SUPERVISOR | <input type="checkbox"/> | |
| SPECIAL (Specify): | | | | SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. | | | | 12. REPORTING PERIOD (From- to) | | | |
| | | | | 1 January - 31 December 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 Handles all aspects of <input type="checkbox"/> FI/CE/Support projects including project actions, logistical and financial support, requirements, guidance and review. | | | | | | RATING LETTER | |
| | | | | | | O | |
| SPECIFIC DUTY NO. 2 Handles all matters concerning the agents belonging to these projects including field agents, Contract, Career, and Staff Agents. This includes OA/CSA's, contracts, training, travel, cover and funding. | | | | | | RATING LETTER | |
| | | | | | | O | |
| SPECIFIC DUTY NO. 3 Prepares, or helps prepare, miscellaneous memoranda and studies, such as monthly FI achievements, operational program, budget exercises, responses to requests on operations or background info regarding Mexico. | | | | | | RATING LETTER | |
| | | | | | | S | |
| SPECIFIC DUTY NO. 4 Routes correspondence, supervises tickler system, maintains project, agent, and subject 201 files. | | | | | | RATING LETTER | |
| | | | | | | S | |
| SPECIFIC DUTY NO. 5 Branch records officer. | | | | | | RATING LETTER | |
| | | | | | | S | |
| 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 | |
| 25 JAN 1966 | | | | | | O | |

SECRET

(When Filled In)

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 as described, if applicable.

JAN 25 12 53 PM '66

Subject continues to render a superior performance. She is efficient, thoroughly knowledgeable, rapid in her work, well organized, and greatly facilitates the smooth functioning of the office. The quality of Subject's work has been recognized fully in previous fitness reports and in previous recommendations for promotion from GS-12 to 13. This high quality of work has continued throughout the period of this fitness report and Subject continues to merit promotion.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|--|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE 20 Jan 1966 | SIGNATURE OF EMPLOYEE <i>C. J. [Signature]</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION Four | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE 20 Jan 1966 | OFFICIAL TITLE OF SUPERVISOR DC/WH/1 | TYPED OR PRINTED NAME AND SIGNATURE J. H. V. Fisher |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL Reviewing Officer agrees with above report and endorses Subject's fitness for promotion. | | |
| DATE 20 Jan 1966 | OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/1 | TYPED OR PRINTED NAME AND SIGNATURE W. J. Kaufman |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|--|--|--------|--------------------|------------------------|--|
| | | | | | | 007607 | |
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD | |
| Bustos-Videla, Charlotte W. | | | 12 Jan 1929 | F. | GS-12 | D | |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OF ASSIGNMENT | | 8. CURRENT STATION | | |
| Ops Officer | | | DOP/WB/1 | | h.s. | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | | | |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR | | | | |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) | | | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE | | | | |
| SPECIAL (Specify): | | | SPECIAL (Specify): | | | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From- to) | | | | |
| 31 January 1965 | | | 1 January 1964 - 31 December 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 | |
| Handles all aspects of <input type="checkbox"/> FI/CE/Support projects including project actions, logistical support, requirements, guidance, reviews. | | | | | | O | |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER | |
| Handle all matters concerning the agents belonging to these projects, including field agents, Contract, Career and Staff Agents. This includes OA/CSA's, contracts, training, PCS arrangements, cover, funding. | | | | | | O | |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER | |
| Prepare, or help prepare, miscellaneous memoranda and studies, such as monthly FI achievements, Operational Program, responses to requests from the Senior Staffs on operations and on Mexico itself. | | | | | | O | |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER | |
| Supervise one Intelligence Assistant in the maintenance of a desk tickler system and the agent and subject 201 files at the desk. | | | | | | O | |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER | |
| Records Officer | | | | | | S | |
| 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 | |
| 23 MAR 1965 | | | | | | O | |

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

This exceptionally competent and productive officer has continued to perform at a level well above that of the GS-13 slot she occupies. While a good deal of her tremendous effectiveness stems from experience, continuity on the job and her natural retentive memory, during the period under review she also demonstrated a flair for, and applied her talents to, the solution of relatively major and complex planning and managerial problems in the area of operational support to Mexico Station activities.

To the list of her previously abundantly acknowledged capacity for hard, effective work, talent for training on the job younger officers, diligence, and versatile ability, this rater would like to add a note of appreciation for her everpresent tactfulness and discretion. No weaknesses affecting her present assignment have been noted; she is very careful and realistic in planning for expenditure of funds.

This officer is separately being recommended for promotion to GS-13.

WH will review this fitness report with others during a special meeting scheduled periodically to consider suitable recommendation for outstanding performance.

SECTION D

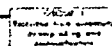
CERTIFICATION AND COMMENTS

| | | |
|--|---|--|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE 17 March 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 | |
| DATE 3-17-65 | OFFICIAL TITLE OF SUPERVISOR DC/WH/1 | TYPED OR PRINTED NAME AND SIGNATURE Alfonso Spera |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL <i>Conan</i> | | |
| DATE 3-17-65 | OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/1 | TYPED OR PRINTED NAME AND SIGNATURE S. J. Kaufman |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER | |
|--|---|--------------------------|---|-------------------------------------|------------------------|-------------------------|
| | | | | | 007667 | |
| SECTION A GENERAL | | | | | | |
| 1. NAME (Last) (First) (Middle) BUSTOS-VIDELA, Charlotte Z. | | | 2. DATE OF BIRTH 12 Jan 1929 | 3. SEX F | 4. GRADE GS-12 | 5. SD D |
| 6. OFFICIAL POSITION TITLE Operations Officer | | | 7. OFF/DIV/BR OF ASSIGNMENT DDP WH 3 | 8. CURRENT STATION Headquarters | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | | |
| <input checked="" type="checkbox"/> | CAREER | <input type="checkbox"/> | RESERVE | <input type="checkbox"/> | TEMPORARY | |
| <input checked="" type="checkbox"/> | CAREER-PROVISIONAL (See Instructions - Section C) | | | <input checked="" type="checkbox"/> | ANNUAL | REASSIGNMENT SUPERVISOR |
| | SPECIAL (Specify) | | | | SPECIAL (Specify) | REASSIGNMENT EMPLOYEE |
| 11. DATE REPORT DUE IN O.P. 31 January 1964 | | | 12. REPORTING PERIOD (From- to-) 1 January 1963 - 31 December 1963 | | | |
| 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 counselling, 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 Handle Project action, operational correspondence, support for <input type="checkbox"/> FI and OPs Support type projects, effecting proper coordination with senior staffs, other divisions, and offices. | | | | | RATING LETTER B | |
| SPECIFIC DUTY NO. 2 Handle clearance actions, contracts, and administrative matters for agents falling under these projects, and for the entire Desk in the absence of the Intell Analyst. | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 3 Prepare miscellaneous memoranda, budgets, and reports requested by Senior Staffs and Division officers from the Mexican desk on Mexican matters in general. | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 4 Supervise the clerical and administrative personnel on the desk (averaging 4) and in general see to the smooth functioning of the desk and the flow of paper. | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 5 Records Officer for WH/3/M | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 6 Assume the responsibilities of C/WH/3/M when the Chief of the desk is absent, signing dispatches and cables, coordinating, and supervising <input type="checkbox"/> Reports Officers and <input type="checkbox"/> Case Officers. | | | | | 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 O | |
| 14 FEB 1964 | | | | | | |



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Subject's performance during the rating period has been marked by general excellence. As indicated in Section B her supervision and direction of the Section's work relating to intel support, administration, preparation of special reports, training personnel, etc. is uniformly outstanding. The fact that these functions are handled in addition to her duties as the desk officer for the FI and Ops Support projects, which she performs with unusual competence, serves to illustrate her value to this Section. She has an exceptional ability independently to determine proper courses of action and to initiate action to carry them out. She has a profound understanding of the area operational program and contributions to it are imaginative and constructive.

In the opinion of the rater Subject's performance compares favorably with any GS-13 desk officer within his experience and she performs occasionally at the GS-14 level. Moreover, she carries out her duties cheerfully, loyally and in close and amicable cooperation with her fellow employees at all levels.

In those aspects of her duties which involve cost e.g. the review of operational projects, she has given close attention to the budgetary matters and has frequently suggested ways in which economies in the operations might be effected.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

| | |
|-------------------------|--|
| DATE 28 January 1964 | SIGNATURE OF EMPLOYEE <i>Charlotte J. Linnard-Vedra</i> |
|-------------------------|--|

2. BY SUPERVISOR

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

| | | |
|------------------------|---|---|
| DATE <i>1-28-64</i> | OFFICIAL TITLE OF SUPERVISOR C/WH/3/Mexico | TYPED OR PRINTED NAME AND SIGNATURE <i>Bernard E. Reichhardt</i> Bernard Reichhardt |
|------------------------|---|---|

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the high rating given this employee. She is undoubtedly the ablest employee in this branch in the performance of her particular job.

| | | |
|---------------------|--|--|
| DATE 29 Jan 1964 | OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/3 | TYPED OR PRINTED NAME AND SIGNATURE <i>John W. Anderson</i> |
|---------------------|--|--|

SECRET

TRAINING REPORT

RECORDS OFFICERS COURSE

30 April - 4 May 1962

Student : Charlotte Z. Bustos-Vidal Office : WH/3
Year of Birth: 1929 Service Designation: D
Grade : GS-12 Number of Students : 34
EOD Date : Aug 1951

COURSE OBJECTIVES - CONTENT AND METHODS

This course, designed for present and prospective Records Officers, has four principal objectives.

1. To give an appreciation for the Agency's CS mission.
2. To describe the role that records play in the discharge by the Agency of the responsibilities inherent in the mission.
3. To emphasize the importance of records and proper records management in the successful performance of the stated mission.
4. To increase awareness of the inter-relationships between the CS mission and records; to sharpen judgement in the handling and disposition of records; and to improve performance of Records Officers.

The student is instructed through the media of lectures, directed reading, practical exercises and discussions.

ACHIEVEMENT RECORD

This is a certificate of attendance only; no attempt was made to evaluate student achievement in the course.

FOR THE DIRECTOR OF TRAINING:

[Redacted Signature]

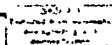
Chief Instructor

24 July 1962
Date

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER <i>107667</i> | |
|---|----------------------------------|------------------------------------|--|--|---|---------------------------|
| SECTION A GENERAL | | | | | | |
| 1. NAME (Last) (First) (Middle) Bustos-Videla, Charlotte | | | 2. DATE OF BIRTH 12 Jan 29 | 3. SEX F | 4. GRADE GS-12 | 5. SD D |
| 6. OFFICIAL POSITION TITLE OPS OFFICER | | | 7. OFF/DIV/BR OF ASSIGNMENT DDP WH 3 | | 8. CURRENT STATION | |
| 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. 31 January 1963 | | | 12. REPORTING PERIOD (From - to) 1 Jan - 30 Dec 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 Supervises office staff of Mexico Desk in preparing correspondence, keeping files, carding, and training new personnel. | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 2 Desk Intelligence officer for important and FI operations in Mexico, processing projects, handling operational correspondence, conducting liaison with other divisions. | | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 3 Routing cables, dispatches for the entire Desk, supervising distribution of work. | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 4 Personally handling large number of clearances, project approvals, cable coordinations, and official negotiations on matters touching all aspects of the Desk's work. | | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 5 Preparation of budget, special papers, surveys, and briefings. | | | | | RATING LETTER O | |
| 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 O |
| 28 FEB 1963 | | | | | | |



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

This officer is the person chiefly responsible for the Mexico Desk's deserved reputation for excellence and efficiency. The complicated and never-ending tasks of project processing, clearances, tracing, and coordination are handled by her with blinding speed and unerring perfection. Procedural problems are there to be solved, and the solutions come with amazing rapidity. Operational problems are worked out thoroughly and conscientiously. No corners are cut and no principles are compromised.

Never at a loss for an answer, this officer never shrinks from any assignment and instinctively wants to take over any vexing problem which is holding up progress. She is complete mistress of file and record resources and answers all queries within minutes. The most complex budgetary and planning projects are handled by her with deceptive ease.

These qualities of rare efficiency and speed are coupled with an even rarer degree of amiability and cooperativeness. The work which proceeds under her at such a break-neck pace nonetheless goes on in an air of placidity and good humor. The large office staff is run without a trace of tension, jealousy, or friction. All of this is traceable to this officer's fine example and catalytic effect on her colleagues.

Finely-educated, handling the Spanish language with fluency, and keeping up with current events in her area, this officer is a unique asset to our organization.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|---|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE 26 February 1963 | SIGNATURE OF EMPLOYEE <i>Charles J. ...</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE 26 February 1963 | OFFICIAL TITLE OF SUPERVISOR e/WH/3/MEXICO | TYPED OR PRINTED NAME AND SIGNATURE <i>John M. Whitten</i> John. M. Whitten |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| DATE 26 February 1963 | OFFICIAL TITLE OF REVIEWING OFFICIAL AC/WH/3 | TYPED OR PRINTED NAME AND SIGNATURE <i>Forrest Shivers</i> Forrest Shivers |

SECRET
(When Filled In)

| | | | | | | | | | | | | |
|--|-----------------------------------|--|---|---|---|--------------------------|---------------------|------------------------|---------------|---------------|--------------|-----------------|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER ROCC: 00787 CSFD | | | | | | | | |
| SECTION A GENERAL | | | | | | | | | | | | |
| 1. NAME (Last) (First) (Middle) BUSCOS-VIDELA Charlotte Z | | | 2. DATE OF BIRTH 12 January 1929 | | 3. SEX Female | | | | | | | |
| 4. SERVICE DESIGNATION D | | | 5. OFFICIAL POSITION TITLE Operations Officer | | 6. OFF/DIV/BR OF ASSIGNMENT DDP/AM/3/D. C. | | | | | | | |
| 7. CAREER STAFF STATUS | | | 8. TYPE OF REPORT | | | | | | | | | |
| <input type="checkbox"/> NOT ELIGIBLE | <input type="checkbox"/> MEMBER | <input type="checkbox"/> DEFERRED | <input type="checkbox"/> INITIAL | <input checked="" 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 | | | | | | | | |
| 9. DATE REPORT DUE IN O.P. 31 January 1962 | | 10. REPORTING PERIOD From 1 Jan 61 - 31 Dec 61 To | | 11. 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). | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:16.6%;">1 - Unsatisfactory</td> <td style="width:16.6%;">2 - Barely adequate</td> <td style="width:16.6%;">3 - Acceptable</td> <td style="width:16.6%;">4 - Competent</td> <td style="width:16.6%;">5 - Excellent</td> <td style="width:16.6%;">6 - Superior</td> <td style="width:16.6%;">7 - Outstanding</td> </tr> </table> | | | | | | 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding |
| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding | | | | | | |
| SPECIFIC DUTY NO. 1 Responsible for Project renewals and other correspondence and action on <input type="checkbox"/> support type projects for Mexico City and Monterrey | | RATING NO. 7 | SPECIFIC DUTY NO. 4 Assist the Chief of the desk in administration of office to assure the smooth functioning of the desk. Includes distribution of work. | | RATING NO. 6 | | | | | | | |
| SPECIFIC DUTY NO. 2 Handle miscellaneous administrative and support matters (requests for technical equip, studies, training guides, etc) for Mexico and Monterrey | | RATING NO. 7 | SPECIFIC DUTY NO. 5 Assist in routing of pouches and cables, supervision of clerical staff of 4. | | RATING NO. | | | | | | | |
| SPECIFIC DUTY NO. 3 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with DDP on his and field records problems | | 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. | | | | | | | | | | | | |
| <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. 6 | | | | | | | |
| 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 | | |
| | | | | | | | | | | | | |
| 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

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.

Feb 12 11 43 AM '62

This outstanding employee has maintained the high standard of performance set forth in the report of this supervisor ~~in the past~~. Where possible, she has exceeded her earlier performance record. During the past year this office acquired considerable new personnel, which Subject trained in a highly capable manner to guarantee the smooth-functioning of the office. The undersigned hopes this employee will continue to serve this organization indefinitely notwithstanding her marriage during the past year.

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
23 January 1962

SIGNATURE OF EMPLOYEE
Charlotte J. Beaton-Vedela

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION
24

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
23 January 1962

OFFICIAL TITLE OF SUPERVISOR
Chief of Desk

TYPED OR PRINTED NAME AND SIGNATURE
John G. Wynn *John G. Wynn*

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
6 Feb 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL
CH-117

TYPED OR PRINTED NAME AND SIGNATURE
Fred P. Holman

SECRET
(When Filled In)

| | |
|-----------------------|------------------------|
| FITNESS REPORT | EMPLOYEE SERIAL NUMBER |
|-----------------------|------------------------|

| | | | |
|---|--|--|--|
| SECTION A GENERAL | | | |
| 1. NAME (Last) (First) (Middle) Zehring Charlotte | 2. DATE OF BIRTH 12 Jan. 1929 | 3. SEX Female | 4. GRADE GS-12 |
| 5. SERVICE DESIGNATION DI | 6. OFFICIAL POSITION TITLE Ops Officer | 7. OFF/DIV/BR OF ASSIGNMENT DDP/AH/3/Next/DC | |
| 8. CAREER STAFF STATUS | | 9. TYPE OF REPORT | |
| <input type="checkbox"/> NOT ELIGIBLE | <input checked="" type="checkbox"/> MEMBER | <input type="checkbox"/> DEFERRED | <input type="checkbox"/> INITIAL |
| <input type="checkbox"/> PENDING | <input type="checkbox"/> DECLINED | <input type="checkbox"/> DENIED | <input checked="" type="checkbox"/> ANNUAL |
| | | <input type="checkbox"/> REASSIGNMENT/SUPERVISOR | |
| | | <input type="checkbox"/> REASSIGNMENT/EMPLOYEE | |
| 10. DATE REPORT DUE IN O.P. 31 January 1961 | 11. REPORTING PERIOD From 30 Sep 59 To 31 Dec 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 Responsible for Project renewals and other correspondence and action on <input type="checkbox"/> supporttype projects for Mexico City and Monterrey | RATING NO. 7 | SPECIFIC DUTY NO. 2 Assist the Chief of the Desk in administration of office to assure the smooth functioning of the desk. Includes distribution of work, routing of of pouches and cables, supervision of clerical staff of 4. | RATING NO. 6 |
| SPECIFIC DUTY NO. 3 Handle miscellaneous admin and support matters (requests for tech equip, studies, training guides, etc) for Mexico and Monterrey | RATING NO. 7 | SPECIFIC DUTY NO. 4 | RATING NO. |
| SPECIFIC DUTY NO. 5 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with RID on Hqs and field records problems. | RATING NO. 6 | | |

| | | | |
|--|--|------------|----------|
| 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. | <table border="1" style="width: 50px; height: 50px; margin: auto;"> <tr><td style="text-align: center;">RATING NO.</td></tr> <tr><td style="text-align: center;">6</td></tr> </table> | RATING NO. | 6 |
| RATING NO. | | | |
| 6 | | | |

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

SEE SECTION "E" ON REVERSE SIDE

SECRET

OFFICE OF PERSONNEL

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to provide for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development 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.

MAIL ROOM

This is a truly outstanding employee with capabilities far beyond those required for her present position. She has an unusually keen mind, makes decisions that are correct without hesitation and carries out all actions promptly and efficiently. She is the supervisor of the office staff, who respect and admire her ability. In addition to her skill, she is possessed of a most pleasing disposition which ingratiates her with the other members of the staff. The years of experience she has had at the various jobs to be done at a country desk make her invaluable as a trainer and supervisor for new personnel. Her knowledge of Spanish has also been especially helpful at the Mexican Desk. This supervisor would be most pleased to have her serve with him on any future assignment.

| | | |
|--|---|-------------------------------------|
| 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 | |
| 31 December 1960 | <i>[Signature]</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 12 | | |
| IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON. | | |
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | REPORT MADE WITHIN LAST 90 DAYS | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 31 December 1960 | Desk Chief, W8/3/Mexico | John G. Hoyt <i>[Signature]</i> |
| 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 | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 5 Jan 1961 | Chief | <i>[Signature]</i> |

SECRET

SECRET
(When Filled In)

14956
new
good

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | | | | | |
|--|--|---|---|--|-------------------------|--|-------------------|------------------------|---|---|---|
| SECTION A GENERAL | | | | | | | | | | | |
| 1. NAME (Last) (First) (Middle) ZEMKUNO, Charlotte | | | 2. DATE OF BIRTH 12 Jan. 1929 | | 3. SEX Female | 4. GRADE GS-11 | | | | | |
| 5. SERVICE DESIGNATION 6. OFFICIAL POSITION TITLE DI I.O. (FI) | | | | 7. OFF/DIV/DR OF ASSIGNMENT DDP/MH/III/Maxi/DC | | | | | | | |
| 8. CAREER STAFF STATUS | | | | 9. TYPE OF REPORT | | | | | | | |
| <input type="checkbox"/> NOT ELIGIBLE | | <input checked="" type="checkbox"/> MEMBER | | <input type="checkbox"/> DEFERRED | | <input type="checkbox"/> INITIAL | | | | | |
| <input type="checkbox"/> PENDING | | <input type="checkbox"/> DECLINED | | <input type="checkbox"/> DENIED | | <input checked="" type="checkbox"/> ANNUAL | | | | | |
| 10. DATE REPORT DUE IN O.P. 31 October 1959 | | 11. REPORTING PERIOD From 31 May 59 To 30 Sep 59 | | 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 Responsible Case Officer for several FI and CE/CI Projects | | | RATING NO. 5/6 | SPECIFIC DUTY NO. 4 Consults and coordinates with various agencies re: intelligence Station's projects and operations | | | RATING NO. 6 | | | | |
| SPECIFIC DUTY NO. 2 Handles large volume of correspondence with Station in support of Operations | | | RATING NO. 6/7 | SPECIFIC DUTY NO. 5 Prep res, reviews and coordinates memoranda | | | RATING NO. 6 | | | | |
| SPECIFIC DUTY NO. 3 Supervises maintenance of desk records and project files | | | RATING NO. 6/7 | SPECIFIC DUTY NO. 6 | | | RATING NO. | | | | |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | | | | | |
| <ul style="list-style-type: none"> 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. 4/6 | | | | |
| 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 NECESSARY | | | | | | | | | | | 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 BEGINNING, MAINTAINING AND ENDING OF RECORDS | | | | | | | | | | | X |
| OTHER (Specify) | | | | | | | | | | | X |

SECRET
(When F-101)

OFFICE

SECTION E

NARRATIVE DESCRIPTION OF ~~WARRANTER~~ OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Include 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.

