Assassination Records Review Board Final Determination Notification

AGENCY : HSCA

RECORD NUMBER : 180-10068-10324

RECORD SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Post

Postponed in Part

Number of releases of previously postponed information: 8

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 4

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

Released under the John F. Kennedy Assassination Records Collection Act of 1992 44 USC 2107 Note). Case#:NW 88326 Date: 2025

Date: 08/20/93

Page:1

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA

RECORD NUMBER: 180-10068-10324

RECORDS SERIES: STAFF PAYROLL RECORDS

AGENCY FILE NUMBER:

DOCUMENT INFORMATION

ORIGINATOR: HSCA

FROM:

TO:

TITLE:

DATE: 12/29/77

PAGES: 8

SUBJECTS:

HSCA, ADMINISTRATION

COLLINS, WENDY S.

DOCUMENT TYPE : PRINTED FORM

CLASSIFICATION: U

RESTRICTIONS : 3

CURRENT STATUS : P

DATE OF LAST REVIEW: 07/07/93

OPENING CRITERIA:

COMMENTS:

Box #:1.

LOUIS STOKES, OHIO, CHAIRMAN

RICHARDSON PREYER, N.C. WALTER E. FAUNTROY, D.C. YVONNE BRATHWAITE BURKE, CALIF. CHRISTOPHER J. DODD, CONN. HAROLD E. FORD, TENN. FLOYD J. FITHIAN, IND. ROBERT W. EDGAR, PA.

SAMUEL L. DEVINE, OHIO STEWART B. MC KINNEY, CONN. CHARLES THONE, NEBR. HAROLD S. SAWYER, MICH.

(202) 225-4624

Select Committee on Assassinations

U.S. House of Representatives 3369 HOUSE OFFICE BUILDING, ANNEX 2 WASHINGTON, D.C. 20515

December 5, 1978

The Honorable Frank Thompson, Jr. Chairman Committee on House Administration U. S. House of Representatives Washington, D. C. 20515

Dear Mr. Chairman:

Effective December 1, 1978, the official duty station of Ms. Wendy Collins has been changed from Washington, D. C. to Pittsford, Vermont. This change will remain in effect through the balance of the 95th Congress.

LOUIS STOKES

Chairman

LS:th

NW 88326

Docld:32243290 Page 3

PAYROLL AUTHORIZATION FORM

or Ballpoint Pen)

(Please Use Typewriter U.S. HOUSE OF REPRESENTATIVE Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Wendy S. Collins	December 20, 1973
Employee Social Security Number	Type of Action
024-44-5163	☐ Appointment
Employing Office or Committee/Subcommittee	☐ Salary Adjustment ☐ Title Change
	Termination (At close of business on effective date)
Assassina Cions	Leave without pay (Beginning with effective date above and ending
	close of businessSpecify Date
If type of action is an Appointment, Salary Adjustment, or Title C	Change, complete appropriate information below.)
Position Title	Gross Annual Salary*
* If employee is a civil service annuitant (includes U.S. House of Representatives), the plus the salary received from the employing office.	l he gross annual salary shown should include the annuity received by the emplo
If Committee Employee, complete appropriate item below.)	
1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Profess	sional.
<u> </u>	or Select Committee: Authority—H. Res. <u>의 </u> of
t the standard of the standard	Congression Committee: Admoraly—11. Res. Sector Congression
3. Joint Committee.	
3. Joint Committee.	
	·.)
If Employee of an Officer of the House, complete item below.	
If Employee of an Officer of the House, complete item below. Position Number	Step
If Employee of an Officer of the House, complete item below. Position Number	
If Employee of an Officer of the House, complete item below. Position Number	Stepon of 5 U.S.C. 3110(b), prohibiting the employment
(If Employee of an Officer of the House, complete item below. Position Number	Stepon of 5 U.S.C. 3110(b), prohibiting the employment
If Employee of an Officer of the House, complete item below. Position Number	StepStep on of 5 U.S.C. 3110(b), prohibiting the employment of Signature of Authorizing Official)
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(If Employee of an Officer of the House, complete item below. Position Number	Step
Position Number	Step
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Position Number	(Signature of Authorizing Official) (Type or print name of Authorizing Official) (Title-If Member, District and State) under the House Classification Act and for Committee em Committee on the Budget, and the Joint Committees, mus
Position Number	Step
Position Number	(Signature of Authorizing Official) (Type or print name of Authorizing Official) (Title-If Member, District and State) under the House Classification Act and for Committee em Committee on the Budget, and the Joint Committees, mus
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Position Number	Step

