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HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

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

INCLUSIVE DATES: 29 APRIL 1956 - 15 APRIL 1966

CUSTODIAL UNIT/LOCATION: OFFICE OF PERSONNEL

ROOM: 5E13

DELETIONS, IF ANY: _____

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

WILCOTT, JAMES B. TERMINATED 25798

SECRET

DATE PREPARED

21 Apr 66

REQUEST FOR PERSONNEL ACTION					
1 SERIAL NUMBER 025798	2 NAME (Last, first, Middle) MC GOWAN JAMES B. JR			DATE PREPARED 21 Apr 66	
3 NATURE OF PERSONNEL ACTION RESIGNATION			4 EFFECTIVE DATE REQUESTED MONTH C. 983. YEAR 04 15 66	5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS X	V TO V	V TO O	7 COST CENTER NO CHARGEABLE 6135 1164	8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DDFA/N USFIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH			10 LOCATION OF OFFICIAL STATION JMWAVE		
11 POSITION TITLE FISCAL, ACCT ASST			12 POSITION NUMBER 136?	13 CAREER SERVICE DESIGNATION SF	
14 CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15 OCCUPATIONAL SERIES 0501.03	16 GRADE AND STEP 07 4	17 SALARY OR RATE \$ 6890.	
18 REMARKS * Staff Employee Special Subject is re-employable Resignation Memo Attached					
18A SIGNATURE OF REQUESTING OFFICIAL Robert D. Gishman, JMWAVE			DATE SIGNED 22 April 66	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER L. G. L. [Signature] Head, SF Career Service	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 4/5/10	20 EMPLOYEE CODE 4/5/10	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE	23 INTEGRIE CODE	24 HOURS CODE MO. DA. VR 29 21 31
25 WTE EXPIRES MO. DA. VR.	26 SPECIAL REFERENCE 1-OSR 3-FICA 5-BORN	27 RETIREMENT DATA CODE	28 SEPARATION DATA CODE 1-60, 00, 65	29 CORRECTION CANCELLATION DATA TYPE MO. DA. VR. EOD DATA	30 DATE OF BIRTH MO. DA. VR. 31 09 21 31
32 VET. PREFERENCE CODE 0-BORN 1-5 PT 2-10 PT	33 SERV COMP DATE MO. DA. VR.	34 LONG COMP. DATE MO. DA. VR.	35 CAREER CATEGORY CODE 0-WAVER 1-YES	36 FEGLI - HEALTH INSURANCE CODE 0-NO 1-YES	37 STATE TAX DATA CODE 0-NO TAX EXEMPT 1-YES
38 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	39 LEAVE CAT. CODE 40 SOCIAL SECURITY NO	41 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	42 O.P. APPROVAL L. G. L. [Signature]	43 STATE TAX DATA FORM EXECUTED 1-YES 2-NO	44 DATE APPROVED 5/16/66
45 POSITION CONTROL CERTIFICATION O. G. L. [Signature]					

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EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE

15 May 66 FOR THE FOLLOWING REASON:

REASONS:

(Initials)

May 9 10 20 AM '66

OCTOBER 1966

MAIL ROOM

MY LAST WORKING DAY WILL BE —	DATE SIGNED:	SIGNATURE OF EMPLOYEE
RECEIVED MEMO		

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

INSTRUCTIONS

Items 1 thru 7
and
Items 9 thru 18a } The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

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

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary-Part-Time		

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

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

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

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

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

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(This form is filled in)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED								
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						9 November 1965								
025793		WILCOTT, James B., Jr.														
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT # <i>62-2200</i>								4. EFFECTIVE DATE REQUESTED								
								MONTH	DAY	YEAR						
								11	21	65						
5. FUNDS		V TO V	V TO CP	6. COST CENTER NO CHARGEABLE		7. LEGAL AUTHORITY (Completed by Office of Personnel)		8. CATEGORY OF EMPLOYMENT								
		C TO V	X	6135-1161				REGULAR								
9. ORGANIZATIONAL DESIGNATIONS ITP/NH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch								10. LOCATION OF OFFICIAL STATION JMWAVE								
11. POSITION TITLE FISCAL ACCT. ASST.								12. POSITION NUMBER (SF) 1869	13. CAREER SERVICE DESIGNATION SF							
14. CLASSIFICATION SCHEDULE (GS, I.B., etc.) GS (07)				15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 (4)	17. SALARY OR RATE \$ 6890									
18. REMARKS aStaff Employee Special. <i>-C-03-60</i>																
19A. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman, C/NH/Pers.</i>				DATE SIGNED <i>10/10/65</i>		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>John J. Schinnerer, Jr. 10/10/65</i>				DATE SIGNED						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																
20. ACTION CODE	21. EMPLOY CODE	22. OFFICE CODING NUMERIC ALPHABETIC	23. STATION CODE	24. INTEGEE CODE	25. MO. DA. VR.	26. MO. DA. VR.	27. MO. DA. VR.	DATE OF BIRTH			DATE OF GRADE			DATE OF LET		
13 10	5/10/65	WH 990309			09/27/31	09	15	63	09	13	64					
28. RETIREES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA	TYPE	MO.	DA.	VR.	MO.	DA.	VR.	33. SECURITY REG. NO.	34. SICK REG. NO.	35. STATE		
					EOD DATA											
36. RET. PREFERENCE	37. SERV. COMP. DATE	38. LONG. COMP. DATE	39. CAREER CATEGORY	40. FEGLI/HEALTH INSURANCE	41. SOCIAL SECURITY NO.											
CODE 1 2-10 PT	MO. DA. VR. 06/26/5303	MO. DA. VR. 04/15/7	LAW RESV PROV TEMP	CODE CL	CODE 0-WAIVER 1-TTS	CODE —										
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA													
CODE 1 1-NO PREVIOUS SERVICE 2-NO BREAK IN SERVICE 3-BREAK IN SERVICE (LESS THAN 3 YEARS) 4-BREAK IN SERVICE (MORE THAN 3 YEARS)	6	FORM EXECUTED 1-YRS 2-HO	CODE 0 0	NO. TAX EXEMPTIONS 0 0	FORM EXECUTED 1-YRS 2-HO	CODE —	NO. TAX EXEMPT —	STATE CODE —								
45. POSITION CONTROL CERTIFICATION <i>12-6165-11</i>	46. O.P. APPROVAL <i>J. A. Schinnerer</i>	DATE APPROVED <i>10/10/65</i>														

0-62 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNLOADING
AND DELIVERY LIST

14.

SECRET

(Do Not Initial)

DATE PREPARED

9 November 1965

REQUEST FOR PERSONNEL ACTION								
1. SERIAL NUMBER 025793	2. NAME (First - Middle) <i>Stevens, James B. Jr.</i>							
3. NATURE OF PERSONNEL ACTION RESIGNATION				4. EFFECTIVE DATE REQUESTED MONTH / DAY / YEAR 11 / 28 / 65	5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS DOD/WH WH/C	V TO V C TO V	V TO O X C TO O	7. COST CENTER NO CHARGEABLE 6135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DOD/WH U.S. Field WH/C JMWAVE Deputy Chief of Station for Operational Support Finance Branch				10. LOCATION OF OFFICIAL STATION JMWAVE				
11. POSITION TITLE FISCAL ACCT. ASST.				12. POSITION NUMBER 1369	13. CAREER SERVICE DESIGNATION SP			
14. CLASSIFICATION SCHEDULE (G.S., E.R. etc.) GS		15. OCCUPATIONAL SERIES 0501.03	16. GRADE AND SRF 07 (L)		17. SALARY OR RATE \$ 6390			
18. REMARKS								
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers!				DATE SIGNED 11-24-65	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Joseph B. Regal, Jr. DATE SIGNED 11-24-65			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 10	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC	22. STATION CODE ALPHABETIC	23. INTEGEE CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR 09 28 31	26. DATE OF GRADE MO DA YR	27. DATE OF I&I MO DA YR
28. HIRE EXPIRES MO DA YR	29. SPECIAL REFERENCE CODE	30. RETIREMENT DATA 1-CS 2-FICA 3-HOME	31. SEPARATION DATA CODE 127009	32. CORRECTION CANCELLATION DATA TYPE EOD DATA	33. SECURITY REQ. NO 1	34. SEX M		
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR RESV PROV TEMP	39. FEDERAL HEALTH INSURANCE CODE 0-DRIVER 1-YES	40. SOCIAL SECURITY NO HEALTH INS. CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA 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 FORM EXECUTED 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	45. NO. TAX EXEMPT CODE	46. STATE CODE	
47. POSITION CONTROL CERTIFICATION <i>12-26-65</i>				48. O.P. APPROVAL <i>Joseph B. Regal, Jr.</i>		49. DATE APPROVED <i>11-24-65</i>		

SECRET

DATE PREPARED

15 April 1965

REQUEST FOR PERSONNEL ACTION

1. SERIAL NUMBER 025793		2. NAME (Last-First-Middle) Hibell, James B		3. EFFECTIVE DATE REQUESTED 04 05 65		4. CATEGORY OF EMPLOYMENT REGULAR	
5. NATURE OF PERSONNEL ACTION EXCERPT APPPOINTMENT		6. FUNDS V TO V X V TO C		7. COST CENTER NO CHARGEABLE 5135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DPP/Special Affairs Staff U. S. Field Forward Operations Station - JMWAVE Deputy for Support Finance Branch		10. LOCATION OF OFFICIAL STATION JMWAVE		11. POSITION TITLE FISCAL ACTT. ASST.		12. POSITION NUMBER 1030	
14. CLASSIFICATION SCHEDULE (GS, F.B., etc.) GS		15. OCCUPATIONAL SERIES 0101.03		16. GRADE AND STEP 07 (E)		17. SALARY OR RATE \$ 6550	
18. REMARKS Subject replacing Wpa. C. MENTHAL, rotating to Headquarters latter part of May 1965							
18A. SIGNATURE OF REQUESTING OFFICER J. B. Hibell, 15 April 1965		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER John B. Bradley, Sr. Career Service		18C. DATE SIGNED 15 April 1965		18D. DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING 4600 SAS	22. STATION CODE 99999	23. INTEGEE CODE C	24. HQTRS CODE 2	25. DATE OF BIRTH 09 07 31	26. DATE OF GRADE 09 05 63
20. DTE EXPIRES MO DA YR 1	29. SPECIAL REFERENCE 1-CSC 3-FICA 5-HOME	30. RETIREMENT DATA CODE 1	31. SEPARATION DATA CODE TYPE	32. CORRECTION-CANCELLATION DATA MO DA YR	27. DATE OF LEI 00 00 00		
33. VET PREFERENCE CODE 1	34. SERV. COMP. DATE MO DA YR 01 02 63	35. LONG COMP. DATE MO DA YR 03 04 57	36. CAREER CATEGORY CAT, RESV, PROF, TEMP C	39. FEGL HEALTH INSURANCE CODE 1	40. D-MARSH 1-YES 2-NO	41. STATE TAX DATA CODE 1	42. SOCIAL SECURITY NO —
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1	42. LEAVE CAT CODE b	43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO 0	44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO —	45. POSITION CONTROL CERTIFICATION 4-26-65 TT	46. O.P. APPROVAL Joseph B. Hibell	47. DATE APPROVED 22 APR 1965	48. GROUP I EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
1. SERIAL NUMBER	2. NAME (Last-First-Middle)					19 April 1965		
025793	WILCOFF, James E., Jr.							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT		
Resignation					MONTH DAY YEAR 04/24/65	Regular		
6. FUNDS		X V TO V	V TO CP	7. COST CENTER NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)			
		CP TO V	CP TO CP	5271-0003				
9. ORGANIZATIONAL DESIGNATIONS DDS - OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section					10. LOCATION OF OFFICIAL STATION			
					Washington, D. C.			
11. POSITION TITLE Finance Assistant					12. POSITION NUMBER 0170	13. CAREER SERVICE DESIGNATION SF		
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE				
GS		0510.16	07-4	6650				
18. REMARKS See - Security See - Payroll								
19. SIGNATURE OF REQUESTING OFFICIAL <i>Thomas D. Pickland</i> Act. Director, CAT Division			DATE SIGNED 19 APR 1965	20. SIGNATURE OF CAREER SERVICE APPROVING <i>John Bready</i> Act. Director of Finance				
DATE SIGNED 19 APR 1965								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. ENCL. CODE	21. OFFICE CODING	22. STATION CODE	23. INTERFILE CODE	24. MOOTINGS CODE	25. DATE OF BIRTH	26. DATE OF GRAD	27. DATE OF LEA
45 10				1	09 27 31			
MO. DA. YR.	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA CODE	32. SECURITY DATA	33. SECURITY REG. NO.	34. SEA	
		1 - CSC 3 - FICA 5 - NONE	CODE	1800091	END DATA			
35. VET. PREFERENCE	36. SERV. COMM. DATE	37. LONG. COMM. DATE	38. CAREER CATEGORY	39. FEG. / MGR. RELIANCE	40. SOCIAL SECURITY NO.			
CODE	MO. DA. YR.	MO. DA. YR.	CAR/RESV PROV/TEMP	CODE	0 - UNLIM. 1 - YES	REL. REL. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE	0 - NO PREVIOUS SERVICE 1 - NO SERVICE IN STRIKE 2 - PREV. IN SERVICE (LESS THAN 3 yrs) 3 - PREV. IN SERVICE (MORE THAN 3 yrs)	FORM EXECUTED 1 - YES 2 - NO	NO. TAX EXEMPTIONS 1 - YES 2 - NO	FORM REQUIRED 1 - YES 2 - NO	CODE	STATE TAX TEMP. CODE	STATE CODE	
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL			DATE APPROVED	
4-26-65/H				Loree Leitch, Office			22 APR 1965	

DODS 27 APR 65

NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)		
025798	WILCOTT JAMES B JR		
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
RESIGNATION		04 24 65	REGULAR
6. FUNDS ➤	V TO V	V TO CP	7. COST CENTER NO. CHARGEABLE
	CP TO V	CP TO CP	9277 0003 0000
8. ORGANIZATIONAL DESIGNATIONS		9. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
FINANCE ASSISTANT		0470	SP
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0510.16	07 4	6850
18. REMARKS			
SIGNATURE OR OTHER AUTHENTICATION			

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 15 September 1964				
1. SERIAL NUMBER 025798	2. NAME (Last-First-Middle) WILCOTT, James Bernard, Jr.							
3. NATURE OF PERSONNEL ACTION Reassignment & Transfer to Vouchered Funds			4. EFFECTIVE DATE REQUESTED 10 11 64	5. CATEGORY OF EMPLOYMENT Regular				
6. FUNDS ► X CF TO V	V TO V	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE 5277-0003					
8. ORGANIZATIONAL DESIGNATIONS DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section			10. LOCATION OF OFFICIAL STATION Washington, D. C.					
11. POSITION TITLE Finance Assistant			12. POSITION NUMBER 0470	13. CAREER SERVICE DESIGNATION SF				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0510.16	16. GRADE AND STEP O 7/4	17. SALARY OR RATE \$ 6650				
18. REMARKS From: FE/Tokyo Security Approval Granted by Pers. SD/OS 9/21/64 CONCUR: John J. Jones FE/Personnel Dated 10/1/64 1cc - Sec 1cc - Payroll w/ Forms W-4 and								
18A. SIGNATURE OF REQUESTING OFFICIAL Acting Chief, C&T Division			DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER John J. Jones Adm. Officer-O/Finance				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
18. ACTION CODE 16 16	20. EMPLOYEE CODE 12-00	21. SERVICE CODE FEB RCB	22. STATUS CODE 0001	23. INTEGRIE CODE 1	24. HOURS CODE 0000	25. DATE OF BIRTH 07 12 31	26. DATE OF GRADE 	27. DATE OF LEI
28. RPT. EXPIRES NO. DA. YR.	29. RETIREMENT DATA RETIREE	30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - HOW	31. SEPARATION DATA CODE 0001	32. CORRECTION/CANCELLED DATA TYPE EOD DATA	33. SECURITY REG. NO. 	34. SEX 		
35. VET. PREFERENCE CODE	36. SERV. COMM. DATE NO. DA. YR.	37. COMM. COMM. DATE NO. DA. YR.	38. CAREER CATEGORY CAR/PEN/PROV/TEMP	39. FED. / HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO. 			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE	42. PREVIOUS GOVERNMENT SERVICE DATA CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE	44. STATE TAX DATA FORM EXECUTED CODE					
45. POSITION CONTROL CERTIFICATION from FE	46. O.P. APPROVAL B 3/3/64 Michael Farley 10ct 64	47. DATE APPROVED 						

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				3. SEPTEMBER 1963		
025798 ✓		WILCOTT, JAMES R., JR.						
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT			
				MONTH DAY YEAR 09 15 63	REGULAR			
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE 4137-7351-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
CF TO V		X	X	CF TO CF				
9. ORGANIZATIONAL DESIGNATIONS DDP FE FE/JKO - TOKYO STATION SUPPORT STAFF				10. LOCATION OF OFFICIAL STATION TOKYO, JAPAN				
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 3167	13. CAREER SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 281 0501.03		16. GRADE AND STEP 07 03	17. SALARY OR RATE 5,910 ✓			
18. REMARKS FROM: GS- 6 step 4								
FOR FURTHER INFO, CALL X5271								
18A. SIGNATURE OF REQUESTING OFFICIAL Lee Austin, CFE/PERSONNEL			DATE SIGNED 05 SEP 1963	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Admin. Officer, O/Comptroller		DATE SIGNED 9/11/63		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. RETIREMENT CODE	20. EMPLOYEE CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRADE CODE	24. WOOPS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LE
22	10	15370FE	3881	3	09	27 13 1	NO DA YR	NO DA YR
28. RTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REG. NO.	34. SEX
NO. DA. YR.		1 - CSC 3 - FICA 5 - NONE	CODE	TYPE	NO. DA. YR.			
EOD DATA								
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FED. 1 / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	MO. DA. YR.	MO. DA. YR.	CAR/RESV PROV/TEMP	CODE 0 - BROTHER 1 - YES	HEALTH INS. CODE 1 - NO			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED 1 - YES 2 - NO	NO. TAX EXEMPT 1 - NO 2 - YES	FORM EXECUTED 1 - NO 2 - YES	CODE 1 - NO 2 - YES	NO. TAX EXEMPT 1 - NO 2 - YES	STATE CODE	
45. POSITION CONTROL CERTIFICATION W. Keeney 09/13/63	46. O.P. APPROVAL Michael Rantzah 13 SEP 63				DATE APPROVED			

SECRET

(Other Filled In)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED		
1. SERIAL NUMBER <i>025798</i>	2. NAME (Last-First-Middle) <i>Wilcott, James E.</i>							13 October 1961		
3. NATURE OF PERSONNEL ACTION <i>Promotion</i>								4. EFFECTIVE DATE REQUESTED <i>BIRTH DAY YEAR 11 12 61</i>	5. CATEGORY OF EMPLOYMENT <i>Regular</i>	
6. FUNDS <i>→</i>		6 TO V	V TO CP	7. COST CENTER NO. CHARGEABLE <i>2137-7321-1000</i>	8. LEGAL AUTHORITY. (Completed by Office of Personnel) <i>Office of Personnel</i>					
9. ORGANIZATIONAL DESIGNATIONS <i>DDP/FE FE/JAO - Tokyo Station Support Staff - TOKYO</i>								10. LOCATION OF OFFICIAL STATION <i>Tokyo, Japan</i>		
11. POSITION TITLE <i>Fiscal Acct Asst</i>								12. POSITION NUMBER <i>3167-0</i>	13. CAREER SERVICE DESIGNATION <i>SF</i>	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <i>GS</i>		15. OCCUPATIONAL SERIES <i>0501.03</i>		16. GRADE AND STEP <i>6 4</i>	17. SALARY OR RATE <i>1,220 5,325</i>					
18. REMARKS <i>Promotion from GS-5, Step 3 to GS-6, Step 4</i>										
19A. SIGNATURE OF REQUESTING OFFICIAL <i>V.L. Shoba, MPP, DPM</i>				DATE SIGNED <i>10/10/61</i>		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>E.H. SAUNDERS, Comptroller</i>				DATE SIGNED <i>10/10/61</i>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
20. ACTION CODE <i>22 10</i>	21. PAY IN CODING <i>5638 FE</i>	22. STATION CODE <i>27587</i>	23. RELEASE CODE <i>000</i>	24. HOURS CODE <i>000</i>	25. DATE OF BIRTH <i>3 09 12 31</i>	26. DATE OF GRAD <i>11 12 61</i>	27. DATE OF LEI <i>11 12 61</i>			
28. RATE EXPRES <i>MO. DA. YR.</i>	29. SPEC. R. <i>REFERENCE</i>	30. RETIREMENT DATA <i>1 - SOC 3 - FICA 4 - NONE</i>	31. SEPARATION DATA CODE <i>0000</i>	32. CANCELLATION DATA <i>0000</i>	33. SECURITY REG. NO. <i>EOD DATA →</i>	34. SEA <i>000</i>				
35. VET. PREFERENCE <i>CODE 0 - NONE 1 - 5 yr 2 - 10 yr</i>	36. PERIOD COMPL. DATE <i>MO. DA. YR.</i>	37. LONG. COMPL. DATE <i>MO. DA. YR.</i>	38. MIL. SERV. CREDITED <i>1 - YES 2 - NO</i>	39. FEDEX / HEALTH INSURANCE <i>CODE 0 - UNINS 1 - YES</i>	40. SOCIAL SECURITY NO.					
41. PREVIOUS GOVERNMENT SERV. DATA <i>CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MOS 3 - BREAK IN SERVICE MORE THAN 12 MOS</i>	42. LEAVE CAT. CODE <i>000</i>	43. FEDERAL TAX DATA <i>FROM EXECUTED CODE 1 - YES 2 - NO</i>	44. STATE TAX DATA <i>NO. TAX EXEMPTIONS FROM EXECUTED CODE 1 - YES 2 - NO</i>	45. POSITION CONTROL CERTIFICATION <i>2/10/61</i>	46. O.P. APPROVAL <i>2/10/61</i>	47. DATE APPROVED <i>11/3/61</i>				

696-252

SECRET



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

To the Director of Central Intelligence

Sir:

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

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

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

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

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

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

Daniel C. Knapp

SECRET

(Signature)

(Date)

13/11/60

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof	5. Sex	6. CS : EOD
	Walcott, James E., Jr.	Mo. Da. Yr. 09 27 31	None-O Code 5 Pt-1 10 Pt-2	M	Mo. Da. Yr.
7. SPC	8. CSC Ref.	9. CSC Or Other Legal Authority	10. Appt. Altativ.	11. FEGLI 138.	12. Min. Serv. Yrs.
Mo. Da. Yr. No. 9	Yes - 1 Code No - 2		Mo. Da. Yr. Yer-1 Code No-2 /	Mo. Da. Yr.	Yes - 1 Code No - 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DIS/Office of the Comptroller Finance Div. Accounts Branch Accounting Control Section Accts Receivable and Payable Unit	Code	15. Location Of Official Station	Station Code		
Dept - Field USM&C Fiscal Acct Clk		Nashi, D.C.			
16. Dept - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series		
USM&C Fiscal Acct Clk		0506	GS 0501.01		
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade Mo. Da. Yr. 9 12 51	25. PSI Due Mo. Da. Yr. 9 12 51	26. Appropriation Number 0263 1010
05 3	\$ 4310	SF			

ACTION

27. Nature Of Action Reassignment + T to C,F	Code 11	28. Eff. Date Mo. Da. Yr. 05 15 60	29. Type Of Employee Regular	Code 11	30. Separation Date
---	------------	--	---------------------------------	------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP/FE FE/JAO - Tokyo Station Support Staff - Tokyo	Code 11	32. Location Of Official Station	Station Code 37587		
33. Dept - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series		
Dept - Field USM&C Fiscal Acct Asst	Fiscal Acct Asst	3167	0501.03		
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade Mo. Da. Yr. 9 12 51	42. PSI Due Mo. Da. Yr. 9 12 51	43. Appropriation Number 0137 7351 3000
	\$				

SOURCE OF REQUEST

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

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board		1967 2-23-60 E	D. Placement		
B. Pos. Control					
C. Classification			E. Approved By		

Remarks

2 copies to Security.
 Please transfer from voucherized to unvoucherized funds as of 15 May 1960.
 Subject to replace Robert Weber, who is returning to 21 June 1960.

