

Personnel Actions
After Mexico City Assignment

SECRET
(When Filled In)

| | | | | | | |
|---|-------------------------------------|--|--|---|---|---|
| XXF | | REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED 11 SEPTEMBER 1963 |
| 1. SERIAL NUMBER 009274 | | 2. NAME (Last-First-Middle) CARTY, F. R. | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 15 63 | | 5. CATEGORY OF EMPLOYMENT REGULAR | |
| 6. FUNDS V TO V CF TO V XX CF TO CF | | 7. COST CENTER NO. CHARGEABLE L135-5700-1000 | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP NH BRANCH 3 MEXICO, MEXICO STATION CITY | | | 10. LOCATION OF OFFICIAL STATION MEXICO, MEXICO | | | |
| 11. POSITION TITLE OPS OFFICER | | 12. POSITION NUMBER L18 | 13. CAREER SERVICE DESIGNATION D | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS | | 15. OCCUPATIONAL SERIES 0136.01 | 16. GRADE AND STEP 12 | 17. SALARY OR RATE 9790 | | |
| 18. REMARKS FROM: DDP/NH/L00/MEXICO STATION | | | | | | |
| Recorded by GSPD <i>Lhr</i> | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman</i> ROBERT D. CASHMAN, C/W/PERS | | DATE SIGNED 9/12/63 | 18B. SIGNATURE OF OFFICER <i>[Signature]</i> | | DATE SIGNED 13 Sep 63 | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | |
| 19. ACTION CODE | 20. EMPLOY. CODE | 21. OFFICE CODING NUMERIC ALPHABETIC | | 22. STATION CODE | 23. INTER-STATE CODE | |
| 37 | 10 | 100/WH | | 15075 | 3 | |
| 24. DATE OF BIRTH MO. DA. YR. | 25. DATE OF GRAY MO. DA. YR. | 26. DATE OF LEI MO. DA. YR. | | | | |
| 01/06/12 | | | | | | |
| 28. NTE EXPIRES MO. DA. YR. | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA 1 - CSE 2 - FICA 3 - NONE | 31. SEPARATION DATA CODE | 32. CORRECTION/CHANGE/LOCATION DATA | 33. SECURITY REQ. NO. | |
| | | | | | EOD DATA | |
| 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 CARE/RESV CODE PROB/TEMP | 39. FECA / HEALTH INSURANCE CODE 0 - NONE 1 - YES | 40. SOCIAL SECURITY NO. | |
| | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO | 44. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO | 45. STATE CODE MULTI-STEP (TEMP.) | |
| | | | | | | |
| 45. POSITION CONTROL CERTIFICATION <i>W. Kearney</i> 9/18/63 | | | 46. O.P. APPROVAL <i>Robert B. Lopez</i> | | DATE APPROVED 17 Sep 63 | |

SECRET
(When Filled In)