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Wendy S. Collins	Recember 29, 1977
Employee Social Security Number	Type of Action
024-44-5153	⊠ Appointment
Employing Office or Committee/Subcommittee	☐ Salary Adjustment☐ Title Change
Assassinations	☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business
(If type of action is an Appointment, Salary Adjustment, or Title	e Change, complete appropriate information below.)
Position Title	Gross Annual Salary*
Rosgarca Atropitey	\$18, 63
* If employee is a civil service annuitant (includes U.S. House of Representatives) plus the salary received from the employing office.), the gross annual salary shown should include the annuity received by the employ
If Committee Employee, complete appropriate item below.)	
1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Prof	
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,) or Select Committee: Authority—H. Res. of Congress
3. 🗌 Joint Committee.	
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I certify that this authorization is not in violatives. Date	(Signature of Authorizing Official) (Signature of Authorizing Official) (Type or print name of Authorizing Official) (Title—If Member, District and State) es under the House Classification Act and for Committee emme Committee on the Budget, and the Joint Committees, must Chairman, Committee on House Administration ID

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	FEDERA	BENEFITS REGIST AL EMPLOYEES HEALTH BEN Bead instructions on ba	EFITS PROGRA	AM MA		New Carrier's Control No.	
	TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.					Old Carrier's Control No.	
PART A			S I	2. DATE OF BIRTH (Use numbers)		3. ARE YOU NOW MARRIED?	
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	(CITY) (STATE) D. (6. SEX MALE 1					
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PART B	I elect to enroll in a health benefits plan share of the cost of the enrollment. (Co	ppy the information requested	below from bac	k page of brochure of t	he plan	you select.)	
PART IF YOU WISH TO ENROLL OR CHANGE	Blue Cross/Blue Benefit Plan	Shield Servi		HIGH		OLLMENT CODE NUMBER.	
YOUR ENROLL- MENT IN A HEALTH BENE- FITS PLAN.	2. In space below list all eligible family r 22, including (a) legally adopted chile parent-child relationship. Include also is incapable of self-support. (Attach a PARENTS OR OTHERS WHO ARE I ARE DEPENDENT ON YOU AND A	members without exception: I dren and (b) stepchildren; fo any unmarried child over 22 I doctor's certificate for a diss NOT ELIGIBLE FAMILY ME	List your wife of ster children, at who became dis abled child age 2	nd illegitimate children sabled before age 22 and 22 or over if one is not	who liv d who, l already	ve with you in a regular because of the disability, on file.) DO NOT LIST	
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for Self and Family, also an		2				7	
swer item 2.		3				8	
IFYOUARE CHANGING YOUR ENROLLMENT		4				9	
ALSO FILL IN PART D		5				10	
PART C	PLACE AN "X" IN ITEM 1 OR 2 WHICHEVER		r				
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WISH NOT TO ENROLL OR IF YOU WISH TO			Present E	If you elect to cancel be sure to read			
CANCEL YOUR ENROLLMENT.						incellation of Enroll- nt" on back of page 3.	
PART D	ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLL. 1. ENROLLMENT CODE NUMBER:	The state of the s			EVENT	T WHICH PERMITS CHANGE.	
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TO BE COMPLETED BY AGENCY	Office of Finance, W	ashington, D.C.	20515	4. PAYROLL OFFICE	E NO.	5. SF 2811 REPORT NO.	
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FOR USE ONLY BY AGENCY.							