FORM NO. 1152
1 MAR 57

(4)

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet Prof	5. Sex	6. SS No.
125798	WILLOTT JAMES B JR			Mo. Da. Yr.	Name/O Code S.Pt.1 1 10 Pt.9 1	M 1	No. 02 Yr. 03 04 57
7. SCD	8. CSC Rating	9. CSC Or Other Legal Authority			10. Appt. Affidav	11. FLCI	12. LCD
Mo. Da. Yr. 06 26 53	Yes - 1 Code No - 2 1	50 USCA 103			Mo. Da. Yr. 09 27 31	Yes - 1 Code No - 2 1	Mo. Da. Yr. 03 04 57

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.			Code	15. Location Of Official Station	Station Code	
			3803	WASH., D. C.	75013	
16. Dept. - Field	17. Position Title			18. Position No.	19. Serv.	20. Occas Series
Dept - Code USLfd - Frgn -	FINANCE ASST			0470	GS	0501.04
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSL Due	26. Appropriation Number	
05 XX 3	\$ 4340	SP	Mo. Da. Yr. 09 122 157	Mo. Da. Yr. 09 120 157	9 6300 20 004	

ACTION 9 18 60

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
Reassignment	✓	Mo. Da. Yr. 10/10/57	Regular	✓	

PRESENT ASSIGNMENT

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

SOURCE OF REQUEST

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

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	<i>fj</i>	10-2-57	E.		
C. Classification			F. Approved By	<i>W. M. L. - 10-2-57</i>	
Remarks	<i>W. M. L. - 10-2-57</i>				

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet Prof	5. Sex	6. CS - EOD
125798	WILCOTT JAMES B JR.			Mo. Da. Yr.	None-0 5 Pt-1 10 Pt-2	M 1	Mo. Da. Yr.
06 26 53	7. SCD	8. CSC Reinst.	9. CSC Or Other Legal Authority	Mo. Da. Yr.	11. FEGLI	12. LCD	13. GS-13
	No. 1	Code	50 USCA 403	No. 2	Code	Mo. 03 Da. 04 Yr. 57	No. 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION			Code	15. Location Of Official Station			Station Code
			3803	WASH., D. C.			75013
16. Dept. - Field	17. Position Title			18. Position No.	19. Serv.	20. Occup. Series	
Dept - X USMId - 2 Frpn -	TIME LV PAY CLK			0305202	GS	-0544.01	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number		
5/2	\$ 4190.00	SF	Mo. Da. Yr. 09 22 57	Mo. Da. Yr. 09 21 58	9-6300-20-004		

ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designations DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section			Code	32. Location Of Official Station			Station Code
			3803	Wash., DC			75013
33. Dept. - Field	34. Position Title			35. Position No.	36. Serv.	37. Occup. Series	
Dept - X USMId - 2 Frpn -	Finance Assistant			4470		0510.14	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number		
5/2	\$ 4190.00	SF	Mo. Da. Yr. 09 22 57	Mo. Da. Yr. 09 21 58	9-6300-20-004		

SOURCE OF REQUEST

A. Requested By (Name And Title)
R. E. ROMAC, Acting Chief, Finance Division
 B. For Additional Information Call (Name & Telephone Ext.)

C. Request Approved By (Signature And Title)

J. Harmsdorff
Comptroller

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
S. Pos. Control		20-1959	E.		
C. Classification			F. Approved By		
Remarks	<i>Not fully processed</i>				
For slotting purposes only					

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet Prof.	5. Sex	6. GS - EGD	
125748	WILLIAMS, VIVIAN E. JR			Mo. Da. Yr.	Non-Vet Code	Mo. Da. Yr.	Mo. Da. Yr.	
				01 07 31	5 PR-1 10 PR-2	1 M	03 04 57	
7. SCD	8. CSC Permit			9. CSC Or Other Legal Authority	10. Appt. Affidav	11. FEGLI	12. LCD	13. Other
Mo. Da. Yr.	Yes - 1 Code	No - 2	Mo. Da. Yr.	Mo. Da. Yr.	Yes - 1 Code	Mo. Da. Yr.	Yes - 1 Code	No - 2
05 26 73	1	2	05 05 73	05 04 73	1	03 04 73	1	2

PREVIOUS ASSIGNMENT

14. Organizational Designations DOS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION			Code	15. Location Of Official Station			Station Code
			3803	WASH., D. C.			75013
16. Dept. - Field	17. Position Title			18. Position No.	19. Serv.	20. Occup. Series	
Dept. : USId. : Frgn. :	Code : 2	FINANCE ASST			0541.03	35	0510.15
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number		
5/1	\$ 3670	SP	09 122 157	09 121 157	8-6304-20		

ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designations DOS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section			Code	32. Location Of Official Station			Station Code
			3803	Wash., DC			
33. Dept. - Field	34. Position Title			35. Position No.	36. Serv.	37. Occup. Series	
Dept. : USId. : Frgn. :	Code : 2	Time Leave Pay Clk			M005.02	35	0544.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number		
5/1	\$ 3670.00	SP	Mo. Da. Yr.	Mo. Da. Yr.	8-6304-20		

SOURCE OF REQUEST

A. Requested By (Signature and Title)	C. Request Approved By (Signature and Title)
R. E. WOMC, Deputy Chief, Finance Division	<i>Acting Comptroller</i>
B. For Additional Information Call (Name & Telephone Ext.)	

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date	
A. Career Board			D. Placement			
B. Pos. Control		16 APR 1988	E.			
C. Classification			F. Approved By	<i>WOMC by telephone</i>	4/12/88	
Remarks						

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Ver. Prof.	5. Sex	6. GS - EOD	
	WILCOTT, James B., Jr.			Mo Da Yr	None:0 Code 5 Pt-1 10 Pt-2	M	Mo Da Yr	
7. SCD	8. CSC Retire			9. CSC Or Other Legal Authority	10. Appt. Alt/Adv.	11. FEGLI	12. LCD	13. GS - EOD
Mo Da Yr	Yes - 1	Code	No : 2		Mo Da Yr	Yes - 1	Code	Mo Da Yr

PREVIOUS ASSIGNMENT

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

ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designations DDG/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section			Code	32. Location Of Official Station Wash., DC			Station Code 75013
33. Dept. Field	34. Position Title Finance Assistant			35. Position No.	36. Serv.	37. Occup. Series	
Dept. XX Code Usdld. Frpn:				521.03		0510.14	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number 8-6304-20		
5/1	\$ 3670.00	SF	Mo Da Yr 09 22 57	Mo Da Yr 09 09 57			

SOURCE OF REQUEST

A. Requested by Name And Title R. E. WLMAC, Deputy Chief, Finance Division	B. For Additional Information Call (Name & Telephone Ext.)	C. Request Approved By (Signature And Title) James B. Wilcott Comptroller
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CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	glo	2/1/58	E.		
C. Classification			F. Approved By	R. U. LaRoss	2/1/58

Remarks

Subject will replace Mr. Robert U. LaRoss who is processing for an o/s assignment.

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION

VOUCHERED
12 September 1957

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
	WILCOTT, James B.			Mo Da Yr	None-0 Code /	M	Mo Da Yr
9 27 31	S P-1			10 P-2			
7. SCD	8. CSC Retire	9. CSC Or Other Legal Authority	10. Appnt. Affidav.	11. FEGLI	12. LCD	13. Mil Serv Credit C.R.	
Mo Da Yr	Yes - 1 Code No - 2		Mo Da Yr	Yes - 1 Code No - 2 /	Mo Da Yr	Yes - 1 Code No - 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section			Code	15. Location Of Official Station Washington, D. C.			Station Code
16. Dept.- Field	17. Position Title Dept - X Code Usfld - M Fran - M Fiscal Acct. Clk			18. Position No.	19. Serv.	20. Occup. Series	
				20.01		GS-0501.04-4	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PS1 Due	26. Appropriation Number		
GS-4 1	\$ 3415	SP	Mo Da Yr	Mo Da Yr	8-6303-20		

ACTION

27. Nature Of Action PROMOTION	Code	28. Eff. Date 23 SEP 1957	29. Type Of Employee Regular	Code	30. Separation Date
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PRESENT ASSIGNMENT

31. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section			Code	32. Location Of Official Station Washington, D. C.			Station Code
33. Dept.- Field	34. Position Title Dept - X Code Usfld - M Fran - M Fiscal Acct Clk			35. Position No.	36. Serv.	37. Occup. Series	
				30.01		GS-0501.04-5	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PS1 Due	43. Appropriation Number		
GS-5 1	\$ 3670	SP	Mo Da Yr	Mo Da Yr	8-6303-20		

SOURCE OF REQUEST

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

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	9/16/57		E.		
C. Classification			F. Approved By	SS Shoy by J. W. 9/2/57	
Remarks					

STANDARD FORM 52 PROVISED BY THE U. S. CIVIL SERVICE COMMISSION JANUARY 1951 - PERSONNEL REvised, DECEMBER 1955																							
REQUEST FOR PERSONNEL ACTION																							
EC-9 Nov. 1956																							
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.																							
1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) <i>Mr. James B. Wilcott, Jr.</i>		2. DATE OF BIRTH <i>125703 27 Sept. 1931</i>																					
3. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Excepted Appointment</i>		4. REQUEST NO. <i>C-5481 RC-135</i>																					
5. POSITION (Specify whether establish, change grade or title, etc.) <i>13</i>		6. DATE OF REQUEST <i>28 June 1956</i>																					
7. C. EFFECTIVE DATE A. PROMISED: <i>ASAP</i>		8. C. APPROVED: <i>SD USCA 403j</i>																					
9. POSITION TITLE AND NUMBER <i>10. SERVICE, GRADE, AND SALARY</i>		10. FISCAL ACCT CLK M 30.01-4 <i>GS-0501.04-4 \$3415 pa</i>																					
11. ORGANIZATIONAL DESIGNATIONS <i>DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.</i>																							
12. HEADQUARTERS <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		13. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																					
14. REMARKS (Use reverse if necessary) <p>This action cancels Recruitment Request submitted under date of 25 June 1956</p> <p>Personnel Folder is attached</p>																							
15. REQUESTED BY (Name and title) <i>D. W. Corrick, Chief, Fiscal Division</i>		16. REQUEST APPROVED BY <i>R. H. Fuchs</i>																					
17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <i>Ruby Johnson x 4445</i>		18. VETERAN PREFERENCE <table border="1"> <tr> <td rowspan="2">NONE</td> <td rowspan="2">WWII</td> <td rowspan="2">OTHER 3-PT.</td> <td rowspan="2">10 POINT</td> <td colspan="2">19. POSITION CLASSIFICATION ACTION</td> </tr> <tr> <td>DISAB.</td> <td>OTHER</td> <td>NEW</td> <td>VICE</td> <td>I.A.</td> <td>REAL</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/></td> <td colspan="4">SD/BF</td> </tr> </table>		NONE	WWII	OTHER 3-PT.	10 POINT	19. POSITION CLASSIFICATION ACTION		DISAB.	OTHER	NEW	VICE	I.A.	REAL	<input checked="" type="checkbox"/>				SD/BF			
NONE	WWII	OTHER 3-PT.	10 POINT					19. POSITION CLASSIFICATION ACTION															
				DISAB.	OTHER	NEW	VICE	I.A.	REAL														
<input checked="" type="checkbox"/>				SD/BF																			
15. SEX	16. RACE	17. APPROPRIATION FROM:	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> ROVED <input checked="" type="checkbox"/> STATE:																		
M	W	TO <i>7-6303-20</i>	<i>yes</i>	<i>4 March 57</i>																			
21. STANDARD FORM 50 REMARKS <p>OFFICE/DIVISION WITHIN CEILING <i>27 NOV 1956</i> <i>BAB</i> Date Position Con. CLK.</p> <p>① sub. to med ② sub. to trial period <i>RC-135</i></p> <p>DOG: 03/04/57</p> <p>REMARKS: CSEOD: 03/04/57 <i>LCD: 03/04/57</i> <i>SCD: 06/26/53</i> <i>PST Due: 03/09/58</i></p>																							
22. CLEARANCES A. <i>[Signature]</i> B. CEIL. OR POS. CONTROL <i>77</i> 9 JUL 1956 C. CLASSIFICATION D. PLACEMENT OR EMPL. <i>ET</i> 7/11 E. F. APPROVED BY <i>Robert L. Trickler</i> <i>Conrad J. Harrell</i>																							

CONFIDENTIAL
(When Filled In)

REPORT OF INTERVIEW		1. DATE OF INTERVIEW 10 April 1956	2. PLACE Syracuse, New York
3. PREVIOUS APPLICATION <input type="checkbox"/> VET <input checked="" type="checkbox"/> BO	4. INTERVIEWED Neil F. Doherty	5. REFERRED BY	
6. TYPE OR PRINT IN CAPS LAST NAME WILCOTT, FIRST NAME JAMES MIDDLE NAME B.			
7. PERMANENT ADDRESS 400 James Street, Syracuse, New York		TELEPHONE none	
8. BUSINESS ADDRESS		TELEPHONE	
9. TEMPORARY ADDRESS		TELEPHONE	
10. DATE OF BIRTH 27 Sept. 1931	12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country)		
11. PLACE OF BIRTH Cleveland, Ohio	U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		13. IF NATURALIZED INDICATE DATE
13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> DIVORCED	14. NO. OF DEPEND. (Excluding wife) 0		
15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 20-9) X A			
16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.) Polana Central High - left at end of first year (1948) GED (Army) Equivalency diploma 1951 Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major - left when his marks were getting too low - working also. Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course - all A's and B's except 2 C's. (Can end course in Fall or continue)			
17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving) August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant - \$45 per wk - laid off due to slow business. Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator - \$50 per wk. was an unskilled job with no future. May '54 - Sept. '54 - Tobogan Inn, Eagle Bay, N.Y. - Handyman \$60 wk, plus room and board - summer job. Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - \$60 wk. - did not make out as a salesman.			
18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS. Dec. '48 - August. '52 - U.S. Army Electrician and generator operator (MOS 3166 - Cpl. liked the work and was considered fairly good at it.)			

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(When Filled In)

19. AREA KNOWLEDGE (Area, type & knowledge, how acquired, etc.)

Okinawa July '49 - March '51

20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)

LANGUAGE	NATIVE FLUENCY	FLUENT OUT FOREIGN	ADEQUATE FOR TRANSLATOR	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
N A							

21. SALARY REQUESTED \$7200

22. POOL INTEREST

 YES NO

23. ACCEPTABLE STATION WASHINGTON, D.C.

YES

NO

PREFERENCE LIMITATIONS

ANYWHERE IN U.S. YES NO
OVERSEAS YES NO

Prefers O/S and the sooner the better-anywhere.

24. HEALTH

Good

25. FORMS GIVEN PHS APP. I MED. SEC. AGREED. T/A (If required)

26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)

The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge). The guy has intelligence (LA/5 61-61) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on Accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthand from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.

27. RECOMMENDED FOR GS 4 Admin/ Accounting	28. SERIAL NUMBERS
29. TESTS LA/5 61-61	30. Neil F. Doherty May 13, 1956 SIGNATURE OF INTERVIEWER DATE

CONFIDENTIAL

SECRET

CIA Form 1200 (Rev. 1-64)

1. PERM. SERIAL NO.	BIOGRAPHIC PROFILE (PART I) SCD: 26 Jun 1953						
2. NAME (Last-First-Middle)		3. SEX		4. DATE OF BIRTH		5. LONGEVITY COMP. DATE	
WILDETT, James Bernard, Jr.		M		Sep 1931		4 Mar 1957	
6. MARITAL STATUS		7. DEPENDENTS Number of dependents		8. YEAR OF BIRTH		9. US NATURALIZATION DATE (if any)	
Married		2		1931, 1959		NA	
8. CAREER STAFF STATION		9. MEMBERSHIP		OTHER STATUS		10. LAST MED. RPT. QUAL. FOR EVAL. FOR	
						Mar 1960 PCS O/S O/S PCS	
11. CURRENT RESERVE STATUS		12. HOME SERVICE		GRADE		ACTIVE DUTY WITH CIA CAT-1	
X						RELEASE TO MIL. SER. CAT-2	
13. ASSESSMENT DATE		14. PROFESSIONAL TEST DATE		15. LANGUAGE APTITUDE TEST DATE		TO BE DEFERRED CAT-3	
None		None		Jan 1960			
16. NON-CIA EMPLOYMENT							
1958-52 Military Service, US Army - Cpl, Electrician & Generator Operator							
1952 Eso Tower Station, Utica, NY - Attendant							
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator							
Various Summer & Part-time positions while attending college							
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)							
German - R,P,S,U, Slight (Nov 1959); W, Elem; T, None - Mar 1958							
18. AGENCY SPONSORED TRAINING							
1957 Clerical Induct 1960 Intro to Communism							
1957 Clerical Orient							
1960 Intel Orient							
1960 Ops Spt							
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)							
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SC	ORGANIZATION & ORGAN. TITLE (if any)		LOCATION	
Mar 1957	Fisc Acct Clerk 0501.04	4	SF	Compt/Fiscal Div/Accts Br		HQ	
Sep 1957	" " 0501.04	5	SF	" " " " "		"	
Feb 1958	Finance Asst 0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br		"	
Mar 1958	Time,Lv,Pay Clerk 0544.01	5	SF	" " " " " " "		"	
Mar 1959	Finance Asst 0510.14	5	SF	" " " " " " "		"	
Oct 1959	Fisc Acct Clerk 0501.04	5	SF	Compt/Finance Div/Accts Br		"	
May 1960	Fisc Acct Asst 0501.03	5	SF	DOP/FE/Jao-Tokyo Sta/Spt Stf		Tokyo	
Nov 1961	" " " 0501.03	6	SF	" " " " " " "		"	
Sep 1963	" " " 0501.03	7	SF	" " " " " " "		"	
Oct 1964	Finance Asst 0510.16	7	SF	DPS/Finance/CF Div/Comp&Tax Accts		HQ	
20. DATE REVIEWED	21. PROFILE REVIEWED BY	22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE					
23 Nov 1964	ard	No					

Form 1200 (Part I) *** PREVIOUS EDITIONS

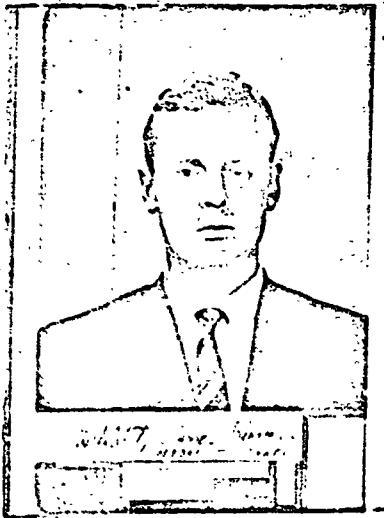
SECRET jlk

PROFILE

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SECRET

(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART 2)	
25798			
NAME (Last-First-Middle): WILCOX, James Bernard, Jr.		DATE OF BIRTH Sep 1931	
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1964	28. PROFILE REVIEWED BY mrd	29. APPROVAL FOR RELEASE SECRET jlk	

FORM NO. 1200 (PART 2) REPLACES FORM 1060 (PART 2) SECRET jlk
1 FEB 67 WHICH IS OBSOLETE.

PROFILE

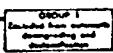
103

SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE-SERIAL NUMBER 025798
SECTION A					
GENERAL					
1. NAME <i>(Last) (First) (Middle)</i> Wilcott, James B. Jr.		2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07	5. SD SP
6. OFFICIAL POSITION TITLE Fiscal Acct Asst		7. OFF./DIV./BN OF ASSIGNMENT DDP/FE/JKO	8. CURRENT STATION Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)		10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify):			
11. DATE REPORT DUE IN G.P. 31 Aug 64		12. REPORTING PERIOD (From To) 1 July 1963 - 30 June 1964			
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
<p>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).</p>					
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).					RATING LETTER P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					RATING LETTER P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					RATING LETTER P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					RATING LETTER P
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.					RATING LETTER P
SPECIFIC DUTY NO. 6 Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.					RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION					
<p>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.</p> <p>15 JUL 1964</p>					RATING LETTER P

SECRET



CONFIDENTIAL
SECRET
(When Filled In)

FJTT 10,374, 31 May 63

FITNESS REPORT				EMPLOYEE SERIAL NUMBER
				025798
SECTION A				
GENERAL				
1. NAME: (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE
WILCOTT, JAMES B. JR.		27 Sept 31	M	GS-6 SP
5. OFFICIAL POSITION/TITLE: FISCAL ACCT ASST		7. OFF/DIV/DR OF ASSIGNMENT		8. CURRENT STATION
		DDP/FE/JKO		Tokyo
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT		
CAREER	RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR
CAREER-PROVISIONAL (See Instructions - Section C)			X ANNUAL	REASSIGNMENT EMPLOYEE
SPECIAL (Specify):		SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - To)		
		1 Jul 62 - 30 Jun 63		
SECTION B				
PERFORMANCE EVALUATION				
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).				
SPECIFIC DUTY NO. 1				RATING LETTER
As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).				P
SPECIFIC DUTY NO. 2				RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.				P
SPECIFIC DUTY NO. 3				RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.				P
SPECIFIC DUTY NO. 4				RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.				P
SPECIFIC DUTY NO. 5				RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.				P
SPECIFIC DUTY NO. 6				RATING LETTER
Performs other related duties as assigned by the Finance Officer.				P
OVERALL PERFORMANCE IN CURRENT POSITION				
<p>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.</p>				
20 JUN 1963				RATING LETTER
FORM 45 OBSOLETE PREVIOUS EDITIONS				SECRET

~~SECRET~~

(Blank 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.

3 38 PH '63

MAIL ROOM

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

SECTION D**CERTIFICATION AND COMMENTS****1. BY EMPLOYEE**

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

DATE SIGNATURE OF EMPLOYEE

21 May 1963 /S/ James B. Wilcott

2. BY SUPERVISOR

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

33

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963 Finance Officer /S/ Clarence Norment III**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Concur in the evaluation.

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963 Adm Officer /S/ Douglas S. Trabue~~SECRET~~

CONFIDENTIAL

SECRET

1. FILED. SERIAL NO.		BIOGRAPHIC PROFILE (PART I) CDD: 26 Jun 1953											
25208		3. NAME (Last-First-Middle)			4. SEX		5. DATE OF BIRTH		6. CONVEYANCE CODES				
WILCOX, James Bernard, Jr.					M		Sep 1931		J, Xar, 1957				
7. MARITAL STATUS		8. DEPENDENTS (Exclud. Offsp.)		9. NO. YEARS OF BIRTH		10. US NATURALIZATION DATE							
Married		1		2 1931 - 1958		NA			NA				
11. CURRENT RESERVE STATUS		12. HOME SERVICE MEMBERSHIP		13. OTHER STATUS		14. LAST MED. RETIREMENT FOR			15. TO OF RETIREMENT				
D						Mar 1960 PES O/S			O/S PCS				
16. ASSESSMENT DATE		17. PROFESSIONAL TEST DATE		18. LANGUAGE APTITUDE TEST DATE									
None		None		Jan 1960									
19. NON-CIA EMPLOYMENT													
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator 1952 Esso Tower Station, Utica, NY - Attendant. 1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator Various Summer & Part-time positions while attending college													
20. NON-CIA EDUCATION													
1953-54 Utica College, Utica, NY - Physics 1955-57 Central City Business Institute, Syracuse, NY - Gtf, Exec Business Admin/Accts 1957-59 USDA Graduate School, DC - Federal Govt Accts; Mathematics of Accts&Invstnmt													
21. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958											
22. AGENCY SPONSORED TRAINING													
1957 Clerical Induct		1960 Intro to Communism											
1957 Clerical Orient													
1960 Intel Orient													
1960 Cps Spt													
23. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Personnel Details)													
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGAN. TITLE (If any)						LOCATION			
Mar 1957	Fisc Acct Clerk	0501.04	4	SF	Compt/Fiscal Div/Accts Br						Hq		
Sep 1957	" " "	0501.04	5	SF	" " " "						"		
Feb 1958	Finance Asst	0510.1h	5	SF	Compt/Fin Div/Compt/Tax Accts Br						"		
Mar 1958	Time,Lv,Pay Clerk	0514.01	5	SF	" " " " "						"		
Mar 1959	Finance Asst	0510.1u	5	SF	" " " " "						"		
Oct 1959	Fisc Acct Clerk	0501.04	5	SF	Compt/Finance Div/Accts Br						"		
May 1960	Fisc Acct Asst	0501.03	5	SF	DDP/FE/Jac-TokyoSta/Spt Stf						Tokyo		
Nov 1961	" " "	0501.03	6	SF	" " " " "						"		
Sep 1963	" " "	0501.03	7	SF	" " " " "						"		
Oct 1964	Finance Asst	0510.16	7	SF	DDS/Finance/OF Div/Compt/Tax Accts						Hq		
24. DATE REVIEWED		25. PROFILE REVIEWED BY		26. ITEMS 1-10 REVIEWED VERIFIED BY EMPLOYEE								27. NO	
1200 (PART I) USE PREVIOUS COPYRIGHT.		SECRET		PROFILE								141	

SECRET

(Data Filled In)

PERS. SERIAL NO. 25798	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOX, James Bernard, Jr.	DATE OF BIRTH Sep 1931	
		
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL		
26. ADDITIONAL INFORMATION		
27. DATE REVIEWED 23 Nov 1961	28. PROFILE REVIEWED BY JWD	

FORM NO. 1200 (PART 2) REPLACES FORM 1080 (PART 2) SECRET J1K
1 FEB 67 WHICH IS OBSOLETE.