2 40 PM '59

MAIL ROOM

Please see previous fitness report. This employee was rated four months ago. There is no change in the rating; she has continued to give an outstanding 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 Oct 59

SIGNATURE OF EMPLOYEE

[Handwritten Signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

26 months

IF THIS REPORT HAS NOT BEEN GIVEN 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

17 Oct 1959

OFFICIAL TITLE OF SUPERVISOR

C/AN/III/Mexico

TYPED OR PRINTED NAME AND SIGNATURE

[Handwritten Signature]
JOHN E. BRADY

3. BY REVIEWING OFFICIAL

- I SHOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I SHOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I SHOULD 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

C/AN/III

TYPED OR PRINTED NAME AND SIGNATURE

[Handwritten Signature]
ROBERT H. COLLIER

SECRET

SECRET
(When Filled In)

2 JUL 1958
117
117-117

| | |
|-----------------------|------------------------|
| FITNESS REPORT | EMPLOYEE SERIAL NUMBER |
|-----------------------|------------------------|

| SECTION A GENERAL | | | |
|---------------------------------------|--|--|--|
| 1. NAME (Last) | (First) | (Middle) | 2. DATE OF BIRTH |
| ZEHRUNG, | Charlotte | L. | 12 Jan 1929 |
| 3. SEX | 4. GRADE | | 5. OFF/DIV/BR OF ASSIGNMENT |
| F | 11 | | DDP/WII/III/Mexico/DC |
| 6. SERVICE DESIGNATION | | 6. OFFICIAL POSITION TITLE | |
| DI | | I.O. (PI) | |
| 8. CAREER STAFF STATUS | | 9. TYPE OF REPORT | |
| <input type="checkbox"/> NOT ELIGIBLE | <input checked="" type="checkbox"/> MEMBER | <input type="checkbox"/> DEFERRED | <input type="checkbox"/> INITIAL |
| <input type="checkbox"/> PENDING | <input type="checkbox"/> DECLINED | <input type="checkbox"/> DENIED | <input checked="" type="checkbox"/> ANNUAL |
| | | <input type="checkbox"/> REASSIGNMENT/SUPERVISOR | |
| | | <input type="checkbox"/> REASSIGNMENT/EMPLOYEE | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD | |
| 28 August 1958 | | From 28 August 1957 To 31 May 59 | |
| 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 Responsible Case Officer for several FI and CE/CI Projects | RATING NO. 5/6 | SPECIFIC DUTY NO. 4 Consults and coordinates with various Hqs components regarding Station's Projects and Operations | RATING NO. 6 |
| SPECIFIC DUTY NO. 2 Handles large volume of correspondence with Station in support of Operations | RATING NO. 6/7 | SPECIFIC DUTY NO. 5 Prepares, reviews and coordinates memoranda | RATING NO. 6 |
| SPECIFIC DUTY NO. 3 Supervises maintenance of desk records and project files | RATING NO. 6/7 | 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 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. 5/6 |

| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | | | | | |
|--|--------------------|-------------------|--------------------------|------------------------|--------|---|---|---|---|
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | | | | | |
| CHARACTERISTICS | | | NOT APPLI- CABLE | NOT OB- SERVED | RATING | | | | |
| | | | | | 1 | 2 | 3 | 4 | 5 |
| GETS THINGS DONE | | | | | | | | | A |
| 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.

JUL 21 2 51 PM '59

This employee is intelligent, loyal and dedicated to duty. She has an outstanding ability in getting her job assignments accomplished effectively and with a minimum of time and support. She readily accepts responsibility, is a highly efficient worker who thinks clearly and logically. Her knowledge of Headquarters and Field procedures plus her ability to organize her work greatly facilitates the smooth functioning of the Mexican Desk. She has demonstrated a superior comprehension of the numerous and varied projects of the Mexico City Station which has contributed to the overall Headquarters support of the Station's operations. Because of her sound understanding of operations and her outstanding capacity for work, Miss Zehrung has an excellent potential for assuming greater responsibilities. Additional training is dependent upon her future assignments.

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 11 June 1959 | SIGNATURE OF EMPLOYEE <i>Miss Zehrung</i> | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 22 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 11 June 1959 | OFFICIAL TITLE OF SUPERVISOR C/WH/III/Mexico | TYPED OR PRINTED NAME AND SIGNATURE <i>John B. Brady</i> John B. Brady |
| 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 11 July 1959 | OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/III | TYPED OR PRINTED NAME AND SIGNATURE <i>Walter H. Dabigren</i> Walter H. Dabigren |

SECRET
(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

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

SECTION A.

GENERAL

| | | | | |
|--|--|--|--------------------|-------------------------------------|
| 1. NAME (Last) (First) (Middle) ZEHRUNG, Charlotte L. | | 2. DATE OF BIRTH 12 Jan 1929 | 3. SEX F | 4. SERVICE DESIGNATION DI |
| 5. OFFICE/DIVISION BRANCH OF ASSIGNMENT DDP/WH/II/DC/Argentin/MEXICO | | 6. OFFICIAL POSITION TITLE Reports Officer | | |
| 7. GRADE GS-11 | 8. DATE REPORT DUE IN OR 4 Nov 1957 | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 28 August 1956 - 27 August 1957 | | |
| 10. TYPE OF REPORT (Check one) | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL | REASSIGNMENT-SUPERVISOR | SPECIAL (Specify) | |
| | | 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 "E" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM A COPY ATTACHED TO THIS REPORT. |
| <input checked="" type="checkbox"/> | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): |
| <input type="checkbox"/> | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |

| | | |
|--|--|--|
| 8. THIS DATE 20 January 1958 | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR John B. Erady | D. SUPERVISOR'S OFFICIAL TITLE C/WH/III/Mexico |
|--|--|--|

9. 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 _____
RATED PER CONTROL _____ 21 JAN 1958
_____ 21 JAN 1958

CONTINUED ON ATTACHED SHEET

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

| | | |
|--|---|--|
| A. THIS DATE 21 January 1958 | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL R. N. Dahlgren | C. OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/III |
|--|---|--|

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

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

COMMENTS:

SECRET
(When Filled In)

OFFICE
JAN 24 2 05 PM '50
MAIL ROOM

5. 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 that 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 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 BOOKS |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |

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 Supervises maintenance of desk records and project files. | RATING NUMBER 7 | SPECIFIC DUTY NO. 4 Extracts pertinent information from reports and statistics for the preparation of studies. | RATING NUMBER 6 |
| SPECIFIC DUTY NO. 2 Reviews and coordinates memoranda | RATING NUMBER 6 | SPECIFIC DUTY NO. 5 Prepares cables and dispatches for the field | RATING NUMBER 6 |
| SPECIFIC DUTY NO. 3 Processes for dissemination reports from field stations | RATING NUMBER 5 | SPECIFIC DUTY NO. 6 Supervises maintenance of country desk files | RATING NUMBER 6 |

6. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

This employee is a highly efficient worker who in accomplishing her job assignments has performed in a very outstanding manner. She has the ability to think clearly and logically and at all times exercises extreme good judgment. Her knowledge of his and field procedures constitutes a great asset and she has the facility for picking up loose ends and keeping an office smoothly running. She is willing to undertake any assignment that facilitates getting the job done and is entirely capable of seeing that the job is properly done. Her contribution to the job reflects conscientiousness, loyalty and devotion to duty far above the average.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

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

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

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

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

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

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. SERVICE DESIGNATION
ZEHRUNG, Charlotte 12 Jan 1929 F DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE
DDP/WH/II/DC/Argentina/MEXICO Reports Officer
7. GRADE 8. DATE REPORT DUE IN OF 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
GS-11 4 Nov 1957 28 August 1956 - 27 August 1957
10. TYPE OF REPORT (Check one) INITIAL REASSIGNMENT-SUPERVISOR SPECIAL (Specify)
X ANNUAL REASSIGNMENT-EMPLOYEE

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED
A. THIS DATE 20 January 1958 B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR John B. Brady C. SUPERVISOR'S OFFICIAL TITLE C/WH/III/Mexico
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE 21 January 1958 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL R. N. Dahlgren C. OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/III

SECTION G.

ESTIMATE OF POTENTIAL

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

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

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

Table with columns: DESCRIPTIVE RATING NUMBER, ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Includes rows for ratings 1-3 and various supervisory situations.

SECRET
(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
7 months

4. COMMENTS CONCERNING POTENTIAL
JAN 24 2 09 PM '58
 Her potential has a wide range. She has the ability to organize and direct a sizeable office of reports writers and to supervise the administrative operations for a large office. She has a distinct aptitude for operations and her potential in the field of operational support work as well as in the direct handling of operations is a good one.

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
None recommended at this time.

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

SECTION I. DESCRIPTION OF INDIVIDUAL

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

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

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

SECRET

CONFIDENTIAL
(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1970.

CHARLOTTE E. RUSTENVIDELA
NAME
(Please Print)

Charlotte E. Rustenvidela
Signature

5 January 1972
Date

CONFIDENTIAL
(When filled in)

GROUP 1 Excluded from
automatic downgrading
and declassification.

SECRET
(When Filled In)

FILE
PUNCHED
BY

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO. | NAME | | |
|------------|--------------|-----------|--------|
| | LAST | FIRST | MIDDLE |
| 007667 | Bustosvidela | Charlotte | Z |

INSTRUCTIONS
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | CODE | O/P USE ONLY | COUNTRY | CODE |
|-------------|-----|------|---------------|-----|------|------------------|------|--------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | | |
| | | | 08 | 10 | 72 | 1 - PCS (Basic) | 1 | | Mexico | 40-42 |
| | | | | | | 3 - CORRECTION | | | | |
| | | | | | | 5 - CANCELLATION | | | | |

TDY DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | CODE | O/P USE ONLY | AREA(S) | CODE |
|-------------|-----|------|---------------|-----|------|------------------|------|--------------|---------|------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | | | |
| | | | | | | 2 - TDY (Basic) | | | | |
| | | | | | | 4 - CORRECTION | | | | |
| | | | | | | 6 - CANCELLATION | | | | |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

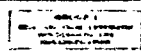
| | |
|---|--|
| <input type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH |
| <input checked="" type="checkbox"/> CABLE | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify) | |

DOCUMENT IDENTIFICATION NO. *IN 680799* DOCUMENT DATE/PERIOD *8/10/72*

REMARKS

| | | |
|-----------------------|--|---|
| PREPARED BY | <input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT | AREA DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| CCO | DATE <i>8/10/72</i> | SIGNATURE <i>[Signature]</i> |
| C D L DIVISION, CTBB. | | |
| E S Y DIVISION | | |

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



SECRET

OFF

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

| | | | |
|--|----------------------|---------------------------|----------------------|
| NAME OF EMPLOYEE (Use pseudo only if SA) | DATE (from item 5-1) | NAME OF SUPERVISOR (true) | DATE (from item 5-2) |
| Charlotte Z. Buston-Videla | 8 Sep 1971 | John R. Horton | 8 Sep 1971 |

| | | |
|--------------------------------|-----------------------------|----------------------------------|
| DATE RECEIVED AT HEADQUARTERS: | DISPATCH NUMBER: | DATE RECEIVED BY CAREER SERVICE: |
| 15 September 1971 | HMMNT 11,086, 8 Sep 1971 | |

TO BE COMPLETED BY EMPLOYEE

| | | | | |
|----------------------------------|---------------------------------|---|--|----------------------------|
| 1. DATE OF BIRTH | 2. SERVICE DESIGN | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION OR BASE | 5. CRYPT FOR CURRENT COVER |
| 12 Jan 29 | | Cuba/CI; GS-13 | Mexico City | |
| 6a. DATE OF PCS ARRIVAL IN FIELD | 6b. REQUESTED DATE OF DEPARTURE | 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE | |
| 28 July 1967 | 9 Sept. 1972 | ----- | 16 October (3 weeks H/L) (2 weeks A/L) | |

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

None

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

My husband is currently a professor in New York City, and I would very much appreciate an assignment in New York City so I may join him there. I would be agreeable to changing somewhat my departure date from Mexico if it would help in my accepting an opening in New York City. (My reason for requesting the two month extension is to insure my 5 years overseas duty so as to qualify for the organization's retirement plan.)

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 140-B)

1. Analysis of personality and target data from raw and finished reports, preparation of target studies, and finished intelligence dissem.
2. Operational reporting: cables, dispatches, projects, progress reports, etc.
3. Handling of outside transcribers. (off and on).
4. Records control and purge of Station files.
5. Preparation of memos for other components of LNCUFF.
6. General Ops support IA typo work.

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

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT.

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

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

EXTEND TOUR 2 MONTHS AT CURRENT STATION TO 9 September (date)

2 BE ASSIGNED TO DOJ FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, WHY OR OFFICE.
1ST CHOICE DOJ 2ND CHOICE EUR 3RD CHOICE _____

1 BE ASSIGNED TO New York FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE New York 2ND CHOICE _____ 3RD CHOICE _____

3 RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

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

Those of you who know her realize that I would hardly give up even after five years on the job, without a fight, did not other reasons intervene. Her husband is working in New York now and so her remaining here any longer than needed for her to qualify for her retirement time, as she explains, is a needless hardship. (It would help us if you would confirm that time: is that the date needed for her to remain in order to qualify?) Please do your best to arrange

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

-continued

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

Subject will be assigned as chief of the CA Section, WH/Branch One. She is being notified via HMMS 7580.

DATE 9Jun72 TITLE DC/WH/Pers SIGNATURE

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT: _____

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATE: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____
(Signature)

12. CONTINUED

an assignment in New York for her. She is such a valuable person that anyone who has worked with her would be glad to have her on the premises: so there is no need to try to "sell" her: it's just the question of whether the timing would be right, I should think.

CONFIDENTIAL
(When Filled In)

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

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
BUSTOS-VIDELA Charlotte Z

1. RESIDENCE DATA
 PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY: **Washington, D.C.**
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): **Washington, D.C.**
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: **Dayton, Ohio**
 HOME LEAVE RESIDENCE: **Dayton, Ohio**

2. MARITAL STATUS (Check one)
 SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED
 IF MARRIED, PLACE OF MARRIAGE: **Dayton, Ohio** DATE OF MARRIAGE: **March 18, 1961**
 IF DIVORCED; PLACE OF DIVORCE DECREE: **NA** DATE OF DECREE: **NA**
 IF WIDOWED, PLACE SPOUSE DIED: **NA** DATE SPOUSE DIED:
 IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):
NA

3. MEMBERS OF FAMILY

| | | |
|--|---|--|
| NAME OF SPOUSE Cesar Bustos-Videla | ADDRESS (No., Street, City, State, Zip Code) Apartado Postal 6-940, Mexico 6, D.F. MEXICO | TELEPHONE NO. MEXICO 525-42-36 |
| NAMES OF CHILDREN NA | ADDRESS | SEX DATE OF BIRTH |
| NAME OF YOUR FATHER (Or male guardian) Samuel D. Zehrung | ADDRESS 425 Dayton Towers Dr, Dayton, Ohio | TELEPHONE NO. 513-202-2596 |
| NAME OF YOUR MOTHER (Or female guardian) Razel Zehrung | ADDRESS Same | TELEPHONE NO. Same |

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) (Last-First-Middle) Cesar Bustos-Videla | RELATIONSHIP husband |
| HOME ADDRESS (No., Street, City, State, Zip Code) see above | HOME TELEPHONE NUMBER see above |
| BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE Universidad de las Americas, Puebla, MEXICO | BUSINESS TELEPHONE & EXTENSION |

| | | |
|---|-----|---|
| IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) | YES | X |
| yes | NO | |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) | YES | X |
| | NO | |
| DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) | YES | X |
| | 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

CIT
 JUN 22 11 00 AM '78
 CENTRAL PERSONNEL SEARCH

CONFIDENTIAL
(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 ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

All financial information is on file with our lawyer

Mr. John DAHLGREN
DAHLGREN DARRAGH & CLOSE
1000 Conn. Ave., N.W., Washington D.C.

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

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

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

On file with lawyer listed above

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)

NA

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

Believe the lawyer has this also

9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

[Empty space for additional data and/or continuation of preceding items]

SIGNED AT

Wash.

DATE

22 June 1970

SIGNATURE

Charlotte J. ...

CONFIDENTIAL
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.

Charlotte B. Madala
Signature

BUSINESS Madala, Charlotte

22 Jan 1970
Date

CONFIDENTIAL
(When Filled In)

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

| | | | |
|--|----------------------|----------------------------------|----------------------|
| NAME OF EMPLOYEE (use pseudo only if SA) | DATE (from item 3-1) | NAME OF SUPERVISOR (true) | DATE (from item 3-2) |
| Charlotte Bustos-Videla | 26 Jan. 70 | James B. Noland | 26 Jan. 1970 |
| DATE RECEIVED AT HEADQUARTERS: | DISPATCH NUMBER: | DATE RECEIVED BY CAREER SERVICE: | |
| 2 Feb. 1970 | HMNT-10102 | 10APH 1970 | |

TO BE COMPLETED BY EMPLOYEE

| | | | | |
|----------------------------------|---------------------------------|---|--|----------------------------|
| 1. DATE OF BIRTH | 2. SERVICE DESIGN | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION OR BASE | 5. CRYPT FOR CURRENT COVER |
| 12 Jan 29 | | Exec Assistant, GS-13 | MEXICO CITY Station | <input type="checkbox"/> |
| 6a. DATE OF PCS ARRIVAL IN FIELD | 6b. REQUESTED DATE OF DEPARTURE | 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE | |
| 28 July 1967 | 16 Aug 1970 | Will not go Hdqs unless requested | 26 Oct 1970 | |

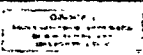
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:
none

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:
Subject wishes to remain overseas for a minimum of two more years to complete her 5 years overseas requirement.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 240-8)

1. During most of Subject's tour in Mexico she has been the Cuban IA. In this job she also handled some Cuban operational matters including contract employees.
2. During this period she also handled some sensitive projects for the CCS.
3. During the last six months Subject has been Exec Asst to the CCS/DCCS concentrating on file and administrative reorganization of the Station.
4. Subject has had supervisory responsibility over one to three clerical/TDY staff for short periods.

10. TRAINING DESIRED:
INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS
None



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

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

I enjoy both Administrative and Ops, IA work.

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

- 3 EXTEND TOUR: 12 MONTHS AT CURRENT STATION TO Aug 1971.
(DATE)
- BE ASSIGNED TO HDQTRS FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____
- 1 BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE Paris 2ND CHOICE _____ 3RD CHOICE _____
- 2 RETURN TO MY CURRENT STATION for 2nd tour.

TO BE COMPLETED BY FIELD STATION

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

Would not stand in Subject's way, were she to be fortunate enough to get a Paris assignment. However with her long Mexico background (both Hdqs and field) and her multiple talents she has been invaluable in the reorganization of this highly complicated Station under changed circumstances, will continue to be so during the next several years and to lose her would be like losing one's right arm. Therefore we strongly endorse either a second tour or an extension.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

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

WI Division recommends that subject return to Mexico City for a second tour.

DATE 11 Mar 70 TITLE C/WI/Paris SIGNATURE Henry L. Berthold

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Now tour in Mexico City

15. EMPLOYEE NOTIFIED BY DISPATCH NO. 1000-0780 DATED: 27 Mar 70

CABLE NO. _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____

10100070001

SECRET

CONFIDENTIAL

(When Filled In)

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

| | | | |
|-------------------------|---------|----------|------------------------|
| NAME OF EMPLOYEE (Last) | (First) | (Middle) | SOCIAL SECURITY NUMBER |
| BUSTOS-VIDELA | PAULINE | E | |

| 1. RESIDENCE DATA | |
|---|---|
| PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY WASHINGTON DC. | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) N.A. |
| PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE WASHINGTON DC. | HOMER LEAVE RESIDENCE DAYTON, OHIO <i>DIRECTOR CYCLOPS</i> <i>by D/P/see</i> |

| 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 DAYTON, OHIO | | | | | DATE OF MARRIAGE March 18, 1961 | |
| IF DIVORCED, PLACE OF DIVORCE DECREE NA | | | | | DATE OF DECREE | |
| IF WIDOWED, PLACE SPOUSE DIED NA | | | | | DATE SPOUSE DIED | |
| IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S) NA. | | | | | | |

| 3. MEMBERS OF FAMILY | | | |
|---|--|--------------------|---------------|
| NAME OF SPOUSE CESAR BUSTOS-VIDELA | ADDRESS (No. Street, City, State, Zip Code) LAS AMERICAS UNIV., MEXICO CITY, MEXICO | TELEPHONE NO. | |
| NAMES OF CHILDREN | ADDRESS | SEX | DATE OF BIRTH |
| NAME OF YOUR FATHER (or male guardian) SAMUEL D. ZENRONG | ADDRESS (No. Street, City, State, Zip Code) 915 DIXON DRIVE DAYTON, OHIO | TELEPHONE NO. 2 | |
| NAME OF YOUR MOTHER (or female guardian) MAEL J. ZENRONG | ADDRESS Same | TELEPHONE NO. 2 | |

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY?
All telling all my family - I am resigned 15 July 67.