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Page 1 — To Payroll Office

Standard Form No. 2809
U.S. Civil Service Commission
FPM Supplement 890-1

	and the supplemental supplement	If typewriter is not available, bear down with ball-point pen to make legible copies.					
r	If typewriter is not available, bear down with ball-point per to make region copies. New Carrier's Control No. HEALTH BENEFITS REGISTRATION FORM New Carrier's Control No.						
		FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (Read instructions on back of page 3.) Old Carrier's Control No					
		TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.					
┟	PART A	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) 2. DATE OF BIRTH (Use numbers) 3. ARE YOU NOW MARRIED?					
		COLINS (NUMBER AND STREET) 4. YOUR MAILING ADDRESS. (NUMBER AND STREET) (1.2. 2.3. C.3. No. [1.2]					
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	PART B	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from back page of brochure of the plan you select.) OPTION (HIGH OR LOW) ENROLLMENT CODE NUMBER					
	PART IF YOU WISH TO ENROLL	Blue (ROSS/Blue Shield Service High					
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	If enrollment is for Self and Family, also an	2					
	swer item 2.	3					
	IF YOU ARE CHANGING YOUR ENROLLMENT	4					
	ALSO FILL IN	5					
	PART C	PLACE AN "X" IN ITEM 1 OR 2 WHICHEVER APPLIES. 1. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW.					
	FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF	Present Enrollment Code Number If you elect to cancel					
	YOU WISH TO CANCEL YOUR ENROLLMENT	"Cancellation of Enroll- ment" on back of page 3.					
	PART D	ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE. 1. ENROLLMENT CODE NUMBER 2. NUMBER OF EVENT WHICH PERMITS CHANGE. 3. DATE OF EVENT WHICH PERMITS CHANGE. (See table on back of page 2 for proper number.)					
	FILL IN THIS PART, AS WELL AS PART B, TO	OF PRESENT PLAN MONTH DAY YEAR					
	CHANGE YOUR REGISTRATION.						
	PARTE	WARNING.—Any intentional false statement in this application or wilful misrepresentation relative thereto is a violation of the law					
	ALL WHO REGISTER MUST FILL IN THIS PART.	punishable by a fine of not more than \$10,000					
		1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE 2. DATE RECEIVED IN EMPLOYING OFFICE ELECTION.					
: , •	PARTF	U.S. House of Representatives					
	TO BE	Office of Tinance, Washington, D.C. 20515 4 PAYROLL OFFICE NO. 5. SF 2811 REPORT NO.					
	COMPLETED BY AGENCY	00004832					
		(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)					
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BY AGENCY.

NW 88326—

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If typewriter is not available, bear down with ball-point pen to make legible copies. New Carrier's Control No. HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (Read instructions on back of page 3.) Old Carrier's Control No. ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN. 3. ARE YOU NOW MARRIED? (MIDDLE INITIAL) 2. DATE OF BIRTH (Use numbers) PART A DAY . YEAR 4. YOUR MAILING ADDRESS ALL WHO REGIS-TER MUST FILL IN THIS PART. 5. SOCIAL SECURITY ACCOUNT NUMBER **IMPORTANT** IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALBEADY COVERED THROUGH THE FAMILY ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITANT YOU MUST REGISTER NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. SIMILARLY, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT ELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT. ALSO SEE BACK OF PAGES 2 AND 3. I elect to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my PART B share of the cost of the enrollment. (Copy the information requested below from back page of brochure of the plan you select.) FILL IN THIS ENROLLMENT CODE NUMBER OPTION (HIGH OR LOW) PART IF YOU WISH TO ENROLL ORCHANGE 2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 22; including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 22 who became disabled before age 22 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 22 or over, if one is not already on file.) DO NOT LIST-PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY. YOUR ENROLL-MENT IN A HEALTH BENE-FITS PLAN. <u>ARE DEPENDENT ON YOU AND ARE LISTED</u> DATE OF BIRTH DATE OF BIRTH NAMES OF FAMILY MEMBERS NAMES OF FAMILY MEMBERS (Month, Day, Year) (Month. Dav: Year) If enrollment is for Self Only, answer item 1. 1 6 Husband If enrollment is, for Self and .2 Family, also an swer item 2. 3 IF YOU ARE CHANGING YOUR 9. 4 ENROLLMENT ALSO FILL IN 10 5 PART D. PLACE AN "X" IN ITEM 1 OR 2 WHICHEVER APPLIES: PART C LELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE FILL IN THIS EMPLOYEES HEALTH BENEFITS PROGRAM CODE NUMBER SHOWN BELOW PART IF YOU WISH NOT TO Present Enrollment Code Number ENROLL OR IF If you elect to cancel YOU WISH TO be sure to read CANCEL YOUR ENROLLMENT "Cancellation of Enrollment" on back of page 3. ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE PART D ENROLLMENT CODE NUMBER 2. NUMBER OF EVENT WHICH PERMITS CHANGE. 3. DATE OF EVENT WHICH PERMITS CHANGE. FILL IN THIS (See table on back of page 2 for proper number PART, AS WELL AS PART B, TO MONTH DAY YEAR CHANGE YOUR REGISTRATION. WARNING.—Any intentional false statement PART E in this application or wilful misrepresentation relative thereto is a violation of the law **ALL WHO REGIS** punishable by a fine of not more than \$10,000 TER MUST FILL or imprisonment of not more than 5 years, IN THIS PART. or both (18 U.S.C. 1001.) (YOU'R SIGNATURE DO NOT PRINT) DATE RECEIVED IN EMPLOYING OFFICE 3. EFFECTIVE DATE OF ELECTION 1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE PART F U.S. Rouse of Representatives Office of Finnice, Washington, D.C. TO BE 4. PAYROLL OFFICE NO. 5. SF 2811 REPORT NO. COMPLETED BY AGENCY 000001832 (SIGNATURE OF AUTHORIZED AGENCY OFFICIAL) REMARKS FOR USE ONLY BY AGENCY.

