

diff-jfk: record 104-10222-10040 - Page 1 - (diff between 2025 and 2023)

Highlighted changes between 2025/104-10222-10040.pdf and 2023/104-10222-10040.pdf.

STANDARD FORM 64
MAY 1962
GSA GEN. REG. NO. 27
MILITARY PAY SCHEDULE
EFFECTIVE JUNE 1, 1962

SECRET**Official Personnel Folder****SECRET**

SECRET

1. PERSONAL DATA		B. BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946			
2. NAME (Last, First, Middle) SULLY, Robert Tyler		3. BORN IN DATE OF BIRTH 18 Jun 1925		4. CONCESSION & EXP. DATE 8 Mar 1949	
5. MARITAL STATUS Married		6. PARENTS OF BORN 1927 1952		7. US NATURALIZATION STATUS NA	
8. CHILDREN None		9. OTHER STATUS None		10. LAST 10 A. MFT DATES FOR 1943-45 1946-47 1948-49 1950-51 1952-53 1954-55 1956-57 1958-59 1960-61 1962-63	
11. CURRENT RESERVE: STATUS:		12. PROFESSIONAL TEST DATE None		13. LANGUAGE ATTITUDE TEST DATE None	
14. MILITARY EXPERIENCE 1943-45 FCL2 FAD, Patterson Fld, Ohio - Messenger (runner) 1943-45 Military Service, US Army, Pfc - Military and Combat Intelligence 1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept					
15. FOREIGN LANGUAGE EDUCATION 1943-45 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Ritchie, Md - Aerial Photo Interpr 1945-47 Univ of Arizona - Sp Spanish, Political Science, History 1965-66 USDS (Corresp) Mod Supv Practice (See #18 below)					
16. FOREIGN LANGUAGE Languages Abilities (Languages, Proficiency Master, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
17. FOREIGN SPONSORED TRAINING 1948 Admin Proc 1948 Intel Orient 1949 Photo 1949 Intel Orient		1949 CI Ops 1965-66 Mod Supv Pract/USDA 1955 CI Ops 1971 Ops Trng/Defensive Driving 1962 Photo Ops 1972 Short Range Agent Contact 1968 Chall of MI Com 1973 Senior Seminar (Continued) 1968 Chall of MI Com 1973 OA Ops Seminar			
18. CIVIL EMPLOYMENT HISTORY SINCE 1948 (Employment History, Military Orders, and Principal Duties)					
EFFECTIVE DATE	POSITION, TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGAN. TITLE (IF any)	LOCATION
Mar 1948	I.O. (Trainee)	0132.06	5	CGO/Trainee Pool	Hq
May 1948	"	0132.06	7	" " "	"
Nov 1948	Reports Off	0132.58	7	CGO/Cps	
Dec 1949	I.O. Reports	0132.58	7	CGO/PDT/Venezuela Sta	Caracas
Aug 1950	I.O. (Ops)	0132.06	9	" " "	"
Jun 1952	Ops Off	0136.01	11	CGO/MI-1/Ecuador Sta/COS	Guayaquil
Apr 1954	Area Ops Off	0136.01	12	DCP/MI-1/Ecuador Sta/COS	"
Aug 1954	I.O. (PI)	0136.51	12	DCP/MI-3/Ch. Mexico Desk	Hq
May 1956	Area Ops Off	0136.01	12	DCP/MI-3/Mexico Sta/COS	Mogales
Feb 1957	" " "	0136.01	13	" " " " "	"
Aug 1959	Instructor Ops	1711.50	13	OTR/Ops Sch/Fld Trng/Faculty	Isolation
Dec 1961	" "	1711.50	14	OTR/US Field/Trng Ofc/Faculty	"
Jan 1963	Ops Off	0135.01	14	DCP/TP-1/PI-CI Sec	Hq
Apr 1963	" "	0136.01	14	DCP/MI-3/Mexico Sta	Mexico City
Sep 1964	Chief of Station	0111.01	15	DCP/PI-2/Nicaragua Sta	Nicaragua
Sep 1966	" 1970 Departed	0135.05	15	DCP/PI-2/Honduras Sta/COS	"
Sep 1970	" "	0135.05	15	DCP/PI-2/Honduras Sta/COS	Tegucigalpa
Oct 1972	" "	0135.01	15	DCP/MI-2/Br-2 (Cen Amer)	Hq
Mar 1973	" "	0135.01	15	DCP/MI-2/Br-2 (Cent Amer)	"
Dec 1973	" "	0135.01	15	DCP/PI-2/Plans Staff	"
19. LAST REVIEWED	20. PROFILE REVIEWED BY	21. LIVING IN-18 REVIEWED & VERIFIED BY EMPLOYEE		22. DATE	
20 Jan 1976	kmw (cnl)	31 Aug 1959			

SECRET
(When Filled In)