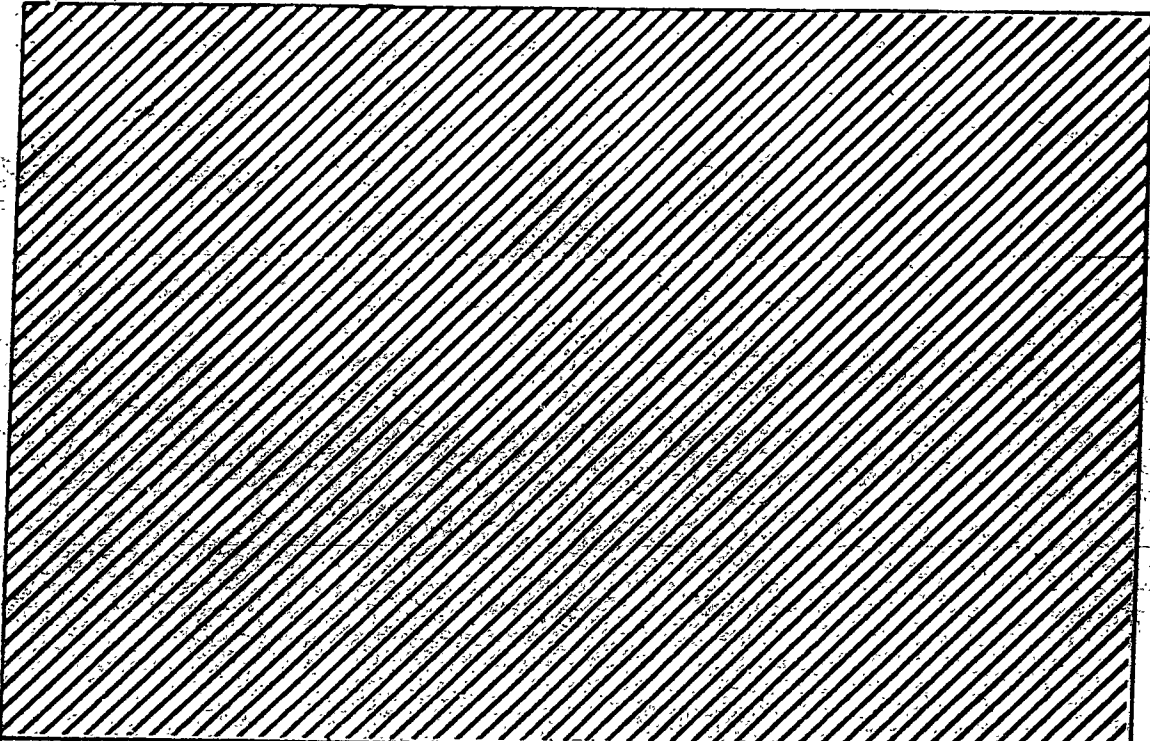
77A

| | | | | | | | | | | | |
|---|--|--|------------------------------------|--------------------------------------|---|--|-------------------------------------|--------------------------------------|--|---|--|
| REQUEST FOR PERSONNEL ACTION | | | | | DATE PREPARED 17 JULY 1963 | | | | | | |
| 1. SERIAL NUMBER 009274 | | 2. NAME (Last-First-Middle) ██████████ CARTY, F. R. | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 09 63 | | | 9. CATEGORY OF EMPLOYMENT REGULAR | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT | | | | | 7. COST CENTER NO. CHARGEABLE 4135-5700-1000 | | | | | | |
| 6. FUNDS | | V TO V | | V TO CF | | CF TO V | | CF TO CF | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO, MEXICO STATION City | | | | | 10. LOCATION OF OFFICE STATION City MEXICO, MEXICO | | | | | | |
| 11. POSITION TITLE OPS OFFICER | | | | | 12. POSITION NUMBER 400 | | 13. CAREER SERVICE DESIGNATION D | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS | | | 15. OCCUPATIONAL SERIES 0136.01 | | 16. GRADE AND STEP 12 2 | | 17. SALARY OR RATE \$ 9790 | | | | |
| 18. REMARKS FROM: DDP/FE/2120/BANGKOK STATION/OPERATIONS BRANCH Tray 27 1 COPY TO FINANCE DIVISION AND OFFICE OF SECURITY Recorded by CSPD EJP | | | | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/PERS | | | | DATE SIGNED 7/8/63 | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | | DATE SIGNED 23 July 63 | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE 37 | | 20. EMPLOY CODE 10 | | 21. OFFICE CODING 64700 WH | | 22. STATION CODE 45015 | | 23. INTL/OFF CODE | | 24. AGENCY CODE 3 | |
| 25. DATE OF BIRTH MO. DA. YR. 01 106 12 | | 26. DATE OF CREW MO. DA. YR. | | 27. DATE OF LEI MO. DA. YR. | | 28. DATE OF REF MO. DA. YR. | | 29. DATE OF SER MO. DA. YR. | | 30. DATE OF RES MO. DA. YR. | |
| 31. SECURITY REG. NO. | | 32. SER | | 33. SECURITY REG. NO. | | 34. SER | | 35. SECURITY REG. NO. | | 36. SER | |
| 37. VET. PREFERENCES | | 38. DEPT. COMP. DATE | | 39. LEAD. COMP. DATE | | 40. CAREER CATEGORY | | 41. REGTY / HEALTH INSURANCE | | 42. SOCIAL SECURITY NO. | |
| 43. PREVIOUS GOVERNMENT SERVICE DATA | | 44. LEAVE CAT. CODE | | 45. FEDERAL TAX DATA | | 46. STATE TAX DATA | | 47. FEDERAL TAX DATA | | 48. STATE TAX DATA | |
| 49. POSITION CONTROL CERTIFICATION Kearney 07/25/63 | | | | 50. O.P. APPROVAL Joseph B. Kagan | | | | 51. DATE APPROVED 23 July 63 | | | |