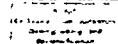
| 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | | |
|--|------------------------------------|---------------------------------------|
| NAME (Mr., Mrs., Miss) MRS. FFLAUMER, Mary Elizabeth | (Last-First-Middle) (MRS. DALE) | RELATIONSHIP SISTER |
| HOME ADDRESS (No. Street, City, State, Zip Code) 576 LAKE TONLET DRIVE, BAY VILLAGE, OHIO 44140 | | HOME TELEPHONE NUMBER 216-871-0689 |
| BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE | | BUSINESS TELEPHONE & EXTENSION |

| | | |
|---|-----|---|
| IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization to which you work for.) my wife, I used to work for govt. | YES | |
| | NO | X |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) lawyer in estate. Mrs Dale Fflaumer may make person of choice. | YES | X |
| | NC | |
| DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) | YES | X |
| | 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



CONFIDENTIAL
(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 ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

*The National Bank of Washington, Beyond Circle Branch, Washington D.C.
joint account with husband
Columbia Federal Savings & Loan Assoc, 5301 Wisconsin Ave. N.W. D.C.
joint account with husband.*

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

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

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

*Lawyer: Mrs. John C. Bakstgen
Bakstgen, Barroff & Cloak
1000 Vermont Ave. N.W.*

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?)

for accepting checks: The National Bank of Washington

9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

[Empty space for additional data and/or continuation of preceding items]

SIGNED AT _____ DATE *9 June 1967* SIGNATURE *Christina J. Smith-Lewis*

SECRET

| | |
|--|--|
| ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM | IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL |
|--|--|

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

| | | | | |
|--------------------------------|-----------|----------|----------------------------------|------------------------|
| NAME (last) | (first) | (middle) | DATE OF BIRTH (month, day, year) | SOCIAL SECURITY NUMBER |
| Dustos-Videla | Charlotte | Louise | January 12, 1929 | |
| EMPLOYING DEPARTMENT OR AGENCY | | | LOCATION (City, State, ZIP Code) | |
| 007667 | | | | |

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you **WANT BOTH** optional and regular insurance

(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

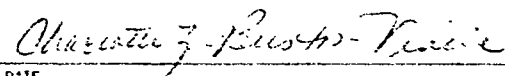
Mark here if you **WANT NEITHER** regular nor optional insurance

(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

| | |
|---|--|
| SIGNATURE (do not print)  DATE 13 February 1968 | <p style="text-align: center;">FOR EMPLOYING OFFICE USE ONLY</p> <p style="text-align: center;">(official receiving date stamp)</p> <div style="text-align: center; border: 1px solid black; padding: 5px;"> JAN 13 1968 007667 </div> <p style="text-align: center; font-size: small;">See Table of Effective Dates on back of Original</p> |
|---|--|

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T
 JAN. 1958
 (For use only until April 14, 1968)
 176-101

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

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

| | | | |
|-------------------|-----------------|---------------|--------|
| SERIAL NO. 1-8 | NAME | | |
| | LAST (Print) | FIRST 7-24 | MIDDLE |
| 007667 | BUSTOS YDELA | CHARLOTTE | Z |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | O/P USE ONLY | | COUNTRY | CODE |
|-------------|-------|-------|---------------|-------|-------|---|--------------|----|---------|--------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | CODE | 37 | | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION | 37 | 38 | 39 | MEXICO |
| 0 | 7 | 2 | 8 | 6 | 7 | | 1 | | | 50 |

TDY DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | O/P USE ONLY | | AREA(S) | CODE |
|-------------|-------|-------|---------------|-------|-------|---|--------------|----|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | CODE | 37 | | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION | 37 | 38 | 39 | 40-42 |
| | | | | | | | | | | |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

| | |
|--|---|
| <input type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH |
| <input type="checkbox"/> CABLE | <input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify) | |

| | |
|---|--|
| DOCUMENT IDENTIFICATION NO. FORM 764 | DOCUMENT DATE/PERIOD 2 - 29 JULY 1967 |
|---|--|

REMARKS
ARRIVAL DATE REPORTED UNDER "OTHER REMARKS" ON DUTY STATUS REPORT.

| | | |
|--|---|---|
| PREPARED BY CCO | REPORT ANNOTATED AS CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| C & L DIVISION, CTSS. | DATE 16 APR 1968 | SIGNATURE <i>[Signature]</i> |
| <input checked="" type="checkbox"/> C & T DIVISION | | |

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

SECRET

OFFICIAL USE ONLY (When Filled In)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I

BIOGRAPHIC AND POSITION DATA

| | | | | |
|----------------------------|---|-------------------------------|--|-------------------------------------|
| 1. EMP. SER. NO. 007667 | 2. NAME (Last, First, Middle) BUSTOSVIDELA C Z | 3. SEX F | 4. DATE OF BIRTH 01/12/29 | 5. SCHEDULE, GRADE/STEP GS-13-06 |
| 6. SO U | 7. POSITION TITLE OPS OFFICER | 8. OFFICE OF ASSIGNMENT WH | 9. LOCATION (Country, City) MEXICO CITY, MEXICO | |

SECTION II

AGENCY OVERSEAS SERVICE

| AREA | TYPE TOUR | FROM | TO |
|---|-----------|----------------------|--------------|
| NO OVERSEAS SERVICE MEXICO CITY STATION 1st tour 2nd tour | | 27 JULY 1967 1970 | 10 JUNE 1970 |

OVERSEAS DATA
 CODED
 DATE: INITIALS: S
 180 JUL 1970

SECTION III

EDUCATION

| | | | |
|----------------|-----------------------------------|-----------------------------|------------|
| DEGREE BACH | MAJOR FIELD ECONOMICS, GENERAL | COLLEGE SYRACUSE UNIV NY | YEAR 50 |
|----------------|-----------------------------------|-----------------------------|------------|

SECRET
(When Filled In)

| LANGUAGE PROFICIENCY AND AWARDS DATA | | | | | | 7. ID NO |
|--------------------------------------|--|---------------------|------------------|--|--|----------------------|
| 1. PERSONNEL SERIAL NO (1-6) | | 3. NAME (7-24) LAST | | | 6. LANG CODE (25-27) | |
| | | FIRST | MIDDLE | 4. OFFICE OR DIVISION | 5. LANGUAGE | |
| | | McLennan, Charlotte | | | Spanish | 720 |
| 7. DATE OF TEST (40-51) | | 8. ANNIVERSARY DATE | | 9. GRADE | 10. DATE OF BIRTH | |
| 08/21/2000 | | 08/21/2000 | | 12 | 08/21/1999 | |
| 11. REASON FOR TAKING TEST | | 12. TEST SCORES | | | | |
| APPLY FOR AWARD | | READING (34) | WRITING (35) | PRONUNCIATION (36) | SPEAKING (37) | UNDERSTANDING (38) |
| ESTABLISH SKILL LEVEL | | H | I | II | III | II |
| 13. ELIGIBILITY (39) | | 14. TYPE OF AWARD | | | | |
| A | | ACHIEVEMENT (A) | ELEMENTARY (B) | READING (R) SPEAKING (S) | BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V) | |
| M | | MAINTENANCE (M) | INTERMEDIATE (C) | COMPREHENSIVE (C) | | |
| NA | | A | E-I | C | V | |
| 15. INELIGIBLE (REASON) | | | | 16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ 100.00 (40-43) | | |
| | | | | SIGNATURE | | DATE |
| | | | | 17. I CERTIFY THAT FUNDS ARE AVAILABLE | | |
| REMARKS | | | | OBLIGATION REF. NO. | | CHARGE ALLOTMENT NO. |
| | | | | SIGNATURE | | |

FORM 1273
5-60

OBsolete PREVIOUS EDITIONS

SECRET

(13-43)

MRD COPY

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AUG

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE
10 September 1957

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through 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)
ZIEHRUNG, Charlotte L.

2. CURRENT ADDRESS (No., Street, City, Zone, State)
3817 Davis Place, N. W., Washington

3. PERMANENT ADDRESS (No., Street, City, Zone, State)
5536 South Dixie Highway, Dayton 9, Ohio

4. HOME TELEPHONE NUMBER
Em 2-1618

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE
Ohio

SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.
ZIEHRUNG, Samuel Danford

2. RELATIONSHIP
Father

3. HOME ADDRESS (No., Street, City, Zone, State, Country)
5536 South Dixie Highway, Dayton 9, Ohio

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE
5536 South Dixie Highway, Dayton 9, Ohio. San Has Gardens

5. HOME TELEPHONE NUMBER
MO 3-3511

6. BUSINESS TELEPHONE NUMBER
MO 3-3511

7. BUSINESS TELEPHONE EXTENSION
None

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III MARITAL STATUS

1. CHECK (X) ONE: SINGLE MARRIED SEPARATED DIVORCED ANNULLED

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

3. 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 fianch.

3. NAME (First) (Middle) (Last)
(First) (Middle) (Last)

4. DATE OF MARRIAGE

5. PLACE OF MARRIAGE (City, State, Country)

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No. Street, City, State, Country)

7. LIVING YES NO

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give last address, if deceased)

11. DATE OF BIRTH

12. PLACE OF BIRTH (City, State, Country)

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

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

19. PRESENT EMPLOYER (Also give to last employer, or if spouse is deceased or unemployed, last two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No. Street, City, State, Country)

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FBI
QUALIFICATIONS
DATE 11 JUL 1958
11 JUL 1957

SECTION III CONTINUED TO PAGE 2

SECRET
(When Filled In)

SECTION III CONTINUED FROM PAGE 1

| | |
|---|--|
| 71. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR | |
| 72. BRANCH OF SERVICE | 73. COUNTRY WITH WHICH MILITARY SERVICE APPLICATED |
| 74. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN | |

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

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

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

| | | |
|---|---|-----------------------------|
| 1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| 4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS. | | |
| 5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS. | | |

SECTION V CONTINUED TO PAGE 3

SECRET
2

SECRET
(When Filled In)

SECTION V CONTINUED FROM PAGE 1

B. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

| | |
|---------------------------------------|--------------------------------|
| NAME OF INSTITUTION | ADDRESS (City, State, Country) |
| Citizens Federal Savings & Loan Assn. | Dayton, Ohio |
| Riggs National Bank | Washington, D. C. |
| | |
| | |

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

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP: **US**

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

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

4. GIVE PARTICULARS

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

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

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

2. COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT | | DATES ATTENDED | | DEGREE REC'D | DATE REC'D | SEM/OTH HRS. COMPLETED (Specify) |
|--|---------|-------|----------------|----|--------------|------------|----------------------------------|
| | MAJOR | MINOR | FROM | TO | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

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

4. MILITARY TRAINING (Full time only in specialized schools such as *Naval Academy, Intelligence, Communications, etc.*)

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

5. OTHER EDUCATIONAL TRAINING NOT PRECISELY ABOUT

SECRET
(When Filled In)

SECTION X CONTINUED FROM PAGE 4

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

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

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

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

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

| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
|---|------------|---|
| 27 Aug 51 - 27 Apr 52 | 5 | DDP/WH/II (Hqs) |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 0 | 5. OFFICIAL POSITION TITLE |
| | | Secretary (Steno) |
| 6. DESCRIPTION OF DUTIES | | |
| | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| 27 Apr 52 - 27 Sept 53 | 7 | DDP/WH/II (Hqs) |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | | 5. OFFICIAL POSITION TITLE |
| | | Intell Officer (Rpts) |
| 6. DESCRIPTION OF DUTIES | | |
| All duties of Reports Officer | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| 27 Sept 53 - 10 Apr 55 | 9 | DDP/WH/II (Hqs) |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | one to two | 5. OFFICIAL POSITION TITLE |
| | | Reports Officer |
| 6. DESCRIPTION OF DUTIES | | |
| Duties of Chief reports officer as | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| 10 Apr 55 - June 1957 | 11 | DDP/WH/II (Hqs) |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | one - two | 5. OFFICIAL POSITION TITLE |
| | | Chief Reports Officer |
| 6. DESCRIPTION OF DUTIES | | |
| | | |
| 1. INCLUSIVE DATES (From- and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| June 1957 - present | 11 | DDP/WH/III (Hqs) |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | | 5. OFFICIAL POSITION TITLE |
| | | Reports Officer |
| 6. DESCRIPTION OF DUTIES | | |
| | | |

(Use additional pages if required)

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3

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(When Filled In)

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SEP 12 3 42 PM '57

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 17 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

| NAME | RELATIONSHIP | YEAR OF BIRTH | SEX | | CITIZENSHIP | ADDRESS |
|------|--------------|---------------|-----|---|-------------|-----------|
| | | | M | F | | |
| | | | | | | MAIL ROOM |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED: 10 Sept 57 SIGNATURE OF EMPLOYEE: *Christine L. Johnson*

SECRET
(When Filled In)

| 1 PERSONNEL SERIAL NO. (1-6) | | | | | | 2 L.O. NO. | | | | | | | |
|---------------------------------------|--|----------------|--------------|-----------------------|---------------|--|-----------|--|---------------|----------------------------------|--|--|--|
| 3 NAME (17-24) Johnson, Charlotte | | | | | | 4 COMPONENT III | | 5 GRADE II | | 6 DATE OF BIRTH Jan. 10, 1929 | | | |
| 7 LANGUAGE Spanish | | | | 8 CODE (25-27) 700 | | 9 DATE OF TEST Dec. 27, 1953 | | 10 ANNIVERSARY DATE (20-33) Dec. 27, 1957 | | | | | |
| 11 TEST PURPOSE | | 12 TEST SCORES | | 13 ELIGIBILITY (39) | | | | | | | | | |
| AWARD SKILL | | READING (34) | WRITING (35) | PRONUNCIATION (36) | SPEAKING (37) | UNDERSTANDING (38) | AWARDABLE | | NOT AWARDABLE | | | | |
| 14. I CERTIFY THIS EMPLOYEE FOR AWARD | | | | | | 15. TYPE OF AWARD | | | | | | | |
| SIGNATURE | | | | DATE | | A-M | E-I-H | C | R-W-B | D-V | | | |
| 16. AMOUNT OF AWARD | | | | \$ 100.00 | | 17. I CERTIFY THAT FUNDS ARE AVAILABLE | | | | | | | |
| 18. FEDERAL TAX DEDUCTION | | | | \$ | | OBLIGATION REF. NO. | | SIGNATURE | | | | | |
| 19. STATE/DC TAX DEDUCTION | | | | \$ | | 20. CHARGE ALLOTMENT NO. | | | | DATE | | | |
| 21. NET AMOUNT OF AWARD | | | | \$ | | 22. EMPLOYEE PAYROLL NO. | | | | | | | |
| 23. FORWARD CHECK TO | | | | | | 24. ALLOTMENT OF ASSIGNMENT | | | | | | | |
| | | | | | | 25. CHECK NO. | | DATE | | | | | |

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| 1 PERSONNEL SERIAL NO. (1-6) | | | | | | 2 L.O. NO. | | | | | | | |
|---------------------------------------|--|----------------|--------------|-----------------------|---------------|--|-----------|--|---------------|----------------------------------|--|--|--|
| 3 NAME (17-24) Johnson, Charlotte | | | | | | 4 COMPONENT III | | 5 GRADE II | | 6 DATE OF BIRTH Jan. 10, 1929 | | | |
| 7 LANGUAGE Spanish | | | | 8 CODE (25-27) 700 | | 9 DATE OF TEST Dec. 27, 1953 | | 10 ANNIVERSARY DATE (20-33) Dec. 27, 1957 | | | | | |
| 11 TEST PURPOSE | | 12 TEST SCORES | | 13 ELIGIBILITY (39) | | | | | | | | | |
| AWARD SKILL | | READING (34) | WRITING (35) | PRONUNCIATION (36) | SPEAKING (37) | UNDERSTANDING (38) | AWARDABLE | | NOT AWARDABLE | | | | |
| 14. I CERTIFY THIS EMPLOYEE FOR AWARD | | | | | | 15. TYPE OF AWARD | | | | | | | |
| SIGNATURE | | | | DATE | | A-M | E-I-H | C | R-W-B | D-V | | | |
| 16. AMOUNT OF AWARD | | | | \$ 100.00 | | 17. I CERTIFY THAT FUNDS ARE AVAILABLE | | | | | | | |
| 18. FEDERAL TAX DEDUCTION | | | | \$ | | OBLIGATION REF. NO. | | SIGNATURE | | | | | |
| 19. STATE/DC TAX DEDUCTION | | | | \$ | | 20. CHARGE ALLOTMENT NO. | | | | DATE | | | |
| 21. NET AMOUNT OF AWARD | | | | \$ | | 22. EMPLOYEE PAYROLL NO. | | | | | | | |
| 23. FORWARD CHECK TO | | | | | | 24. ALLOTMENT OF ASSIGNMENT | | | | | | | |
| WEL Sir on Mail | | | | | | 25. CHECK NO. | | DATE | | | | | |

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| | | | | |
|---|-------------------------|--------------------------|-----------|--------------|
| (11-6) | | LANGUAGE DATA RECORD | | |
| 107667 | | | | |
| PART I-GENERAL | | | | |
| 1. NAME (Last-First-Middle) (17-24) | | 2. DATE OF BIRTH (25-30) | | |
| ZEHKUNG, Charlotte Louise | | MONTH January | DAY 12 | YEAR 1929 |
| 3. LANGUAGE (31-33) | 4. TODAY'S DATE (34-38) | | 5. | |
| Spanish | 720 | MONTH April | DAY 2 | YEAR 1957 |
| PART II-LANGUAGE ELEMENTS | | | | |
| SECTION A. Reading (40) | | | | |
| 1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY. | | | | |
| <input checked="" type="radio"/> 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY. | | | | |
| 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.) USING THE DICTIONARY FREQUENTLY. | | | | |
| 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY. | | | | |
| 5. I HAVE NO READING ABILITY IN THE LANGUAGE. | | | | |
| SECTION B. Writing (41) | | | | |
| 1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW OR NO GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY. | | | | |
| 2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY. | | | | |
| <input checked="" type="radio"/> 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY. | | | | |
| 4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY. | | | | |
| 5. I CANNOT WRITE IN THE LANGUAGE. | | | | |
| SECTION C. Pronunciation (42) | | | | |
| 1. MY PRONUNCIATION IS NATIVE. | | | | |
| 2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION (THEY HAVE NO DIFFICULTY UNDERSTANDING ME, | | | | |
| <input checked="" type="radio"/> 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND. | | | | |
| 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND. | | | | |
| 5. I HAVE NO SKILL IN PRONUNCIATION. | | | | |
| CONTINUE ON REVERSE SIDE | | | | |

| CONTINUATION OF PART II—LANGUAGE ELEMENTS | |
|---|--|
| SECTION D. Speaking (43) | |
| 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR. | |
| 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS. | |
| 3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS. | |
| 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL. | |
| 5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS. | |
| SECTION E. Understanding (44) | |
| 1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES. | |
| 2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS. | |
| 3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES. | |
| 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES. | |
| 5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE. | |
| BEFORE CONTINUING — CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION. | |
| PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45) | |
| 1. I HAVE HAD EXPERIENCE AS A TRANSLATOR. | |
| 2. I HAVE HAD EXPERIENCE AS AN INTERPRETER. | |
| 3. BOTH OF THE ABOVE STATEMENTS APPLY. | |
| 4. NONE OF THE ABOVE STATEMENTS APPLY. | |
| PART IV—CERTIFICATION | |
| I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25.115. PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM. | |
| DATE SIGNED 2 April 1957 | SIGNATURE <i>Charlotte L. Johnson</i> |
| 1443 | 1451 |

14-00000
HEADLINE: 29 Sept. 1952

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ZEHURNO, Charlotte L.
Name: Last, First Middle

6066

60

QUALIFICATION

DATE 10-8-52

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

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

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

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

George E. Meloon
George E. Meloon
Personnel Director

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PERSONNEL QUALIFICATION QUESTIONNAIRE

| | | |
|--|---|---|
| 1. Serial No. (no entry) 7667 | 2. NAME: (last) (first) (middle) ZEHNING, Charlotte Luise | 3. Office FI |
| 4. Date of Birth 12 Jan. 1929 | 5. Sex: <input type="checkbox"/> male (1) <input checked="" type="checkbox"/> female (2) | Martial Status <input checked="" type="checkbox"/> Nr. Dependents <u>0</u> |
| 6. CIA Entry Date: August 1951 | 7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other | |
| 8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth _____ | | |

SEC. I. EDUCATION

1. Extent: (circle one)

- | | | |
|--|---|-------------------|
| 1. Less than high school | 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate | 5. Over two years, no degree | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | <input checked="" type="checkbox"/> Bachelor degree | |
| | 7. Post-graduate study (minimum 8 sem. hrs.) | |

2. College or University Study:

| Name and location of College or University | Major | Minor | Dates att'd | | Yrs Compl | | Degree Recd | | Sem Hrs |
|--|-------|-------|-------------|------|-----------|-------|-------------|------|---------|
| | | | From | To | Day | Night | Title | Date | |
| Syracuse University | Econ. | Span. | 9/46 | 1/50 | 4 | | B. A. | 1/50 | 115 |
| San Carlos University | Span. | | 7/48 | 9/48 | | | | | 5 |
| | | | | | | | | | |
| | | | | | | | | | |

3. Trade, Commercial, and Specialized Training:

| School | Attendance Dates | | | Study or Specialization |
|-------------------------------|------------------|-------|-----------|-------------------------|
| | From | To | Tot. mo's | |
| Miami Jacobs Business College | 5/50 | 12/50 | 7 | typing and shorthand |
| | | | | |

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

| School | Attendance Dates | | | Study or Specialization |
|--------|------------------|----|-----------|-------------------------|
| | From | To | Tot. mo's | |
| | | | | |
| | | | | |
| | | | | |

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SEC. II. WORK EXPERIENCE.