BIOGRAPHIC PROFILE (Continuation Sheet)

REF ID: A12345 NAME (Last-First-Middle) Sgt. Robert Tyler 100-1000000-1000000-1000000 200-1000000-1000000-1000000	DATE OF BIRTH 19 Jun 1900				
19. CIA EMPLOYMENT HISTORY SINCE 10 DEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)					
EXECUTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	DD	ORGANIZATION & COGEN. TITLE (if any)	LOCATION
Apr 1975	Ops Off Ch	0136.01	16	DIO/IA/Ch, Plans/ProgramsStf	Hq
Aug 1975	Ops Officer	0136.01	16	DIO/IA/Dev/Dep/Training	"
DATE REVIEWED 20 Jun 1976		PROFILE REVIEWED BY W.M./SL			

FORM 10-7, 1200-1c USE PREVIOUS EDITIONS
10-7

SECRET

12 IMPERF CL 20 65522 PROFILE

SECRET

(When filled in)

PERSONAL SERIAL NO. 055195	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) SILAW, Robert Tyler		DATE OF BIRTH 18 Jun 1925
		
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL SEE COVER HISTORY ATTACHED		
26. ADDITIONAL INFORMATION <u>Appreciation 1953</u> from the US Ambassador, Mexico City for invaluable services rendered during trip to Nogales, Mexicali and Tijuana. <u>Appreciation 1953</u> from R.E.Cartwright for assistance on survey trip along the California Gulf Coast. <u>Commendation 1959</u> from the US Ambassador, Mexico City for outstanding performance of duty while stationed in Mexico. <u>Award 1965</u> Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service." <u>Award 1974</u> of a Quality Step Increase in recognition of Subject's sustained excellent performance since 1972.		
27. DATE REVIEWED 20 Jan 1976	28. PROFILE REVIEWED BY hmc/csl	E 2 LEVEL CL 47 51722

SECRET

'NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP'			DATE	FILE NO.
<input checked="" type="checkbox"/> TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	19 March 1973 73A		
	<input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	SS NUMBER	269-28-0199	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	EMPLOYEE NUMBER	055495	
			ID CARD NUMBER	
ATTN: Chief Support Staff REF: Form 1322 dated 12 Mar 73 SUBJECT			OFFICIAL COVER	ESTABLISHED
SHAW, Robert T.				DISCONTINUED
			UNIT	
			Department of State	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS <input checked="" type="checkbox"/> BASIC COVER PROVIDED EOD EFFECTIVE DATE _____ <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TO</u> OTHER (Specify) _____		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: SUBMIT FORM 3256 W-2 TO BE ISSUED. (MHP 30-223) SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (MHP 30-7) EAA: CATEGORY I CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (MHP 30-7) <input checked="" type="checkbox"/> SUBMIT FORM 3256 State W-2 TO BE ISSUED. (MHP 30-223) <input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (MHP 340-24)		DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (MHP 340-24)			
<input checked="" type="checkbox"/> EAA, CATEGORY I CATEGORY II <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR HQS HOSPITALIZATION CARD			
<small>REMARKS AND/OR COVER HISTORY</small> MAR 48-OCT 49 HQS/OVERT OCT 49-PER 52 VENEZUELA/STATE/NOM FEB 52-MAY 52 HQS/OVERT MAY 52-JUL 54 ECUADOR/STATE-NOM JUL 54-MAY 56 HQS/OVERT 27 MAY 56-MAY 59 MEXICO/STATE INT MAY 59-MAY 61 HQS/STATE INT MAY 61-MAR 63 HQS/OVERT MAR 63-JUL 66 MEXICO/STATE INT JUL 66-JUL 70 NICARAGUA/STATE INT			
<small>DISTRIBUTION: JUL 70-HQS/72-HONDURAS/</small> COPY 1 - CG 44 C/S STATE INT/AUG 72 COPY 2 - OPERATING COMPONENT 17 MAR 73 COPY 3 - DS/NSAC HQS/STATE INT COPY 4 - DLT/PR HQS/STATE INT COPY 5 - CCS-FIL 18 MAR 73-HQS/STATE NCM			

~~SECRET~~

~~BIOGRAPHIC PROFILE~~

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

Handle With Care

~~SECRET~~

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14-00000

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Pre 1963 Requests
for Personnel Action

left

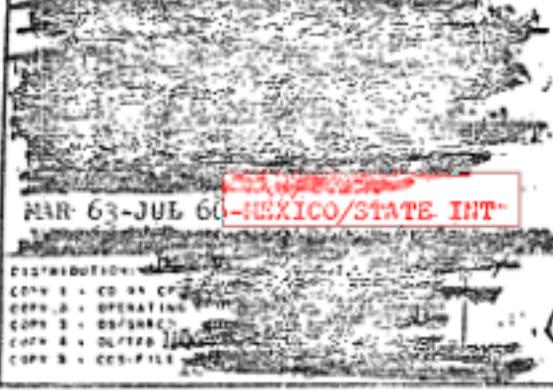
Requests for
Post 1966 Notifications
of Personal Action.
and other means.