PROFILE

(1)

SECRET

(When Fished In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 025798
SECTION A			GENERAL			
1. NAME (Last) (First) (Middle) Wilcott, James B., Jr.	2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07	5. SD SF		
6. OFFICIAL POSITION TITLE Fiscal Acct Asst	7. OFF/DIV/BN OF ASSIGNMENT DDP/WH/C	8. CURRENT STATION JMWAVE				
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)	10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE	11. SPECIAL (Specify): Resignation				
12. DATE REPORT DUE IN O.P. 26 Apr 65 - 15 Apr 66	13. REPORTING PERIOD (From to) 26 Apr 65 - 15 Apr 66					
SECTION B			PERFORMANCE EVALUATION			
W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.	A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.	P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.	S - Strong Performance is characterized by exceptional proficiency.	O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.		
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1		Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling.				RATING LETTER A
SPECIFIC DUTY NO. 2		Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel.				RATING LETTER W
SPECIFIC DUTY NO. 3		Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies				RATING LETTER A
SPECIFIC DUTY NO. 4		Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents.				RATING LETTER A
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the entire period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						
RATING LETTER A						

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give ~~ONE~~ ~~ONE~~ ~~OF~~ personnel rating. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section A. 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.

Jul 15 10 37 AM '66

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

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
12 months	Subject departed the Station without seeing this Report.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham
3. BY REVIEWING OFFICIAL		

Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett

SECRET

SECRET

Chancery Filed, Aug.

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 005703		
SECTION A					GENERAL		
1. NAME WILCOX , James B., Jr.	(Last) Wilcox	(First) James	(Middle) B., Jr.	2. DATE OF BIRTH 27 Sep 1931	3. SEX M	4. GRADE GS-07	5. SD SP
6. OFFICIAL POSITION TITLE Finance Assistant			7. OFFICER/LEADER OF ASSIGNMENT Fin/CFO/C-FRAS			8. CURRENT STATION HQSH., D. C.	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <small>CAREER-PROVISIONAL (See Instructions - Section C)</small>				10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): <small>SPECIAL (Specify):</small>			
11. DATE REPORT DUE IN O.P. ASAP			12. REPORTING PERIOD (From - To) 11 Oct. 1964 - 25 April 1965				
SECTION B PERFORMANCE EVALUATION							
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.						
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.						
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.						
S - Strong	Performance is characterized by exceptional proficiency.						
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Analyzing Payroll Accounts							RATING LETTER P
SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts							RATING LETTER P
SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances							RATING LETTER P
SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters.							RATING LETTER P
SPECIFIC DUTY NO. 5 Preparing Correspondence							RATING LETTER A
SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files							RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and points of limitation or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER P
1 MAY 1965							

SECRET

REF ID: A6424

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in mind pertinence to their relationship to overall performance. Suggestions made for improvement of work performance. Give recommendations for training. Comments on foreign language competence, if required for current position. Any other explanations given in Section C to provide basis for determining future personnel action. Specifics of performance of managerial or supervisory duties must be described, if applicable.

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

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

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

30 April 1965

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

6

Employee had departed for PCS prior to this date.

DATE

30 April 1965

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Chief, Staff Agents Accts. Sec.

JOSEPH H. MURSON

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

DATE

30 April 1965

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

Chief, Compensation and Tax Div.

MURRAY H. STRICKLAND

SECRET

SECRET

Form 45, G-3000, Previous Editions.

FITNESS REPORTEMPLOYEE SERIAL NUMBER
025793**SECTION A**

GENERAL		
1. NAME Hilcott, James B. Jr.	2. DATE OF BIRTH 27 Sep 31	3. SEX M
4. GRADE GS-07	5. SO SF	
6. OFFICIAL POSITION TITLE Fiscal Acct Asst	7. OFF/DIV/BR OF ASSIGNMENT DDP/FC/JTO	8. CURRENT STATION Tokyo
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)		10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (SPECIFY):
11. DATE REPORT DUE IN O.P. 27 July 64		12. REPORTING PERIOD (From To) 1 July 1963 - 30 June 1964

SECTION B**PERFORMANCE EVALUATION**

- W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
- P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- S - Strong** Performance is characterized by exceptional proficiency.
- O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

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

SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).	RATING LETTER P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.	RATING LETTER P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.	RATING LETTER P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.	RATING LETTER P
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.	RATING LETTER P
SPECIFIC DUTY NO. 6 Advises IDV travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.	RATING LETTER P

OVERALL PERFORMANCE IN CURRENT POSITION

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

15 JUL 1964

RATING LETTER
P

SECTION C**NARRATIVE COMMENTS****SECRET**

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

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

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

SECTION D**CERTIFICATION AND COMMENTS****1. BY EMPLOYEE**

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

DATE	SIGNATURE OF EMPLOYEE
9 Jun 61	/s/ James Wilcott

2. BY SUPERVISOR

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

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
9 Jun 61	Finance Officer	/s/ Frank Wells

3. BY REVIEWING OFFICIAL**COMMENTS OF REVIEWING OFFICIAL**

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

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
7 Jun 61	Finance Officer	/s/ Jack Findall

SECRET

FJTT 10,374, 31 May 63

SECRET
(CLASSIFIED BY)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER																
SECTION A			GENERAL																
1. NAME WILCOX, JAMES B., JR.		2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6 SF															
5. OFFICIAL POSITION TITLE FISCAL ACCT ASST		6. OFFICER OR OF ASSIGNMENT DDP/FS/JKO	7. CURRENT STATION Tokyo																
8. CHECK (X) TYPE OF APPOINTMENT <table border="1"><tr><td>CAREER</td><td>RESERVE</td><td>TEMPORARY</td></tr><tr><td colspan="3">CAREER-PROVISIONAL (See Instructions - Section C)</td></tr><tr><td colspan="3">SPECIAL (Specify):</td></tr></table>			CAREER	RESERVE	TEMPORARY	CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify):			9. CHECK (X) TYPE OF REPORT <table border="1"><tr><td>INITIAL</td><td>REASSIGNMENT SUPERVISOR</td></tr><tr><td>X ANNUAL</td><td>REASSIGNMENT EMPLOYEE</td></tr><tr><td colspan="2">SPECIAL (Specify):</td></tr></table>		INITIAL	REASSIGNMENT SUPERVISOR	X ANNUAL	REASSIGNMENT EMPLOYEE	SPECIAL (Specify):	
CAREER	RESERVE	TEMPORARY																	
CAREER-PROVISIONAL (See Instructions - Section C)																			
SPECIAL (Specify):																			
INITIAL	REASSIGNMENT SUPERVISOR																		
X ANNUAL	REASSIGNMENT EMPLOYEE																		
SPECIAL (Specify):																			
10. DATE REPORT DUE IN O.P. 1 Jul 62 - 30 Jun 63			11. REPORTING PERIOD (From - To)																
SECTION B PERFORMANCE EVALUATION																			
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation; to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>																			
SPECIFIC DUTIES																			
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).																			
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).				RATING LETTER P															
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.				RATING LETTER P															
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.				RATING LETTER P															
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.				RATING LETTER P															
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.				RATING LETTER P															
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.				RATING LETTER P															
OVERALL PERFORMANCE IN CURRENT POSITION																			
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER P															
20 JUN 1962																			

~~SECRET~~**SECTION C NARRATIVE COMMENTS**

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

3 30 PM 3/63

MAIL ROOM

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

SECTION D CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 21 May 1963	SIGNATURE OF EMPLOYEE <i>/S/ James B. Wilcott</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 33	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 21 May 1963	OFFICIAL TITLE OF SUPERVISOR Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE <i>/S/ Clarence Noment III</i>
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in the evaluation.		
DATE 21 May 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Adm Officer	TYPED OR PRINTED NAME AND SIGNATURE <i>/S/ Douglas S. Trabue</i>

~~SECRET~~

CONFIDENTIAL

SECRET

(When Filled In)

P-100
of Current Service Record

EMPLOYEE SERIAL NUMBER

C-25-778

FITNESS REPORT

SECTION A.

GENERAL

1. NAME WILCOTP, James B.	2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6	5. SD SF
6. OFFICIAL POSITION/TITLE Fiscal Acct Asst.	7. OFF/DIV/BR/CB OF ASSIGNMENT FE/Tokyo	8. CURRENT STATION Tokyo		
9. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):	10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):	11. DATE REPORT DUE IN O.P. 1 Apr 61 - 30 June 62	12. REPORTING PERIOD (From To) 1 Apr 61 - 30 June 62	REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE

SECTION B

PERFORMANCE EVALUATION

- W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
- P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- S - Strong** Performance is characterized by exceptional proficiency.
- O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

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

SPECIFIC DUTY NO. 1	RATING LETTER
Station cashier responsible for the day to day receipt and disbursement of cash.	P
Consolidates all station cash transactions to one voucher and verifies balance daily.	P
Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.	S
Polices individual housing and vehicle advance accounts and audits related accountings.	S
Maintains statistical records on all private rentals by individual house and cost center.	P
Performs other related duties as assigned by the Finance Officer.	P

OVERALL PERFORMANCE IN CURRENT POSITION

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

~~SECRET~~
When Public Law 111

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 best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

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

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 19 July 1962	SIGNATURE OF EMPLOYEE James B. Wilcott /s/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 25	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 17 July 1962	OFFICIAL TITLE OF SUPERVISOR Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE Elwood Martin
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 17 July 1962	OFFICIAL TITLE OF REVIEWING OFFICIAL Finance Officer	TYPED OR PRINTED NAME AND SIGNATURE Clarence F. Norment

~~SECRET~~

SECRET

(When Filled In)

P-1-2-D-6

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
WILCOX, James B.		27 Sept 1931		M	GS-5
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT	
SF		Fiscal Acct. Asst.		Tokyo Station	
8. CAREER STAFF STATUS		9. TYPE OF REPORT			
NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	DENIED	ANNUAL	REASSIGNMENT/EMPLOYER	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)	
17 Mar 60		27 Mar 60 to 31 Mar 61			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
7 - Outstanding					
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO. 4	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO. 4
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO. 4	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO. 4
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accounting and maintains appropriate records.		RATING NO. 5	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO. 4
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLI- CABLE	NOT SERVED	RATING
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE	X				
WRITES EFFECTIVELY	X				
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X
OTHER (Specify):					
SECTION IV OF THIS FORM					

SECTION E**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

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

MAIL ROOM

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

This report has been prepared in accordance with F.E. Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

SECTION F**CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
3 May 1961	James B. Willett (Signed)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1961		Elwood Martin
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
3 May 1961		Clarence Norment

SECRET

SECRET
(Not Filled In)

REF ID: A6126

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
Fiscal Accountant Clerk		27 September 1931		M	S-2
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT	
SF		Fiscal Accountant Clerk		Cont/Finance/Accounts	
8. CAREER STAFF STATUS		9. TYPE OF REPORT			
<input checked="" type="checkbox"/> NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	DENIED	ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)	
30 April 1960		From 1 APR 60 - 31 JUL 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
SPECIFIC DUTY NO. 1 Responsible for number-		RATING NO.	SPECIFIC DUTY NO. 1 (continued)		RATING NO.
ing, removing, attachments, batching and totaling confidential funds posting vouchers to be processed by Machine		4	Records Division		4
SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.		RATING NO.	SPECIFIC DUTY NO. 3		RATING NO.
SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.		4	SPECIFIC DUTY NO. 4		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.
4					
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPL-CABLE	NOT OBS-SERVED	RATING
GETS THINGS DONE					1 2 3 4 5
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~~
~~Other Classified~~**SECTION E****NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in **SECTIONS B, C, and D** to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

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

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

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of comparable age, experience and responsibility. An employee's rating reflects an entirely satisfactory job 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	SIGNATURE OF EMPLOYEE	
18 April 1960	James H. Miller Jr.	

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

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.	
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
18 April 1960	C/Voucher Payroll Unit	James H. Simpson James H. Simpson

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

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
11/10/60	DE/Accounts Branch	H. C. Smith

~~SECRET~~

SECRET

REVIEWED BY:

FWD

John O'Neil

(When Filled In)

APRIL 1959

EMPLOYEE SERIAL NUMBER

125798

FITNESS REPORT

GENERAL

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

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Fundamental of Payroll	RATING NO. 3	SPECIFIC DUTY NO. 4 Confidential liaison with Area Division on payroll problems	RATING NO. 3			
SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering base and premium pay and allowances	RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations	RATING NO. 4			
SPECIFIC DUTY NO. 3 Maintaining of leave records	RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks	RATING NO. 4			

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
3

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLI-CABLE	NOT OBSERVED	RATING
					1 2 3 4 5
GETS THINGS DONE					
RESOURCEFUL					
ACCEPTS RESPONSIBILITIES					
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					
DOES HIS JOB WITHOUT STRONG SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE					
WRITES EFFECTIVELY					
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE.

S-100-1
*(See Part I)***SECTION E****NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

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

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

SECTION F**CERTIFICATION AND COMMENTS****1. BY EMPLOYEE**

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

DATE

March 10, 1959

SIGNATURE OF EMPLOYEEJames J. Wilcott Jr. / *James J. Wilcott Jr.***2. BY SUPERVISOR**

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

6

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
---	---------------------------------

OTHER (Specify):

DATE**OFFICIAL TITLE OF SUPERVISOR****TYPED OR PRINTED NAME AND SIGNATURE**

March 10, 1959

Time, Leave, Pay Supr.

John C. Robbins / *John C. Robbins***3. BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL**DATE****OFFICIAL TITLE OF REVIEWING OFFICIAL****TYPED OR PRINTED NAME AND SIGNATURE**

March 10, 1959

A/C, Staff Employees Accts. Sect. Adm. S. Lewis / *A/C, Staff Employees Accts. Sect. Adm. S. Lewis***SECRET**

When Filled In

FITNESS REPORT (Part I) PERFORMANCE**INSTRUCTIONS**

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

FOR THIS 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 Sobey, Tom	(Last) Middle:	(First)	2. DATE OF BIRTH 27 Sept. 1921	3. SEX M	4. SERVICE DESIGNATION SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Construction Division			6. OFFICIAL POSITION/TITLE Project Manager, Construction		
7. GRADE ASST. CHIEF	8. DATE REPORT DUE IN CP 1 Dec. 1957		9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 1 November 1957 - 1 December 1957		
10. TYPE OF REPORT (Check one) <input checked="" type="checkbox"/> ANNUAL		INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify) REASSIGNMENT-EMPLOYEE	

SECTION B.**CERTIFICATION**

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

12. THIS DATE C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE
5 Dec. 1957 Ben H. Lorion Deputy Chief, Accounting Div.

13. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY	DATE
Posted Pos. Cont'l. 151A (4-57)	
Reviewed by P.A. 10/10/57	

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE 5 Dec. 1957	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL R. W. Greenback	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Accounting Branch
-----------------------------	---	---

SECTION C.**JOB PERFORMANCE EVALUATION****I. RATING ON GENERAL PERFORMANCE OF DUTIES**

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

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

COMMENTS: Mr. Wilcox is very inaptious and accepts his assignments without hesitation.

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important, SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisor those who supervises a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:
- | | | | |
|----------------------------|--------------------------------|-------------------------|--------------------------------|
| ORAL GRIDDING | HAS AND USES AREA KNOWLEDGE | MAILS | COLLECTS INTERFACINGS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES | TRANSLATES, GIVES AWAY |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | DENIEGELING SOURCES | KEEPS BOOKS |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DRIVES TRUCK | MaintAINS AIR CONDITIONING |
| CONDUCTING EXTERNAL LIASON | OPERATES RADIO | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
| TYPING | COORDINATES WITH OTHER OFFICES | WRITES REGULATIONS | |
| TAKING DICTATION | | | |
| SUPERVISING | | | |
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
3 - PERFORMS THIS DUTY ACCEPTABLY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Records obligating instruments, surrenders and adjustments relating to allotment accounting.	RATING NUMBER	SPECIFIC DUTY NO. 4 Records in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER
SPECIFIC DUTY NO. 2 prepares current analysis of allotment ledger accounts of unliquidated obligations.	4	SPECIFIC DUTY NO. 5 Records liquidation, cancellations of obligations to individual allotment accounts.	4
SPECIFIC DUTY NO. 3 Checks and reconciles running of expenditures with those in the allotment ledger accounting records.	4	SPECIFIC DUTY NO. 6 prepares summaries required for reconciliations and duplicate allotment records (copies) for distribution to the various addressees.	4

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

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

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

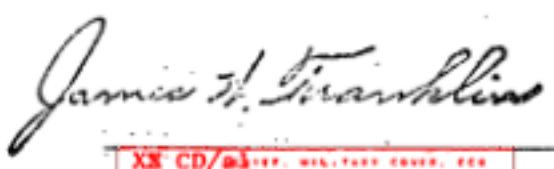
DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

- | | |
|--|--|
| 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED | |
| 2 - OF COURSE SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN THAT I KNOW NOW | |
| 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION | |
| 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION | |
| 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS | |
| 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION | |
| 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION | |

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

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

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE ESTABLISHED FOR
TO: <i>(Check)</i>	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	19 April 1965
ATTN:	Mr. Mullane	FILE NO.
REF:	Continuation of backstopping cover MILITARY COVER BACKSTOP ESTABLISHED	K-9524
	US Army Element, Composite Operations Group	AD CARD NO.
		Returned
		EMPLOYEE NO.
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<p><input checked="" type="checkbox"/> Block Records: (AR 20-880-1a3)</p> <p>a. Temporarily for _____ days, effective _____</p> <p>b. Continuing, effective _____ EOD</p> <p><input checked="" type="checkbox"/> Submit Form 642 to change limitation category. (AR 20-7)</p> <p><input checked="" type="checkbox"/> Ascertain that Army W-2 being issued. (AR 20-441-1)</p> <p><input checked="" type="checkbox"/> Submit Form 1322 for any change affecting this cover. (R 240-250)</p> <p><input checked="" type="checkbox"/> Submit Form 1323 for transferring cover responsibility. (R 240-250)</p> <p><input checked="" type="checkbox"/> Remarks: Subject is going on PCS out of D.C. area.</p> <p><input type="checkbox"/> Cover History</p>		
 <div style="text-align: right; border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> CD/<input type="checkbox"/> TEL. MILITARY COVER, ETC. </div>		
DISTRIBUTION: Copy 1-POB, Copy 2-Operating Component, Copy 3-OS B/OS, Copy 4-OL/TELEPC, Copy 5-PSD/OS, Copy 6-FILE.		

SECRET

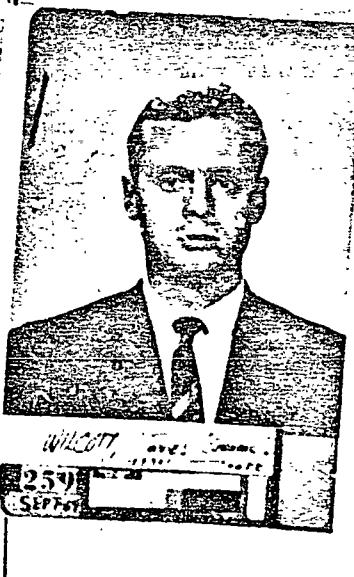
NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 10 September 64
TO: (C&OC)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ESTABLISHED FOR OFF FIN WILCOTT, James B. Jr.
ATTN:	Ruby Johnson	FILE NO. K-9524
REF:	Form 1322 8 September 64 Requesting cover MILITARY COVER BACKSTOP ESTABLISHED	
	ID CARD NO. EMPLOYEE NO.	
	US Army Element Composite Operations Group	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<p><input checked="" type="checkbox"/> Block Records: (AR 20-22-223)</p> <p>a. Temporarily for _____ days, effective _____</p> <p>b. Continuing, effective <u>May 60</u></p> <p><input checked="" type="checkbox"/> Submit Form 642 to change limitation category. (AR 20-73)</p> <p><input checked="" type="checkbox"/> Ascertain that Army W-2 being issued. (AR 20-443-1)</p> <p><input checked="" type="checkbox"/> Submit Form 1322 for any change affecting this cover. (E 240-230)</p> <p><input checked="" type="checkbox"/> Submit Form 1323 for transferring cover responsibility. (E 240-230)</p> <p><input type="checkbox"/> Remarks:</p> <p><input checked="" type="checkbox"/> Cover History Mar 57-May 60 Hdqs/overt May 60-Jul 64 DAC & DAFC/Japan</p> <p style="text-align: right;"><i>[Signature]</i></p>		
ALB/RJL (Supt. Military Cover Backstop) ECR		
DISTRIBUTION: Copy 1-PUD, Copy 2-Operating Component, Copy 3-HQ 5/OS, Copy 4-OL TELSPC, Copy 5-PID OS, Copy 6-File.		