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

| | |
|---|--|
| From <u>4/52</u> To _____ Tot. mos. _____ | Description of Duties: I have the responsibility of disseminating and routing all reports received from our Station, take appropriate action on reports received from other agencies by forwarding this information to the field or supplying requested data. I inform the field of additional info at Headquarters on individuals and organizations as requested or as deemed necessary. I also maintain Duty Station, if overseas: two CE notebooks. |
| Grade <u>7</u> Salary <u>\$1205.00</u> | |
| Office <u>FI/WH/Brazil</u> | |
| Position | |
| Title: <u>Intelligence Officer</u> | |
| Duty | |
| Title: <u>Reports Officer</u> | |
| From <u>12/51</u> To <u>4/52</u> Tot. mos. <u>3</u> | Description of Duties: Same as above with a Sub-station. I had less individual responsibility. |
| Grade <u>5</u> Salary <u>\$940.00</u> | |
| Office <u>FI/WH/Brazil</u> | |
| Position | |
| Title: <u>Intelligence Officer</u> | |
| Duty | |
| Title: <u>Reports Officer</u> | Duty Station, if overseas: |
| From <u>11/51</u> To _____ Tot. mos. <u>1</u> | Description of Duties: As a casual I typed dispatches, memoranda, and disseminations for Branch II. I took a limited amount of shorthand. |
| Grade <u>5</u> Salary <u>\$940.00</u> | |
| Office <u>FI/WH/II</u> | |
| Position | |
| Title: <u>Secretary (Stenography)</u> | |
| Duty | |
| Title: | Duty Station, if overseas: |
| From <u>9/51</u> To _____ Tot. mos. <u>1</u> | Description of Duties: I assembled disseminated reports. |
| Grade <u>5</u> Salary <u>\$940.00</u> | |
| Office <u>FI</u> | |
| Position | |
| Title: <u>Secretary (Stenography)</u> | |
| Duty | |
| Title: | Duty Station, if overseas: |

Two months in the pool attending classes and setting up filing system for Russia, Index cards.

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

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

| | |
|--|--|
| From <u>1/51</u> To <u>3/51</u> Tot. mo's <u>2</u> Classification Grade (if in Federal Service) <u>3</u> Salary <u>\$2650.00</u> Number and Class of Employees Supervised: <u>none</u> Employer <u>Department of Interior</u> Kind of Business or organization (i.e., paper products mfr, public utility) | Exact Title of your position <u>Statistical draftsman</u> Description of Duties: <u>I did statistical drafting, cartography, marking of illustrations, etc. as well as typing and other general office work.</u> Duty Station if overseas: |
| From <u>4/50</u> To <u>3/51</u> Tot. mo's <u>11</u> Classification Grade (if in Federal Service) Salary <u>1.10 / hr.</u> Number and Class of Employees Supervised: <u>2 - 6 clerks</u> Employer <u>Harold Gable & Co., Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Business and Gift Shoppe</u> | Exact Title of your position Description of Duties: <u>As an assistant to the executives I was responsible for purchasing stock for the gift shoppe and instructing clerks and greenhouse employees. I had full responsibility of the books and cash. I made reports on the business and acted as sales clerk for the shoppe.</u> Duty Station if overseas: <u>and to a landscaping business</u> |
| From <u>2/50</u> To <u>1/50</u> Tot. mo's <u>4</u> Classification Grade (if in Federal Service) Salary <u>\$200 / mo.</u> Number and Class of Employees Supervised: Employer <u>National Peanut Council</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Trade association</u> | Exact Title of your position <u>Assistant Bookkeeper</u> Description of Duties: <u>I made monthly financial reports, had the responsibility of the books, did typing and other general office work.</u> Duty Station if overseas: |
| From <u>5/49</u> To <u>8/49</u> Tot. mo's <u>3</u> Classification Grade (if in Federal Service) Salary Number and Class of Employees Supervised: Employer <u>Fridolite Co., Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) | Exact Title of your position Description of Duties: <u>I worked one month in the office of the Chemical Laboratory and two months in the factory.</u> Duty Station if overseas: |
| From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) | Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____ |

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SEC. II. WORK EXPERIENCE (CONT'D)

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

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

SEC. III. FOREIGN LANGUAGES

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

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

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

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

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SEC. IV. AREA KNOWLEDGE.

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

| Country or Region | Dates of Residence, Study Etc. | Manner in Which Knowledge Was Acquired (check (X) one) | | |
|-------------------|--------------------------------|--|--------|-------|
| | | Residence | Travel | Study |
| South America | 1 year econ and prog. | | | X |
| Guatemala | 7/48 to 8/48 | X | | |
| Mexico | 7/46 | | X | |
| | | | | |

2. Specialized Knowledge of Area

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

| Country | Type of Knowledge | How and When Gained |
|---------|-------------------|---------------------|
| | | |
| | | |
| | | |

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

| Skill | Per Cent of Time Used | Not Used | WPM (Approximate Proficiency) | Prefer Assignment Using Skill Oftener |
|-----------|-----------------------|----------|-------------------------------|---------------------------------------|
| Typing | 1. drafts | 2. | 60 | 1. Yes 2. X No |
| Shorthand | 1. none | 2. | 70 | 1. Yes 2. X No |

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

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

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

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

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

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SEC. VIII. PUBLICATIONS

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

| |
|--|
| |
| |
| |
| |
| |

SEC. IX. INVENTIONS

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

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

SEC. X. CIA TESTS

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

| Type of Test | Date Taken |
|--|------------|
| typing, shorthand, general intelligence exam | 8/1951 |
| exam for reports officer | 2/1952 |

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

| |
|--|
| |
| |
| |

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

| | | |
|---------------------|---------------------|------------------------|
| (1) 2 year Tour ___ | (2) 4 year Tour ___ | (3) Not interested ___ |
|---------------------|---------------------|------------------------|

SEC. XIII. WORK ASSIGNMENT

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

| |
|--|
| I feel I am best qualified for a reports or research position. |
| |
| |
| |

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SEC. XIV. MILITARY STATUS

1. Present Draft Status
Have you registered under the Selective Service Act of 1948? Yes No.
If yes, indicate your present draft classification _____

2. Present Reserve or National Guard Status
Do you now have Reserve or National Guard Status Yes No.
If yes, complete the following.

1. National Guard
2. Air National Guard
3. Active Reserve Status (member of organized unit)
4. Inactive Reserve Status

Service _____ Grade _____ Location _____

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known _____

SEC. XV. CIA TRAINING

List the training courses or subjects you have taken while in the CIA.

| Course or Subject | (from) Dates (to) | Hours |
|--------------------|-------------------|---------|
| Orientation course | 8-11 Jan 1952 | 9-12 AM |
| | | |
| | | |
| | | |

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

DATE 18 September 1952

SIGNATURE Harold P. Zehner

APPLICATION FOR FEDERAL EMPLOYMENT

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

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

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTIONS (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4 DATE OF THIS APPLICATION
 Washington, D. C.

5 MR (First name) (Middle) (Maiden, if any) (Last)
 MISS Charlotte L. Zehring

6 (A) STREET AND NUMBER OR R. D. NUMBER
 1401 - 16th St., N. W.
 (B) CITY OR POST OFFICE (including postal zone) AND STATE
 Washington, D. C.

7 LEGAL OR VOTING RESIDENCE (State) (C) OFFICE PHONE (D) HOME PHONE
 Ohio RE 1820 NO. 5450
 (E) DATE OF BIRTH (month, day, year) 1-12-29 (F) MARRIED (G) SINGLE

8 PLACE OF BIRTH (City and State; if born outside U. S., name city and country)
 Dayton, Ohio

9 (A) HEIGHT WITHOUT SHOES (B) WEIGHT
 MALE 5 FEET 8 INCHES 125 POUNDS
 FEMALE

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

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

APPROVED MATERIAL ENTERED REGISTER
 NON-APPROVED SUBMITTED
 RETURNED

NOTATIONS

APPROVED

| OPTION | GRADE | EARNED RATING | PREFERENCE | AUGM. RATING |
|--------|-------|---------------|---|--------------|
| | | | <input type="checkbox"/> 5 POINTS (TENT.) | |
| | | | <input type="checkbox"/> 10 POINTS | |
| | | | <input type="checkbox"/> WIFE OR WIDOW | |
| | | | <input type="checkbox"/> DISAL. | |
| | | | <input type="checkbox"/> BEING RE-EVALUATED | |

INITIALS AND DATE

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

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

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

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

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

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

12 PRESENT POSITION: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing agency to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 18 years ago which is not pertinent to the work for which you are applying may be mentioned in title or note of the block. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

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

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

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

13 PRESENT POSITION

| | | | |
|--|--|--|---|
| DATE OF EMPLOYMENT (month, year) | EXACT TITLE OF YOUR PRESENT POSITION | CLASSIFICATION GRADE (if in Federal Service) | SALARY OR FURNISHED (STARTING \$ PER YEAR, PRESENT \$ PER YEAR) |
| FROM: 4-51 | TO: PRESENT TIME | Statistical Draftsman | 3 STARTING \$ 2050 PER YEAR, PRESENT \$ PER YEAR |
| PLACE OF EMPLOYMENT (City and State) | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | |
| Washington, D. C. | Mrs. Mildred Voorman | | |
| NAME AND ADDRESS OF EMPLOYER (Name, organization, or person, if Federal, name department, bureau or establishment, and division) | KIND OF BUSINESS OR ORGANIZATION (to be filled in by applicant, if not a Federal agency, manufacture of books, etc.) | | |
| Board of Geographical Names Department of Interior | | | |
| NUMBER AND KIND OF EMPLOYERS EMPLOYED BY YOU | REASON FOR DESIRING TO CHANGE EMPLOYMENT | | |
| none | | | |
| DESCRIPTION OF YOUR WORK | | | |
| statistical drafting | | | |
| typing | | | |
| marking discriptics | | | |

18 CONTINUED

| | | | | |
|--|--|---|---|---|
| ② DATES OF EMPLOYMENT (month, year) FROM 5/50 TO 3/51 | | EXACT TITLE OF YOUR POSITION Bookkeeper-Clerk | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS STARTING \$ 1.00 PER hr FINAL \$ 1.10 PER hr |
| PLACE OF EMPLOYMENT (city and State) Dayton, Ohio | | NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. Ray F. McKechnie | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) San Rae Gardens, R. 2, 11 Dayton 9, Ohio | | KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sll, insurance agency, manufacture of books, etc.) Nursery and Gift Shoppe | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 2 - 6 clerks | | REASON FOR LEAVING New Job | | |
| DESCRIPTION OF YOUR WORK Bookkeeper Clerk Made reports on stock and ordered wholesale Made reports for the executives on the business, finances, etc. | | | | |

| | | | | |
|--|--|---|---|---|
| ③ DATES OF EMPLOYMENT (month, year) FROM 2/50 TO 5/50 | | EXACT TITLE OF YOUR POSITION Asst. Bookkeeper | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS STARTING \$ 2.00 PER mo FINAL \$ 2.00 PER mo |
| PLACE OF EMPLOYMENT (city and State) Washington, D. C. | | NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. William F. Seals, Pres. | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) National Peanut Council 1111 Dupont Circle, N.W., Washington, D. C. | | KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sll, insurance agency, manufacture of books, etc.) Trade Association | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none | | REASON FOR LEAVING New Job | | |
| DESCRIPTION OF YOUR WORK Bookkeeping Filing General office work Financial reports | | | | |

| | | | | |
|---|--|---|---|---|
| ④ DATES OF EMPLOYMENT (month, year) FROM 6/47 TO 8/47 | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS STARTING \$ PER PER FINAL \$ PER PER |
| PLACE OF EMPLOYMENT (city and State) Dayton, Ohio | | NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. Herbert Hauldornman Personnel | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Fridaire, Plant 2 Dayton 9, O | | KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sll, insurance agency, manufacture of books, etc.) Manuf. of Fridaires | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none | | REASON FOR LEAVING return to college | | |
| DESCRIPTION OF YOUR WORK Secretary in Chemical Lab. Worked in factory. | | | | |

6 DATES OF EMPLOYMENT (Month, year)

FROM TO

EXACT TITLE OF YOUR POSITION

CLASSIFICATION GRADE (If in military service)

SALARY OR EARNINGS STARTING \$ PER PER FINAL \$ PER

PLACE OF EMPLOYMENT (City and State)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

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

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

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 33) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

7 MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under Item 6) that would assist in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra page may be used to give full descriptions.)

| DATES | | LOCATION | DESCRIPTION OF TRAINING |
|-------|----|----------|-------------------------|
| FROM | TO | | |
| | | | |
| | | | |
| | | | |

8 EDUCATION (Circle highest grade completed):

1 2 3 4 5 6 7 8 9 10 11 12

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF

ELEMENTARY TRAIN JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL

(A) NAME AND LOCATION OF COLLEGE OR UNIVERSITY

(B) DATE WHEN GRADUATED

(C) HIGHER GRADE SUBJECTS

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

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | GRADE AND SPECIALTY | DATES ATTENDED | | YEARS COMPLETED | | DEGREES CONFERRED | | SPECIAL HONORS (GPA) |
|--|---------------------|----------------|-------|-----------------|-------|-------------------|------|----------------------|
| | | FROM | TO | DAY | NIGHT | TITLE | DATE | |
| Syracuse Univ., Syracuse, N. Y. | Bcon. | 9-45 | 1-50 | 4 | | BA | 1-50 | 115 |
| San Carlos Univ., Guatemala City | Span | 7-48 | 8-48 | | | | | 5 |
| Miami Jacobs Business College | Steno. | 5-50 | 12-50 | 3 mo. | 4 mo. | | | |

NOTE: DO NOT CHECK GRADUATE COLLEGE SUBJECTS

| SUBJECTS STUDIED | DATES ATTENDED | | YEARS COMPLETED | |
|------------------|----------------|----|-----------------|-------|
| | FROM | TO | DAY | NIGHT |
| | | | | |
| | | | | |

9 INDICATE KIND AND DEGREE OF FOREIGN LANGUAGE

| LANGUAGE | READING | | SPEAKING | | UNDERSTAND | |
|----------|---------|------|----------|------|------------|------|
| | FAIR | GOOD | FAIR | GOOD | FAIR | GOOD |
| Spanish | X | | X | | X | |
| French | | | | | | |

10 IF YOU HAVE TRAINING OR EXPERIENCE IN ANY FOREIGN COUNTRY, INDICATE (NAME OF COUNTRY, CITY, COUNTRIES AND LENGTH OF TIME SPENT THERE, AND CHARACTER OF SERVICE, e.g., military service, business, education, etc., in parentheses)

Guatemala 7/48-8/48 Education
Mexico 7/48 Travel

11 LIST ANY SPECIAL TOOLS, INSTRUMENTS, AND EQUIPMENT YOU OWN OR HAVE OPERATED OR CONTROLLED BY TRAINING OR EXPERIENCE, EITHER AS A HOBBIEST, LEISURE, SCIENTIFIC OR PROFESSIONAL SERVICE

Calculator

12 HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, law, etc., lawyer, CPA, etc.)?

YES NO GIVE KIND OF LICENSE AND STATE.

PAST LICENSES OR CERTIFICATES (YEAR)

13 LIST ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) SPECIAL TRAINING OR EXPERIENCE (2) SPECIAL SKILLS AND PUBLIC RELATIONS (do not include copies unless requested)

(1) PUBLIC AFFAIRS AND PUBLIC RELATIONS EXPERIENCE
(2) MEMBERSHIP IN PROFESSIONAL AND SCIENTIFIC SOCIETIES, ETC.
(3) AWARDS AND HONORIFERALS RECEIVED.

As of 5 July, 1951, Subject's
Washington address is

3817 Davis place, N.W.
phone - ORduay 1618

PERSONAL HISTORY STATEMENT

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

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

SEC. 1. PERSONAL BACKGROUND

A. FULL NAME Miss Charlotte Louise Zehring Telephone: Office RE 1820. Ext. 4691 Home NO 5450

PRESENT ADDRESS 1401-16th St., N.W. Washington, D.C. USA

PERMANENT ADDRESS San Rae Gardens, Dayton 9, Ohio RR-11 USA

B. NICKNAME Sherri WHAT OTHER NAMES HAVE YOU USED? none

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? started to use it at school

HOW LONG? 5 YES IF A LEGAL CHANGE, GIVE PARTICULARS

C. DATE OF BIRTH 1/12/29 PLACE OF BIRTH Dayton Ohio USA

D. PRESENT CITIZENSHIP USA BY BIRTH? yes BY MARRIAGE? no

BY NATURALIZATION CERTIFICATE NO. no ISSUED BY

AT

HAVE YOU HAD A PREVIOUS NATIONALITY? no

HELD BETWEEN WHAT DATES? TO ANY OTHER NATIONALITY?

GIVE PARTICULARS

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

(2)

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

SEC. 2. PHYSICAL DESCRIPTION

AGE 22 SEX F HEIGHT 5' 8" WEIGHT 125
EYES blue HAIR brown COMPLEXION med. SCARS none
BUILD slender OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE MARRIED _____ DIVORCED _____ WIDOWED _____

STATE, DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

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

NAME OF SPOUSE _____
(First) (Middle) (Suff.) (Last)

PLACE AND DATE OF MARRIAGE _____

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country)

DATE OF BIRTH _____ PLACE OF BIRTH _____
(City) (State) (Country)

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

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

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR BUSINESS ADDRESS _____
(St. and Number) (City) (State) (Country)

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

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

Sec. 4. CHILDREN OR DEPENDENTS (Include partial dependents): **none**

1. NAME RELATIONSHIP AGE
 CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

2. NAME RELATIONSHIP AGE
 CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

3. NAME RELATIONSHIP AGE
 CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

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

FULL NAME Samuel Danford Zehring
(First) (Middle) (Last)

LIVING OR DECEASED living DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 1/23/1892 PLACE OF BIRTH Roseville, Ohio USA
(City) (State) (Country)

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

CITIZENSHIP USA WHEN ACQUIRED? birth WHERE?
(City) (State) (Country)

OCCUPATION Landscape Architect LAST EMPLOYER own employer - over 20 yrs.

EMPLOYER'S OR OWN BUSINESS ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM ----- TO ----- BRANCH OF SERVICE

(Date) (Date)

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

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

FULL NAME Hazel Charlotte Jackson Zehring
(First) (Middle) (Last)

LIVING OR DECEASED living DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 10/17/1896 PLACE OF BIRTH Montague, Michigan USA

CITIZENSHIP USA WHEN ACQUIRED? birth WHERE?
(City) (State) (Country)

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

(4)

OCCUPATION housewife LAST EMPLOYER Detroit Board of Education 1927
 EMPLOYER'S OR OWN BUSINESS ADDRESS _____
(St. and Number) (City) (State) (Country)
 MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
 COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

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

1. FULL NAME Nancy Zehring AGE 21
(First) (Middle) (Last)
 PRESENT ADDRESS Verity Hall, Middletown Hospital, Middletown, Ohio, USA
(St. and Number) (City) (State) (Country) (Citizenship) USA
 2. FULL NAME Dorothy Jon Zehring AGE 17
(First) (Middle) (Last)
 PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country) (Citizenship) USA
 3. FULL NAME Mary Elizabeth Zehring AGE 16
(First) (Middle) (Last)
 PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country) (Citizenship) USA
 4. FULL NAME _____ AGE _____
(First) (Middle) (Last)
 PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)
 5. FULL NAME _____ AGE _____
(First) (Middle) (Last)
 PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME _____
(First) (Middle) (Last)
 LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country)
 DATE OF BIRTH _____ PLACE OF BIRTH _____
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY _____
 CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
(City) (State) (Country)
 OCCUPATION _____ LAST EMPLOYER _____

SEC. 9. MOTHER-IN-LAW

FULL NAME
(First) (Middle) (Last)
 LIVING OR DECEASED DATE OF DECEASE CAUSE
 PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)
 DATE OF BIRTH PLACE OF BIRTH
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY
 CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)
 OCCUPATION LAST EMPLOYER

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

1. NAME Col. Paul Zehring RELATIONSHIP cousin AGE 38
 CITIZENSHIP USA ADDRESS HI USA FE, APO 633 Post Master
(St. and Number) (City) (State) (Country)
 2. NAME distant relatives in Sweden RELATIONSHIP N.Y., N.Y.
 Grandparents on Mother's side come from Sweden
 CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)
 3. NAME RELATIONSHIP AGE
 CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

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

1. NAME Col. Paul Zehring RELATIONSHIP cousin AGE 38
 CITIZENSHIP USA ADDRESS HI USA FE, APO 633 Post Master,
(St. and Number) (City) (State) (Country) N.Y.
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Director of Maintenance HI USA FE
 2. NAME Major Jack Macklin RELATIONSHIP cousin AGE 31
 CITIZENSHIP USA ADDRESS Washington, D. C. USA
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Pentagon, Washington, D. C.
 3. NAME Mrs. Elsie Dickert RELATIONSHIP Aunt AGE 55
 CITIZENSHIP USA ADDRESS 314 N 29th St. Billings, Mont. USA
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Social work - Dept. of Interior

SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR Administrative position with Latin America, Economist, Statistician, or temporarily as a Stanographer.

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,100
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY FREQUENTLY _____, CONSTANTLY _____

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

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:

SEC. 13. EDUCATION

ELEMENTARY SCHOOL West Carrollton ADDRESS West Carrollton, O. USA
(City) (State) (Country)

DATES ATTENDED 1933 - 1944 GRADUATED? Yes

HIGH SCHOOL Oakwood High School ADDRESS Dayton 9, Ohio USA
(City) (State) (Country)

DATES ATTENDED 1944 - 1946 GRADUATED? Yes

COLLEGE Syracuse University ADDRESS Syracuse, New York USA
(City) (State) (Country)

MAJOR AND SPECIALTY Economics & Spanish YEARS COMPLETED 4

DATES ATTENDED 1946 - 1950 DEGREE BA

COLLEGE Universidad de San Carlos ADDRESS Guatemala City, Guatemala C.A.
(City) (State) (Country)

MAJOR AND SPECIALTY Spanish YEARS COMPLETED 5 credits

DATES ATTENDED summer 1948 DEGREE none given

CHIEF UNDERGRADUATE COLLEGE SUBJECTS economics - statistics

Spanish grammar and literature

CHIEF GRADUATE COLLEGE SUBJECTS _____

Sec. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE none

| (Country) | (Service) | (Rank) | (Dates of Service) |
|---|-----------------|---------------------|--------------------|
| (Last Station) | (Serial Number) | (Type of Discharge) | |
| REMARKS: _____ | | | |
| SELECTIVE SERVICE BOARD NUMBER _____ ADDRESS _____ | | | |
| IF DEFERRED GIVE REASON _____ | | | |
| INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS _____ | | | |

Sec. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM 4/51 TO _____ CLASSIFICATION GRADE 3
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Board of Geographic Names
Interior Bldg.