~~Indicated~~
bio profile and
Cover Summary

Robert T Shaw

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
<input checked="" type="checkbox"/> TO: REB-73	CHIEF, CONTROL DIVISION, OP	10 March 1973	734
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	REF NUMBER 265-23-7199	EMPLOYEE NUMBER 055305
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) NM	ID CARD NUMBER	
ATTN: Chief Support Staff REF: Form 1322 dated 12 Mar 73 SUBJECT: SHAW, Robert T.		<input checked="" type="checkbox"/> OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
Department of State			
CHIEF ON THE GO FULL WHILE COVER IN EFFECT			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED BY _____ EOD <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TDY</u> OTHER (Specify)		SUBMIT FORM 3254 <u>R-2</u> TO BE ISSUED. (FMR 20-113)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (FMR 20-73)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (FMR 20-73)	
<input checked="" type="checkbox"/> SUBMIT FORM 3254 <u>State</u> <u>R-2</u> TO BE ISSUED. (FMR 20-113)		EAAC CATEGORY I CATEGORY II III RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (FMR 20-24)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (FMR 240-24)		DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/> EAAC CATEGORY I CATEGORY II III <input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD		 <p>MAR 63-JUL 66-MEXICO/STATE INT</p> <p>DISTRIBUTION: COPY 1 - CO IN CP COPY 2 - OPERATING STAFF COPY 3 - DISPERSED COPY 4 - OUTPOST COPY 5 - CCSFILE</p> <p>O. 15. P. ENCL: OFFICIAL COVER, CENTRAL COVER STAFF</p>	

SECRET

SECRET

1. PERSONAL DATA		2. BIOGRAPHIC PROFILE (PART I)				SCD: 2 Sep 1966
2. NAME (Last-First-Middle)		3. DATE OF BIRTH		4. CONCERNED COUNTR. GATE		
SMITH, Robert Tyler		11 18 Jun 1925		3 Mar 1948		
5. MARITAL STATUS		6. DEPENDENTS		7. STATUS OF BORN		8. US NATURALIZATION STATUS
Married		1 child		1925 1952		NA Spouse NA
9. CIVILIAN STATUS		10. GEOGRAPHY		11. OTHER STATUS		12. LAST MO. EMP. DATES FOR
Draftees		Georgetown				Jul 1975 Prop TTY TTY
13. CURRENT STATUS		14. NON-SERVICE		GRADE		RELEASE TO MIL. SERV CAT. 1
D		None		ACTIVE DUTY WITH CIA CAT. 1		TO BE DEFERRED CAT. 2
15. ASSESSMENT DATE		16. PROFESSIONAL TEST DATE				17. LANGUAGE APTITUDE TEST DATE
Jul 1947		None				None
18. NON-CIA EXPERIENCE 1943; 1945 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Ritchie, Md - Aerial Photo Interpr. 1945-47 Univ of Arizona - Pt Spanish, Political Science, History 1965-66 USDA (Corresp) Mod Supv Practica (See 18 below)						
19. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957				
20. AGENCY ASSISTED TRAINING 1965-66 Mod Supv Pract/USDA 1966 COS Sem (Continued)						
21. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1967 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION		
Jan 1963	Ons Off	0136.01	D DDP/TFW/FI-CI Soc	Ag		
Apr 1963	" "	0136.01	D DDP/MH-3/Mexico Sta	Mexico City		
Sep 1963	Skilled					
22. DATE REVIEWED	23. PROFILE REVIEWED BY	B-2 E&E		24. DATE REVIEWED	25. VERIFIED BY EMPLOYEE	26. DATE
20 Jun 1971	hmc/232	original version			31 Aug 1959	

SECRET

(Other filled in)

BIOGRAPHIC PROFILE (Continuation Sheet)

REF ID: A123456789	NAME (Last-First-Middle)	DATE OF BIRTH		
	SHAW, Robert Tyle	18 Jun 1925		
TELEPHONE NUMBER				
ADDRESS				
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)				
INFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	ORGANIZATION & ORGAN. TITLE (if any)	LOCATION
Apr 1975 Aug 1975	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DATE REVIEWED	PROFILE REVIEWED BY	REPORT		
20 Jun 1976	100-1001	BIOGRAPHIC PROFILE		

SECRET
(This field is)

REF ID: SERIAL NO. 055495	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last, First, Middle) SHAW, Robert Tyler	DATE OF BIRTH 18 Jun 1925	
		