SECRET
(When Filled In)

A.M. 17 MAY 66

NOTIFICATION OF PERSONNEL ACTION

REF:				
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)			
025798	WILCOTT JAMES B JR			
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		
RESIGNATION*		NO. DA TO (4) 15 66		
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO CHARGEABLE
		CF TO V	X CF TO CF	6132 1164 QMWN
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION		
DUP/WH/US FIELD W/H/C JM/WAVE DEP CHIEF OF STATION FOR CPS SUPPORT FINANCE BRANCH		JM/WAVE		
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION	
FISCA ACCT ASSI		1369	SF	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS		0561.03	G7 4	6090
18. REMARKS *STAFF EMPLOYEE SPECIAL				



LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

2. STATION CODE	3. INTEGEE CODE	4. Month	5. DATE OF BIRTH	6. DATE OF GRADE	7. DATE OF LEI
		MO DA YR	MO DA YR	MO DA YR	MO DA YR
19. DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. SECURITY REQ. NO.	34. SEX	
		MO DA YR			
35. COMP. DATE	36. CAREER CATEGORY	37. FEGLI / HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO.		
DA TO PROV TEMP	CAN RESV CODE	CODE	G - WAIVED	H - FEE	CODE
42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE	44. STATE TAX DATA FORM EXECUTED CODE	45. NO TAX EXEMPTIONS	46. NO TAX EXEMPT	47. STATE CODE
	1 - YES 2 - NO			1 - YES 2 - NO	

SIGNATURE OR OTHER AUTHENTICATION:

FORM 11-62 1150

Use Previous Edition

SECRET

SECRET
DO NOT
DISSEMINATE
BEFORE 1985
DECLASSIFIED

(When Filled In)

SECRET
(When Filled In)

FJH, 21 DEC 65

NOTIFICATION OF PERSONNEL ACTION														
OAF														
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)												
025798		WILCOTT JAMES B JR												
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE												
EXCEPTED APPT+ CAREER		NO DA YR 11 21 65												
5. FUNDS		V TO V		V TO CF	6. CATEGORY OF EMPLOYMENT									
		CF TO V	X	CF TO CF	REGULAR									
7. COST CENTER NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY												
		6135 1134 0000 50 USC 403 J												
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION												
DDP/WH U.S. FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH		JMWAVE												
11. POSITION TITLE		12. POSITION NUMBER				13. SERVICE DESIGNATION								
FISCAL ACCT ASST		1369				SF								
14. CLASSIFICATION SCHEDULE (GS, LS, GS, etc.)		15. OCCUPATIONAL SERIES				16. GRADE AND STEP		17. SALARY OR RATE						
GS		0501.03				07 4		6830						
18. REMARKS *STAFF EMPLOYEE : SPECIAL														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Month	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI					
13	10	NUMERIC	ALPHABETIC			Mo	Da	Yr	Mo	Da	Yr			
		51550	WH	99999		2	09	27	31	09	15	63		
28. WTC EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA			33. SECURITY REG NO.	34. SEX			
Mo Da Tr				1. CSC 2. FICA 3. NONE		CODE	Type	02	04	14	00000	M1		
				1										
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO				
CODE		0 - NONE 1 - 90 PT 2 - 10 PT		06 26 53 03		04 157	CAR GSEY PROV TEMP	CODE C	TYPE I	WAIVER YES	HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA								
CODE		0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 yrs 3 - BREAK IN SERVICE MORE THAN 3 yrs		FORM EXECUTED 1 - YES 2 - NO		45. TAX EXEMPTIONS 0 - NO 1 - YES		FORM EXECUTED 1 - YES 2 - NO		CODE	NO TAX EXEMP	STATE CODE		
1		6		0		0								
SIGNATURE OR OTHER AUTHENTICATION														
POSTED 12-22-65-61														
FORM 11-62 1150 Use Previous Edition														
SECRET														
GPO: 1 Revised from previous Edition and Revised 1-1-65 (When Filled In)														

SECRET
(When Filled In)

PUB. 21 DEC 65

REF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)		3. EFFECTIVE DATE				4. CATEGORY OF EMPLOYMENT						
025798		<i>Wilcox, James B Jr.</i>		MO	DA	YR		NO	DA	YR				
				11	24	65		REGULAR						
5. NATURE OF PERSONNEL ACTION		6. FUNDS				7. COST CENTER NO. CHARGEABLE				8. CSC OR OTHER LEGAL AUTHORITY				
RESIGNATION		V TO V	X	V TO CP	X	CP TO V	X	CP TO CP	6130 1104 0000					
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION												
DOP WH US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPERATIONAL SUPPORT FINANCE BRANCH		JMWAVE												
11. POSITION TITLE		12. POSITION NUMBER				13. SERVICE DESIGNATION								
FISCAL ACCT ASST		1303				SF								
14. CLASSIFICATION SCHEDULE (GS, LS, HS.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE								
GS		0501.03		07 4		6830								
18. REMARKS														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19. ACTION CODE	20. Employer Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEEER CODE	24. HAZARD CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI					
115	10	NUMERIC	ALPHABETIC			02	DA	YR	MO	DA	YR	MO	DA	YR
28. WTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO		34. SEX				
MO DA YR			1 - CSC 2 - FICA 3 - NONE	CODE	TYPE	02	DA	YR	EOD DATA					
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO						
CODE	0 - NONE 1 - 6 PT. 2 - 10 PT.	MO	DA	YR	NO	DP	TR	CAR PROV TEMP	CODE	CODE	0 - WAIVER 1 - YES	HEALTH INS CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA						
CODE	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	CODE	45. NO. TAX EXEMPTIONS		FORM EXECUTED	CODE	NO. TAX EXEMPT	STATE CODE			
46. SIGNATURE OR OTHER AUTHENTICATION														

FORM 1150
11-62Use Previous
Edition

SECRET

SECRET
(When Filled In)14-00000
(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND ADCI POLICY DIRECTIVE DATED 1 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED] <i>Wilcox, James B</i>	025798	51 550	CF	GS 07 4	\$ 6,650	\$ 6,690

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

NCS 09127169

1 SOCIAL SECURITY

025798

3 NATURE OF PERSONNEL ACTION

REASSIGNMENT

FUND



V TO V

Wileatt, James B

4 EFFECTIVE DATE

00 DA 70

05 31 65

5 CATEGORY OF EMPLOYMENT

6 COST CENTER NO CHARGEABLE

5135 1164 0000

7 CSC OR OTHER LEGAL AUTHORITY

8 LOCATION OF OFFICIAL STATION

JMWAVE

9 ORGANIZATIONAL DESIGNATIONS

DDP/WM DIVISION

US FLD D CM STA OP SUP

10 POSITION TITLE

FISCAL ACCT ASST

11 POSITION NUMBER

1369

12 OCCUPATIONAL SERIES

0501.03

13 CAREER SERVICE DESIGNATION

SF

14 CLASSIFICATION SCHEDULE (CSC OR CSC)

GS

15 GRADE AND STEP

97

16 SALARY OR RATE

18 REMARKS

POSTED

6-365 HT

SIGNATURE OR OTHER AUTHENTICATION

D. DECHOLS

Form 1-63 MFG 1-63

Use Previous Edition

SECRET

GROUP I
Excluded from automatic
downgrading and
declassification

(When Filled In)

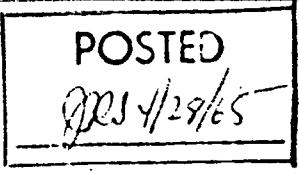
SECRET
(When Filled In)

DLG: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION											
(043) 1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
025798		Hibbett, James B									
3. NATURE OF PERSONNEL ACTION CAREER EXCEPTED APPT		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
		MO DA YR		REGULAR							
04 25 65											
6. FUNDS ➤		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
		OF TO V		X		OF TO CF		5135 1164 0000 50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DDP/SAS U.S. FIELD FORWARD OPERATIONS STATION-JMWAVE DEPUTY FOR SUPPORT FINANCE BRANCH		10. LOCATION OF OFFICIAL STATION JMWAVE									
11. POSITION TITLE FISCAL ACCT ASST		12. POSITION NUMBER 1080		13. SERVICE DESIGNATION SF							
14. CLASSIFICATION SCHEDULE (GS, LS, etc) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6650					
18. REMARKS REPLACEMENT FOR EDNA C. JECENTHAL.											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED ON <i>27 APR 1965</i> </div>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Employer Code	21. OFFICE CODING NUM: ALPHABETIC		22. STATION CODE	23. INTECREE CODE	24. Mdgts Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
13	10	49760		SAS	69599	2	00 127 31	09 15 63	09 13 64		
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE		33. SECURITY REG NO 00000	34. SEX M		
MO DA YR			1 - CSC 2 - TIAA 3 - NONE			NO DA YR					
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE		38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE CODE		40. SOCIAL SECURITY NO.			
CODE	0 - NONE 1 - TPI 2 - TOT PT	MO DA YR	06 26 53 03		04 57	CAR RESI PROV TEMP	C 1 1 - YES				
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE		44. STATE TAX DATA FORM EXECUTED CODE						
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 1 YEAR 3 - BREAK IN SERVICE MORE THAN 1 YEAR		6	1 - YES 2 - NO		NO TAX EXEMPTIONS 0 0		NO TAX EXEMPT 0				
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>04/28/65 JK</i> </div>											

SECRET
(When Filled In)

DLB: 27 APR 65

DEF		NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
RESIGNATION					NO DA YR 04 24 65		REGULAR				
6. FUNDS ➡		V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
		CF TO V		CF TO CF	5277 0003 0000						
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION									
DDS/OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION		WASH., D. C.									
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION				
		FINANCE ASSISTANT			0470		SF				
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE				
GS		0510.16			07 4		6650				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Hqrs	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES		
45	10	NUMERIC	ALPHABETIC			ED000	NO DA YR 09 27 31	NO DA YR	NO DA YR		
28. RTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.		34. SEX		
			CAC FICA NONE	CODE		TYPE	NO DA YR		REQ. NO.		
35. VET PREFERENCE		36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO				
CODE		0 - NONE 1 - 8 PT 2 - 10 PT	NO DA YR	NO DA YR	LAR RESV	CODE	0 - WAIVER 1 - YES	HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA							
CODE		0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS)		FORM EXECUTED	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	% TAX STATE CODE			
SIGNATURE OR OTHER AUTHENTICATION											
 <i>Jga</i>											

SECRET
(When Filled In)

DDB: 9 OCT 64

NOTIFICATION OF PERSONNEL ACTION												
OCC												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
025798		WILCOTT JAMES JR										
3. NATURE OF PERSONNEL ACTION		REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
						10 1 11 64		REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
		X	CF TO V		CF TO CF	5077 0003 0000		50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION										
DDS OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION & TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION		WASH., D. C.										
11. POSITION TITLE		12. POSITION NUMBER				13. SERVICE DESIGNATION						
FINANCE ASSISTANT		0470				SF						
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
GS		0510.16		07 4		6650						
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. Employee Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Hqrs Code	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI		
10	10	Numeric	Alphabetic	75013		1	MO DA YR	MO DA YR	MO DA YR	MO DA YR		
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REG NO		34. SEX		
MO DA YR		1 CSC 2 PICA 3 NONE	CODE		Type	MO DA YR		EOD DATA				
35. VET PREFERENCE		36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FELU / HEALTH INSURANCE			40. SOCIAL SECURITY NO				
CODE	0 - NONE 1 - 5 PT 2 - 10 PT	MO DA YR	MO DA YR	CAR RESI PROV TEMP	CODE	CODE	0 WAIVER 1 YES	HEALTH INS CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA				
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 yrs 3 - BREAK IN SERVICE MORE THAN 3 yrs			FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT	STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION												
FROM: FE B				POSTED 9 Oct 64 JAS								

FORM 11-62 1150

Use Previous Edition

SECRET

GROUP I
EXCLUDED FROM AUTOMATIC
Declassification and
Declassification

14-00000

(When Filled In)

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1962.

**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE
AND STEP AS INDICATED IN CHART BELOW.**

GENERAL SCHEDULE RATES
Federal Employees Salary Act of 1964

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

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

SECRET
(When Filled In)

DLS: 13 SEPT 63

NOTIFICATION OF PERSONNEL ACTION											
(NCF)											
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						NO DA YR		REGULAR			
6. FUNDS		V TO V		V TO CF		09 15 63					
		CF TO V	X	CF TO CF				7. COST CENTER NO. CHARGEABLE			
								8. CSC OR OTHER LEGAL AUTHORITY			
								4137 7351 1000 50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/FE FOREIGN FIELD FE/JKO-TOKYO STATION SUPPORT STAFF						TOKYO, JAPAN					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
FISCAL ACCT ASST						3167		SF			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0501.03			07 3			5910		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION 20. ENTRY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGEE CODE		24. MGR/HS		25. DATE OF BIRTH	
CODE		NUMERIC ALPHABETIC						Code		NO DA YR	
22 10		45380 FE		37587		3		09 27 31		09 15 63	
26. RTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.	
NO DA YR		1 - CAC 2 - FICA 3 - NONE		CODE		DATA CODE		TYPE		NO DA YR	
										EOD DATA	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		0 - NONE 1 - 90% 2 - 100%		NO DA YR		NO DA YR		CODE		0 - WAIVER 1 - YES	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE		0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)		FORM EXECUTED CODE		NO TAX EXEMPTIONS		FORM EXECUTED		CODE NO TAX EXEMPT STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
POSTED 09/25/63 JK											

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND
DCI MEMORANDUM DATED 1 AUGUST 1962, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 14 OCTOBER 1962.

NAME	SERIAL	OLD FUNDS	OLD GP-ST	NEW SALARY	NEW GP-ST	
WILCOTT JAMES B JR	025798	56363	CF 06 4	\$ 5325	DA 4	\$ 5545

SECRET
(When Filled In)

ARE: 9 NOV 1961

NOTIFICATION OF PERSONNEL ACTION											
OCF											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION		PROMOTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
						NO. DA. YR.		REGULAR			
6. FUNDS		V TO V		V. TO CP		11 12 61					
		CF TO V		X CF TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
						2137 7351 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION									
DDP FE FE/JAO TOKYO STATION SUPPORT STAFF TOKYO		TOKYO, JAPAN									
11. POSITION TITLE		FISCAL ACCT ASST				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
						3167		SF			
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)		15. OCCUPATIONAL SERIES				16. GRADE AND STEP		17. SALARY OR RATE			
GS		0501.03				06 4		5325			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Employ Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Midgets Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
22	10	56380 FE ALPHABETIC		37587		3	09 27 31	11 12 61	11 12 61		
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	34. SEX		
						Type	NO DA. YR				
35. VET. PREFERENCE		36. SERV COMP. DATE	37. LONG COMP. DATE		38. MIL SERV CREDIT/LCD	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE 0 - NONE 1 - 6 PT. 2 - 10 PT.		NO DA YR	NO DA YR		1 - YES 2 - NO	CODE	0 - WAIVER 1 - YES	CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA					42. LEAVE CAT CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)						FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT
						1 - YES 2 - NO			1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION											
FOLIO											

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

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

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET (WHEN FILLED IN)											
1. EMP. SERIAL NO.	2. NAME				3. ASSIGNED ORGAN.				4. FUNDS		5.
525798	WILCOTT JAMES B JR				DDP/FE 14				UV		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YE.				MO.	DA.	YE.
GS 05	3	\$ 4,675	09	20	59	GS 05	4	\$ 4,840	09	18	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING:						9. NUMBER OF HOURS LWOP					
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP											
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						<input type="checkbox"/> INITIALS OF CLERK					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						<input type="checkbox"/> AUDITED BY <i>[Signature]</i>					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION <i>[Handwritten signatures]</i>											
E.O. 14176 PAY CHANGE NOTIFICATION											

(When Filled In)

1. Serial No.	2. Name	3. Coat Control Number	4. LWOP Hours							
25798	WILCOTT JAMES B JR	DOP/FE 14 UV								
5. OLD SALARY RATE		6. NEW SALARY RATE								
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSE	ADJ.
FS	05	\$ 4,840	09/18/60	05	5	\$ 5,035	09/17/61			
8. Remarks and Authorization										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD										
PAY CHANGE NOTIFICATION										

Form 7-60 560

Obsoletes Previous Edition

SECRET

(4-61)

SECRET

(When Filled In)

AES: 6 MAY 1960

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Pref.	5. Sex	6. CS - EOD
525798	WILCOTT JAMES B JR			Mo. 09 Da. 27 Yr. 31	None-0 Code 5 P-1 1	M 1	Mo. 03 Da. 04 Yr. 57
7. SCD	8. CSC Name 9. CSC Or Other Legal Authority			10. Appt. Alifav.	11. FEGLI	12. LCD	13. MIL. CREDIT CODE
Mo. 06 Da. 26 Yr. 53	Yes - 1 Codo No - 2 1 50 USCA 403			Mo. Da. Yr. Yes-1 Code No-2 1	Mo. 03 Da. 04 Yr. 57	Mo. 03 Da. 04 Yr. 57	Yes - 1 Codo No - 2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT				Code	15. Location Of Official Station		Station Code
				3003	WASH., D.C.		75013
16. Dept. - Field	17. Position Title			18. Position No.	19. Serv.	20. Occup. Series	
Dept - 1 Code 01 USM - 3 2 Frpn - 5 2	FISCAL ACCT CLK			0506	GS	0501.04	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number		
05 3	\$ 4340	SF	Mo. 09 Da. 22 Yr. 57	Mo. 09 Da. 18 Yr. 60	0263 1040		

ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designations DOP FE FE/JAO - TOKYO STATION SUPPORT STAFF - TOKYO				Code	32. Location Of Official Station		Station Code
				5171	TOKYO, JAPAN		37587
33. Dept. - Field	34. Position Title			35. Position No.	36. Serv.	37. Occup. Series	
Dept - 1 Code 01 USM - 3 5 Frpn - 5 5	FISCAL ACCT ASST			3167	GS	0501.03	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number		
05 3	\$ 4340	SF	Mo. 09 Da. 23 Yr. 57	Mo. 09 Da. 18 Yr. 60	0137 7351 3000		

44. Remarks

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

POSTED

OCT-16-60 WUK

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 2 OCT 1959

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Pref.	5. Sex	6. CS - EOD
125798	WILCOTT JAMES B JR.			Mo. Da. Yr.	None	Code	Mo. Da. Yr.
				09 27 31	5 P-1 10 P-2	1	M 1
7. SCD	8. CSC Retire	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. MIL. RET.	
Mo. Da. Yr.	Yes - 1 Code	No - 2 1	50 USCA 403 J	Mo. Da. Yr.	Yes - 1 Code	Mo. Da. Yr.	Yes - 1 Code
06 26 53						03 04 57	No - 2 2

PREVIOUS ASSIGNMENT

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

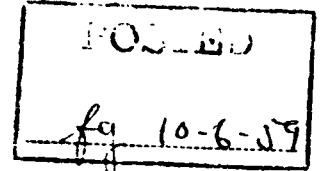
ACTION

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

PRESENT ASSIGNMENT

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

44. Remarks



SECRET

(When Filled In)

1. EMP. SERIAL NO.	2. NAME			3. RANK OR TITLE			4. GRADE ORGAN.	5. FUND	6. ALLOCATION
125798	WILCOTT JAMES B JR			DOS/COMPT			V-20	263.46	
6. OLD SALARY RATE				7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 5	2	\$ 4,190	09 21 58	GS 5	3	\$ 4,340	09 20 59		
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER									
8. CHECK ONE <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. PROJECTED SALARY RATE AND EFFECTIVE DATE				13. REMARKS					
GRADE	STEP	SALARY	MO DA YR.						
14. AUTHENTICATION									
PERIODIC STEP INCREASE - AUTHENTICATION									
PROMPT					REASONABLE PAYMENT				

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
MCM 25 MAR 59										
1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Prof	5. Sex	6. CS-EOD			
125798	WILCOTT JAMES B JR			Mo. Da. Yr.	Non-A-O 10 Pt-1 10 Pt-2	Code 1	M 1	Mo. Da. Yr.	03 04 57	
7. SCD	8. CSC Retmt.	9. CSC Or Other Legal Authority			10. Appt. Attn/Adv	11. FEGLI	12. LCD	13. MIL. Serv. Curren. Co.		
Mo. Da. Yr.	Yes - 1 No - 2	Code	50 USCA 403			Mo. Da. Yr.	Yes - 1 No - 2	Code	Mo. Da. Yr.	Yes - 1 No - 2
05 26 53	1					03	04	57		2
PREVIOUS ASSIGNMENT										
14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				Code	15. Location Of Official Station				Station Code	
3803					WASH., D. C.				75013	
16. Dept. - Field	17. Position Title			18. Position No.			19. Serv	20. Occup Series		
Dept - 2 USId - 4 Frgn - 6	Code 2	TIME LV PAY CLK.			0305.02			GS	0510.01	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number					
05 2	\$ 4190	SF	09 22 57	09 29 56	8 6304 20					

ACTION									
27. Nature Of Action			Code	28. Eff. Date	29. Type Of Employee			Code	30. Separation Data
REASSIGNMENT			56	03 25 59	REGULAR			01	

PRESENT ASSIGNMENT									
31. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				Code	32. Location Of Official Station				Station Code
3803					WASH., D. C.				75013
33. Dept. - Field	34. Position Title			35. Position No.			36. Serv.	37. Occup. Series	
Dept - 2 USId - 4 Frgn - 6	Code 2	FINANCE ASST			0470			GS	0510.14
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number				
05 2	\$ 4190	SF	09 22 57	09 20 59	9 6300 20 004				
44. Remarks									
<div style="border: 1px solid black; padding: 5px; text-align: center;"> POSTED <small>27 MAY 1959</small> </div>									

enough to convert galaxy increase attractivity effective
in summer (see authorization of P. L. 93-322 and DCS
directive, subject to the June 1960 adjustment as follows:

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

1000 AM STEWART PERSONNEL

1

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GENERAL INFORMATION

1.2% SALARY

WILCOTT JAMES R JR

125798

GS-05-1

3 3,670

-\\$ 4,040

1

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

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

SECRET
(WHEN FILLED IN)

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

FORM NO. 1 MAR 58 560

SECRET

PERSONNEL FOLDER

(4)

SECRET

(Not Filled In)

20202

NOTIFICATION OF PERSONNEL ACTION

MCM28 APRIL 58

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS-FOD
125798	WILCOTT, JAMES B JR			Mo. Da. Yr.	None-O Code 5 P-1 10 P-8	M 1	Mo. Da. Yr. 03 04 57
7. SCD	8. CSC Rmtnt	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI	12. LCD	13. Curr. Lfe	
Mo. Da. Yr. 06 26 57	Yes-1 Code No-2 1	50 USC A 403	Mo. Da. Yr. No-S	Yes-1 Code No-S	Mo. Da. Yr. 03 04 57	Yes-1 Code No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION	Code	15. Location Of Official Station	Station Code	
	3803	WASH., D. C.	75013	
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series	
Dept - 2 Code USfld - 4 Frgn - 6 2	FINANCE ASST	0521.03	GS 0510.14	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade 25. PSI Due	26. Appropriation Number
05 1	\$ 3670	SF	Mo. Da. Yr. 04 21 58	8 6304 20

ACTION

27. Nature Of Action	Code	28. Err. Date	29. Type Of Employee	Code	30. Separation Date
REASSIGNMENT	56	Mo. Da. Yr. 04 21 58	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION	Code	32. Location Of Official Station	Station Code	
	3803	WASH., D. C.	75013	
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series	
Dept - 2 Code USfld - 4 Frgn - 6 2	TIME LV PAY CLK	0305.02	GS 0544.01	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade 42. PSI Due	43. Appropriation Number
05 1	\$ 3670	SF	Mo. Da. Yr. 04 22 57	8 6304 20

44. Remarks

POSTED
S/1/S

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

MCM 21 FEB 58

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
125798	WILCOTT JAMES B JR	Mo. Da. Yr. 03 27 31 S Pt-1	Name-1 Code 10 Pt-2	M 1	Mo. Da. Yr. 03 03 57
7. SCD	8. CSC Rec'd. 9. CSC Or Other Legal Authority	10. Adm. Altday	11. FEGLI	12. LCD	13. Min. Serv. To
No. Da. Yr. 06 26 53	Yes-1 Code No-2 1	Mo. Da. Yr. No-2	Mo. Da. Yr. 03 03 57	Yes-1 Code No-2 2	
50 USCA 403					

PREVIOUS ASSIGNMENT

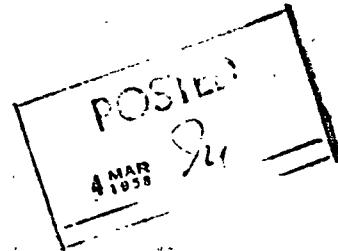
14. Organizational Designations DDS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS BRANCH ALLOWMENT LEDGER SECTION	Code	15. Location Of Official Station 3802 WASH, D. C.	Station Code 75013
16. Dept. - Field Dept. - 2 USfld - 4 Frgn - 6 2	17. Position Title FISCAL ACCT CLK	18. Position No. 30.01	19. Serv.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

ACTION

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

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



SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet Prof.	5. Sex	6. CS - EOD
1257	WILCOTT, JAMES			Mo. Da. Yr. 01 01 21	None-0 5 Pt-1 10 Pt-2	Code 1 1	Mo. Da. Yr. 02 04 57
7. SCB	8. CSC Recd.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. Present Info	
Mo. Da. Yr. 01 01 57	Yes - 1 No - 2	Code 1 50 USCA 403	Mo. Da. Yr. 01 01 57	Yes - 1 No - 2	Code 02 04 57	Mo. Da. Yr. 01 01 57	Yes - 1 No - 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DOS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOWANCE LEDGER SECTION		Code	15. Location Of Official Station		Station Code
Dept - 2	Code USfld - 4 Frgn - 6	E FISCAL ACCT CLK	WASH. D. C.		
16. Dept - Field	17. Position Title	18. Position No.		19. Serv	20. Occup. Series
Dept - 2	Code USfld - 4 Frgn - 6	20,01		CS	NEUT 04
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
OK 1	\$ 2,700	SC	Mo. Da. Yr. 01 01 57	Mo. Da. Yr. 01 01 57	R - 202 20