ADDRESS C & 18th Sts., N. W. Washington, D. C. USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS _____ NAME OF SUPERVISOR Mrs. Mildred Moorman

TITLE OF JOB Statistical Draftsman SALARY \$ 2,000 PER Yr.

YOUR DUTIES drawing descriptions, drafting, typing

REASONS FOR LEAVING better position more in my interests

FROM 5/50 TO 4/51 CLASSIFICATION GRADE _____
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY San Kee Gardens, Inc.

ADDRESS Box 240 Dayton 9, R. R. 11 Ohio USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS nursery NAME OF SUPERVISOR Ray McKeechie

TITLE OF JOB clerk SALARY 1.10 PER hr.

YOUR DUTIES bookkeeping, typing, clerking, making financial reports, ordering wholesale, making floral arrangements

REASONS FOR LEAVING to take a job more in line with my training

(8)

FROM 2/50 TO 5/50 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) _____

EMPLOYING FIRM OR AGENCY National Peanut Council

ADDRESS 1111 Dupont Circle Building, Washington, D. C. USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Trade ASSOC. NAME OF SUPERVISOR Mr. William F. Seals

TITLE OF JOB Asst. Bookkeeper SALARY \$ 200 PER mo.

YOUR DUTIES bookkeeping, filing, general office work, financial reports

REASONS FOR LEAVING return home to help my father in his business

FROM 6/47 TO 8/47 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) _____

EMPLOYING FIRM OR AGENCY Frigidaire, General Motors

ADDRESS Plant # 2 Dayton 9, Ohio USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS manuf. NAME OF SUPERVISOR Mr. Herbert Halderman

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES office work in the chemical laboratories
work in the factory proper

REASONS FOR LEAVING return to college

FROM 4-48 TO 5-48 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) _____

EMPLOYING FIRM OR AGENCY Grants 5/10 Store

ADDRESS Syracuse, New York USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS store NAME OF SUPERVISOR _____

TITLE OF JOB clerk SALARY \$ _____ PER _____

YOUR DUTIES waited on customers in the flower department

REASONS FOR LEAVING just a part-time temporary position for Easter

14-00000

Sec. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

NO

Sec. 17. GENERAL QUALIFICATIONS

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

LANGUAGE Spanish SPEAK fluent READ fluent WRITE fluent

LANGUAGE French SPEAK slight READ fair WRITE fair

LANGUAGE SPEAK READ WRITE

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

Art-drawing, painting, crafts, studied at school - good

Swimming, good; Reading; Knitting, good; Basketball, fair;

tennis, fair

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

I have spent a summer in Guatemala, living with a Guatemalan

family, learning the life and ways of a Spanish family and city.

I have quite a complete knowledge of the florist business from helping my father over a period of about 8 years.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

calculator

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 60. SHORTHAND 70

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC. NO

IF YES, INDICATE KIND OF LICENSE AND STATE

FIRST LIC. OR CERTIFICATE (YR) LATEST LIC. OR CERTIFICATE (YR)

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.
- (4) HONORS AND FELLOWSHIPS RECEIVED

3-I did a lot of extemp and declamation work in public speaking contests in high school. I am a member of the National Forensic League.

4-I received a partial scholarship from Chapel at Syracuse University

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

NO

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

NO

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

| | Street and Number | City | State |
|-----------------------------|--------------------------------|-----------|-------|
| 1. Mr. John Lewis | BUS. ADD. Oakwood High School, | Dayton, | Ohio |
| | RES. ADD. NA | | |
| 2. Mr. Herbert Holderman | BUS. ADD. Frigidaire, Plant 2, | Dayton 9, | Ohio |
| | RES. ADD. 11 Winding Way, | Dayton 9, | Ohio |
| 3. Mr. Albert F. Kuhl, M.D. | BUS. ADD. Harries Bldg. | Dayton | Ohio |
| | RES. ADD. NA | | |
| 4. Mr. George Pohlmeier | BUS. ADD. NA | | |
| | RES. ADD. 96 Winding Way, | Dayton, | Ohio |
| 5. Miss Katherine Smith | BUS. ADD. NA | | |
| | RES. ADD. 59 Wiltshire | Dayton 9, | Ohio |

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

| | Street and Number | City | State |
|-------------------------|-----------------------------------|------------------|-------|
| 1. Miss Theodosia Moran | BUS. ADD. NA | | |
| | RES. ADD. R. R. 2 | Cazanovia | N. Y. |
| 2. Mrs. Ed Eastin | BUS. ADD. San Rae Gardens | Dayton 9, | Ohio |
| | RES. ADD. Pease Ave., | West Carrollton, | Ohio |
| 3. Miss Betty Hollis | BUS. ADD. Arlington Annex, | Arlington, | Va. |
| | RES. ADD. 1401-16th St., | N. W. Washington | DC |
| 4. Mr. Harry Schwartz | BUS. ADD. Univ. of Syracuse, | Syracuse, | N. Y. |
| | RES. ADD. NA | | |
| 5. Mr. Walter Bohm | BUS. ADD. Winter's National bank, | Dayton, | O. |
| | RES. ADD. 259 Greenmont Blvd. | Dayton 9, | O. |

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

| | Street and Number | City | State |
|-------------------------|----------------------------|---------------|----------|
| 1. Mr. Ray F. McKechnie | BUS. ADD. San Rae Gardens, | Dayton 9, | Ohio |
| | RES. ADD. same | | R. R. 11 |
| 2. Miss Sheila Dewey | BUS. ADD. NA | | |
| | RES. ADD. Box 303 | Sponcer, | N. Y. |
| 3. Miss Marilyn Morris | BUS. ADD. NA | | |
| | RES. ADD. 811 Abbott St. | Highland Park | N. J. |

School neighbors {

SEC. 21. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ... Yes. IF NOT, STATE SOURCES OF OTHER INCOME

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

West Carrollton Bank—West Carrollton, Ohio
 Washington Loan and Trust Co., Washington, D. C.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? no
GIVE PARTICULARS, INCLUDING COURT:

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

- 1. NAME Meredian Hill Hotel ADDRESS 2601-16th St. NW Washington DC
(St. and Number) (City) (State)
- 2. NAME Mrs. Blick ADDRESS 1401-16th St. NW Washington DC
(St. and Number) (City) (State)
- 3. NAME Delta Gamma Sorority ADDRESS 901 Walnut Ave., Syracuse NY.
(St. and Number) (City) (State)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

- FROM 4-1-51 TO Present 1401-16th St., N.W. Washington, D.C. USA
(St. and number) (City) (State) (Country)
- FROM 5-50 TO 4-51 San Rae Gardens, Dayton 9, Ohio USA
(St. and number) (City) (State) (Country)
- FROM 2-50 TO 5-50 2601-16th St., NW Washington, D.C. USA
(St. and number) (City) (State) (Country)
- FROM 9-48 TO 2-50 901 Walnut Ave., Syracuse, N. Y. USA
(St. and number) (City) (State) (Country)
- FROM 9-46 TO 9-48 two cottages of Syracuse Univ, Syracuse USA
(St. and number) (City) (State) (Country)
- FROM 7-48 TO 8-48 9 C.P. # 30 Guatemala City, Guatemala
(St. and number) (City) (State) (Country)
- FROM time before this TO San Rae Gardens, Dayton 9, Ohio USA
(St. and number) (City) (State) (Country)
- FROM TO
(St. and Number) (City) (State) (Country)

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

- A. FROM 7-46 TO --- Mexico City Mexico tourist
(City or section) (Country) (Purpose)
- FROM 7-48 TO 8-48 Guatemala City Guatemala student
(City or section) (Country) (Purpose)
- FROM TO
(City or section) (Country) (Purpose)
- FROM TO
(City or section) (Country) (Purpose)
- FROM TO
(City or section) (Country) (Purpose)

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

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

- 1. Delta Gamma - Rho 901 Walnut Ave., Syracuse, N. Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1947-50 active - 1950 to present inactive
- 2. Spanish Club Syracuse Univ., Syracuse, N. Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1947 - 8 - 9
- 3. Economics Club Syracuse Univ., Syracuse, N. Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1948 - 9 - 50
- 4. Westminster Presbyterian Church - Dayton 9, Ohio USA
- 7. Brownies - Grade School - West Carrollton, Ohio USA

10. Girl Scouts - High School - West Carrollton, Ohio USA
11. Homeador Club - Westminster Presbyterian Church - Dayton 9, O. USA
1943-4
12. Alumni Association of Syracuse Univ, Syracuse, N. Y. USA
1950-
4. International Relations Club - Syracuse Univ, Syracuse N.Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1946-7-8-9
5. 2nd & 1st Cabinet - Chapel - Syracuse Univ., Syracuse, N.Y. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1948-9
6. National Forensic League - Oakwood High School, Dayton 9, O. USA
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1945-6 active
7. Sigma Theta Phi - Dayton 9, Ohio USA high school sorority
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1945-6

Sec. 25. MISCELLANEOUS

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

NO

IF "YES," EXPLAIN: _____

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? YES IF SO, TO WHAT
an occasional drink at dinners and parties
EXTENT? _____

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

NO

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

NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

NPA & EPA; Atomic Energy Commission; Council of
Economic Advisors; Board of Geographic Names

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

Board of Geographic Names 4-1-51

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Samuel D. Zehring RELATIONSHIP father

ADDRESS San Rae Gardens, R. R. 11 Dayton 9, Ohio USA

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

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

NO

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Washington, D.C. DATE May 25, 1951

Betty L. Hollis (Witness) Charlotte L. Zehring (Signature of Applicant)

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

Sec. 11 - Mr. J. J. Zohring, Sr. Uncl. 61

USA 1210 Wilson Dr., Dayton, Ohio USA

Mechanical Engineer - Wright Air Field,

Dayton, Ohio

70T-32
DM

CONFIDENTIAL
SECURITY APPROVAL

File
med

Date: 16 Oct. 1951

To: Chief, Covert Personnel Division

Your Reference: L2419

From: Chief, Security Division

Case Number: 56840

SUBJECT: ZHRUNG, Charlotte Louise

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 the ZOD procedures.

m-l
25 Oct
100
Pool net
10/18
Av. net.
10/13

10/18
10/13



CONFIDENTIAL

DM

70T-23
V

CONFIDENTIAL

INTEROFFICE MEMORANDUM

Date: 4 August 1951

TO: Chief, Covert Personnel Division

FROM: Chief, Security Division

SUBJECT: ZHRUNG, Charlotte Louise 56840

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: D Street Pool

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*Pr. Notified
8 Aug*



AM

CONFIDENTIAL



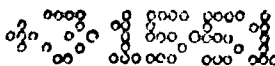
DEPARTMENT
OF
INTERIOR

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF PERSONNEL REVISION AND MANAGEMENT
WASHINGTON, D. C.

Date of Action

Journal

Re: Miss Charlotte L. Lehning
San Ros Gardens, R.R. 11
Dayton 9, Ohio



INDIVIDUAL APPOINTMENT

Effective Date: April 2, 1951

(Miss Lehning)
XXXXXXXXXXXX

| | From | To |
|-----------------------|------|--|
| Position | | Statistical Draftsman |
| Grade and Salary | | GS-3, \$2650.00 per annum (GS-1533-3-504) |
| Bureau | | Office of the Secretary |
| Branch | | Division of Geography |
| Headquarters | | Washington, D. C. |
| Departmental or Field | | Departmental |

G. I. - Martha E. Reid

This appointment is subject to a trial period of one year.

Subject to investigation.

Under this appointment you will be covered by the National Social Security System.

(SGD) THOMAS H. TELLER

Mathilda E. Huser
Chief, Administrative Branch

Personnel Officer
Signed, THOMAS H. TELLER
Office of the Secretary

Appropriation Title: ~~Miss Lehning~~ Of Working Fund, Interior, Board on
Geographic Names, Study, 1951.

JUSTIFICATION (Cite authority or external reason for the action recommended)

Miss Lehning has been selected for appointment from Civil Service Certificate No. 581.

Her Civil Service papers, medical certificate, and Form 75 for pre-employment loyalty check are attached.

Attachments.

Social Security No. 069-24-3138

Permanent

UNITED STATES SERVICE OF CIVIL SERVICE AUTHORITY
CS Certificate No. H-2590 dated 1/16/51
C.S. No. 2.115

Appointing Authority

Regular

Date of Birth: 1/12/29 Local Residence: Ohio

Sex: F Race: W

VEHICULAR PREFERENCE

Yes: No: X

LAST STATUS CHANGE OR APPOINTMENT

From: To:

Effective:

Sup. (If any):

NATURE OF POSITION

Yes: Add. Medical

Name: Martha E. Reid
CS-1533-3-504

CLASSIFICATION

DATE THIS ACTION TAKEN: 2/11/51

ADMINISTRATIVE AUTHORITY FOR ACTION

APPROVAL

APPROVED: _____

DATE: _____

ALLOCATION APPROVAL

Give this card to the APPOINTMENT CLERK at the PHS OUTPATIENT CLINIC 610 and C Streets SW. E.L. 8130 Ext. 828 (or Code 116)

323718

1. FIRST NAME: Charlotte L. Zehrung
 POSITION TITLE: Statistical Draftsman

3. DATE OF BIRTH 1/29/29 HAS AN APPOINTMENT ON _____ AT _____ A.M. P.M.

AT THE SERVICE CHECKED BELOW.

- 4 PHOTOLITHOGRAPH
- 5 MEDICAL EXAMINATION
- 6 LABORATORY
- 7 MEDICAL
- 8 OB-GYN
- 9 PHYS. MED.
- 10 SURGICAL
- 11 PEDIATRIC
- 12 RADIOLOGY
- 13 BIODIAG.
- 14 DENTAL
- 15 EXAM.
- 16 NUTRITION
- 17 MENTAL HEALTH
- 18 DERMATOLOGY

19. OTHER (Specify)

20. CLINIC REGISTER NO. 21. NAME OF CLINIC

STANDARD FORM NO. 64-70001-101
 PREVIOUS EDITIONS OBSOLETE
 P. H. M. CHAPTER 31

MEDICAL APPOINTMENT AND REPORT

2 16 50

APPOINTMENT AFFIDAVITS

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

Interior Office of Secretary Washington, D.C.
(Department or agency) Geography (Bureau or division) (Place of employment)

I, Charlotte L. Zehring, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. 57, dated February, 1950, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

Charlotte L. Zehring
(Signature of Appointee)

Subscribed and sworn before me this 2 day of April, A. D. 1951

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

[SEAL] act of June 26, 1943
sec. 206 Echul S. Covell
(Signature of Officer)
Clerk, Division of Geography
(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. Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)
1701 16th St., N.W. Washington, D.C.

2. (A) DATE OF BIRTH 1/12/29 (B) PLACE OF BIRTH (city or town and State or country)
Dayton, O., U.S.A.

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY Samuel D. Zehrung (B) RELATIONSHIP Father (C) STREET AND NUMBER, CITY AND STATE San Bee Gardens, R.R. 11 Dayton, O. (D) TELEPHONE NO. WA 5831

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO
 If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

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

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO | ITEM NO. | WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY |
|--|---|----|----------|---|
| | 10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS | | | |
| 5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? | X | | | |
| 6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? | | X | | |
| 7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY OTHER ACT OR ANY PRINCIPLE OF CIVIL SERVICE, MILITARY OR NAVAL SERVICE? | | X | | |
| 8. HAVE YOU EVER BEEN DISCHARGED OR EXPELLED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? | | X | | |
| 9. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED IN COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR CIVILLY FOR NEGLIGENCE OR FOR VIOLATION OF FEDERAL LAWS OR REGULATIONS OR OTHERWISE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF LICENSES WAS IMPOSED)? | | X | | |

INSTRUCTIONS TO APPOINTING OFFICER

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

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

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

(3) *Citizenship*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) applicable acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the requirement should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

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

STANDARD FORM 88
Prescribed by
August 4, 1947, by
Civil Service Commission
(Circular 12, F. T. M.)

REQUEST FOR REPORT OF LOYALTY DATA ON APPLICANTS AND APPOINTEES

THIS FORM TO BE USED ONLY FOR APPLICANTS AND APPOINTEES
WHOSE RECORD CHECKS AND INQUIRIES ARE CONDUCTED
BY CIVIL SERVICE COMMISSION
(PART 1—EXECUTIVE ORDER 9835)

CASE SERIAL NO.
(Use only)

TO:
The following information is furnished for identification purposes on the person named below. Kindly furnish a report on any
loyalty information contained in your files. (The fingerprints of this person are attached)

1. FULL NAME (Initials and
abbreviations of full name
are not acceptable)

(Surnames) (Given name) (Middle or other name)

Zehring Charlotte Louise

2. ALIASES AND NICKNAMES
Sherri

3. DATE OF THIS REQUEST
2/14/51

4. SPECIAL NUMBERS KNOWN TO REQUESTING AGENCY (FBI number or FBI file number, passport number, Army or Navy serial number, woman's certificate of
identification, alien registration number, Social Security number, etc. Specify which)

Social Security No. 067-24-3138

5. PLACE OF BIRTH
Dayton, Ohio

6. DATE OF BIRTH
Jan. 12, 1929

7. TITLE OF POSITION
Statistical Draftsman SENS
(Division of Geography)

8. SEX
 MALE
 FEMALE

9. MARITAL STATUS
 SINGLE
 MARRIED

10. IF MARRIED, GIVE SPOUSE'S FULL NAME, AND DATE AND PLACE OF BIRTH
None

11. DATE OF APPOINTMENT
APPL

12. TYPE OF APPOINTMENT
 PERMANENT (to Civil Service or other legal authority)
 EXCEPTED
 TEMPORARY (NO. 2-11)

13. ORGANIZATIONS WITH WHICH AFFILIATED, OTHER THAN RELIGIOUS OR POLITICAL ORGANIZATIONS OR THOSE WHICH SHOW RELIGIOUS OR POLITICAL
AFFILIATIONS

Delta Gamma Sorority

14. DATES AND PLACES OF RESIDENCE FOR THE LAST 10 YEARS

| From | To | Street | City | State |
|------|------|--------------------------|----------------|----------------|
| 9/11 | 9/16 | San Ras Gardens R. R. 11 | Dayton | Ohio |
| 9/16 | 6/17 | 901 Walnut Ave. | Syracuse | N. Y. |
| 9/17 | 9/17 | San Ras Gardens | Dayton | Ohio |
| 9/17 | 6/18 | 901 Walnut Ave. | Syracuse | N. Y. |
| 7/18 | 8/18 | 33 Moyana Calle Poniente | Guatemala City | Guatemala C.A. |
| 9/18 | 6/19 | 901 Walnut Ave. | Syracuse | N. Y. |
| 7/19 | 9/19 | San Ras Gardens | Dayton | Ohio |
| 9/19 | 1/20 | 901 Walnut Ave. | Syracuse | N. Y. |
| 2/20 | 5/20 | 901 - 16th St., N. W. | Washington | D. C. |

15. DATES, NAMES AND ADDRESSES OF EMPLOYERS FOR THE LAST 10 YEARS

| Date | Name | Address |
|------------|---------------|---|
| Unemployed | prior to 4/17 | |
| 6/17 | 9/17 | Fri-Kwire Plant #2 Dayton 9, Ohio |
| 9/17 | 1/18 | Unemployed |
| 4/18 | 5/18 | Grants Disc Store (part-time) Syracuse, N. Y. |
| 7/18 | 6/19 | Unemployed |
| 6/19 | 9/19 | San Ras Gardens, R. R. 11 Dayton, Ohio |
| 9/19 | 2/20 | Unemployed |
| 2/20 | 5/20 | National Peanut Council 1111 Belmont Bldg., Washington, D. C. |
| 5/20 | pres. | San Ras Gardens Dayton, Ohio |

16. THIS AGENCY HAS LOYALTY INFORMATION RECEIVED OR FURNISHED BY THE AGENCIES INDICATED BELOW

| AGENCY WHICH MADE THE LOYALTY CHECK | DATE OF REPORT | REMARKS |
|-------------------------------------|----------------|---------|
| None | | |

17. THIS SPACE IS RESERVED FOR RETURN REPORT TO AGENCY WHERE NO DEROGATORY INFORMATION IS DEVELOPED

18. NAME AND ADDRESS OF REQUESTING AGENCY
Personnel Officer
Office of the Inspector
Department of the Interior
Washington 25, D. C.

UNITED STATES CIVIL SERVICE COMMISSION
 DIRECTOR
 FOURTH U. S. CIVIL SERVICE REGION
 TEMPORARY BUILDING "R"
 3RD & JEFFERSON DRIVE, S. W.
 WASHINGTON, D. C.

OFFICE OF PERSONNEL

MAR 15 1951

PREAPPOINTMENT LOYALTY CHECK
 PRELIMINARY REPORT OF CLEARANCE ON INITIAL CHECKS

CASE SERIAL NUMBER
 4-51-5155-5005

2. DATE OF THIS REPORT
 3/14/51

3. PROPOSED ACTION
 APPL

Personnel Officer
 Office of the Sec'y
 Dept. of the Interior
 Wash. 25, D.C.

PERSONAL
 AND
 CONFIDENTIAL

4. COMPETITIVE

5. EXCEPTED

4/7/51

6. NAME (Last, first, middle)

ZIMMING, Charlotte Louise (Mrs. Sherril)

7. DATE OF BIRTH

1/12/29

8. PROPOSED POSITION, ORGANIZATIONAL DESIGNATION, AND PLACE OF EMPLOYMENT

Statistical Draftsman, Dept. of Int. Off. of Sec'y, DC

Preappointment loyalty check has been made on the above applicant for a 'sensitive' position, pursuant to Chapter 42 of the Federal Personnel Manual. This check revealed no derogatory information regarding this person's loyalty.