NW 88326 - Docld:3**22**43296¹ Page 8

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PART A	1. NAME	(LAST)	(FIRST)		(MIDDLE I	NITIAL)		Jse numbers)		3. ARE YOU MARRIED?		70
ALL WHO REGISTER MUST FILL IN THIS PART	4. YOUR	MAILING ADDRESS (NL	MBER AND STE	REET)			MONTH	DAY YE	AR	Yes No	1	
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CHANGING YOUR ENROLLMENT]	4							9
ALSO FILL IN PART D.				. [5							10
PART C	-	N."X" IN ITEM 1 OR 2 WHICH						MY PRESENT E	NPOLI	MENTUNDE	erue (
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YOU WISH TO CANCEL YOUR ENROLLMENT									"Car men	ure to read ncellation of t" on back o	f page 3.	
PART D		ITEMS 1, 2, AND 3 TO SHOW		NUMBER OF EVE							<u> </u>	NGE
PART, AS WELL AS PART B, TO CHANGE YOUR	OF PR	RESENT PLAN	(Sc	ee table on back of	page 2 for p	proper numb	ér.)	MC	нтис	DAY	YEAF	
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REMARKS FOR USE ONLY BY AGENCY.												

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Page 4 - To Enrollee

Standard Form No. 2809 U.S. Civil Service Commission FPM Supplement 890-1 November 1972

CODE: Finance Office Use Only	U.S. HOUSE O	F REPRESENT	ATIVES	
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District of Columbia (or State of)
I do solemnly swear (or affirm)—
(1) That ☐ I am a citizen of the United States; ☐ if in the service on the date of enactment of the latest General Government Matters Appropriation Act, and being eligible for citizenship, I had theretofore filed a declaration of intention to become a citizen; ☐ I owe allegiance to the United States;
I am an alien from Poland or the Baltic countries lawfully admitted to the United States for permanent residence; I am a citizen of the Republic of the Philippines;
☐ I am a national of a country allied with the United States in the current defense effort;
(2) That my acceptance and holding of office or employment with the U.S. House of Representatives does not or (if this affidavit is executed by me prior to my acceptance of such office or employment) will not constitute a violation of the first section of the Act of August 9, 1955 (5 U.S.C. 7311), which reads as follows:
No person shall accept or hold office or employment in the Government of the United States or any agency thereof, including wholly owned Government corporations, who—
 (1) advocates the overthrow of our constitutional form of government in the United States; (2) is a member of an organization that advocates the overthrow of our constitutional form of government in the United States, knowing that such organization so advocates;
(3) participates in any strike or asserts the right to strike against the Government of the United States or such agency; or
(4) is a member of an organization of Government employees that asserts the right to strike against the Government of the United States or such agencies, knowing that such organization asserts such right;
(3) That I am receiving a pension, annuity, or retired pay from the United States Government (if so, please furnish source and claim number);
(Name and location of administering agency) (Claim number)
(4) That this Payroll Information Form and Personnel Affidavit is complete, true, and correct;
(5) That 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; and that I will well and faithfully discharge the duties of the office on which I am about to enter; So help me God. Subscribed and sworn to before me this (Signature of employee)
31 day of July , 1978 Canaluck & Denning Notary Public.
NOTARY SEAL My commission expires 9-15-82
U.S. GOVERNMENT PRINTING OFFICE 16—82058-1

U.S. House of Representatives

OFFICE OF THE CLERK

OFFICE OF FINANCE

IMPORTANT NOTICE TO EMPLOYEE

Newly employed personnel must execute the attached combined PAYROLL INFORMATION FORM and PERSONNEL AFFIDAVIT properly and submit them to the Office of Finance, where a Notary Public is on duty to perform this service without charge. DO NOT SIGN PERSONNEL AFFIDAVIT UNTIL BEFORE A NOTARY.