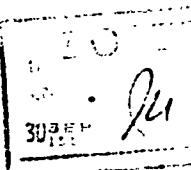
ACTION

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

31. Organizational Designations DOS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOWANCE LEDGER SECTION		Code	32. Location Of Official Station		Station Code
Dept - 2	Code USfld - 4 Frgn - 6	E FISCAL ACCT CLK	WASH. D. C.		7EG12
33. Dept - Field	34. Position Title	35. Position No.		36. Serv	37. Occup. Series
Dept - 2	Code USfld - 4 Frgn - 6	20,01		CS	NEUT 04
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
OK 1	\$ 2,700	SC	Mo. Da. Yr. 01 01 57	Mo. Da. Yr. 01 01 57	R - 202 20

44. Remarks

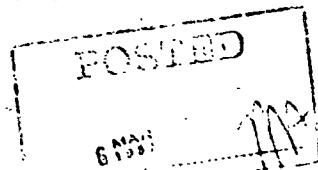


STANDARD FORM 50 (2 PART)
REV. APRIL 1951
PROCLAMATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 6 OF FEDERAL PERSONNEL REGULATIONS

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9 Nov 56
0-5481 D/JW

1. NAME (Last, first, middle initial, and surname)		2. DATE OF BIRTH	3. JOURNAL OF ACTION NO.	4. DATE																																
MR. JAMES B. WILCOX, JR. 125798		27 Sep 1931		4 Mar 1957																																
<i>This is to notify you of the following action affecting your employment:</i>																																				
5. NATURE OF ACTION (use STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY																																	
Excepted Appointment		13	4 Mar 1957	50 USC 403 j																																
FROM		TO																																		
		8. POSITION TITLE	Fiscal Acct Clerk X-30.01-4																																	
		9. SERVICE, SERIES, GRADE, SALARY	GS-0501.04-4 \$3415.00 per annum																																	
		10. ORGANIZATIONAL DESIGNATIONS	DDX/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.																																	
11. HEADQUARTERS		12. FIELD OR DEPT'L	FIELD DEPARTMENTAL																																	
		13. VETERAN'S PREFERENCE	14. POSITION CLASSIFICATION ACTION																																	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL	SD/SP																																	
<input type="checkbox"/> NONE <input checked="" type="checkbox"/> WWII <input type="checkbox"/> OTHER		<input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <small>DISAB DIVER</small>	<small>15. SEX</small> <small>FROM</small> 1 M 7-6303-20 750-13 Yes																																	
<small>16. APPROPRIATION</small> <small>TO</small>		<small>17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)</small> Yes		<small>18. DATE OF APPOINT- MENT AFFIDAVITS ACCSSIONS STATE</small> 4 Mar 1957																																
<small>20. REMARKS.</small> Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination. RC-133		<small>19. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED STATE:</small>																																		
DOG 03/04/57 CSEOD 03/04/57 LCD 03/04/57 SCD 06/26/53 PSI date 03/09/58																																				
2 EOD 03/04/57																																				
 <small>6 MAY 1957</small>																																				
<small>ENTRANCE PERFORMANCE RATINGS:</small> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> </tr> <tr> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> </tr> <tr> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> </tr> <tr> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> <td>000</td> </tr> </table> <small>GENERAL AUTHENTICATION</small>					000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000	000
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<small>Director of Personnel</small> <small>4. PERSONNEL FOLDER COPY</small> <small>773 314157</small>																																				

SECRET

(been filled in)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 025798		
SECTION A				GENERAL		
1. NAME Wilcott, James B., Jr.		2. DATE OF BIRTH 27 Sep 31		3. SEX M	4. GRADE GS-07	5. SD SF
6. OFFICIAL POSITION/TITLE Fiscal Acct Asst		7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/C		8. CURRENT STATION JMWAVE		
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <small>CAREER-PROVISIONAL (See Instructions - Section C)</small> <input type="checkbox"/> SPECIAL (Specify) <small>SPECIAL (Specify): Resignation</small>		10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P. 26 Apr 65 - 15 Apr 66		12. REPORTING PERIOD (Page No.) 26 Apr 65 - 15 Apr 66				
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling.						RATING LETTER A
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel						RATING LETTER W
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies						RATING LETTER A
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents						RATING LETTER A
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER A

SECRET

(This form is to be filled in)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give OFFICE OF PERSONNEL training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section A 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.</p> <p style="text-align: right;">JUL 15 10 37 AM '66</p> <p>During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
<p>1. BY EMPLOYEE</p> <p>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p> <p>DATE _____ SIGNATURE OF EMPLOYEE _____</p>			
<p>2. BY SUPERVISOR</p> <p>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION _____ IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</p> <p>12 months Subject departed the Station without seeing this Report.</p> <p>DATE _____ OFFICIAL TITLE OF SUPERVISOR _____ TYPED OR PRINTED NAME AND SIGNATURE</p> <p>17 Jun 1966 Chief, Finance Branch /s/ H. Robert Graham</p>			
<p>3. BY REVIEWING OFFICIAL</p> <p>COMMENTS OF REVIEWING OFFICIAL</p> <p>Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.</p>			
<p>DATE _____ OFFICIAL TITLE OF REVIEWING OFFICIAL _____ TYPED OR PRINTED NAME AND SIGNATURE</p> <p>6 July 1966 Deputy Chief for Support /s/ William A. Jewett</p>			

SECRET

SECRET
(When Filled In)

REVIEWED BY:

P. by R. Johnson

SPECIAL AGENT IN CHARGE

FITNESS REPORT					EMPLOYEE-SERIAL NUMBER 025798
SECTION A					
1. NAME WILCOX, James B., Jr.			GENERAL		
2. OFFICIAL POSITION TITLE Finance Assistant			3. DATE OF BIRTH 27 Sep 1931	4. SEX M	5. GRADE GS-07
6. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			7. OFF/DIV/BR OF ASSIGNMENT Fin/CRD/C&TAB	8. CURRENT STATION Wash., D. C.	
9. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify):			10. CHECK (X) REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. ASAP			12. REPORTING PERIOD (From To) 11 Oct. 1964 - 25 April 1965		
SECTION B PERFORMANCE EVALUATION:					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Analyzing Payroll Accounts					RATING LETTER P
SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts					RATING LETTER P
SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances					RATING LETTER P
SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters.					RATING LETTER P
SPECIFIC DUTY NO. 5 Preparing Correspondence					RATING LETTER A
SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files					RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and 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.					
<i>5 MAY 1965</i>					RATING LETTER P

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

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

MAIL ROOM

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

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

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE	SIGNATURE OF EMPLOYEE
30 April 1965	

2.

BY SUPERVISOR

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

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
30 April 1965	Chief, Staff Agents Accts. Sec.	<i>Joseph H. Hudson</i> JOSEPH H. HUDSON

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
30 April 1965	Chief, Compensation and Tax Div.	<i>Murray F. Strickland</i> MURRAY F. STRICKLAND

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 025798	
SECTION A					
1. NAME (Last) (First) (Middle) Wilcott, James B. Jr.			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07
5. OFFICIAL POSITION TITLE Fiscal Acct Asst			6. OFF/ DIV/ GR OF ASSIGNMENT DDP/FE/JKO	7. CURRENT STATION Tokyo	
8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify):		
10. DATE REPORT DUE IN O.P. 31 Aug 64			11. REPORTING PERIOD (From - To) 1 July 1963 - 30 June 1964		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC).					RATING LETTER P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					RATING LETTER P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					RATING LETTER P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					RATING LETTER P
SPECIFIC DUTY NO. 5 Maintains statistical records or private rentals by individual house and cost center.					RATING LETTER P
SPECIFIC DUTY NO. 6 Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.					RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER P
15 JUL 1964					

~~SECRET~~

(Other filled in)

SECTION C		NARRATIVE COMMENTS	OFFICE OF PERSONNEL
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties may be described, if applicable.</p> <p style="text-align: right;">JUL 9 1964 AM 64</p> <p>Subject has performed his duties in a competent manner. Handles huge sums of money with few errors, and maintains the necessary statistical records.</p> <p>Cost consciousness and management of organization assets does not apply to this position.</p>			
SECTION D CERTIFICATION AND COMMENTS			
<p>1. BY EMPLOYEE I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p> <p>DATE: 9 Jun 64 SIGNATURE OF EMPLOYEE: /s/ James Wilcott</p>			
<p>2. BY SUPERVISOR <small>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</small> <small>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</small> 23</p> <p>DATE: 9 Jun 64 OFFICIAL TITLE OF SUPERVISOR: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Frank Wells</p>			
<p>3. BY REVIEWING OFFICIAL <small>COMMENTS OF REVIEWING OFFICIAL</small> Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.</p>			
<p>DATE: 7 Jun 64 OFFICIAL TITLE OF REVIEWING OFFICIAL: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Jack Randall</p>			

~~SECRET~~

(Other filled in)

CONFIDENTIAL
SECRET
(Even Filled In)

FJTT 10,374, 31 May 63

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 025798
SECTION A				
1. NAME WILCOTT, JAMES B. JR.		2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6
5. OFFICIAL POSITION TITLE FISCAL ACCT ASST		6. OFF. DIVISION OF ASSIGNMENT DDP/FE/JKO	7. CURRENT STATION Tokyo	
8. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		9. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): 10. REASSIGNMENT SUPERVISION REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P. 		12. REPORTING PERIOD (From - To) 1 Jul 62 - 30 Jun 63		
SECTION B PERFORMANCE EVALUATION				
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
SPECIFIC DUTIES				
<p>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).</p>				
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC).				RATING LETTER P
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.				RATING LETTER P
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.				RATING LETTER P
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.				RATING LETTER P
SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.				RATING LETTER P
SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.				RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION				
<p>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.</p>				
20 JUN 1963				RATING LETTER P

SECRET

(When Filled In)

SECTION C**NARRATIVE COMMENTS**

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

338 PH 63

MAIL ROOM

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

SECTION D**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

21 May 1963

/S/ James B. Wilcott

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

33

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

21 May 1963

Finance Officer

/S/ Clarence Norment III

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in the evaluation.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

21 May 1963

Adm Officer

/S/ Douglas S. Trabue

SECRET**CONFIDENTIAL**

SECRET
(When Filled In)

REVIEWED BY:

Rudy O'Brien
of Career Service Board

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

SECRET

(This Form 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 best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

05 PHH '62

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

SECTION D**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

19 July 1962

James B. Wilcott /s/

2.

BY SUPERVISORMONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

25

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

17 July 1962

Finance Officer

Elwood Martin

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

17 July 1962

Finance Officer

Clarence F. Norment

SECRET

SECRET
(When Filled In)

Digitized by srujanika@gmail.com

SEARCHED SERIALIZED INDEXED

Ruth F. Tolman
Montgomery Park, Calif.

EMPLOYEE SERIAL NUMBER

525748

FITNESS REPORT

GENERAL

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 promotion assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

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

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

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

SECTION F**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

3 May 1961

James B. Wilcott (oSigned)

2.

BY SUPERVISORMONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

8

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3 May 1961

Elwood Martin

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 May 1961

Clarence Norment

SECRET

SECRET
(This Field Is) (b)(6)REVISED BY:
Ruby & John
SE COUNSELING BOARD

FITNESS REPORT				EMPLOYEE SERIAL NUMBER
SECTION A				
GENERAL				
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	
Wilcott, James R. Jr.	27 September 1931	M	S-3	
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT		
SF	Fiscal Accountant Clerk	Compt/Finance/Accts		
8. CAREER STAFF STATUS		9. TYPE OF REPORT		
X NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR
PENDING	DECLINED	DENIED	X ANNUAL	REASSIGNMENT/EMPLOYEE
10. DATE REPORT DUE IN O.P.	11. REPORTING PERIOD	SPECIAL (Specify)		
30 April 1960	From 1 APR 59 - 31 MAR 60 To			
SECTION B				
EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).				
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent
6 - Superior	7 - Outstanding			
SPECIFIC DUTY NO. 1 Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine		RATING NO.	SPECIFIC DUTY NO. 1 (continued)	
Records Division				
SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.		RATING NO.	SPECIFIC DUTY NO. 3	
4				
SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.		RATING NO.	SPECIFIC DUTY NO. 6	
4				
SECTION C				
EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION				
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.				
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.				
RATING NO. 4				
SECTION D				
DESCRIPTION OF THE EMPLOYEE				
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.				
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS		NOT APPL-CABLE	NOT OBS-SERVED	RATING
GETS THINGS DONE				X
RESOURCEFUL				X
ACCEPTS RESPONSIBILITIES				X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES		X		
DOES HIS JOB WITHOUT STRONG SUPPORT				X
FACILITATES SMOOTH OPERATION OF HIS OFFICE				X
WRITES EFFECTIVELY		X		
SECURITY CONSCIOUS				X
THINKS CLEARLY				X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS		X		
OTHER (Specify):				

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

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

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

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

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

18 April 1960

SIGNATURE OF EMPLOYEE

James E. Elliott Jr.

2.

BY SUPERVISORMONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

12 Months

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

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

18 April 1960

OFFICIAL TITLE OF SUPERVISOR

C/Voucher Review Unit

TYPED OR PRINTED NAME AND SIGNATURE

Louise H. Simpson

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

4/18/60

OFFICIAL TITLE OF REVIEWING OFFICIAL

DE/Accounts Branch

TYPED OR PRINTED NAME AND SIGNATURE

M. P. Strickland

SECRET

SECRET

When Filled In

REVIEWED BY:

R.A. *Carly S. Johnson*
1968.19
CIVIL SERVICE BOARD

EMPLOYEE SERIAL NUMBER

125798

FITNESS REPORT

SECTION A GENERAL						
1. NAME (Last) Wilcott, Jr.	(First) James	(Middle) B.	2. DATE OF BIRTH 27 Sept. 1931			
3. SERVICE DESIGNATION SP	4. OFFICIAL POSITION/TITLE Time Leave Pay Clerk		5. SEX M			
6. CAREER STAFF STATUS			7. TYPE OF REPORT			
<input checked="" type="checkbox"/> NOT ELIGIBLE	MEMBER	DEFERRED	<input checked="" type="checkbox"/> INITIAL			
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL			
10. DATE REPORT DUE IN O.P. 30 April 1959		11. REPORTING PERIOD From 1 Apr 58 - 31 Mar 59				
12. SPECIAL (Specify)						
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Fundamental of Payroll		RATING NO. 3	SPECIFIC DUTY NO. 4 Initiating liaison with Area divisions on payroll problems		RATING NO. 3	
SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering basic and premium pay and allowances		RATING NO. 3	SPECIFIC DUTY NO. 5 Application of Agency pay regulations		RATING NO. 4	
SPECIFIC DUTY NO. 3 Maintaining of leave records		RATING NO. 3	SPECIFIC DUTY NO. 6 Processing of checks		RATING NO. 4	
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						RATING NO. 3
SECTION D DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING
GETS THINGS DONE						2
RESOURCEFUL						2
ACCEPTS RESPONSIBILITIES						2
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						2
DOES HIS JOB WITHOUT STRONG SUPPORT						2
FACILITATES SMOOTH OPERATION OF HIS OFFICE						2
WRITES EFFECTIVELY						2
SECURITY CONSCIOUS						2
THINKS CLEARLY						2
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						2
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 promotion or assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

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

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

SECTION F**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

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

DATE

March 10, 1959

SIGNATURE OF EMPLOYEEJohn S. Willcott Jr. *John S. Willcott Jr.*

2.

BY SUPERVISORMONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

[Signature]

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (SPECIFY):

DATE

OFFICIAL TITLE OF SUPERVISOR**TYPED OR PRINTED NAME AND SIGNATURE**

March 10, 1959

Time, Leave, Pay Supr.

Addie C. Robbins *Addie C. Robbins*

3.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

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

March 10, 1959

A/C, Staff Employees Accts. Sect. Addie B. Lewis *Addie B. Lewis***SECRET**

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 A. of Section A below.

SECTION A.

GENERAL

1. NAME Wilcott, James	(Last) (First) B.	(Middle)	2. DATE OF BIRTH 27 Sept. 1931	3. SEX M	4. SERVICE DESIGNATION SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Controller - Fiscal Division		6. OFFICIAL POSITION TITLE Fiscal Audit Clerk			
7. GRADE GS-5	8. DATE REPORT DUE IN OP 4 December 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 1 March 1957 - 4 December 1957			
10. TYPE OF REPORT (Check one) <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE		SPECIAL (Specify)	

SECTION B.

CERTIFICATION

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

4. CHECK (X) APPROPRIATE STATEMENTS:

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

5. THIS DATE C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE
5 Dec. 1957 Ben H. Marion *Ben H. Marion* Deputy Chief, Accounting Br.

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE

Posted Pos. Control *WMA (10 PM 3)*Reviewed by POC *WHD 12/6/57*

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL
5 Dec. 1957 R. W. Grendt *R. W. Grendt* Chief, Accounting Branch

SECTION C. JOB PERFORMANCE EVALUATION *1/2*

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.

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

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

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**DIRECTIONS:**

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate on supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	MAINTAINS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SURVEYS
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SURVEYS
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
3 - PERFORMS THIS DUTY ACCEPTABLY	8 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Records obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER	SPECIFIC DUTY NO. 4 Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER
SPECIFIC DUTY NO. 2 Prepares current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER	SPECIFIC DUTY NO. 5 Records liquidations and cancellations of obligations to individual allotment accounts.	RATING NUMBER
SPECIFIC DUTY NO. 3 Checks and reconciles amounts of expenditures with those in the allotment ledger accounting records.	RATING NUMBER	SPECIFIC DUTY NO. 6 Prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.	RATING NUMBER

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

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

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

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

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

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

SECRET

Standard Form No. 2813 FPM Supplement 8921 MAY 1966	FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT		6 GAO 3900 ZB10-104
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Part A.—IDENTIFYING DATA

1 NAME (LAST) (FIRST) (MIDDLE INITIAL)	2 DATE OF BIRTH	3 CARRIER IDENTIFICATION NO.
Wilcott, James E., Jr.	9/27/31	078128
4 ADDRESS (NUMBER AND STREET)	5 PAYROLL OFFICE PAY	6 RETIREMENT CODE NO.
15620 S.W. 102 Avenue	11239901	425
(CITY)	7 DATE THIS ACTION BECOMES EFFECTIVE	
Jerrine,	Florida	23 April 1966

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

Part B.—TERMINATION

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

Part C.—CHANGE IN PLAN

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

Part D.—TRANSFER OUT

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

<input type="checkbox"/>

Part E.—TRANSFER IN

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

Part F.—SUSPENSION

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

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

Part G.—REINSTATEMENT

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

<input type="checkbox"/>

NAME

ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE

DATE OF BIRTH

Part H.—CHANGE IN NAME OF ENROLLEE

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

<input type="checkbox"/>

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

Part I.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

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

<input type="checkbox"/>

YOUR NEW ENROLLMENT
CODE NUMBER

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

Part J.—REMARKS

<input type="checkbox"/>

Part K.—DATE OF NOTICE

<i>J. P. Payne</i> HEALTH BENEFITS OFFICER (ALTERNATE)	Central Intelligence Agency Washington 25, D. C. NAME OF AGENCY	5/30/66 DATE
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U. S. GOVERNMENT PRINTING OFFICE 1964 121-111 QUADRUPPLICATE—To Employing Office

~~SECRET~~

CONTRACT INFORMATION AND CHECK LIST				CASE OFFICER Robert E. CASEY	CIVILIAN EMPLOYEE
INSTRUCTIONS: Use MR 20-3300-20-1000-1 for guidance. Printable copy forward original and two copies for preparation.				TELEPHONE EXTENSION 6575	DATE 26 April 1965
SECTION I GENERAL					
1. NAME <input checked="" type="checkbox"/> PSEUDO <input type="checkbox"/> TOSA <i>McCullough, Gerald B.</i>		2. PROJECT W/Casey		3. ALLOTMENT NO. 5105-1164	
		4. PREVIOUS CIA PSEUDONYM OR ALIASES None		5. SLOT NO. 1080	
6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.) Staff Employee converting to Staff Agent		7. SECURITY CLEARANCE (Type and date) Top Secret		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E.: REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent			
SECTION II PERSONAL DATA					
11. CITIZENSHIP U.S.A.		12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. AGE 33	
14. DATE OF BIRTH (Month, day, year) XX September 27, 1931		15. LEGAL RESIDENCE (City and state or country) Cold Brook, N.Y.		16. CURRENT RESIDENCE (City and state or country) Forestrville, Md.	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED				18. RELATIONSHIP AND AGE Wife 30 Son 6	
19. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE				20. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS					
21. VETERAN N.A.		22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)			
23. BRANCH OF SERVICE U.S. Army		24. RANK OR GRADE Corporal		25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SECTION IV COMPENSATION				26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. BASIC SALARY GS-07(4)		28. POST DIFFERENTIAL N.A.		29. COVER (Breakdown, if any) The gross cover compensation will be approximately the equivalent of subject's current Agency salary. The exact amount to be determined at Finance briefing.	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)				30. FEDERAL TAX WITHHOLDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
31. QUARTERS None		32. POST None		33. OTHER None	
34. COVER (Breakdown, if any)					
SECTION VI TRAVEL					
35. TYPES <input checked="" type="checkbox"/> PCS <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL				36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
37. MHE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		38. MHE TO BE STORED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		39. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH				41. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Wife U.S.A. 30		9 Sept. 1934			
Son U.S.A. 6		16 Feb. 1959			
42. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS				43. COVER POLICIES AND PROCEDURES	
SECTION VII OPERATIONAL EXPENSES					
44. PURCHASE OF INFORMATION		45. ENTERTAINMENT		46. OTHER	
47. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS					

SECRET

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)				CASE OFFICE AC-SCT-CF. CASHMAN	DIVISION DIP/CH		
NOTE: SEE INSTRUCTIONS ON FIRST SHEET.				TELEPHONE EXTENSION 6578	DATE 26 April 1965		
SECTION VIII OTHER BENEFITS				48. BENEFITS (See HR 20-44, HR 20-45, HR 20-7, HR 20-33, and HB 20-620-1, HB 20-1000-1, and/or successor regulations for benefits applicable to various categories of contract personnel.)			
Entitled to all benefits of a Staff Employee							
SECTION IX COVER ACTIVITY							
47. STATUS (Check)	PROPOSED <input checked="" type="checkbox"/>	48. TYPE (Check) ESTABLISHED	PROPRIETARY <input checked="" type="checkbox"/>	CULTURAL <input checked="" type="checkbox"/>	X COMMERCIAL <input checked="" type="checkbox"/>		
			SUBSIDIZED <input checked="" type="checkbox"/>	EDUCATIONAL <input checked="" type="checkbox"/>	MILITARY <input checked="" type="checkbox"/>		
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL							
SECTION X OFFSET OF INCOME				50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) <input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE			
SECTION XI TERM				51. DURATION <table><tr><td>52. EFFECTIVE DATE</td><td>53. RENEWABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</td></tr></table>		52. EFFECTIVE DATE	53. RENEWABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
52. EFFECTIVE DATE	53. RENEWABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
54. TERMINATION NOTICE (Number of days)	55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
SECTION XII FUNCTION				56. PRIMARY FUNCTION (CI, PI, PP, other) Support - Finance			
SECTION XIII DUTIES				57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED Fiscal Accounting Assistant			
SECTION XIV QUALIFICATIONS				58. EXPERIENCE			
BEC CIA as Staff Employee 4 March 1957							
59. EDUCATION (Check Highest Level Attained)		GRADE SCHOOL	HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE			
		BUSINESS SCHOOL GRADUATE	COMMERCIAL SCHOOL GRADUATE				
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)		COLLEGE (No degree)	COLLEGE DEGREE	POST GRADUATE	MA PHD		
		LANGUAGE	SPEAK	WRITE	READ		
		GERMAN	X	X	X		
		JAPANESE	X	X	X		
62. AREA KNOWLEDGE Okinawa, Japan				63. INDIVIDUAL'S COUNTRY OF ORIGIN U.S.A.			
SECTION XV EMPLOYMENT PRIOR TO CIA				64. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING Dec. 1948 - March 1957 - U. S. Army			
SECTION XVI ADDITIONAL INFORMATION				65. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)			
Social Security No. 103-24-6095							
APPROVAL TYPED NAME & SIGNATURE OF REQUESTING OFFICER DATE TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER							

Standard Form No. 2800 CHAPTER I-3 F.P.M. 6 GAO 3000		ALTH BENEFITS REGISTRATION FC 1 6781 FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read Instructions on back of last page. Use only one plan or both joint plan.)			CASE NO. 078128
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)	2. DATE OF BIRTH (Year number)	3. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Wilcox James B. Jr.	9 27 31			
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	4. YOUR MAILING ADDRESS (NUMBER AND STREET)	KITY AND ZONE NUMBER	(STATE)	5. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
	6. Are you covered by, or is any family member listed below covered by, enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or consultant)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Place an "X" in proper box to show your annual basic salary range. <input type="checkbox"/> UNDER \$4,000 <input checked="" type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input type="checkbox"/> \$10,000 OR OVER			
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	1. I elect to enroll in a health benefit plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover the share of the cost of the enrollment. (Copy the information required below from inside cover of brochure of the plan you select)			OPTION (HIGH OR LOW) ENROLLMENT CODE NUMBER Low 1 2 3 4	
	NAME OF PLAN Association Benefit				
	2. In order to enroll all eligible family members without exception; list your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Do not list any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)				
	NAME OF FAMILY MEMBERS Wife or Husband	DATE OF BIRTH (Month, Day, Year)	NAME OF FAMILY MEMBERS Son	DATE OF BIRTH (Month, Day, Year)	
	Elsie Louise	9 9 31 <input type="checkbox"/>			6
	Steven James (son)	2 16 59 <input checked="" type="checkbox"/>			7
		<input type="checkbox"/>			8
		<input type="checkbox"/>			9
		<input type="checkbox"/>			10
		<input type="checkbox"/>			11
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	3. If you are a female (employee or consultant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) <input type="checkbox"/> YES <input type="checkbox"/> NO				
	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.				
	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>	3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/>			
	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>				
PART E ALL WHO REGISTER MUST FILL IN THIS PART	I elect to change my enrollment as shown by the enrollment number and other information in Part B.				
	1. Enrollment code number of present plan.	2. Number of event which permits change. (See table on back of envelope for proper number.)	3. Date of event which permits change		
			MONTH DAY YEAR		
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF EMPLOYING OFFICE <i>James E. Wilcox 67-162</i>			WARNING.—Any intentional false statement in this application or wilful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)	
REMARKS FOR USE ONLY BY AGENTANES AND AGENCY.	1. SIGNATURE OF AUTHORIZED AGENCY OFFICIAL <i>John T. Key</i>			2. DATE RECEIVED IN EMPLOYING OFFICE 1481	3. EFFECTIVE DATE OF ELECTION 7/1/67
				4. PAYROLL OFFICE NO.	5. PAYROLL ACTION (INITIALS AND DATE) 525778

Employee—To Employing Office

11367

APRIL 1956

STANDARD FORM 61
REVISED MARCH 1950
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 16

APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY WASHINGTON, D. C.
 (Department or agency) (Bureau or division) (Place of employment)

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

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

4 March 1957
 (Date of entrance on duty)

James B. Wilcott Jr.
 (Signature of appointee)

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

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

[SEAL]

Conrad E. Ohlman
 (Signature of officer)
 Appointment Clerk
 (Title)

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

DECLARATION OF APPOINTEE

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

1. PRESENT ADDRESS (Street and Number, City and State)
1436 31st Street NW Washington, D.C.
& (4) DATE OF BIRTH
9/07/31 2. PLACE OF BIRTH (City and State or city and foreign country)
Cleveland, Ohio
3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY
4. (B) RELATIONSHIP
5. (C) STREET AND NUMBER, CITY AND STATE
6. (D) TELEPHONE NO.