No further papers are required if the proposed action is the appointment of a person employed by another agency and you have determined from the losing agency that the appointee or incumbent check has been completed.

For any other type of appointment action, please submit to this office within three working days after the appointee enters on duty (1) application, (2) file covering any investigation or inquiry conducted by your agency on a preappointment basis, and (3) Standard Form 87 (fingerprint chart) unless fingerprint search has already been made as shown by item 9A below.

9A. FINGERPRINT SEARCH HAS BEEN COMPLETED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK.

9B. FINGERPRINTS WERE NOT SUBMITTED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK.

9C. FINGERPRINTS WERE UNCLASSIFIABLE. YOU MAY EITHER (1) MAKE THE APPOINTMENT AT ONCE AND SUBMIT REPRINTS WITH THE OTHER REQUIRED PAPERS, OR (2) WITHHOLD APPOINTMENT AND SUBMIT REPRINTS SEPARATELY FOR COMPLETION OF FINGERPRINT SEARCH BEFORE YOU DECIDE WHETHER TO APPOINT.

UNCLASSIFIABLE FINGERPRINTS ARE ATTACHED,
 WILL BE FORWARDED ON RECEIPT FROM OUR CENTRAL OFFICE.

Please use the copy of this notice for your transmittal or reply. Space has been provided on the back for your convenience. A reply is required, even though it may not be necessary to transmit forms in this case.

[Signature]
 REGIONAL DIRECTOR

| | | |
|--|---------------------------------|--|
| TO: DIRECTOR, U. S. CIVIL SERVICE REGION | | |
| 1. Forms attached as requested. Proposed personnel action effected <u>April 9, 1951</u> | | |
| 2. Forms not submitted because proposed personnel action dropped from consideration. | | |
| 3. Forms not submitted because this is an appointment without break in service of a person who was employed by another agency and it has been determined from the Official Personnel Folder at the losing agency that the appointee or incumbent check has been completed. | | |
| 4. Reprints on Standard Form 87 attached. Decision regarding appointment will not be made until the results of the FBI fingerprint search have been received. | | |
| REMARKS: Forms 57 and 67 attached. | | |
| DATE | SIGNATURE OF APPOINTING OFFICER | OFFICIAL TITLE |
| April 9, 1951 | (SG-1) F. T. SLATH | Personnel Officer, Office of the Secretary, Dept. of Interior. |

OPTIONAL FORM NO. 5
MAY 1962 EDITION
CIVIL SERVICE COMMISSION
(SUPERSEDES CSC FORM 1952)

Return this
form to →

INQUIRY AS TO AVAILABILITY

AGENCY AND ADDRESS (Street, City, and State)

Miss Mathilda C. Houser
Chief, Administrative Branch
Division of Geography
Dept. of the Interior
Washington 25, D.C.

Miss Charlotte L. Zehrung
San Rae Gardens, RR11
Dayton 9, Ohio

(Please correct address if different from above)

DATE

Jan. 30, 1951

CERTIFICATE

H-2580

POSITION

Statistical
Draftsman, GS-3

SALARY

\$2650 p.a.

LOCATION

Washington, D. C.

TYPE OF APPOINTMENT:

Indefinite

PROBATIONAL

TEMPORARY FOR

This office is considering you among others for the employment described. Please fill out the "Availability Statement" below, indicating whether you would accept this position if offered, and return the entire sheet to this office. Appointment would be subject to the Civil Service requirements described on the back of this letter. Whether you are available or not, please reply within 3 days in order that one of those who are available may be selected as promptly as possible to fill the vacancy.

Failure to reply to this inquiry will result in the removal of your name from the register of eligibles until such time as you request restoration and furnish the information asked for in the statement below.

THIS IS A LETTER OF INQUIRY AND NOT AN OFFER OF EMPLOYMENT. If selected, you will be notified and given further instructions.

Other information:

Sincerely yours,

Mathilda C. Houser

Chief, Admin. Branch

AVAILABILITY STATEMENT

- (Check one) (Check one) I am available and wish to be considered for the position described above. I can report for duty within 10 days after notification. I am now employed by San Rae Gardens at Dayton 9, Ohio RR11.
- I do not wish to be considered for the position described above. I am giving my reasons on the other side of this form.
- I request that my name be removed from the active list of eligibles until I report that I am available for appointment.
- Consider me available for other appointments, subject to the following conditions:
The position must pay at least \$2,650 per year (year, month, day, or hour).
I am willing to work: In Washington, D. C.; Anywhere in the U. S.; Outside the U. S.
I will accept appointment in the following locations only: _____
- I will accept short-term appointment for: 1 to 3 months; 3 to 6 months; 6 to 12 months.

Feb - 2 - 1951
(Date)

Charlotte L. Zehrung
(Signature)

UNITED STATES CIVIL SERVICE COMMISSION
CERTIFICATE OF MEDICAL EXAMINATION

(Applicant must supply information below to heavy line)
(Type-write, or Print in Ink)

| | | | | | |
|---|-----------------------------------|-------------------------------|--------------------------|--|--|
| 1. MR. MRS. MISS Charlotte | (FIRST NAME) L. Zehring | (MIDDLE INITIAL) L. | (LAST) Zehring | 2. DATE OF BIRTH January 18, 1929 | 3. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE |
| 4. ADDRESS San Luis Gardens, Dayton 3, Ohio | | | | 5. TITLE OF POSITION Statistical Draftsman | |
| 6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED Office of the Secretary Interior - Division of Geography | | | | 7. LOCATION Washington, D. C. | |
| 8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION: | | | | | |
| 9. (A) HAVE YOU ANY PHYSICAL DEFECT OR DISABILITY WHATSOEVER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE DETAILS: | | | | | |

(B) DOES THE VETERANS ADMINISTRATION RECOGNIZE SERVICE-CONNECTED DISABILITY IN YOUR CASE? YES NO
(C) HAVE YOU EVER RECEIVED DISABILITY RETIREMENT FROM THE U. S. CIVIL SERVICE COMMISSION? YES NO

Sign your name in INK as it appears on your application in the presence of the physician for purpose of identification.

SIGNATURE OF APPLICANT

Charlotte L. Zehring

DOCTOR: All questions on both sides of this certificate and on the lower half of the attached Health Qualification Placement Record must be answered. Before beginning the examination refer to items 9 and 10 on the Health Qualification Placement Record so that you will have knowledge of the physical requirements of the position to which the applicant is to be appointed. Sign both this certificate and the Health Qualification Placement Record.

1. HEIGHT: 5 FEET 8 INCHES WEIGHT: 120 POUNDS

2. EYES: (A) DISTANT VISION (SNELLEN): WITHOUT GLASSES: RIGHT 20 LEFT 20 WITH GLASSES, IF WORN: RIGHT 20 LEFT 20

(B) WHAT IS THE LONGEST AND SHORTEST DISTANCE AT WHICH THE FOLLOWING SPECIMEN OF JAEGER NO. 2 TYPE CAN BE READ BY THE APPLICANT? TEST EACH EYE SEPARATELY.

| | | |
|--|--|--|
| employes in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 29 and June 16, 1924 (Executive Order, September 4, 1924). | WITHOUT GLASSES: | WITH GLASSES, IF USED: |
| | R. <u>24</u> IN. TO <u>26</u> IN. L. <u>24</u> IN. TO <u>22</u> IN. | R. <u>21</u> IN. TO <u>28</u> IN. L. <u>27</u> IN. TO <u>22</u> IN. |

(C) EVIDENCE OF DISEASE OR INJURY: RIGHT None LEFT None

(D) COLOR VISION: IS COLOR VISION NORMAL WHEN ICHIHARA OR OTHER COLOR PLATE TEST IS USED? YES NO
IF NOT, CAN APPLICANT PASS LANTERN, YARN OR OTHER COMPARABLE TEST? YES NO

3. HEARING: (CONSIDER DENOMINATORS INDICATED HERE AS NORMAL RECORD AS NUMERATORS THE GREATEST DISTANCE HEARD) ORDINARY CONVERSATION:
RIGHT EAR 20 FT. LEFT EAR 20 FT. EVIDENCE OF DISEASE OR INJURY: RIGHT EAR None LEFT EAR None

| | | |
|--------------------------|--|--------------------------------------|
| 4. NOSE <i>Normal</i> | 5. PARA NASAL SINUSIS <i>Normal</i> | 6. MOUTH AND THROAT <i>Normal</i> |
|--------------------------|--|--------------------------------------|

| | |
|---------------------------------------|---|
| 7. GASTRO-INTESTINAL <i>Normal</i> | (A) HISTORY OF PEPTIC ULCER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," IS ULCER: <input type="checkbox"/> ACTIVE <input type="checkbox"/> QUIESCENT <input type="checkbox"/> HEALED HOW LONG? _____ DATE OF LAST X-RAY _____ SYMPTOMS PRESENT, IF ANY (Severity, frequency, etc.): _____ TREATMENT (Use space under "Remarks" if needed): _____ |
|---------------------------------------|---|

8. METABOLIC DISORDERS (INDICATE ANY ABNORMALITY OF THE FOLLOWING GLANDS BY A CHECK IN THE APPROPRIATE BOX, AND EXPLAIN UNDER "REMARKS.")

THYROID PANCREAS PITUITARY OVARIAN

| | | |
|--|--|--|
| 9. HEART AND BLOOD VESSELS <i>normal</i> | (A) BLOOD PRESSURE: MM. HG SYSTOLIC <i>114</i> DIASTOLIC <i>78</i> | |
| (B) IS ORGANIC HEART DISEASE PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | (C) IF ORGANIC HEART DISEASE IS PRESENT, IS IT FULLY COMPENSATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| (D) PULSE RATE: SITTING <i>72</i> IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED) <i>114</i> TWO MINUTES AFTER EXERCISE <i>88</i> CARDIAC RESERVE <i>Good</i> <div style="text-align: right; font-size: small;">(GOOD, FAIR, OR POOR)</div> | | |
| 10. LUNGS: RIGHT <i>normal</i> LEFT <i>normal</i> HISTORY OF TUBERCULOSIS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," HOW LONG HAS THE DISEASE BEEN ARRESTED? IF THERE IS HISTORY OF TUBERCULOSIS, IS ANY TYPE OF COLLAPSE THERAPY BEING RECEIVED AT PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE FULL DETAILS UNDER "REMARKS." IS MEDICAL SUPERVISION NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF X-RAY IS MADE, GIVE REPORT UNDER "REMARKS.") | | |
| 11. HERNIA: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," NAME VARIETY: INGUINAL, VENTRAL, FEMORAL, POST-OPERATIVE, ETC. IF PRESENT, IS IT SUPPORTED BY A WELL-FITTING TRUSS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 12. VARICOSE VEINS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE LOCATION AND DEGREE | | |
| 13. FEET: IS FLAT FOOT PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE DEGREE OF IMPAIRMENT OF FUNCTION <div style="text-align: right; font-size: small;">(NONE, SLIGHT, MODERATE, SEVERE)</div> | | |
| 14. DEFORMITIES, ATROPHIES, AND OTHER ABNORMALITIES, DISEASE NOT INCLUDED ABOVE <i>None</i> | | |
| 15. SCARS OF SERIOUS INJURY OR DISEASE <i>None</i> | | |
| 16. NERVOUS SYSTEM: (A) INCLUDE SYMPTOMS AND FULL HISTORY OF ANY MENTAL, NERVOUS, OR EMOTIONAL ABNORMALITY (USE ADDITIONAL SHEETS IF NECESSARY): <i>None</i> | | |
| (B) HAS APPLICANT EVER BEEN HOSPITALIZED OR TREATED FOR A MENTAL ILLNESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) WHERE (NAME AND LOCATION OF HOSPITAL): (D) DATE OR DATES OF HOSPITALIZATION: (E) DESCRIBE ANY RESIDUALS OF PREVIOUS MENTAL OR NERVOUS ILLNESS: | | |
| (F) ANY HISTORY OF EPILEPSY OR FAINTING SPELLS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF SO, GIVE DETAILS UNDER "REMARKS" BELOW | | |
| 17. EVIDENCE OR HISTORY OF VENEREAL DISEASE: IF BLOOD SEROLOGY OR OTHER LABORATORY EXAMINATIONS ARE MADE, GIVE DETAILS UNDER "REMARKS." <i>None</i> | | |
| 18. URINALYSIS (IF INDICATED): SP. GR. _____ ALBUMEN _____ SUGAR _____ CASTS _____ BLOOD _____ PUS _____ | | |
| I HAVE FOUND THE APPLICANT ABNORMAL UNDER THE FOLLOWING HEADINGS: | | |
| REMARKS: <i>Good physical condition. Normal state of health.</i> | | |
| 19. SIGNATURE OF PHYSICIAN OR EXAMINER: <i>Albert F. Kuhl</i> | NAME TYPED OR PRINTED Albert F. Kuhl, M.D. | DATE 2/8/51 |
| 20. ADDRESS OF EXAMINING PHYSICIAN (Typed or printed) 916 Harries Bldg. Dayton 2, Ohio | | 21. DO YOU HAVE FEDERAL DESIGNATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, SPECIFY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FEE BASIS |

HEALTH QUALIFICATION PLACEMENT RECORD

(This section is comparable to Standard Form 90 promulgated March 1945 by Bureau of the Budget Circular A-24)

| | | |
|--|--|--|
| 1. MR. (FIRST NAME) CHARLOTTE (MIDDLE INITIAL) A. (LAST) WENTUNG MRS. MISS | 2. DATE OF BIRTH JANUARY 16, 1929 | 3. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE |
| 4. ADDRESS 581 1/2 GARDENS, DAYTON 9, OHIO | 5. TITLE OF POSITION Statistical Draftsman | |
| 6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED Office of the Secretary Interior - Division of Geography | 7. LOCATION Washington, D. C. | |
| 8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES" GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION: | | |

TO BE COMPLETED BY APPOINTING OFFICER: Sections 9 and 10

| | |
|--|---|
| (A) BRIEF OUTLINE OF WHAT WORKER DOES For the physician's use, set down in brief and simple terms what the employee does on this job, including environmental details such as stairs to climb, distance to rest-room facilities, cafeteria, work-shift, etc. (Use Section 9 below.) | (B) PHYSICAL DEMANDS OF THE POSITION In Section 10 below encircle the number of those factors which are essential to the duties of the position for which this applicant is being considered. The blank spaces may be used for special factors not listed. |
| 9. TITLE OF POSITION AND OUTLINE OF WHAT WORKER DOES IN THIS POSITION (Adhere to use of dictionary or occupational title as guide, as applicable) | |

Statistical Draftsman - To assist in the performance of drafting, lettering and incidental statistical clerical work in the preparation and revision of index maps, showing the location of approved and disapproved names and the extent of features to which names apply; charts, graphs and other illustrative materials in connection with the functions of the Research Branch and for administrative purposes.

TO BE COMPLETED BY EXAMINING PHYSICIAN: Sections 10, 11, 12, 13, 14, and 15

INSTRUCTIONS: The items listed below indicate the physical requirements of the position for which this individual is being considered. Indicate the individual's physical capacities for this position by placing an X in the appropriate column opposite the numbers enclosed. If the individual has any other physical limitations relating to physical requirements not enclosed or not covered by this form, indicate these under "Remarks" on the reverse side. Whenever PARTIAL capacity has been indicated, explain under "Remarks," giving specific quantities.

| PHYSICAL REQUIREMENTS | | | | | | | |
|---|----------|---------|------|--|----------|---------|------|
| ENVIRONMENTAL FACTORS | | | | | | | |
| | CAPACITY | | | | CAPACITY | | |
| | FULL | PARTIAL | NONE | | FULL | PARTIAL | NONE |
| 1. OUTSIDE | | | | 18. WORKING AROUND MACHINERY WITH MOVING PARTS | | | |
| 2. OUTSIDE AND INSIDE | | | | 19. MOVING OBJECTS OR VEHICLES | | | |
| 3. EXCESSIVE HEAT | | | | 20. WORKING ON LADDERS OR SCUFFOLDING | | | |
| 4. EXCESSIVE COLD | | | | 21. WORKING BELOW GROUND | | | |
| 5. EXCESSIVE HUMIDITY | | | | 22. UNUSUAL FATIGUE FACTORS (Specify) | | | |
| 6. EXCESSIVE DAMPNESS OR CHILLING | | | | 23. WORKING WITH HANDS IN WATER | | | |
| 7. DRY ATMOSPHERIC CONDITIONS | | | | 24. EXPLOSIVES | | | |
| 8. EXCESSIVE NOISE, INTERMITTENT | | | | 25. VIBRATION | | | |
| 9. CONSTANT NOISE | | | | 26. WORKING CLOSELY WITH OTHERS | | | |
| 10. DUST | | | | 27. WORK ALONE | | | |
| 11. SILICA, ASBESTOS, ETC. | | | | 28. PROTRACTED OR IRREGULAR HOURS OF WORK | | | |
| 12. FUMES, SMOKE, OR GASES | | | | 29. SPECIAL FACTORS (Specify) | | | |
| 13. SOLVENTS (Deteriorating agents) | | | | | | | |
| 14. GREASES AND OILS | | | | | | | |
| 15. RADIANT ENERGY | | | | | | | |
| 16. ELECTRICAL ENERGY | | | | | | | |
| 17. SLIPPERY OR LUMINOUS BURNING SURFACES | | | | | | | |

APPLICATION FOR FEDERAL EMPLOYMENT

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

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

APPLICATION NO
 306603
 ANNOUNCEMENT
 U180

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR
Statistical Draftsman
 2 OPTION(S) (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State) & DATE OF THIS APPLICATION
Washington, D.C. Feb 16, 1950

4 NAME (First Name) (Middle) (Surname, if any) (Last)
 MISS Charlotte Louise Zehring

5 (A) STREET AND NUMBER OR R. D. NUMBER
San Rae Gardens RRU
 (B) CITY OR POST OFFICE (including postal zone) AND STATE
Dayton 9, Ohio

6 (A) LEGAL ORIGINATING OFFICE (State) (B) OFFICE PHONE (C) HOME PHONE
Ohio

7 DATE OF BIRTH (month, day, year)
January 12, 1929

8 PLACE OF BIRTH (city and State; if born outside U.S., name city and country)
Dayton, Ohio

9 (A) HEIGHT WITHOUT SHOES: (B) WEIGHT:
5 FEET 8 INCHES 132 POUNDS

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

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

APFOR MATERIAL ENTERED REGISTER
 NON APFOR SUBMITTED RETURNED

NOTATIONS: _____ APP. REVIEW: _____

| OPTION | GRADE | EARNED RATING | PREFER- ENCE | AUGM. RATING |
|----------------|----------|---------------|--|-----------------|
| <u>GS-1232</u> | <u>3</u> | <u>87</u> | <input type="checkbox"/> 5 POINTS (TENT.) | |
| <u>"</u> | <u>2</u> | <u>94</u> | <input type="checkbox"/> 10 POINTS WIFE OR WIDOW | |
| | | | <input type="checkbox"/> DISAL. | |
| | | | <input type="checkbox"/> DRUG INVESTIGATED | |

INITIALS AND DATE
F. J. J.
5-18-50

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

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

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

(a) If you were ever employed in any position under a name different from that shown in Item 3 of this application, give under "Description of your work" for each position, the name used.
 (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

15 PRESENT POSITION

| | | | |
|--|---|--|---|
| DATE OF EMPLOYMENT (month, year) | EXACT TITLE OF YOUR PRESENT POSITION | CLASSIFICATION GRADE (if in Federal Service) | SALARY OR EARNINGS, \$ PER MONTH, \$ PER YEAR |
| FROM _____ TO PRESENT TIME | | | |
| PLACE OF EMPLOYMENT (city and State) | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) | KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of tanks, etc.) | | |
| NUMBER AND KIND OF EMPLOYERS EMPLOYED BY YOU | REASON FOR DESIRING TO CHANGE EMPLOYMENT | | |
| DESCRIPTION OF YOUR WORK | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| CONTINUED | | | | | |
|---|----|--|---|--------------------|-----|
| ② DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS | |
| FROM | TO | | | STARTING \$ | PER |
| June '48 to Sept '49 | | clerk | | | |
| Dayton, Ohio - San Rae Gardens | | NAME AND TITLE OF IMMEDIATE SUPERVISOR Ray F. McKechnie | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division) | | NAME OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of books, etc.) | | | |
| Ray F. McKechnie San Rae Gardens - Dayton, O. | | Gift shop | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | | | |
| none | | return to school | | | |
| DESCRIPTION OF YOUR WORK | | | | | |
| clerked in store in charge of books | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ③ DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS | |
| FROM | TO | | | STARTING \$ | PER |
| June '48 to Sept '47 | | | | | |
| Dayton, Ohio - Frigidaire | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division) | | NAME OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of books, etc.) | | | |
| Frigidaire - Dayton, O. | | manufacture of Frigidaires | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | | | |
| none | | return to school | | | |
| DESCRIPTION OF YOUR WORK | | | | | |
| worked on assembly line worked in office of chemical laboratory | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ④ DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if in Federal service) | SALARY OR EARNINGS | |
| FROM | TO | | | STARTING \$ | PER |
| | | | | | |
| | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division) | | NAME OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of books, etc.) | | | |
| | | | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | | | |
| | | | | | |
| DESCRIPTION OF YOUR WORK | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

00023 MAY 10 50



2601-16th St., N.W.
Washington, D.C.
May 9, 1950.

U.S. Civil Service Commission
Washington, D.C.

Dear Sir:

I sent in material for the un assembled exam for a Statistical Draftsmen, the announcement number of which is 130.

I have moved since the late I sent in my paper. Would you please make the necessary changes so I will receive notice of my results at my new address.