g. l. m.

Jiv

SECRET
(When Filled In)



| | | |
|---|---|-------------------------------|
| NAME OF EMPLOYEE (Last-First-Middle) <i>Karty, Florian</i> | NAME AND RELATIONSHIP OF DEPENDENT* <i>Wife - German</i> | CLAIM NUMBER <i>63-097</i> |
|---|---|-------------------------------|

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 23 Nov 62. *ruptured muscles*

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

| | |
|-------------------------------------|--|
| DATE OF NOTICE <i>3 MAY 1963</i> | SIGNATURE OF OSD REPRESENTATIVE <i>B. De Felice</i> |
|-------------------------------------|--|

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Personnel Actions
prior to Mexico City
Assignment

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

SECRET

H a n d l e W i t h C a r e

CONFIDENTIAL

(When Filled In)

NOTICE OF CREDITABLE SERVICE

[FOR LEAVE PURPOSES]

PREPARE IN ORIGINAL FROM STANDARD FORM NO. 144 AND FORWARD TO FINANCE OFFICE.

NAME (Last, First, Middle)

~~XXXXXXXXXX~~ (P)

OFFICE (and Division)

File 2 mar 53
POSTION
Gr 4b

DDP/WH

SERVICE COMPUTATION DATE:

24 Dec 1948

2 March 1953

SIGNATURE DA

JOHN L. BISCHOFF, Chief/SCAPS

CHIEF, TRANSACTIONS AND RE. BRANCH

FORM NO. 37-157
1 MAR 54

CONFIDENTIAL

(4)

ORIGINAL BIOGRAPHIC PROFILE

(sanitized version in file)

Personnel Actions After
Mexico City Assignment

DLS: 13
KX SEPT 63

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | |
|---|-----------------|-----------------------------|----|---------------------------------|--|------------------------------------|------------|----------------------------------|---------------------------------|------------------------------------|-------------------|-------------------------------------|-----------------|--|
| NCB | | | | | | | | | | | | | | |
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | | | | |
| 009274 | | KARTY, FLORYAN R. | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | 4. EFFECTIVE DATE | | | 5. CATEGORY OF EMPLOYMENT | | | | | |
| REASSIGNMENT | | | | | | 09 15 63 | | | REGULAR | | | | | |
| 6. FUNDS | | V TO V | | V TO CP | | 7. COST CENTER NO. CHARGEABLE | | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| CP TO V | | X | | CP TO CP | | 4135 5700 1000 | | | 50 USC 403 J | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | |
| DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION | | | | | | MEXICO CITY, MEXICO | | | | | | | | |
| 11. POSITION TITLE | | | | | | 12. POSITION NUMBER | | | 13. SERVICE DESIGNATION | | | | | |
| OPS OFFICER | | | | | | 0418 | | | D | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | |
| GS | | | | 0136.01 | | 12 2 | | 9790 | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED BY 07-45 09/24/63 </div> | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | | 22. STATION CODE | | 23. INTEGREE CODE | 24. MONTHS | | 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LEI | |
| 37 | 10 | 51400 | WH | 45075 | | 3 | 01 | 06 12 | | | | | | |
| 29. HIE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REG NO. | | 34. SEX | | |
| | | | | 1 - CSC 2 - PICA 3 - NONE | | | | EQD DATA | | | | | | |
| 35. VET PREFERENCE | | 36. SERV. COMP. DATE | | 37. LONG COMP. DATE | | 38. CAREER CATEGORY | | 39. FEGLI/HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | | | | |
| 0 - NONE 1 - 5 PT 2 - 10 PT | | | | | | CAN PROV TEMP | | 0 - WAIVER 1 - YES | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT. | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | |
| 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | | | | CODE | | FORM EXECUTED 1 - YES 2 - NO | | NO TAX EXEMPTIONS | | FORM EXECUTED 1 - YES 2 - NO | | CODE NO. 187 STATE CODE EXEMP | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 09/24/63 WK </div> | | | | | | | | | | | | | | |