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO
If no, for each such relative, all in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED		RELATIONSHIP	MARRIED (Check one)	SINGLE (Check one)
		1.	2.			
		1.			
		2.			
		3.			
		4.			
		5.			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	
YES	NO	YES	NO
E (A) ARE YOU A CITIZEN OF THE UNITED STATES OR AMERICA, OR (D) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?		H (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?	
F ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		I (B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	
<i>If your answer is "Yes," give details in Item 12.</i>			
G DO YOU RECEIVE OR HAVE YOU RECEIVED FOR PAY AND FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT, AFTER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICES?		J SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:	
<i>If your answer is "Yes," give details in Item 12.</i>		<p>A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:</p> <p>(1) YOUR CONDUCT WAS NOT SATISFACTORY</p> <p>(2) YOUR WORK WAS NOT SATISFACTORY</p>	
H HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?		<p>B. HAVE YOU BEEN ADVISED AT THE OFFICIAL NOTIFICATION THAT:</p> <p>(1) YOUR CONDUCT WAS NOT SATISFACTORY</p> <p>(2) YOUR WORK WAS NOT SATISFACTORY</p>	
<i>If your answer to G, H, or I is "Yes," give details in Item 12 for each case: (1) approximate date, (2) charges (or cause), (3) action taken.</i>		K IF YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN BANCHED BY THE U.S. GOVERNMENT FROM TAKING EXAMINATIONS OR ACCEPTING CERTAIN GOVERNMENT CONTRACTS?	
<i>If your answer is "Yes," give names of and reasons for each case.</i>			

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

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked for date of birth, pension, any record of recent disease or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

14-00000
12 March 1959

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

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

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

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

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

James B. Wilcott Jr.
JAMES B WILCOTT JR

Syracuse

New York

Be it Known That
James B. Wilcutt

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

Executive Business Administration and Accounting

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

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

February 22, 1957

James B. Wilcutt
B. B. Director, Inc.

steals toward York... goes

Attitude towards Others—Good

Serous Appendicitis Good

ANALYSIS TYPE TESTS

14-00000
14-00000
14-00000
14-00000

[Redacted] 14-00000

[Redacted] 14-00000

[Redacted] 14-00000

a

14-00000

14-00000 Executive, Red, Generic, Dec 2016 14-00000

14-00000

14-00000

14-00000 James B. White 14-00000

14-00000

b

14-00000

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

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

SECRET

(When Filled In)

THIS DATE
MAY 1958

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

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 XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME (Last-First-Middle) Wilcott, James Bernard Jr.	2. CURRENT ADDRESS (No., Street, City, Zone, State) Governor Shephard Apts Apt 103 2121 Virginia Ave NW Washington, 7 D.C.	3. PERMANENT ADDRESS (No., Street, City, Zone, State) SAME
4. HOME TELEPHONE NUMBER NA-8-3771 Ext 103	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE Washington, D.C.	

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. Mrs. Elsie L. Wilcott	2. RELATIONSHIP Wife	
3. HOME ADDRESS (No., Street, City, Zone, State, Country). 2121 Virginia Ave NW Washington 7, D.C.		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE 2430 E St. Washington, D.C.		
5. HOME TELEPHONE NUMBER NA 8-3771 Ext 103	6. BUSINESS TELEPHONE NUMBER EX 3-6115	7. BUSINESS TELEPHONE EXTENSION Ex 3229
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. NA		

SECTION III

MARITAL STATUS

1. CHECK ONE: <input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULEMENTS NA

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME (First) Elsie (Middle) Louise (Maiden) Paul (Last) Wilcott			
4. DATE OF MARRIAGE 9/9/55	5. PLACE OF MARRIAGE (City, State, Country) Eagle Bay, New York USA		
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) Cold Brook, New York USA			
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. DATE OF DEATH NA	9. CAUSE OF DEATH FOR
10. CURRENT ADDRESS (Give last address, if deceased) 2121 Virginia Ave NW, Washington 7, D.C.		11. DATE 15 AUG 1958	
12. PLACE OF BIRTH (City, State, Country) Cold Brook, New York	13. DATE OF BIRTH 9/9/34	14. PLACE OF ENTRY NA	
15. CITIZENSHIP (Country) USA		16. DATE ACQUIRED NA	17. WHERE ACQUIRED (City, State, Country) NA
18. OCCUPATION Govern. clerk steno		19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) 2430 E St. Washington, D.C.	
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) 2430 E St. Washington, D.C.			

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 121. DATES OF MILITARY SERVICE OF SPOUSE (From: _____ and To: _____) BY MONTH AND YEAR
None22. BRANCH OF SERVICE
NA

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

None**SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS**

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

1. I AM ENTIRELY DEPENDENT ON MY SALARY

SECTION V FINANCIAL STATUS		
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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. My wife also receives a salary.		

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

None**SECTION V CONTINUED TO PAGE 3****SECRET**

SECRET

(When Filled In)

SECTION V CONTINUED FROM PAGE 2

U. S. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

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

SECRET

SECRET
When Filled In)

(When filled in)

SECTION VIII

GEOGRAPHIC AREA KNOWLEDGE

* LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STAY ON WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF ENCLAVE SUCH AS TERRAIN, COASTS, HARBOURS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY, WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.				KNOWLEDGE ACQUIRED BY			
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY				
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT	
Okinawa		6/49 to 3/51	X				

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

3 LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING

SECTION 10

TYPIING AND STENOGRAPHIC SKILLS

SECTION I-A	TYPING AND STENOTYPING DATA			
1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
40		<input type="checkbox"/> GRECC	<input type="checkbox"/> SPEEDWRITING	<input type="checkbox"/> STENOTYPE

6. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.) **National Bookkeeping**

SECTION I

SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

Chess - Fair, Football - fair

POSITION ON TYPE OF WORK

US Dept of Agr. Graduate School - Elementary Federal Government Accounting

CHINES SUCH AS OPERATION OF SHORTRWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL

National Bookkeeping machines, comptometer, calculator

IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION ()

Lawyer, CPA, Medical Technician, etc.). INDICATE THE KIND OF LICENSE OR CERTIFICATE; NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

None

E. FIRST LICENSE OR CERTIFICATE (Year of issue)

6. LATEST LICENSE OR CERTIFICATE (YEAR OF ISSUE)

SECRET

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 4

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

None

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

None

5. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

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

None

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

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
3/20/57 to 2/15/58	5	Fiscal Div. Accounts Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5.	OFFICIAL POSITION TITLE
None		Accounting Clerk

6. DESCRIPTION OF DUTIES

Posting of financial transactions to Allotment Ledgers

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
2/15/58 to Present	5	Finance Div. Tax and Compensation Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5.	OFFICIAL POSITION TITLE
None		Payroll Clerk

2. DESCRIPTION OF DUTIES

Preparation of payroll documents considering base and premium pay and allowances, Maintaining of leave records, Conduct liaison with area division on payroll problems Application of Agency pay regulations.

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5.	OFFICIAL POSITION TITLE
None		*

3. DESCRIPTION OF DUTIES

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5.	OFFICIAL POSITION TITLE
None		

4. DESCRIPTION OF DUTIES

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
5. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5.	OFFICIAL POSITION TITLE
None		

5. DESCRIPTION OF DUTIES

(Use additional pages if required)

SECRET

SECRET

(Form Filled In)

SECTION XIII		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, sisters, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING.			
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS		44111159			
NAME	RELATIONSHIP	YEAR OF BIRTH		CITIZENSHIP	ADDRESS
None					

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

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

APR 14 1958
FBI - LOS ANGELES
CIVIL RIGHTS

DATE COMPLETED 4/18/58	SIGNATURE OF EMPLOYEE Gwen E. Johnson
------------------------	--

SECRET

CONFIDENTIAL

1124

Complete in duplicate. 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. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) <u>Wilcott</u>	(First) <u>James</u>	(Middle) <u>BREND</u>	SOCIAL SECURITY NUMBER <u>103-24-6095</u>
I. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED <u>Syracuse, NY</u>	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)		
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE <u>Cold Brook, NY</u>	HOME LEAVE RESIDENCE		
II. MARITAL STATUS (Check one)			
SINGLE <input checked="" type="checkbox"/>	MARRIED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
IF MARRIED, PLACE OF MARRIAGE <u>Eagle Bay, NY</u>			DATE OF MARRIAGE <u>9/4/54</u>
IF DIVORCED, PLACE OF DIVORCE DECREE			DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED			DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
III. MEMBERS OF FAMILY			
NAME OF SPOUSE <u>ELsie Louise</u>	ADDRESS (No., Street, City, Zone, State) <u>Cold Brook, NY</u>	TELEPHONE NO.	
NAME OF CHILDREN <u>STEVEN JAMES</u>	ADDRESS <u>Cold Brook, NY</u>	SEX <u>M</u>	DATE OF BIRTH <u>2/16/59</u>
NAME OF FATHER (Or male guardian) <u>JAMES BREND Wilcott</u>	ADDRESS <u>UNKOWN</u>	TELEPHONE NO.	
NAME OF MOTHER (Or female guardian) <u>ESTHER MAUD Wilcott</u>	ADDRESS <u>1510 BRUCKERFF AVE. COLD BROOK, NY</u>	TELEPHONE NO.	
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.			
IV. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle) <u>GEOLOGIA FRANCIS HOSMER</u>	RELATIONSHIP <u>SISTER</u>	HOME TELEPHONE NUMBER	
HOME ADDRESS (No., Street, City, Zone, State) <u>1510 BRUCKERFF AVE. COLD BROOK, NY</u>			
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION		
IS THE INDIVIDUAL NAMED ABOVE HAVING OFFICE IN AGENCY AFFILIATION? (If "No" give name and address of organization he belongs to or work for.) <u>YES</u>			YES <input type="checkbox"/>
			NO <input checked="" type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)			YES <input type="checkbox"/>
			NO <input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why on back of.) <u>YES</u>			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
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 5 on the reverse side of this form.			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

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(When Filled In)

VOLUNTARY ENTRIES

6. 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 ONE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

CITIZEN'S BANK OF MARYLAND
Riversdale, MD # 960-1-596

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

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?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	SIGNATURE
Washington, D.C.	15 April 1965	Dorothy E. Wilcox Jr.

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STANDARD FORM 144
REVISED SEPTEMBER 1948
U. S. CIVIL SERVICE COMMISSION
7 PAGES CHARTERS 11, 12, 13, 14

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

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

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					9. RETENTION GROUP		
WILCOTT, JAMES BERNARD, JR.					27 Sept. 1931							
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN		B. TYPE OF PRESENT APPOINTMENT		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
None												
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."										11. SERVICE		
BRANCH		FROM—			TO—			DISCHARGE (Hon or dishon.)		YEAR MONTH DAY		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
U. S. Army		1948	Dec	13	1952	Aug	70	Hon.		03 08 08		
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										12. TOTAL SERVICE 03-08-08		
TYPE IF KNOWN (IWOP, Furl., Susp., AWOL, See Mar.)		FROM—			TO—			TOTAL YEARS MONTHS DAYS		13. NONCREDITABLE SERVICE (Leave purposes only):		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										14. NONCREDITABLE SERVICE (RIF purposes only):		
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNREMARRIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										16. RETENTION RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
4 March 1957 (DATE)					<i>Jame E. Wilcott Jr.</i> (SIGNATURE)					17. EXPIRATION DATE OF RETENTION RIGHTS		
Subscribed and sworn to before me on this 4th day of March 1957 at Washington, D. C. (MONTH) (MONTH) (CITY) (STATE)												
S E A L										<i>Carmen E. Phillips</i> Appointment Clerk		
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.												
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.												

(OVER)

16-6442-8

Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 5J.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

*Verified
1/1/57*

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

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COM- PUTATION DATE (Leave Purposes)
Years	03	/	03	57	03	53
Months	08	/	08	03	08	06
Days	18	/	08	04	08	26

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

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

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

REMARKS:

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(When Filled In)

SECURITY APPROVAL

DATE : 20 November 1965

YOUR
REFERENCE: Memorandum dated 18 November 1965

CASE NO. : 109301

TO : Director of Personnel

ATTN :

SUBJECT : WILCOTT, James B., Jr.

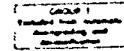
1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made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

- A personal interview in the Office of Security must be arranged.
 A personal interview is not necessary.
 Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

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



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(When Filled In)

STAFF AGENT CLEARANCE

DATE : 19 April 1965

YOUR REFERENCE: 32273

CASE NO. : #109301

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : *Hilbert, James B.*

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

Fiscal Acct. Asst., at JMWAVE.

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

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

4. As a part of entrance on duty processing:

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

A personal interview is not necessary.

W. R. Estes
W. A. O'Brien

CHIEF, PERSONNEL SECURITY DIVISION, AS

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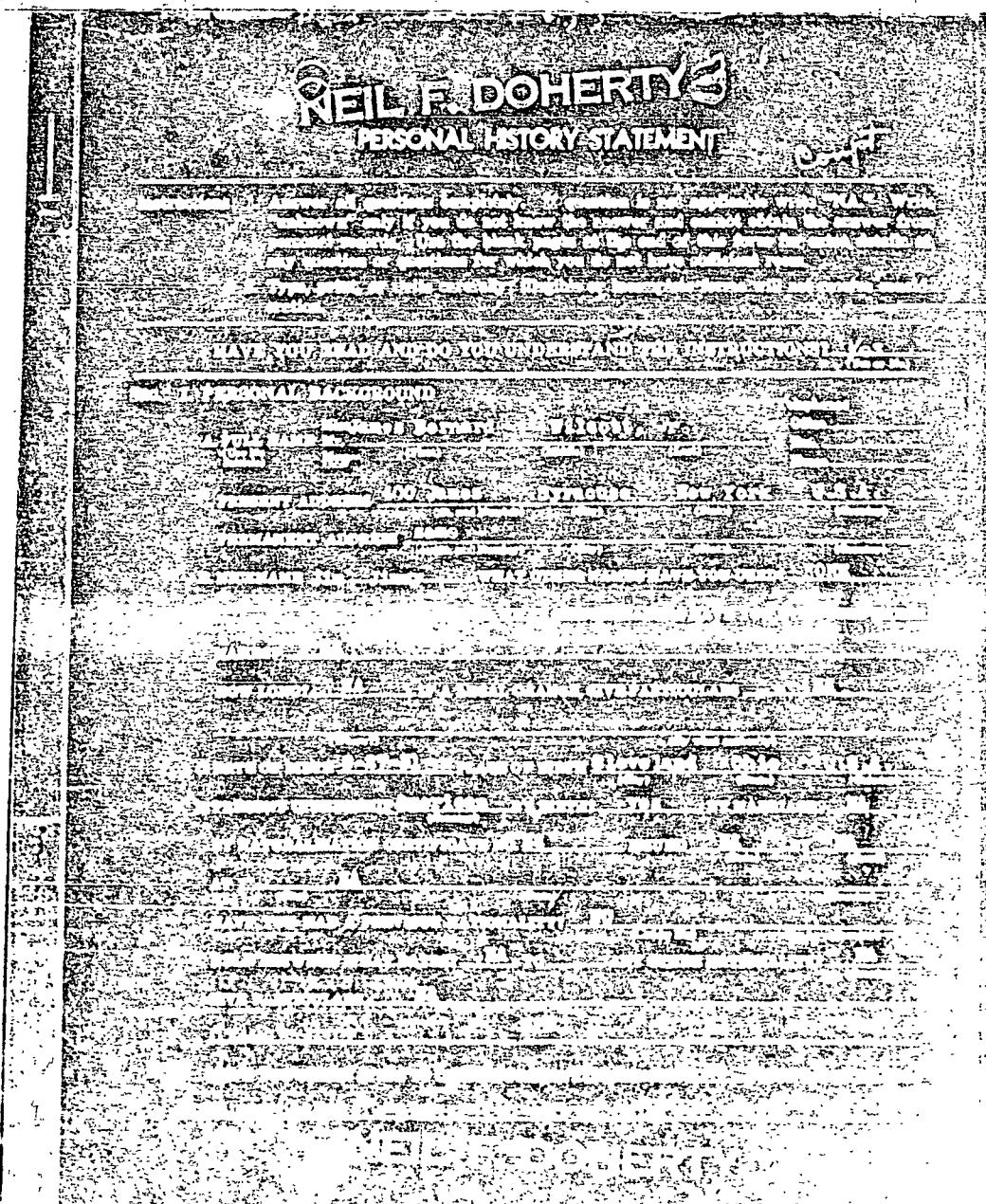
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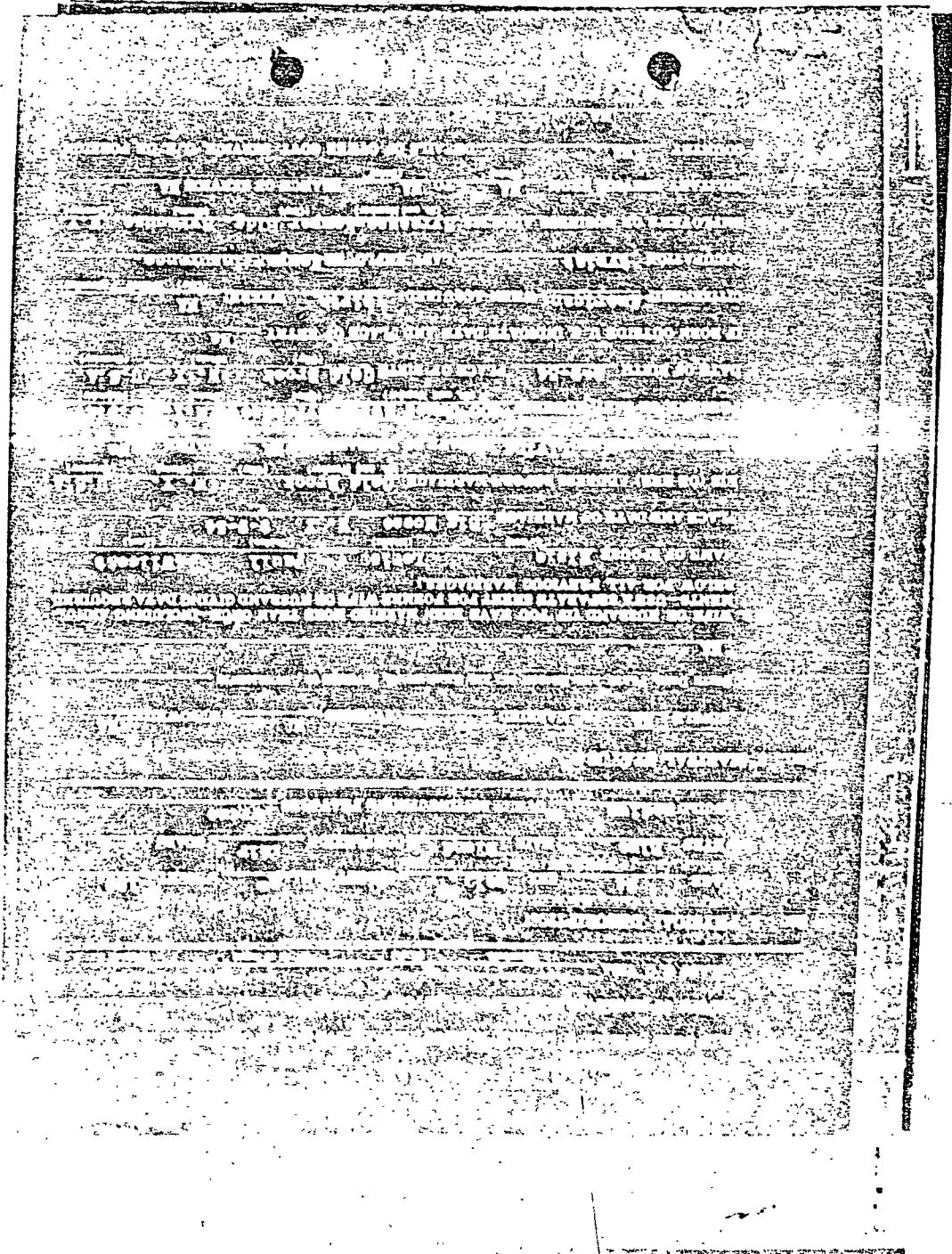
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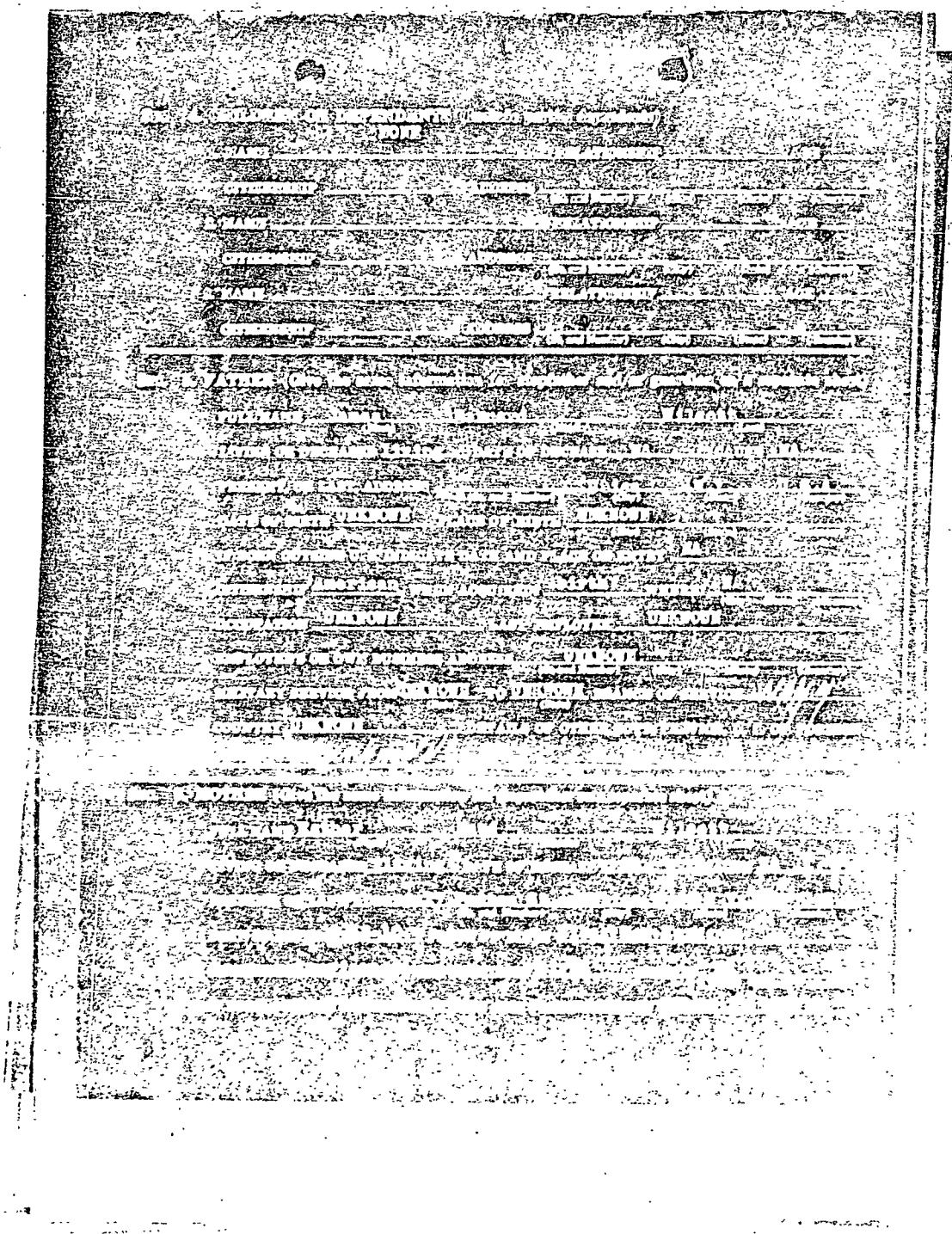
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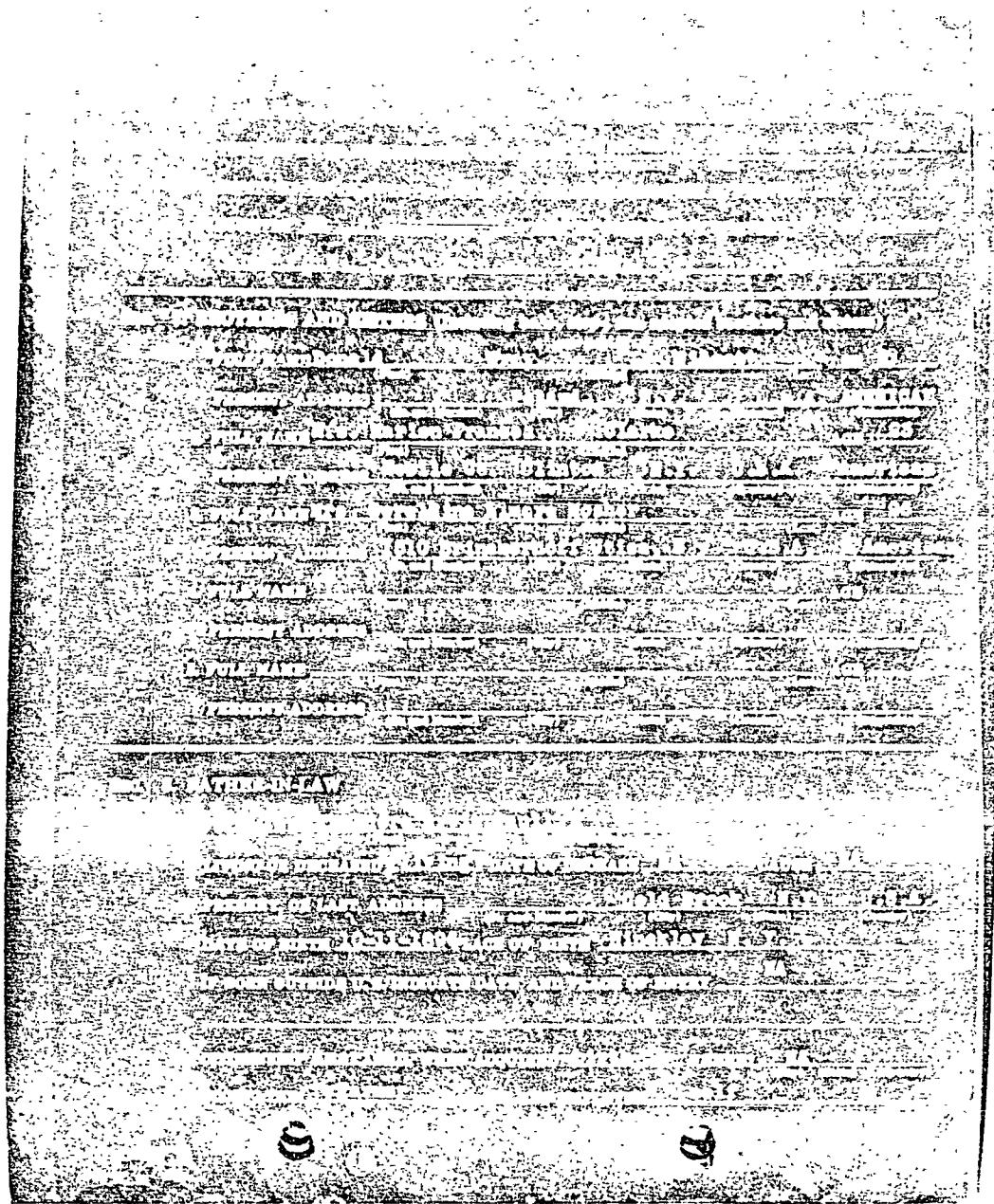