Currently employed personnel wishing to make changes in their records need only complete the pertinent section of the PAYROLL INFORMATION FORM, indicate their employing office, and affix their signature. Please be certain that information is legible enough for the Finance Office to identify the individual making the change.

DETACH AND RETAIN THIS NOTICE

Salary payments are made by check monthly and mailed to the address designated on the Payroll Information Form. Checks are disbursed from the Office of Finance to normally reach the addressee on the last working day of each month.

For additional information, contact the Office of Finance, 263 Cannon Office Building, Telephone Extension 56515 or 57064.

EMPLOYEE BENEFITS

RETIREMENT: An employee of the House of Representatives is eligible to join the Federal Civil Service Retirement System. Participation is voluntary, and action to elect retirement coverage may be initiated at any time by completing the appropriate section of the Payroll Information Form. Once an election is filed and the normal deduction of $7\frac{1}{2}$ percent of the gross salary commences, the employee cannot discontinue deductions so long as he is continuously employed. (Note: Legislative employees are not covered by the Social Security Act.)

LIFE INSURANCE: An employee is automatically covered under the Federal Employees' Group Life Insurance Act unless he waives or subsequently cancels such coverage by filing the required waiver form with the Office of Finance. The insurance coverage is \$10,000; or an amount equal to the gross annual salary, rounded to the next higher thousand dollars (if the salary is not a multiple of a thousand dollars), plus an additional two thousand dollars; whichever is the greater. Additional optional insurance coverage in the amount of \$10,000 is also available.

HEALTH BENEFITS: The Federal Employees' Health Benefits Program is available on a voluntary basis with costs partly financed by the Government. Within 31 days after the effective date of appointment, every employee must register to enroll in a plan or not to enroll. Future opportunities to enroll or to change the type of enrollment are shown in the enclosed pamphlet. Also enclosed is the necessary registration form, Standard Form 2809.

U.S. SAVINGS BONDS: Monthly deductions for bonds in regular bond denominations may be authorized. Authorization cards are available in the Finance Office.

WORK INJURY BENEFITS: An employee injured or incurring disease as a result of performance of duty is entitled to medical care and monetary benefits under the provisions of the Federal Employees' Compensation Act. In instances where such injury or disease is fatal, the employee's family is entitled to monetary benefits. The Compensation Act is administered by the Bureau of Employees' Compensation, U.S. Department of Labor. Forms for filing notices of injury and claims for compensation are available in the Office of Finance or from any Postmaster.

UNEMPLOYMENT COMPENSATION: An employee may under certain circumstances be entitled to unemployment compensation if discharged or otherwise separated from his employment. The compensation is usually payable by the State (including the District of Columbia) in which the employee had his last service. However, a claim for benefits may be filed in the local office nearest the employee's residence. If an employee is discharged for misconduct, quits voluntarily without good cause, or refuses a suitable job without good cause, then there is a period of disqualification which varies from State to State. The amount of payments and period of time payable also varies from State to State.

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TO: Thomas Howarth, Budget Officer Elizabeth Berning, Chief Clerk

FROM: I. Charles Mathews, Special Counsel

DATE: December 19, 1977

RE: Ms. Wendy Collins

Please be advised that Ms. Wendy Collins has accepted the position of Senior Attorney Researcher with the Select Committee on Assassinations. Her effective starting date will be December 29, 1977 and her starting salary will be \$18,000.00.

Your full cooperation will be appreciated in familiarizing her with staff procedures and welcoming her aboard.

ICM:jl

MEMORANDUM

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

father		nephew	brother-in-law
mother		niece	sister-in-law
son		husband	stepfather
daughter		wife	stepmother
brother		father-in-law	stepbrother
sister		mother-in-law	stepsister
uncle		son-in-law	half-brother
aunt		daughter-in-law	half-sister
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Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

I am not relate	ed to any cu	rrent	(95th Con	gress) M	ember of Congress.
<pre>I am related to (Please specify</pre>	o a current	(95th	Congress)	Member	of Congress.

Wandy Sullus
Signature of Employee

79 Dec 77