My old address was:
122
2601 - 16th St., N.W.
Washington, D.C.

old address

My new address is:
A " Sun Rae Gardens
Dayton, Ohio R.R. #11

Thank you very much.

Sincerely,

Charlotte L. Zehrung

**UNITED STATES CIVIL SERVICE COMMISSION
RATING SHEET—RATING PROCEDURE NO. III.
(Handbook X-105)**

| | | | |
|---|--|---|--|
| NAME OF APPLICANT <i>Charlotte L. Februng</i> | | PREFERENCE <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> NONE | APPLICATION NO. |
| POSITION TITLE <i>Statistical Draftsman</i> <i>GS-1533</i> | | POSITION TITLE <i>do</i> | |
| ANNOUNCEMENT NO. <i>U-130</i> | QUALIFYING EXPERIENCE GRADE <i>GS-3</i> | ANNOUNCEMENT NO. | QUALIFYING EXPERIENCE GRADE <i>GS-2</i> |
| BASIC RATING | <i>85</i> | BASIC RATING | <i>90</i> |
| ADDITIONAL POINTS | <i>2</i> | ADDITIONAL POINTS | <i>4</i> |
| EARNED RATING | <i>87</i> | EARNED RATING | <i>94</i> |
| VETERANS' PREFERENCE | | VETERANS' PREFERENCE | |
| FINAL RATING | | FINAL RATING | |
| EXAMINER <i>RLC</i> | DATE <i>5-18-50</i> | EXAMINER <i>RMC</i> | DATE <i>5-18-50</i> |
| REVIEWER | DATE | REVIEWER | DATE |
| COMMENTS: | | | |
| POSITION TITLE | | POSITION TITLE | |
| ANNOUNCEMENT NO. | QUALIFYING EXPERIENCE GRADE | ANNOUNCEMENT NO. | QUALIFYING EXPERIENCE GRADE |
| BASIC RATING | | BASIC RATING | |
| ADDITIONAL POINTS | | ADDITIONAL POINTS | |
| EARNED RATING | | EARNED RATING | |
| VETERANS' PREFERENCE | | VETERANS' PREFERENCE | |
| FINAL RATING | | FINAL RATING | |
| EXAMINER | DATE | EXAMINER | DATE |
| REVIEWER | DATE | REVIEWER | DATE |
| COMMENTS: | | | |

Education to be substituted
for Experience

High School

| | |
|----------|--------------------|
| 2 years | Mechanical Drawing |
| 2 years | Art |
| 1½ years | Algebra |
| 1 year | Geometry |
| ½ year | Trigonometry |

College

| | |
|--------|---|
| 1 year | 4 credits in Formulas Expressions (and) |
| 1 year | 6 credits in Statistics 3 hrs. / week lectures 1½ hrs / week laboratory |

UNITED STATES CIVIL SERVICE COMMISSION
PROOF OF RESIDENCE

Applicants for appointment in the appropriated departmental service must be accompanied by a certificate showing legal or voting residence in the State or Territory claimed for at least one year next preceding the date of making application. Therefore, if you desire employment in the appropriated departmental service, the following questions must be answered, and the Jurat and Officer's Certificate of Residence before signed or accepted. Failure to submit this form, properly executed, with your application may result in loss of consideration for appointment in the appropriated service. Applicants who now hold permanent positions in the appropriated departmental service are not required to have the Officer's Certificate of Residence executed but should write on it "Am in the appropriated service."

| | |
|--|--|
| 1. First name (Middle) (Surname, if any) (Last) Mr. Mrs. Miss <u>Zehring Charlotte L.</u> | 2. Name of examination <u>Statistical Draftsman</u> |
| 3. Street and number, or R.F.D. number <u>2601 16th St. N.W. #725</u> | 4. Option (if any) |
| Post office (including postal zone) and State <u>Washington, D.C.</u> | 5. Place and date of written examination (if any) |

| | | | |
|---|--|--|--|
| 6. (a) In what State or Territory do you have— Legal residence <u>Ohio</u> Voting residence | (b) Length of such residence in State or Territory From <u>Jan 19 24</u> to <u>Feb 19 50</u> (Month) (Yr.) (Month) (Yr.) | (c) In what county do you have— Legal residence <u>Montgomery</u> Voting residence | (d) Length of such residence in county From <u>Jan 19 24</u> to <u>Feb 19 50</u> (Month) (Yr.) (Month) (Yr.) |
|---|--|--|--|

7. If during the past year you have not resided continuously in the State or Territory in which you claim legal or voting residence, or are not now actually living in such State or Territory, indicate in the following blanks the dates of absence, and location and occupations during such absence:

| | | | |
|---|--|--|--|
| (a) Date left (Month, Year) <u>Sept. 19 49</u> | (b) Date returned (Month, Year) <u>Dec. 19 49</u> | (c) Location during absence (City and State) <u>Syracuse, N.Y.</u> <u>Washington, D.C.</u> | (d) Occupation <u>student</u> <u>typist bookkeeper</u> |
|---|--|--|--|

| | | |
|--|---|---|
| 8. If you are under 21 years of age, fill in the following blanks: | | |
| (a) Legal residence of parent or guardian State <u>Ohio</u> Is he a voter in that State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No County | (b) Length of such residence From (Month) <u>19</u> (Yr.) to (Month) <u>19</u> (Yr.) | (c) Present post office address of parent or guardian City or town |
| County State | | |

| | | |
|--|---|--|
| 9. If you are a married woman, fill in the following blanks: | | |
| (a) Date of marriage | (b) Legal residence of husband State <u>Ohio</u> Is he a voter in that State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No County | (c) Length of such residence From (Month) <u>19</u> (Yr.) to (Month) <u>19</u> (Yr.) From (Month) <u>19</u> (Yr.) to (Month) <u>19</u> (Yr.) |

JURAT (OR OATH)

This jurat (or oath) must be executed before a notary public, the secretary of a United States court, a clerk of a court, or other officer authorized to administer oaths for general purposes before whom the applicant must appear in person.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief.

If female, prefix "Miss" or "Mrs." and if married, use your own name as "Mrs. Mary L. Doe"

Signature of applicant Charlotte L. Zehring
 (Sign your name in full, using given name, middle or initials, and surname)
 I am a single person according to law by the above signed applicant, this 14th day of Feb 19 50
 at Washington, D.C. county of and State (or Territory) of
 NOTARY PUBLIC
Washington, D.C.
 MY COMMISSION EXPIRES MARCH 31, 1954
 (Official title)

OFFICER'S CERTIFICATE OF RESIDENCE

Instructions — If the applicant's claim is based on legal residence, the certificate must be executed by a notary public, county, municipal, or police court clerk, mayor, justice of the peace, or other officer in the county or city in which the applicant claims residence. If the claim is based on voting residence alone, a certificate must be executed by the registrar of voters or other officer of the Board of Elections. In either case the officer must be an actual resident and officer in the city or county claimed by the applicant, and the certificate must bear his official seal, or, if that is absent, certification of his official character by the proper officer under official seal.

The applicant is not required to appear in person before the officer who executes this certificate, but the officer should satisfy himself from reliable and competent evidence as to facts to which he certifies.

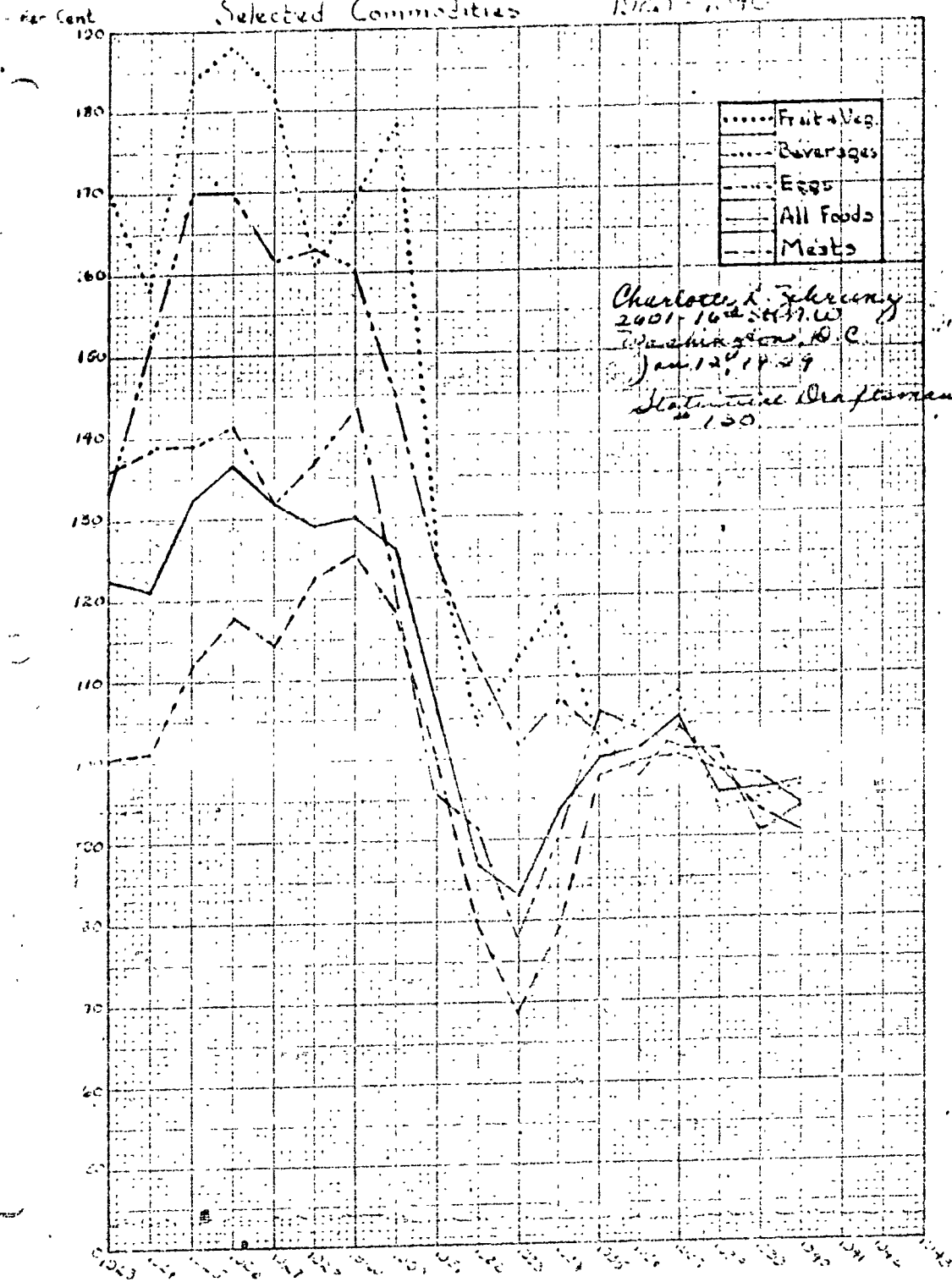
I, a Notary of the county of Montgomery and State (or Territory) of Ohio
 do hereby certify that Charlotte L. Zehring, the applicant who claims to reside as above in connection with a civil service examination,
 is now a Legal resident of the county of Montgomery and State (or Territory) of Ohio
 (Specify whether "legal," "voting," or "legal and voting") and has been such resident for 21 years 1 months next preceding the date hereof.
 Dated at Wheat Carrollton county of Montgomery and State (or Territory) of Ohio
 on 14th day of February 19 50

OFFICIAL SEAL
 My commission expires July-19-1952
Clarence H. Bloss
 (Official title)

The Official seal must not be omitted. If erasure or correction is made in the "Officer's Certificate," certification must be made on margin by the officer who executes the certificate, showing such correction.

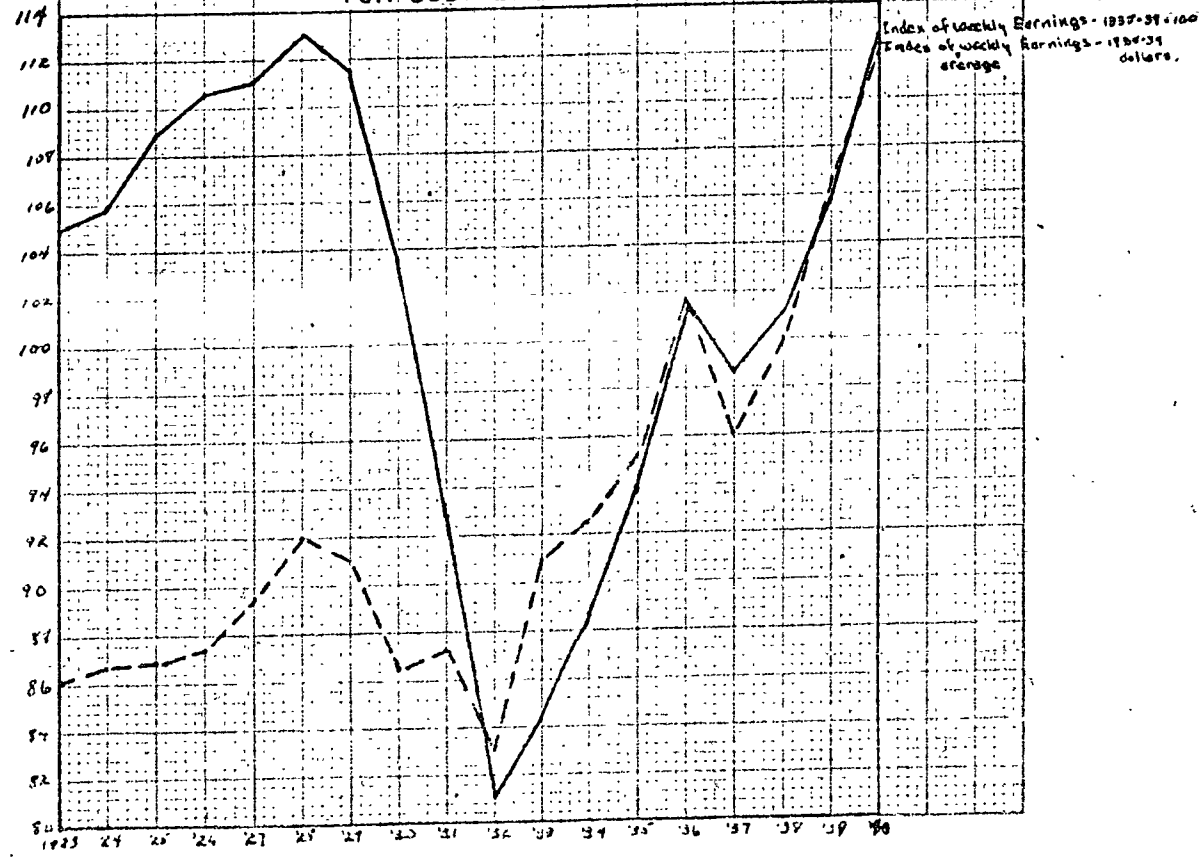
Index Number of Retail Cost of all Foods and of Four Selected Commodities 1925-1940

FORM I



Charlotte R. Johnson
2601 16th St. N.W.
Washington, D.C.
Mar. 12/1929
Estimated Receipt now
\$130

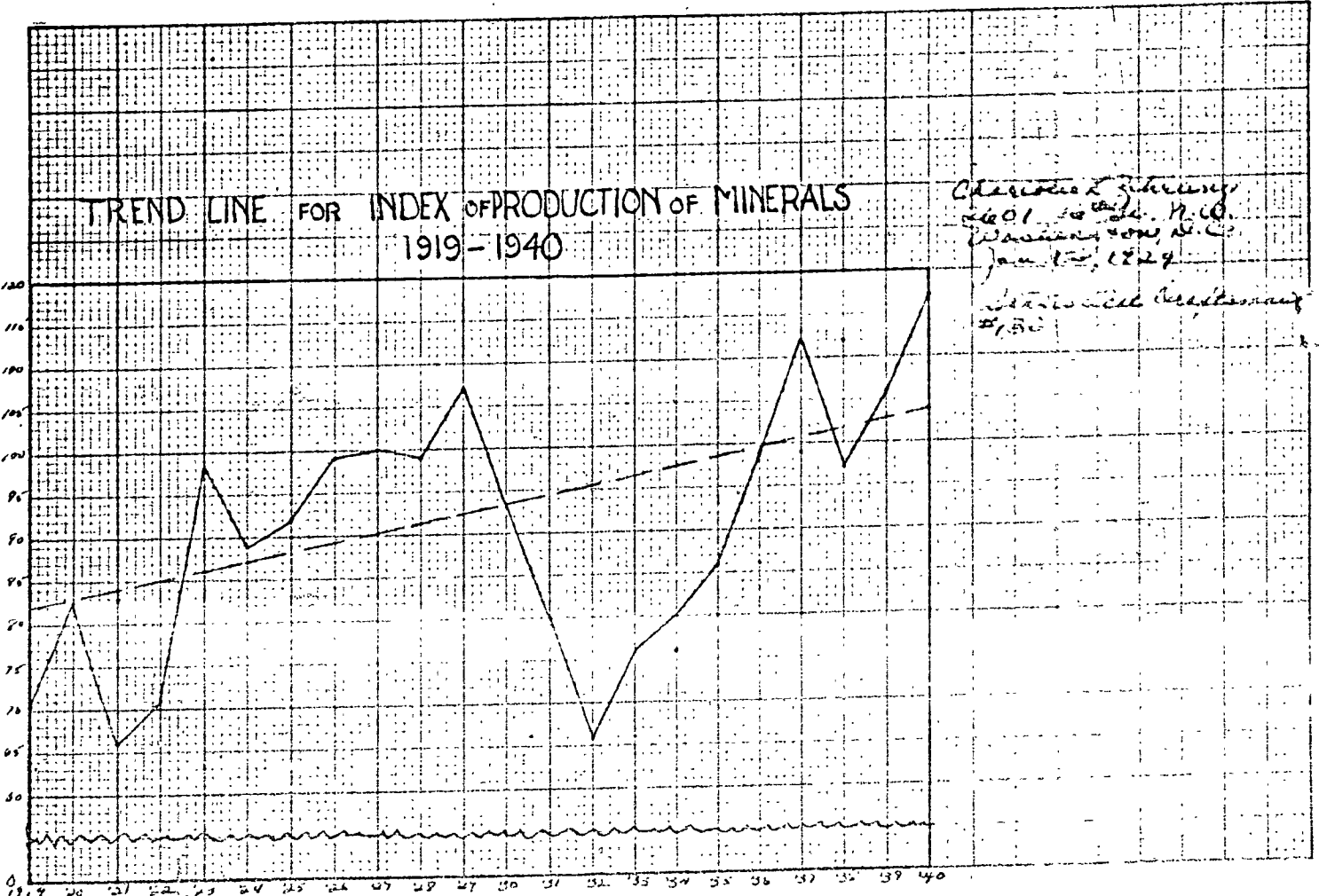
INDEX OF WEEKLY EARNINGS BEFORE AND AFTER ADJUSTMENT FOR COST OF LIVING



TREND LINE FOR INDEX OF PRODUCTION OF MINERALS 1919-1940

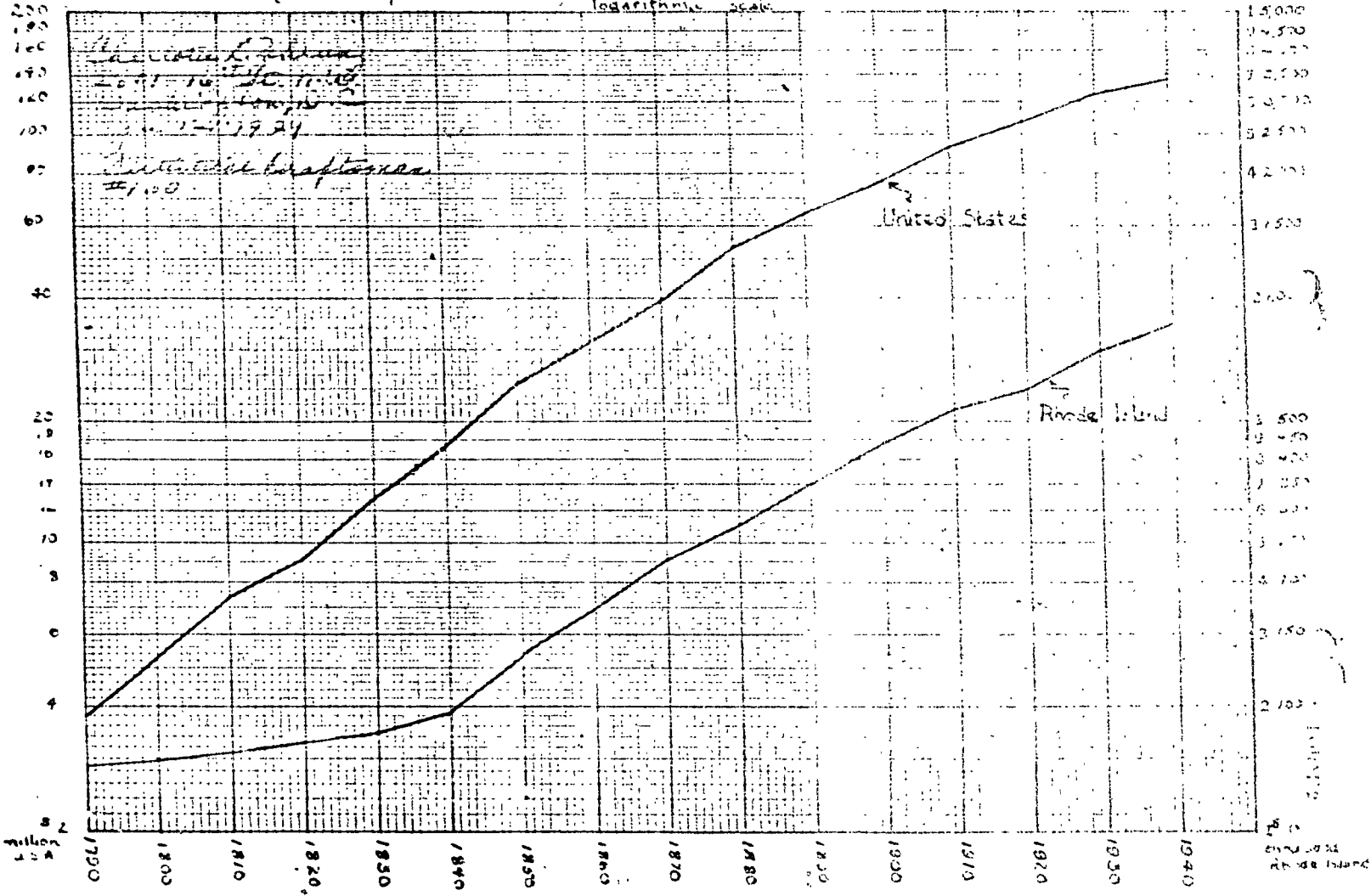
*Collection of Statistics
1601 16th St. N.W.
Washington, D.C.
Jan. 1941, 1942*