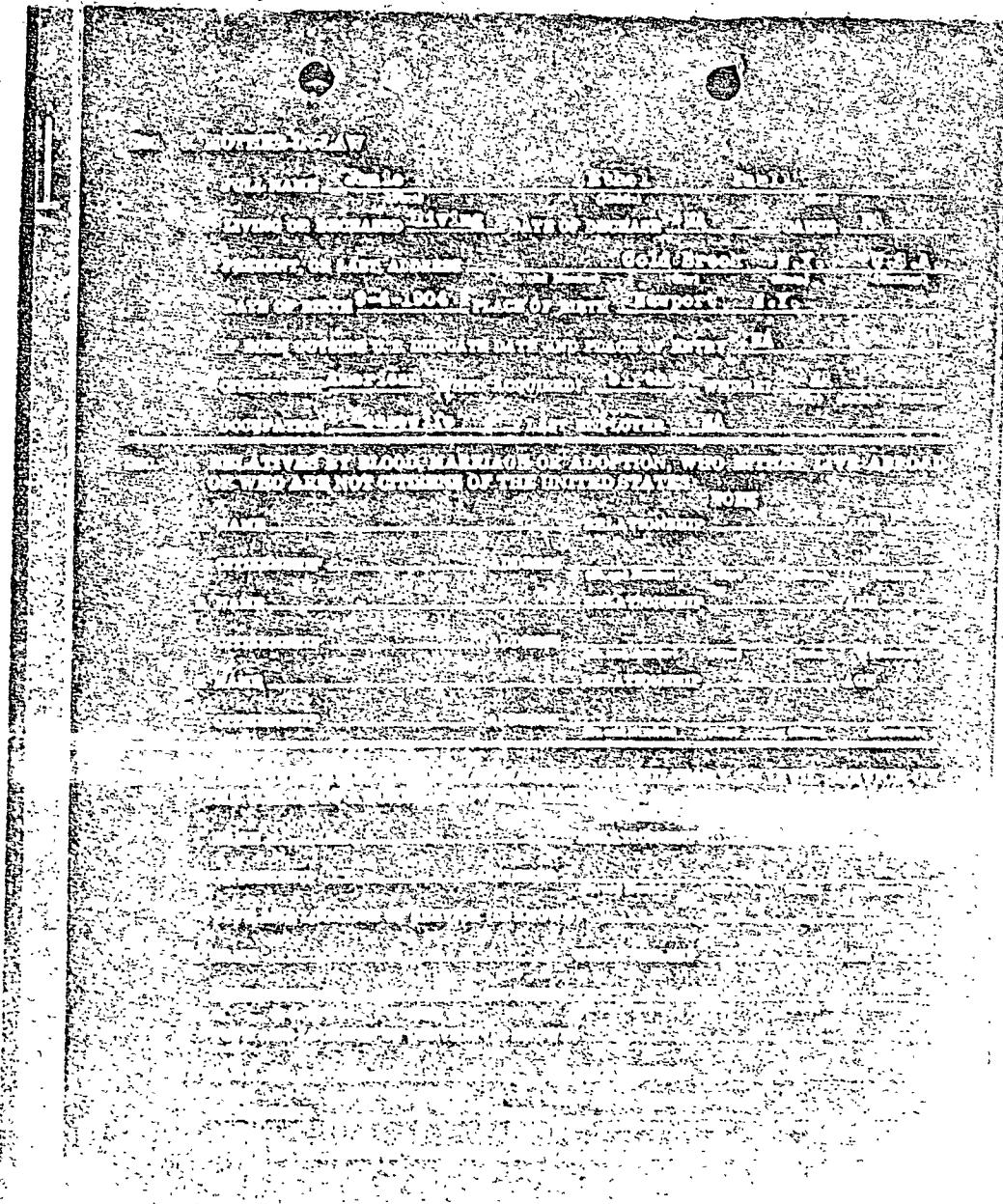
JAMES B. WILCOX JR.
MAR 167

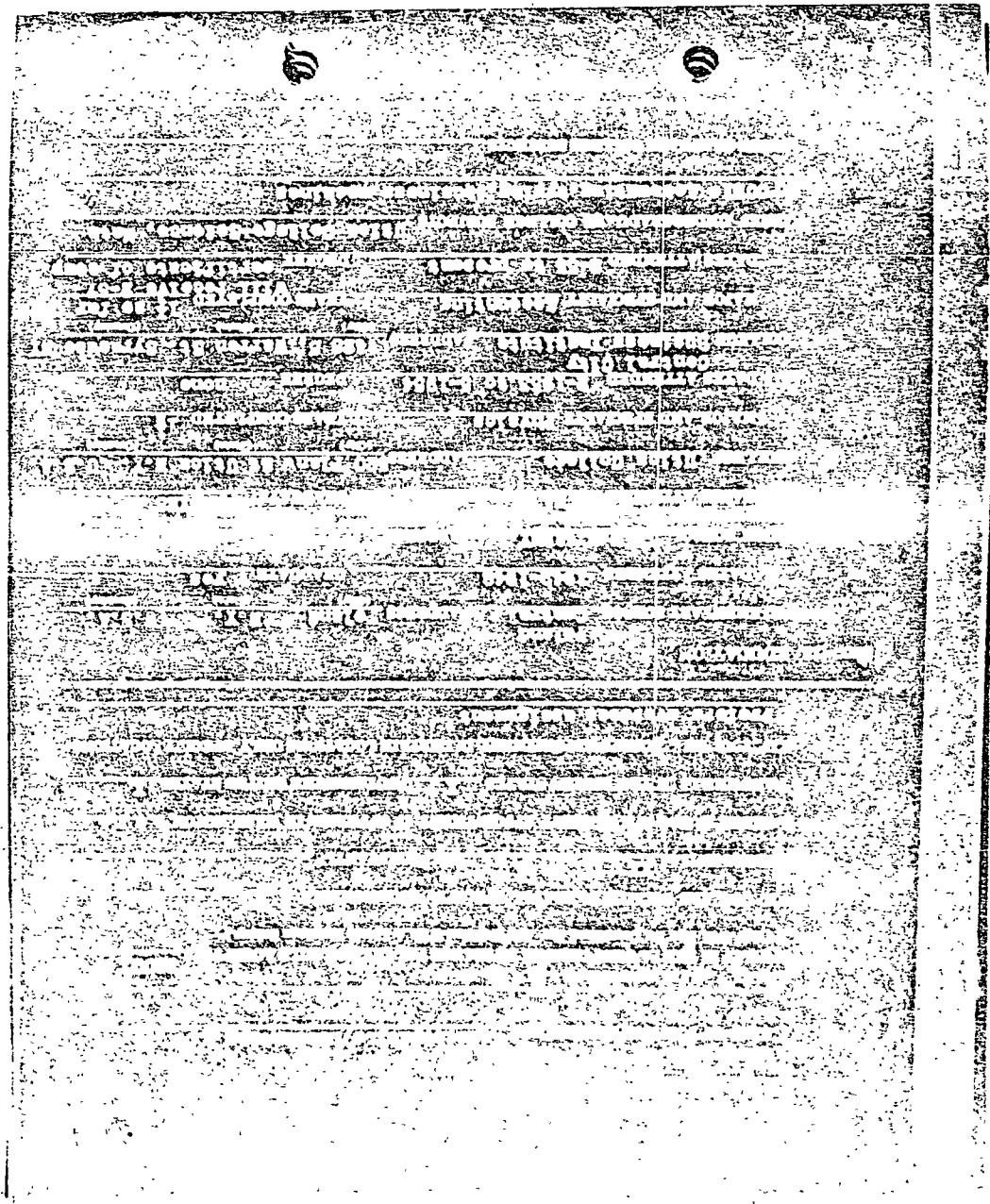


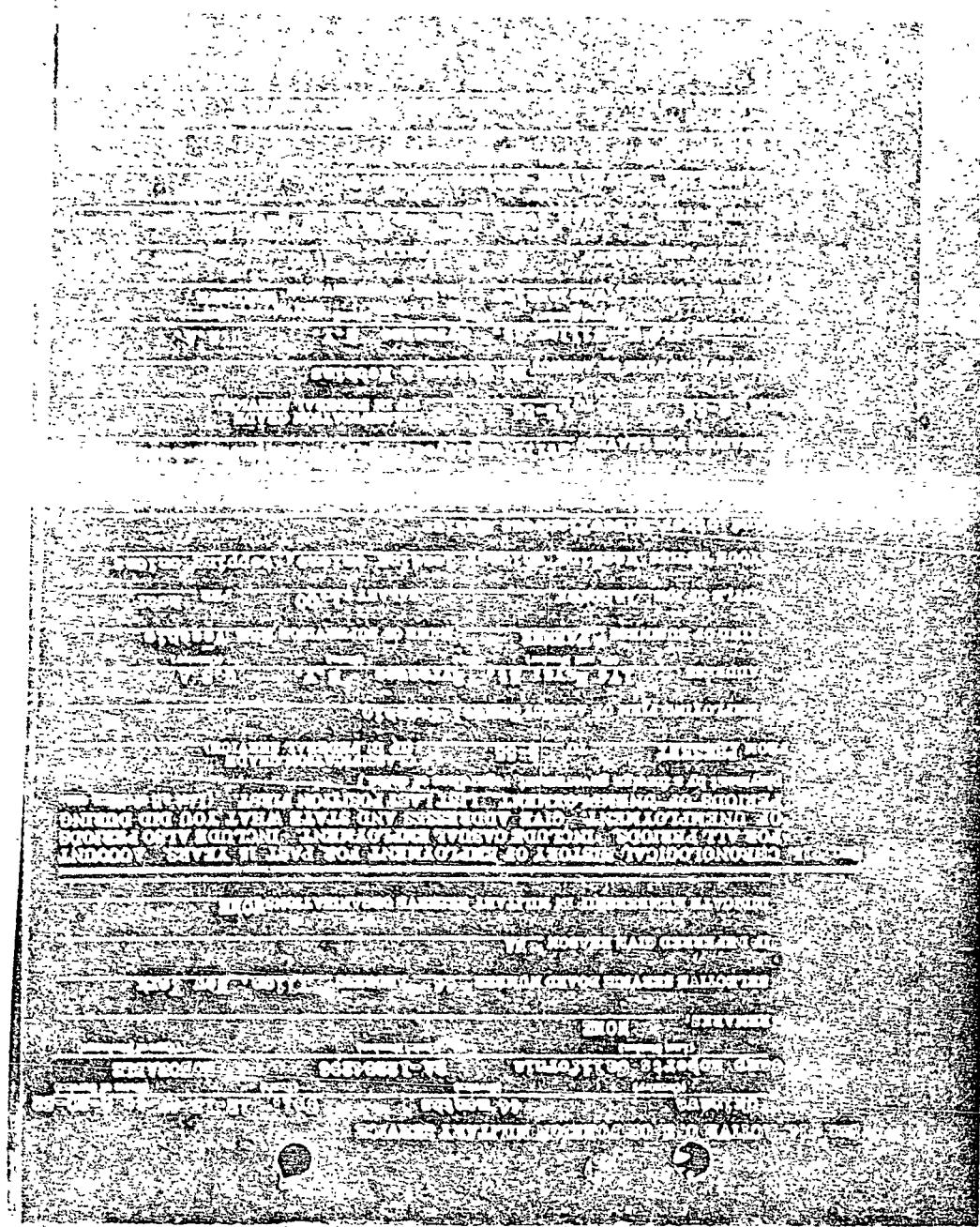


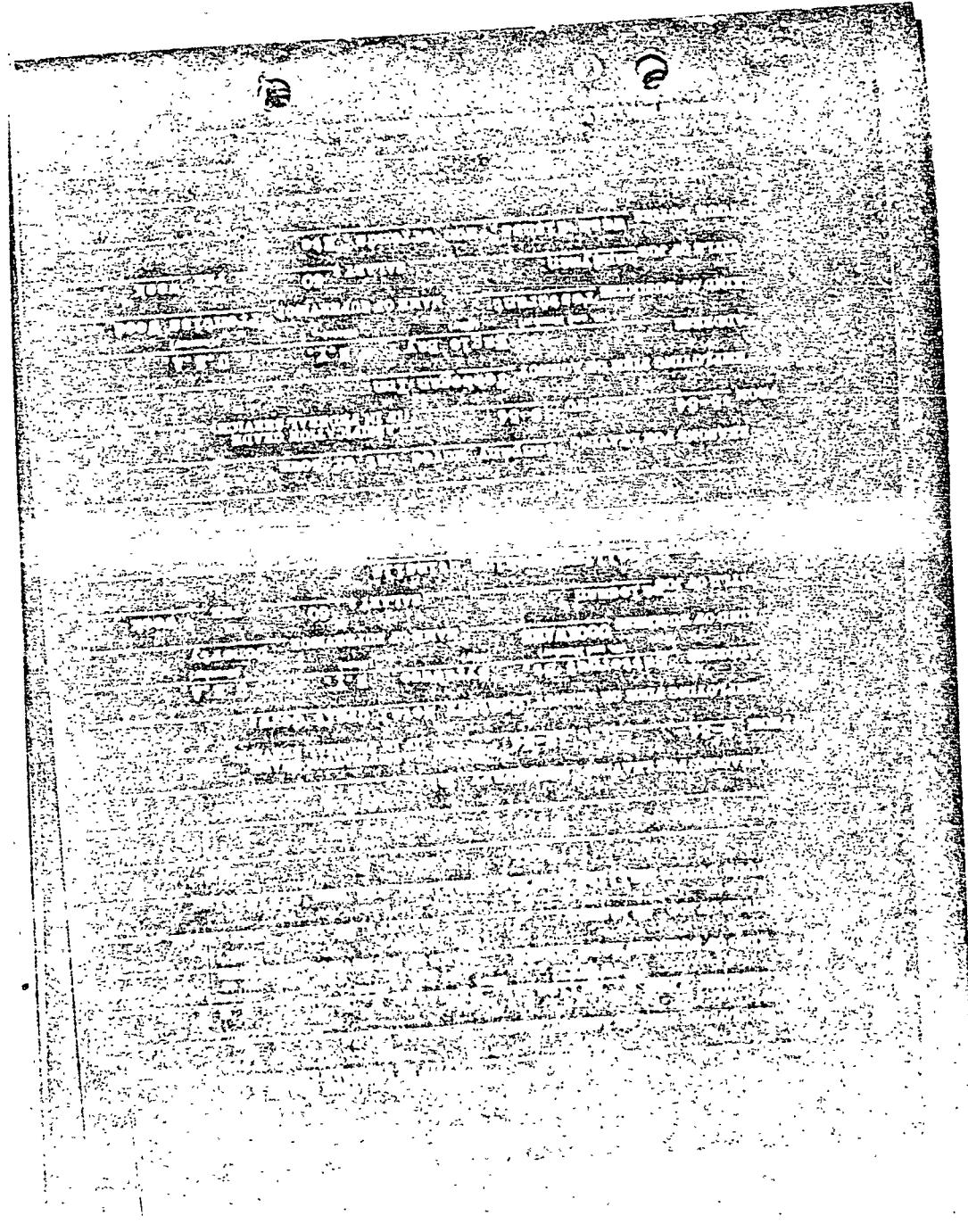


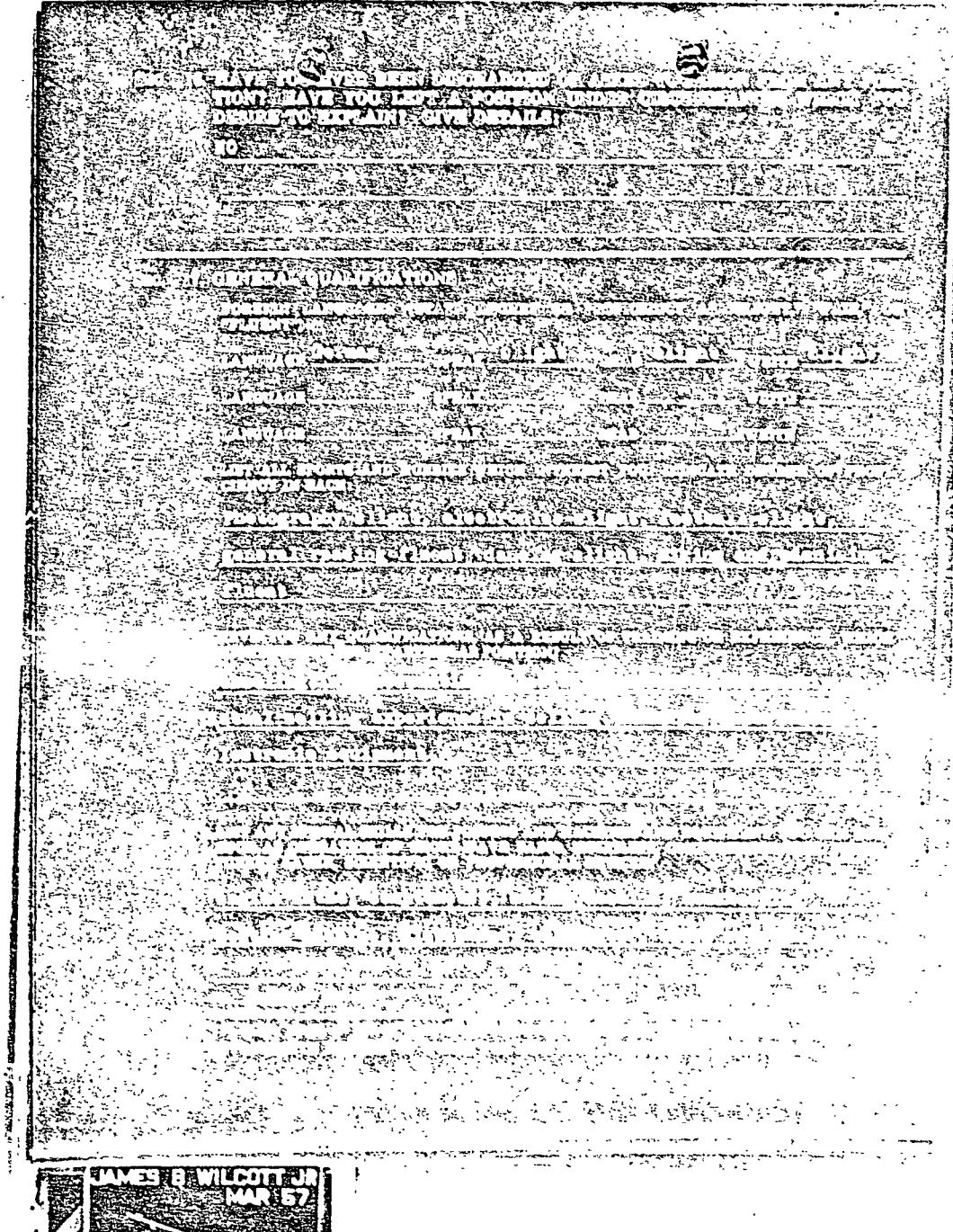


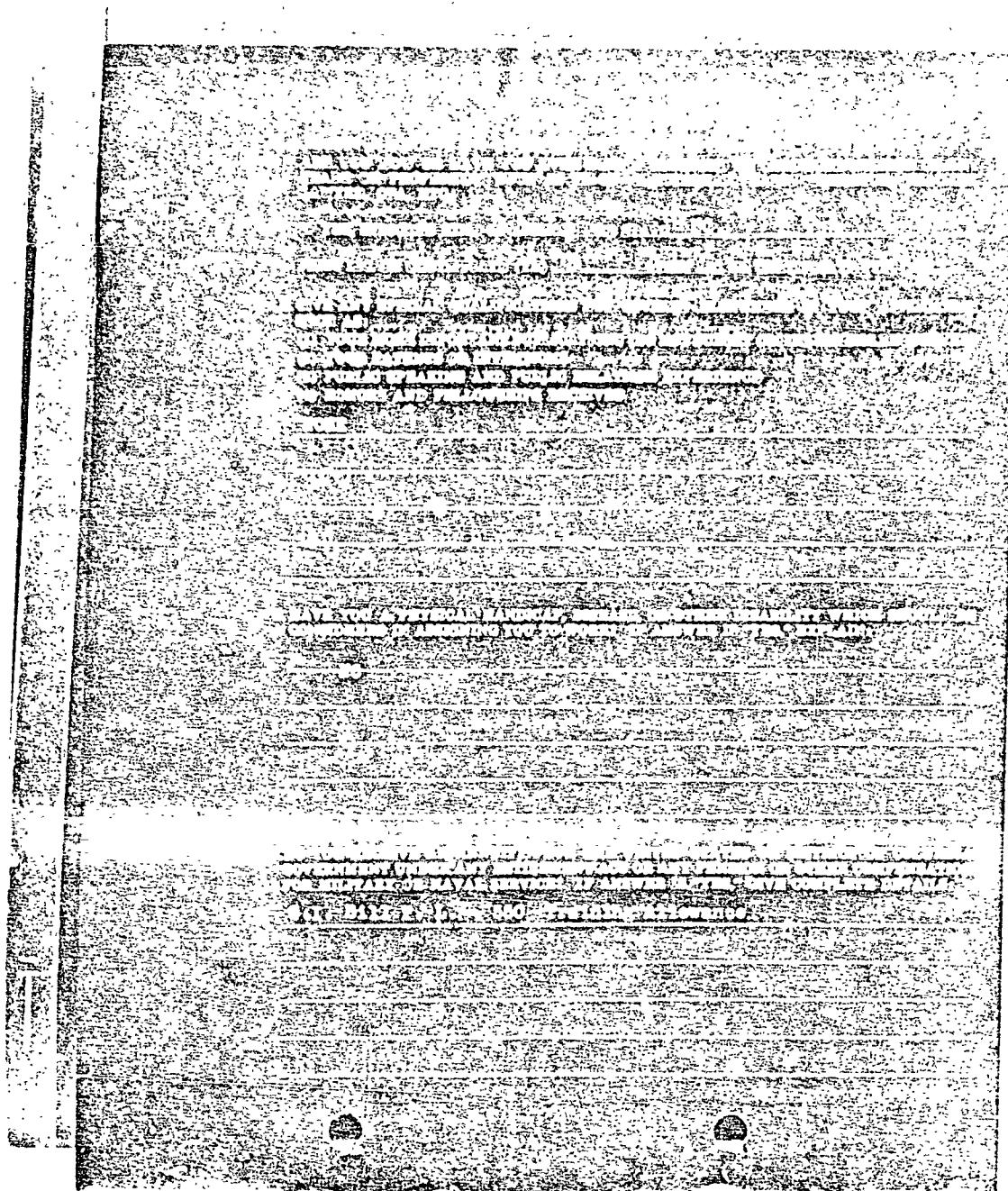


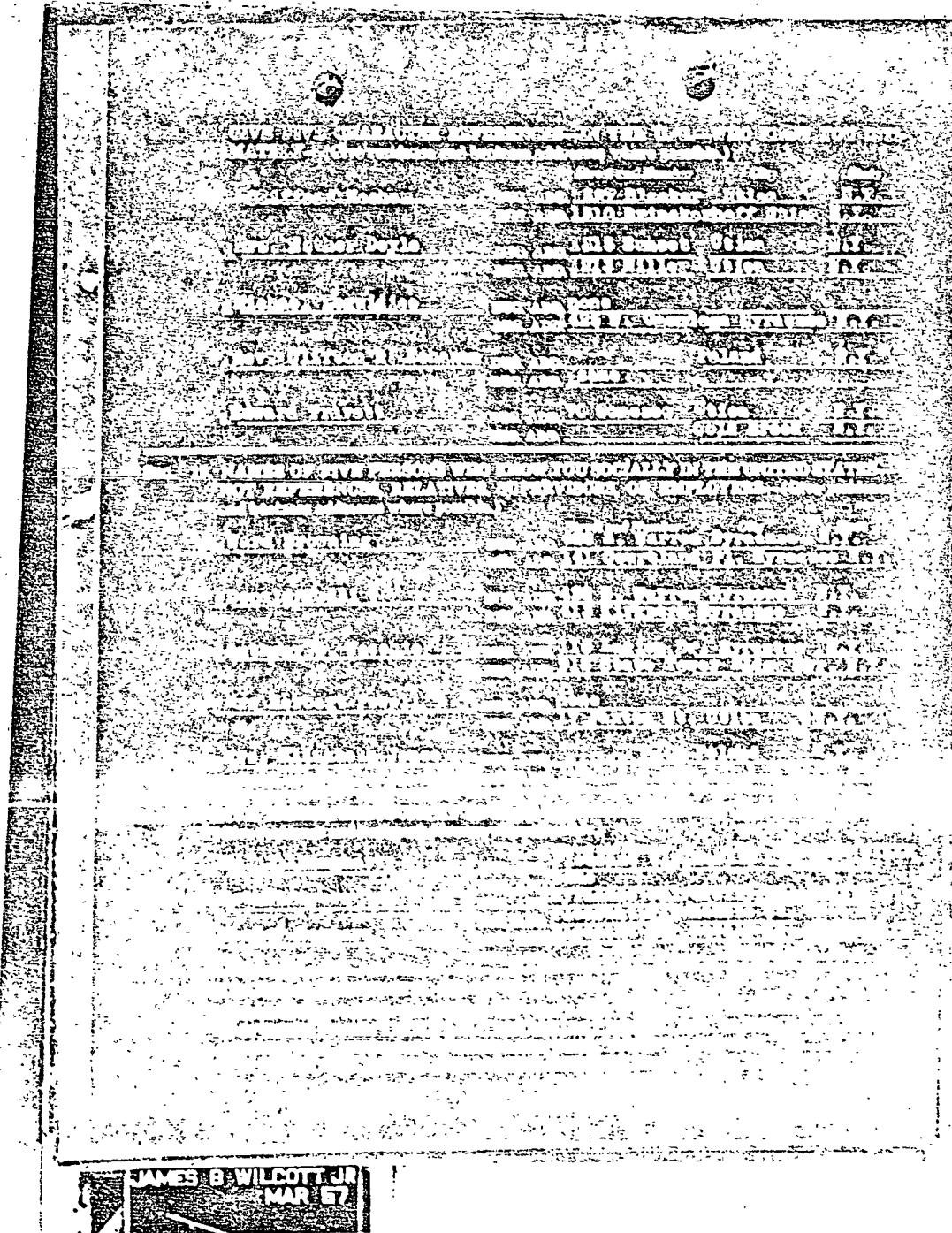


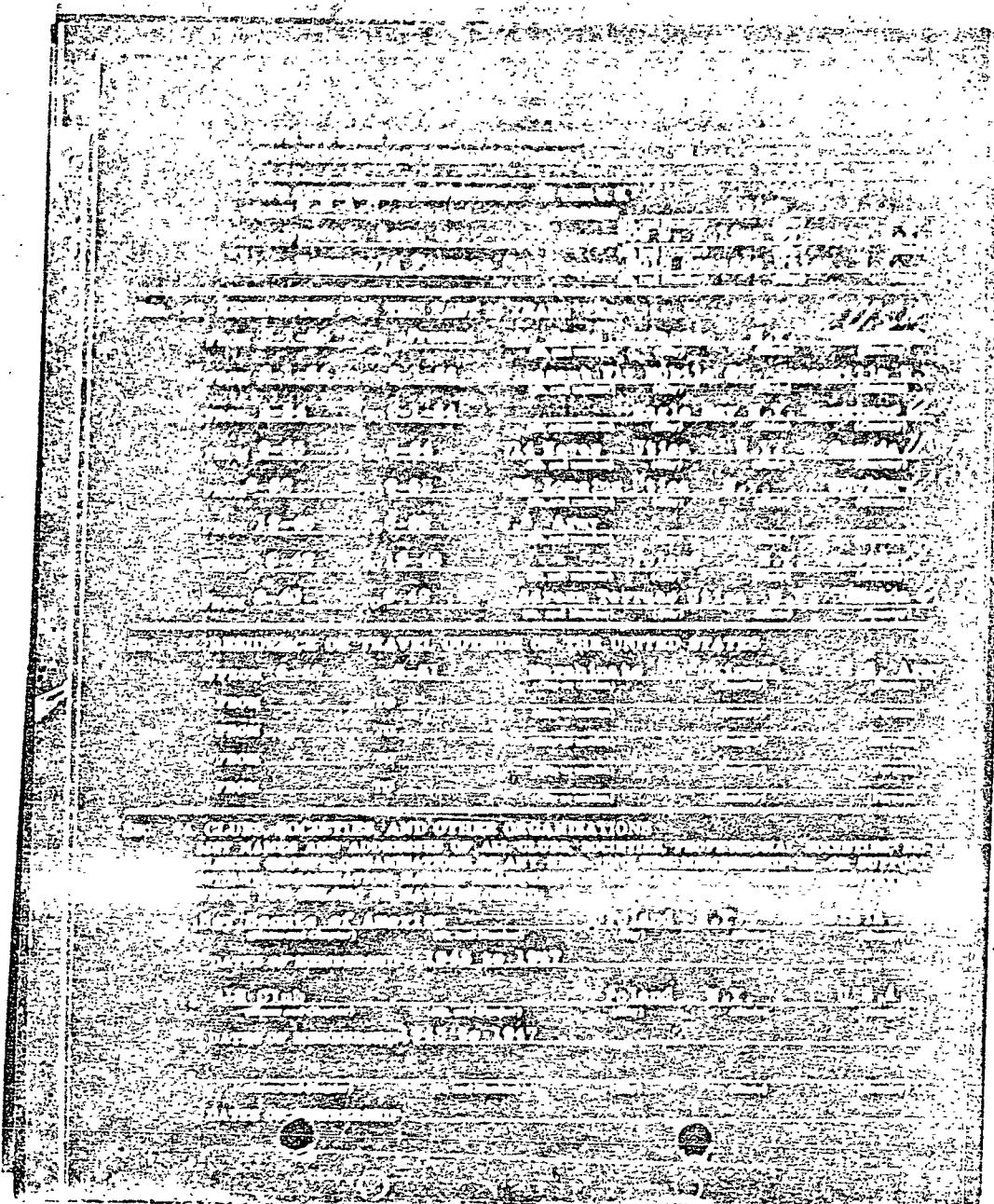


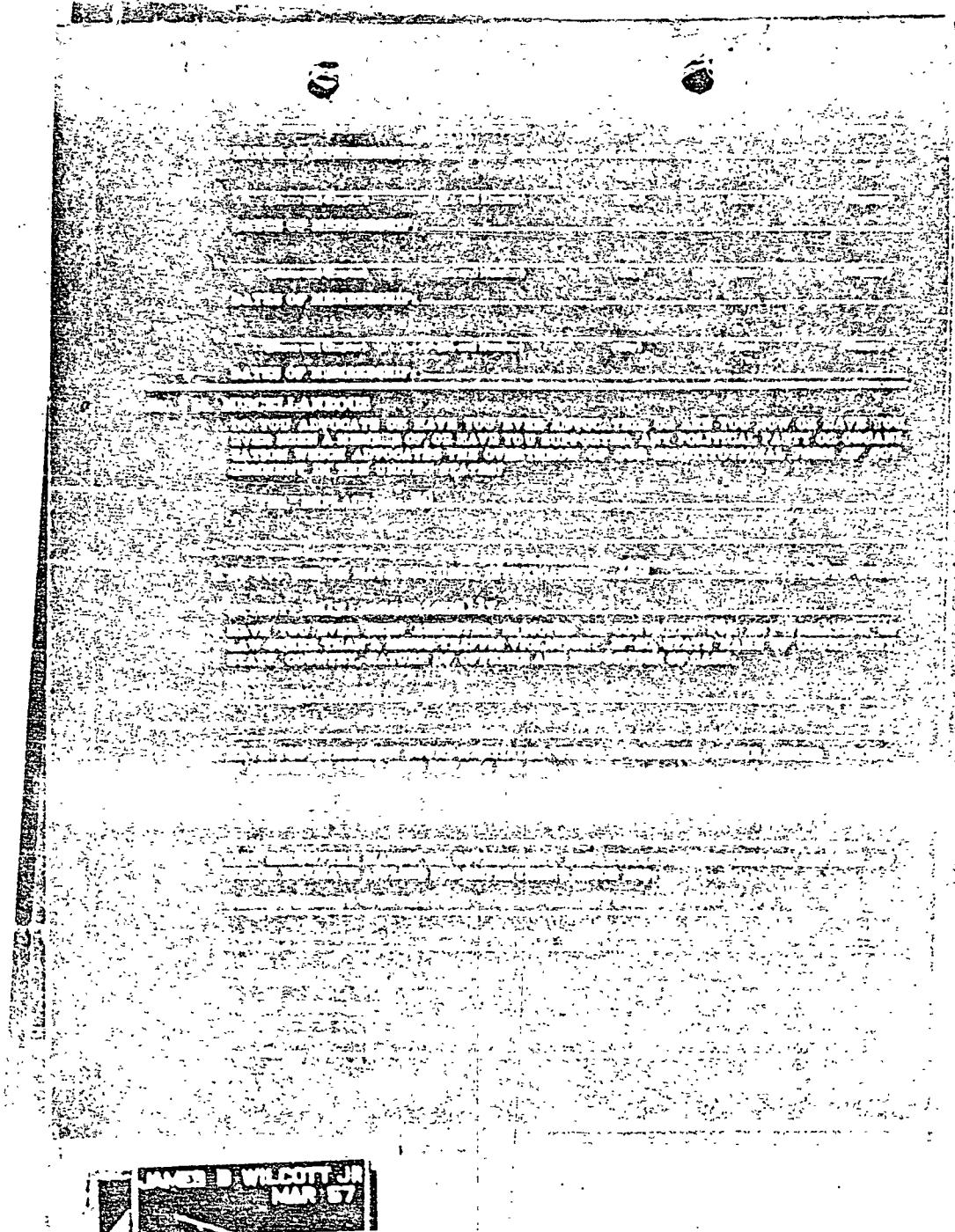


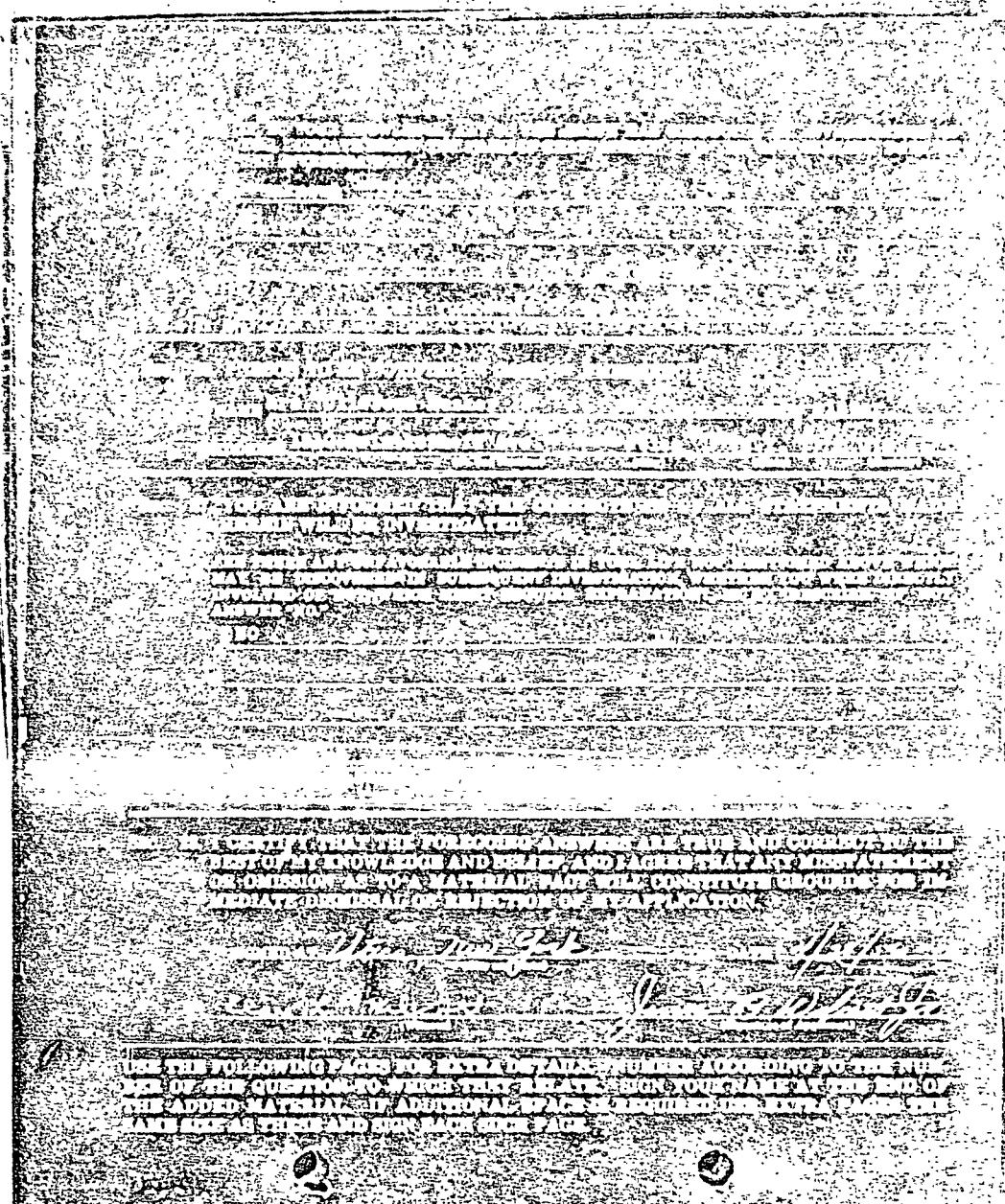


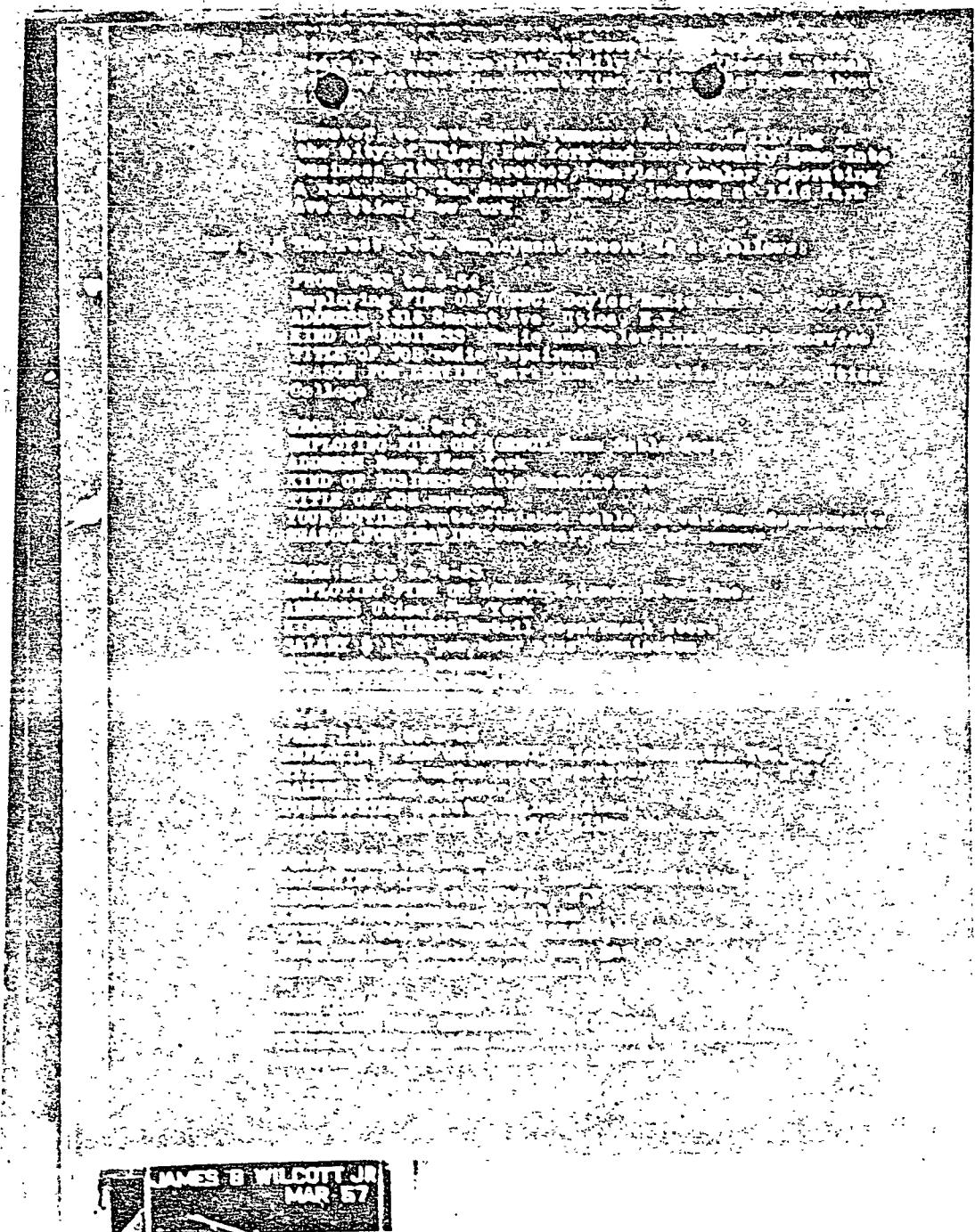












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SECURITY INFORMATION
SECURITY APPROVAL

Date: 9 November 1956

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

Your Reference: C-5841 Compt.
Case Number: 109301

1. This is to advise you of security action in the subject case as indicated below:
 - Security approval is granted the subject person for access to classified information.
 - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
 - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

W. M. Knott
W. M. Knott
by

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