MHC: 31 JULY 63

SECRET
(When Filled In)

| OCB NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------|---|------------------------------------|-------------------------------|----------------------------|---|----------------------------|--|-----------------|-----------------------|-----------------------|---|--|---------------------------|-------------------------|---------------------------------------|--|-------------------|-----------------|-----------------|--|-----------------------|--|---------------------|--|--------------------------|--|----------------------------------|--|---------------------|--|----------------------|--|---------------------|--|---------------------|--|----------------------------|--|--------------------------------------|--|--|--|----------------|--|----------------------|--|--------------------|--|
| 1. SERIAL NUMBER 009274 | | 2. NAME (LAST FIRST MIDDLE) XXXXXXXXXXXXXXXXXXXX <i>KARRY, FLECKMAN R</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT | | | | 4. EFFECTIVE DATE 06 09 63 | | 5. CATEGORY OF EMPLOYMENT REGULAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. FUNDS | | 7. V TO V | | 8. V TO CF | | 9. COST CENTER NO. CHARGEABLE 4135 5700 1000 | | 10. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION | | 12. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. POSITION TITLE OPS OFFICER | | | | 14. POSITION NUMBER 0400 | | 15. SERVICE DESIGNATION D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS | | | 17. OCCUPATIONAL SERIES 0136.01 | | 18. GRADE AND STEP 12 2 | | 19. SALARY OR RATE 9790 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. REMARKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>21. ACTION CODE 37</td> <td>22. EMPLOY CODE 10</td> <td colspan="2">23. OFFICE CODING NUMERIC: 64700 WH ALPHABETIC: 45075</td> <td>24. STATION CODE 45075</td> <td>25. IN/DEGREE CODE 3</td> <td colspan="2">26. DATE OF BIRTH 01 06 12</td> <td>27. DATE OF GRADE</td> <td>28. DATE OF LEI</td> </tr> <tr> <td colspan="2">29. NTE EXPIRES</td> <td colspan="2">30. SPECIAL REFERENCE</td> <td colspan="2">31. RETIREMENT DATA</td> <td colspan="2">32. SEPARATION DATA CODE</td> <td colspan="2">33. CORRECTION/CANCELLATION DATA</td> </tr> <tr> <td colspan="2">34. VET. PREFERENCE</td> <td colspan="2">35. SERV. COMP. DATE</td> <td colspan="2">36. LONG COMP. DATE</td> <td colspan="2">37. CAREER CATEGORY</td> <td colspan="2">38. FEGLI/HEALTH INSURANCE</td> </tr> <tr> <td colspan="4">39. PREVIOUS GOVERNMENT SERVICE DATA</td> <td colspan="2">40. LEAVE CAT.</td> <td colspan="2">41. FEDERAL TAX DATA</td> <td colspan="2">42. STATE TAX DATA</td> </tr> </table> | | | | | | | | | | 21. ACTION CODE 37 | 22. EMPLOY CODE 10 | 23. OFFICE CODING NUMERIC: 64700 WH ALPHABETIC: 45075 | | 24. STATION CODE 45075 | 25. IN/DEGREE CODE 3 | 26. DATE OF BIRTH 01 06 12 | | 27. DATE OF GRADE | 28. DATE OF LEI | 29. NTE EXPIRES | | 30. SPECIAL REFERENCE | | 31. RETIREMENT DATA | | 32. SEPARATION DATA CODE | | 33. CORRECTION/CANCELLATION DATA | | 34. VET. PREFERENCE | | 35. SERV. COMP. DATE | | 36. LONG COMP. DATE | | 37. CAREER CATEGORY | | 38. FEGLI/HEALTH INSURANCE | | 39. PREVIOUS GOVERNMENT SERVICE DATA | | | | 40. LEAVE CAT. | | 41. FEDERAL TAX DATA | | 42. STATE TAX DATA | |
| 21. ACTION CODE 37 | 22. EMPLOY CODE 10 | 23. OFFICE CODING NUMERIC: 64700 WH ALPHABETIC: 45075 | | 24. STATION CODE 45075 | 25. IN/DEGREE CODE 3 | 26. DATE OF BIRTH 01 06 12 | | 27. DATE OF GRADE | 28. DATE OF LEI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29. NTE EXPIRES | | 30. SPECIAL REFERENCE | | 31. RETIREMENT DATA | | 32. SEPARATION DATA CODE | | 33. CORRECTION/CANCELLATION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. VET. PREFERENCE | | 35. SERV. COMP. DATE | | 36. LONG COMP. DATE | | 37. CAREER CATEGORY | | 38. FEGLI/HEALTH INSURANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39. PREVIOUS GOVERNMENT SERVICE DATA | | | | 40. LEAVE CAT. | | 41. FEDERAL TAX DATA | | 42. STATE TAX DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">43. SECURITY REQ. NO.</td> <td colspan="2">44. SEX</td> <td colspan="2">45. SOCIAL SECURITY NO.</td> <td colspan="4">46. SIGNATURE OF OTHER AUTHENTICATION</td> </tr> </table> | | | | | | | | | | 43. SECURITY REQ. NO. | | 44. SEX | | 45. SOCIAL SECURITY NO. | | 46. SIGNATURE OF OTHER AUTHENTICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43. SECURITY REQ. NO. | | 44. SEX | | 45. SOCIAL SECURITY NO. | | 46. SIGNATURE OF OTHER AUTHENTICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: right;"> POSTED 08/02/63 [Signature] </p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