*Statistical Abstract
#150*



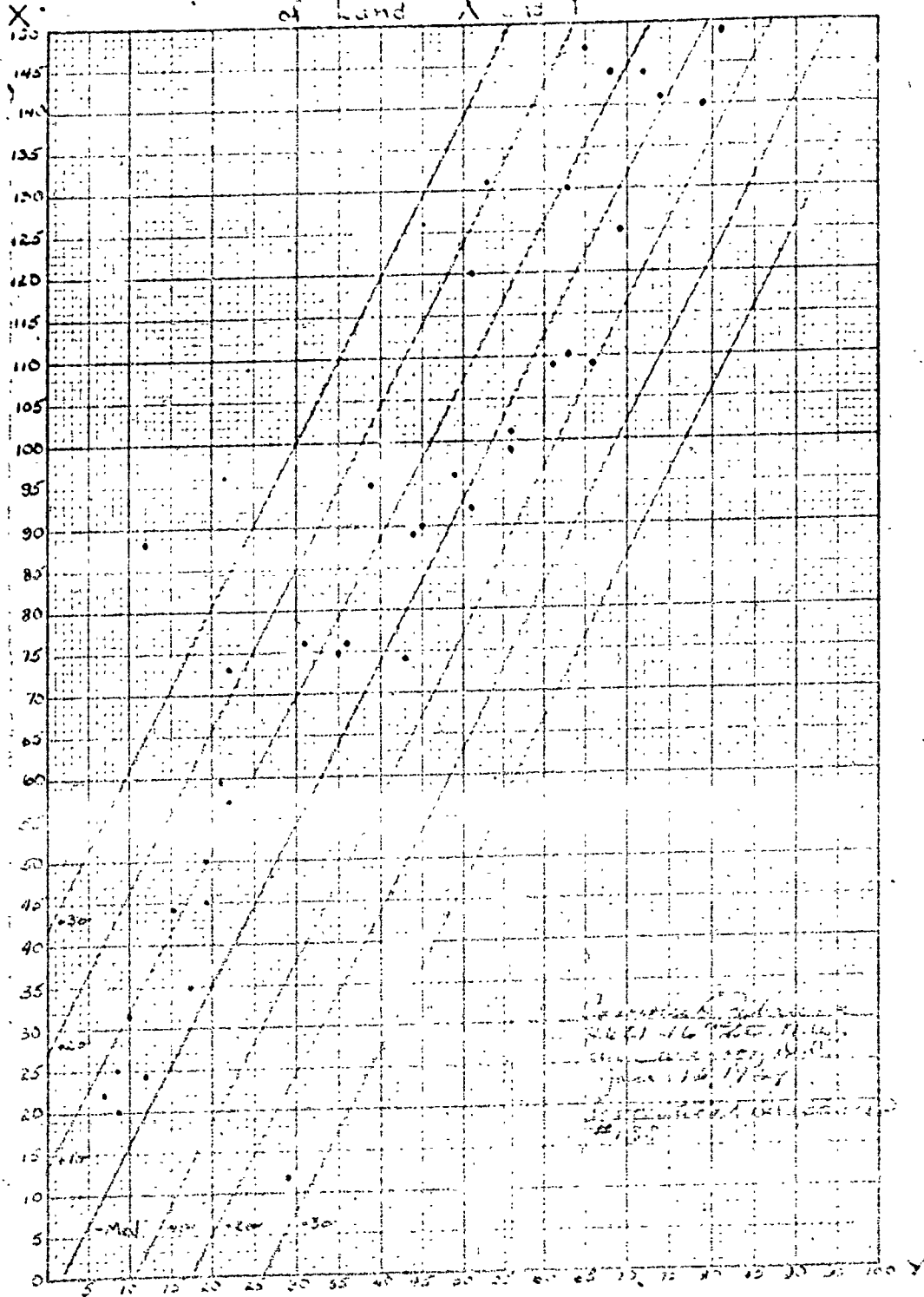
X = 6 mo.
origin 1929-1930.

Change in Population of United States and Rhode Island - 1790-1940

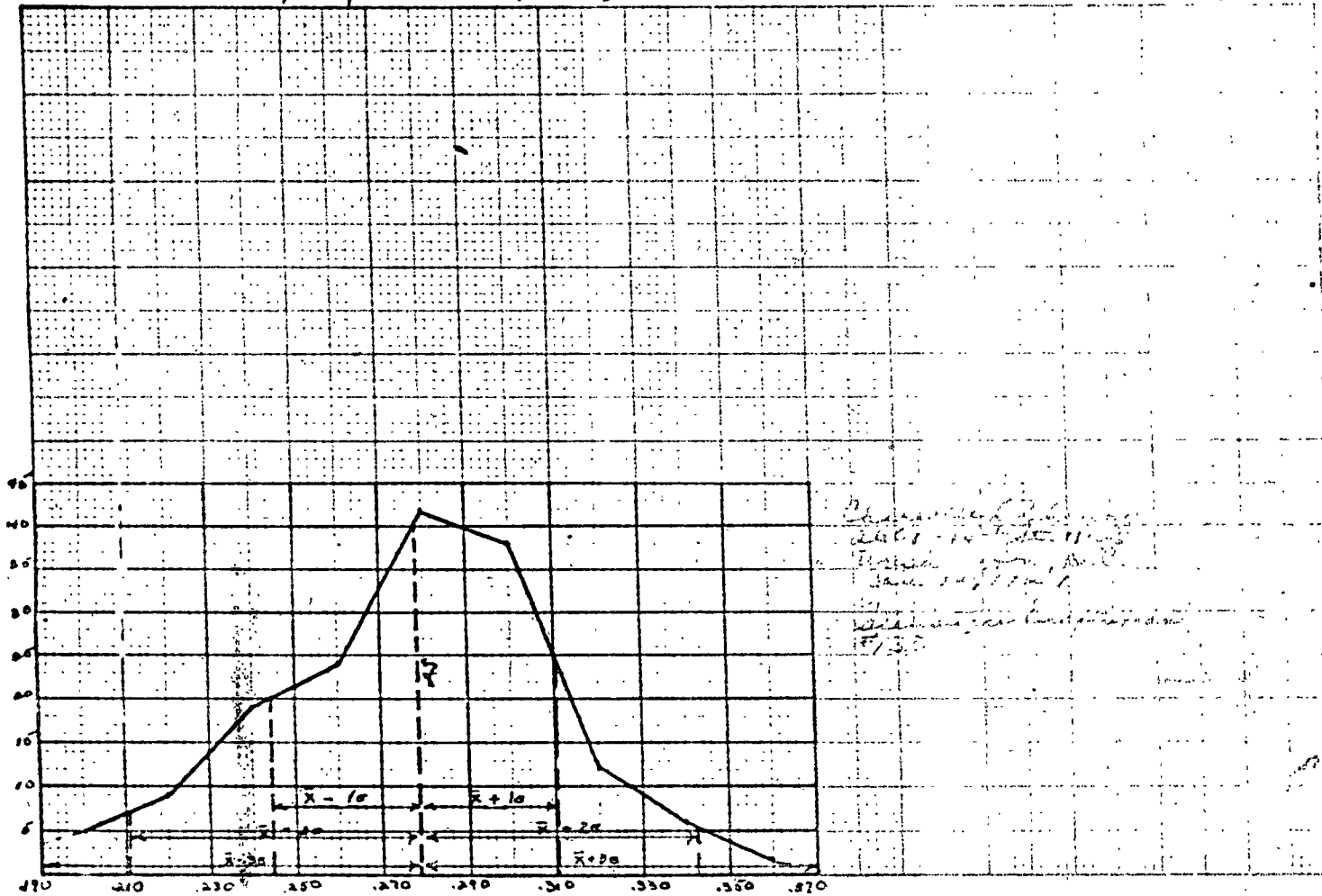


Scatter Diagram Relationship Between value of Land X and Y

FORM I



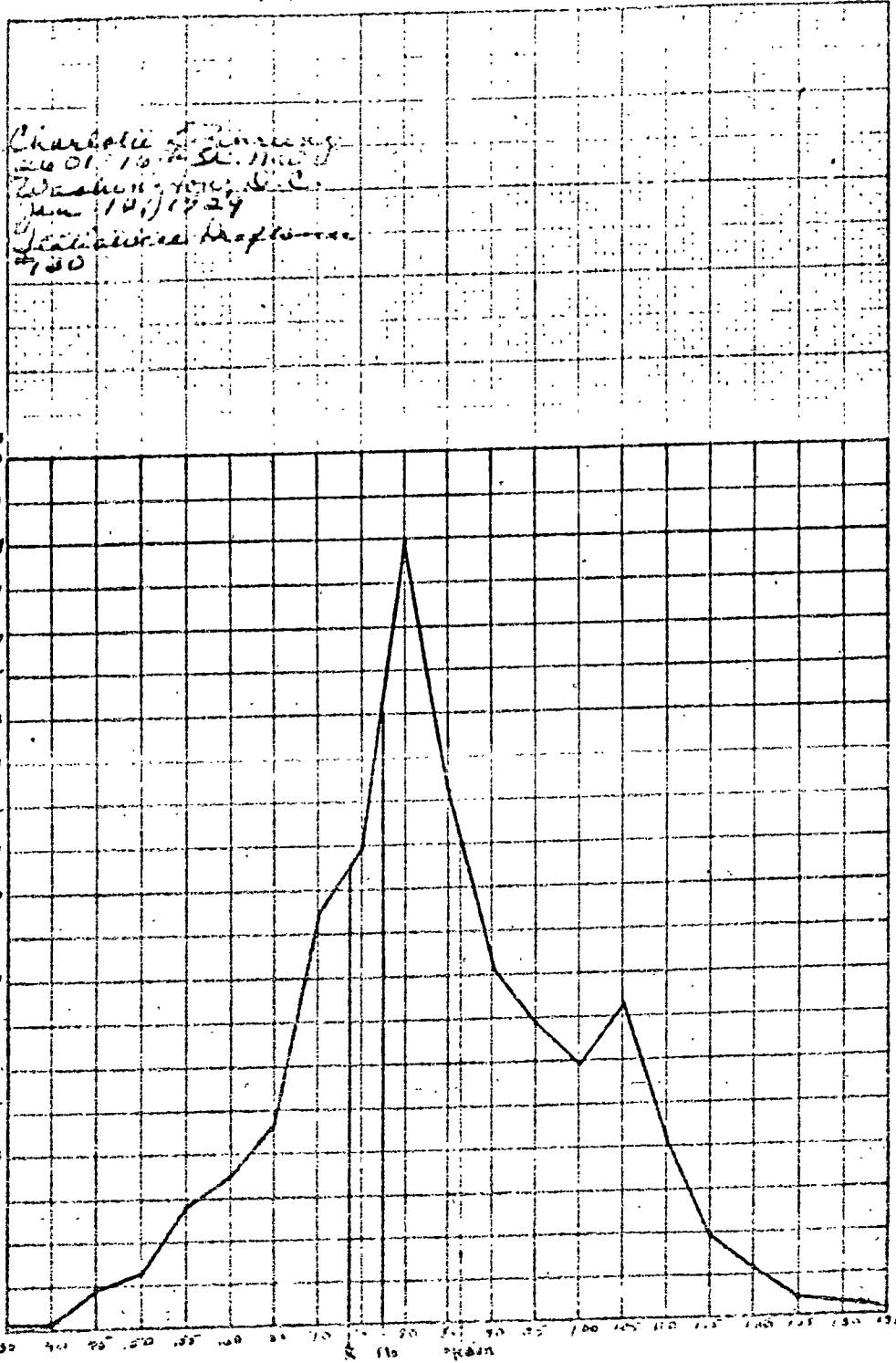
Frequency Distribution of Batting Records of 157 Regular American and National League, 1946



Vertical text on the right side of the graph, possibly a page number or reference code.

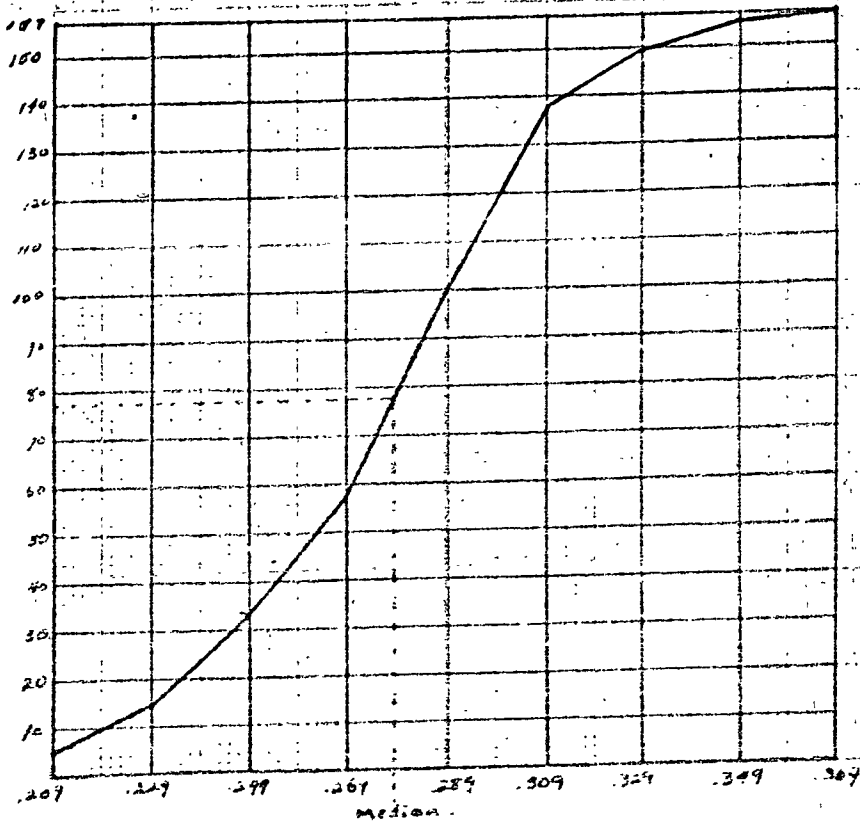
Cumulative Distribution of Hourly Rate & Wages of
 % of Union Motor-Track Drivers - June 1, 1940
 A Less Than Cumulative Distribution

FORM 1

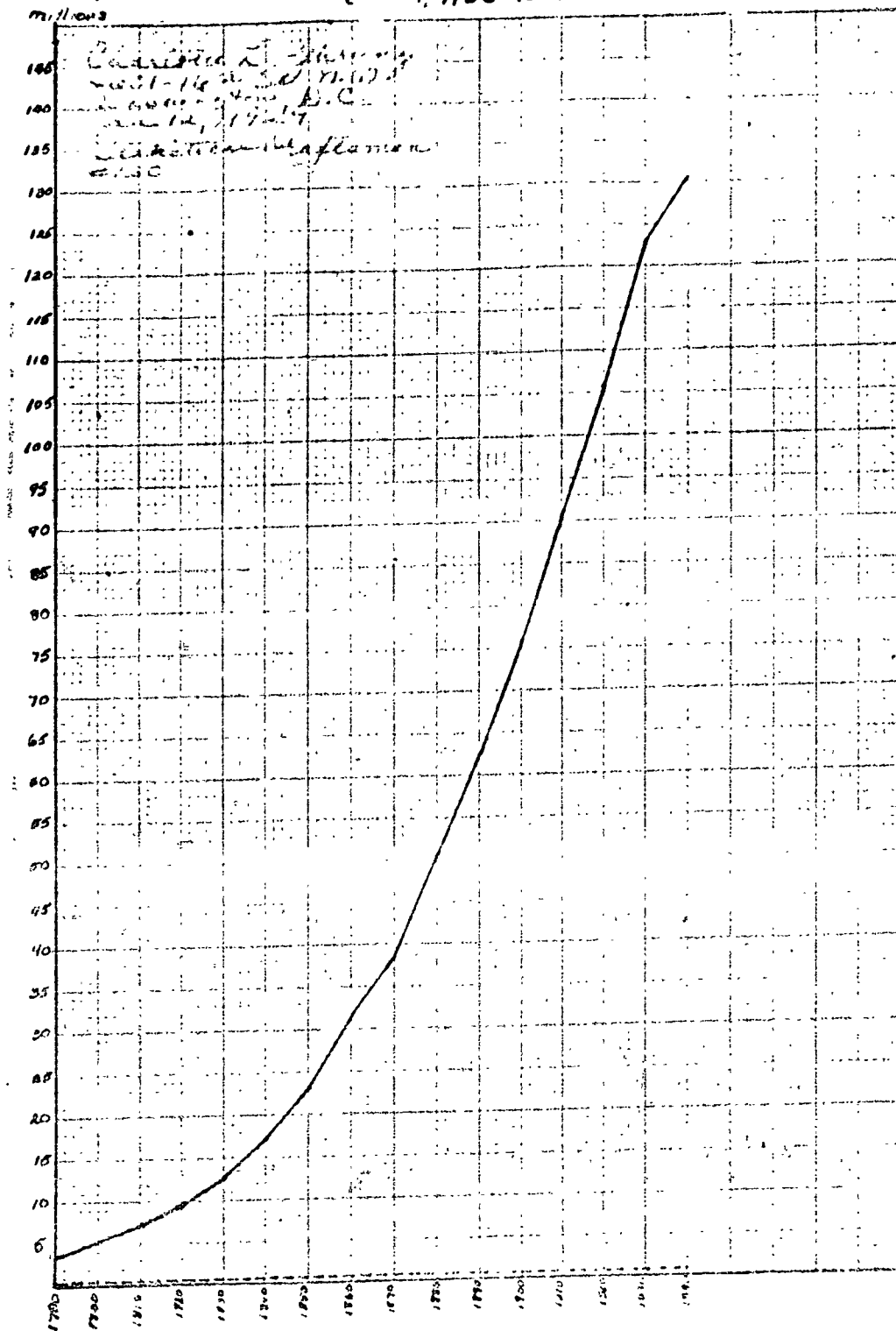


Cumulative Distribution of Batting Averages - 1940
of American and National League - 157 Regular Players
Receiving Slated Averages or Less than

Charlotte L. Sprung
2601 - 16th St. N.W.
Washington, D.C.
Jan 12, 1941
Statistical Abstract
#130



Population of Continental United States and Rhode Island
1790-1940



1790-1940
1790-1940
1790-1940
1790-1940

1 DATES OF EMPLOYMENT (month year)
 FROM: TO: EXACT TITLE OF YOUR POSITION CLASSIFICATION GRADE (if in Federal) SALARY OR EARNINGS STARTING \$ PER YEAR FINAL \$ PER YEAR

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

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

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

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

12 MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under item 10) that would assist in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service awards you attended is especially important. (Extra pages may be used to give full descriptions)

| DATES | | LOCATION | DESCRIPTION OF TRAINING |
|-------|----|----------|-------------------------|
| FROM | TO | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF

ELEMENTARY SCHOOL JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

| (C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY | MAJOR AND SPECIALTY | DATES ATTENDED | | YEARS COMPLETED | | DEGREES CONFERRED | | GPA |
|--|---------------------|----------------|---------|-----------------|-------|-------------------|----------|-----|
| | | FROM | TO | DAY | NIGHT | TITLE | DATE | |
| Syracuse University Syracuse, N.Y. | Economics | Sept 14 | Jan 50 | | | BA | Jan 1950 | 1.5 |
| Univ. of Guatemala | Spain | June 47 | July 47 | | | | | |

(D) LIST YOUR UNDERGRADUATE COLLEGE SUBJECTS

(E) LIST YOUR GRADUATE COLLEGE SUBJECTS

14 OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY PURSES GIVEN THROUGH THE ARMED SERVICES INSTITUTE, GARDEN TRAINING, AND BUSINESS OF ACHIEVEMENT, IN SERVICE TRAINING, IN PUBLIC OR PRIVATE EMPLOYMENT

| SUBJECTS STUDIED | DATES ATTENDED | | YEARS COMPLETED |
|------------------|----------------|----|-----------------|
| | FROM | TO | |
| | | | |
| | | | |

15 INDICATE YOUR PROFICIENCY OF FOREIGN LANGUAGES

| LANGUAGE | READING | WRITING | UNDERSTANDING |
|----------|---------|---------|---------------|
| Spanish | | | |
| French | | | |

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

YES NO GIVE KIND OF LICENSE AND STATE:

LIST LICENSE OR CERTIFICATE (S)

LATEST LICENSE OR CERTIFICATE (S)

17 GIVE THE SPECIAL QUALIFICATIONS, EXPERIENCE, AND ACHIEVEMENTS IN YOUR APPLICATION SUCH AS:

(1) WORKING IN THE UNITED STATES (do not submit copies unless requested)

(2) WORKING IN FOREIGN COUNTRIES

(3) WORKING IN A SPECIALIZED FIELD

(4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.

(5) AWARDS AND FELLOWSHIPS RECEIVED

Mexico - Imo. recreation
 Guatemala - ma. education

calculator

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING: 55