POSTED
08-01-63
JMS 1553

EOD DATA

POSTED
08/02/63 [Signature]

31 JUL 63
JMS

A. Fitness Reports covering period after
Mexico City Assignment

B. Personnel Actions for period prior
to Mexico City Assignment

SECRET

(When Filled In)

| FITNESS REPORT | | | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|--|-----------------------------|--|--------------------|------------------------|---------------|
| | | | | | | 009276 | |
| SECTION A GENERAL | | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD | |
| [REDACTED] <i>CAROLYN FLECK</i> | | | 1912 | M | GS-12 | D | |
| 6. OFFICIAL POSITION TITLE | | | 7. OFF/DIV/BR OF ASSIGNMENT | | 8. CURRENT STATION | | |
| Ops 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"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR | | | |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) | | | | <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE | | | |
| SPECIAL (Specify) | | | | SPECIAL (Specify) | | | |
| 11. DATE REPORT DUE IN O.P. | | | | 12. REPORTING PERIOD (From to) | | | |
| December 1964 | | | | 1 Jan 1964 - 22 November 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 | |
| Case Officer for Soviet access agents. | | | | | | P | |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER | |
| Analyst work, preparing Soviet personality reports. ✓ | | | | | | S | |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER | |
| Transcription into English of Russian technical product, and preparation of interpretative renditions of same when necessary. | | | | | | O | |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER | |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER | |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED ON <i>[Signature]</i> </div> | | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | RATING LETTER |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | S |
| 7 JAN 1965 | | | | | | | ✓ |

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. As explained in the previous fitness report, Subject was assigned to the Station for the purpose of taking charge of the Station's joint telephone tap center, a position for which he was and is eminently qualified by reason of extensive experience and outstanding language qualifications. However, this position did not materialize because of circumstances beyond the control of Subject and the Station.

It was therefore subsequently decided to train Subject locally, and have him gradually assume case officer and analyst responsibilities in certain simpler aspects of the Station's Soviet program.

Given the circumstances that Subject had not had prior case officer or analytical experience (or even any substantial past exposure to operations to give him vicarious experience) he progressed more than adequately in absorbing the training offered, in assuming responsibility for two Soviet operations and in the preparation of analytical studies on the Soviet complement. Given the further circumstances that the Station did not have the time to train him more than superficially, and that the operations he handled were basically uncomplicated, it must be stated that Subject cannot now be considered to be a case officer.

This conscientious and intelligent officer has high interest and enthusiasm for operations, but it is believed that his forte and future lies in the management of technical operations. This has been recognized also by Headquarters in the assignment presently planned for him.

As a staff agent [redacted] he and his family adapted themselves remarkably well to the [redacted] situation and to all other environmental factors.

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 |
| 23 November 1964 | [redacted] |

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

| | | |
|------------------|------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 23 November 1964 | Ops Officer | s/ Herbert Manell |

3. BY REVIEWING OFFICIAL
COMMENTS OF REVIEWING OFFICIAL

[Empty space for reviewing official comments]

| | | |
|------------------|--------------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 23 November 1964 | COS | s/ Winston K. Scott |

SECRET
(When Filled In)

98

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | |
|--|----------------------------------|---------------------------------------|--|---|--|--|---------------|
| SECTION A <i>GENERAL</i> | | | | | | | |
| 1. NAME <i>PARTY, LEONARD R.</i> <small>(Last) (First) (Middle)</small> | | 2. DATE OF BIRTH <i>6 Jan 1912</i> | 3. SEX <i>M</i> | 4. GRADE <i>GS-12</i> | 5. SD <i>D</i> | | |
| 6. OFFICIAL POSITION TITLE <i>Operations Officer</i> | | | 7. OFF/DIV/BR OF ASSIGNMENT <i>DDP WH 3</i> | 8. CURRENT STATION <i>Mexico City</i> | | | |
| 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. <i>28 February 1964</i> | | | | 12. REPORTING PERIOD (From - to) <i>6 August 1963 - 31 December 1963</i> | | | |
| 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). | | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 1 <i>Translation of Russian and Spanish materials.</i> | | | | | | | S |
| SPECIFIC DUTY NO. 2 | | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 3 | | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 4 | | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | RATING LETTER |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | S |
| <i>14 FEB 1964</i> | | | | | | | |

POSTED ON
17 Feb 64

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

IF FILL OF OP.

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.

Feb 13 1 26 PM '64

From the time of Subject's arrival in Mexico and through all December 1963, he was utilized principally in translation work and was held on tap for the position of heading up the Station's joint telephone tap center. Circumstances beyond the control of the Station and Subject are responsible for the fact that the incumbent in charge of the center will continue these duties and Subject will be given other responsibilities.

Primarily, Subject will be trained to handle analyst and case officer responsibilities in the Soviet field. The level and range of the responsibilities will depend on the progress Subject makes in handling these duties in a manner satisfactory to the Station.

Subject is most conscientious and effective in every assignment given him to date, and the Station is extremely pleased to have him available as an outside Station asset. He is enthusiastic about all his work, including certain part-time routine and arduous duties, and he looks forward with confidence to the prospect of becoming a case officer. Although it is premature to state positively that Subject will succeed as a case officer, the supervisor believes that Subject will undoubtedly progress adequately.

Subject and his family have acclimated themselves excellently to the [redacted] situation, faster than most of the Station's other staff agents, and certainly with fewer problems and requests for guidance from the Station's staff.

SECTION D

CERTIFICATION AND COMMENTS

| | | |
|--|---|---|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE 29 January 1964 | SIGNATURE OF EMPLOYEE [Redacted Signature] | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE 29 January 1964 | OFFICIAL TITLE OF SUPERVISOR Operations Officer | TYPED OR PRINTED NAME AND SIGNATURE /S/ Herbert Lanell |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| DATE 29 January 1964 | OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station | TYPED OR PRINTED NAME AND SIGNATURE /S/ Winston M. Scott |

SECRET

Pre 1961 Fitness Reports
and other personnel
documents