<p>20. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE</p>		
<p>21. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL SEE COVER HISTORY ATTACHED</p>		
<p>22. ADDITIONAL INFORMATION</p> <p><i>[Redacted]</i></p> <p><i>Career</i></p> <p><i>de</i></p> <p><i>Award 1955 Outstanding Prepared Speaker Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service."</i></p> <p><i>[Redacted]</i></p>		
23. DATE REVIEWED 20 Jan 1976	24. PROFILE REVIEWED BY hmc/cal	25. LIPDET CL by OMT/622

Date: 1/2/77MEMORANDUM FOR: ROBERT T. STRAUSS, ROB

SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

Name: ROBERT T. STRAUSSGrade: GS-16Component: EDOB: 06 18 25SCD: 09 02 46System: CPT-1223ETR: 11-1980 1970 86 2525
11-2A 25 8000 192. Remarks: RE: SINCE I AM CHARGED WITH IT, I COULD NOT FURNISHDATA FILE

John W. Morris
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION
OF OFFICIAL COVER BACKSTOP

18 OCT 78

734

<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	REF NUMBER 268-28-0199
TO: <i>Check</i>	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495
<input checked="" type="checkbox"/>	X CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IC	ID CARD NUMBER

REF: FORM 1322 DATED 5 SEP 68	OFFICIAL COVER	ESTABLISHED X CANCELLED
STATUS <input checked="" type="checkbox"/> STAFF	CONTRACT	CONTINUED

SUBJECT SHAW, ROBERT T.	UNIT DEPARTMENT OF STATE
----------------------------	-----------------------------

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)	CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	<input checked="" type="checkbox"/> EFFECTIVE DATE: EOD
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TST</u> OTHER (Specify) _____	FORM 3254 CTA W-2 TO BE ISSUED (CRW 20-73)
SUMMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (CRW 20-73)	SUMMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (CRW 20-73)
FORM 3254 W-2 TO BE ISSUED. (CRW 20-22)	EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II
SUMMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (RE 268-28)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
SUMMIT FORM 1323 FOR TRANSFER OF COVER RESPONSIBILITY. (RE 268-28)	SUMMIT FORM 2688 FOR GEHA HOSPITALIZATION CARD.
EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	DO NOT WRITE IN THIS BLOCK
SUMMIT FORM 2688 FOR HOSPITALIZATION CARD	DO NOT WRITE IN THIS BLOCK

REMARKS AND/OR COVER HISTORY MAR 48 - OCT 49 - HQS - OVERT OCT 49 - FEB 52 - VENEZUELA, CARACAS - STATE DESIGNEE FEB 52 - MAY 52 - HQS - OVERT MAY 52 - JULY 54 - ECUADOR - STATE DESIGNEE JULY 54 - MAY 56 - HQS - OVERT 17 MAY 56 - MAY 59 - MEXICO - STATE - INT. MAY 59 - MAY 61 - HQS - STATE - INT. MAY 61 - MAR 63 - HQS - OVERT MAR 63 - JULY 66 - MEXICO, MEXICO CITY - STATE - INT. JULY 66 - JULY 70 - NICARAGUA - STATE - INT.	JUL 70-AUG 72-HONDURAS-STATE-INT. AUG 72-17 MAR 73-HQS-STATE-INT. 18 MAR 73-12 OCT 78-HQS-STATE NON 13 OCT 78 - HQS - OVERT BACK TO EOD
--	--

DISTRIBUTION COPY 1 - CHIEF OF OFFICIAL COVER COPY 2 - OPERATING COMPONENT COPY 3 - OWNED COPY 4 - DECODED COPY 5 - COMFILE	<i>km</i> <i>SM/DM</i>
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CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF

FORM 1551 1st PREVIOUS EDITION
4-77

SECRET UNCLASSIFIED

10, IMPACT CL. ST. 021964

(13-20-43)

*Not in file at time of review
by HSCA staff*

SECRET

IFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		SAI	FILE NO.
<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP		19 March 1973 734	
		10 NUMBER 268-28-0199	
<input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 055495	
<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH		ID CARD NUMBER	
TO: Chief Support Staff		<input checked="" type="checkbox"/> OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED
REF: Form 1322 dated 12 Mar 73			<input type="checkbox"/> DISCONTINUED
SUBJECT SHAW, Robert T.		UNIT Department of State	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OR OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____ EOD		SUBMIT FORM 3254 W-2 TO BE ISSUED. (RRB 20-13)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TOT OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RRB 20-13)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RRB 20-13)		EAA: CATEGORY I	CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 3254 State _____ W-2 TO BE ISSUED. (RRB 20-13)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (RR 240-24)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (RR 240-24)		DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/> EAA: CATEGORY I		CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD			
<p>REMOVED FROM 1322 STATE INT/COPY</p> <p>MAR 48-OCT 49-HQS/OVERT OCT 49-PER 52-VENEZUELA/STATE/NOM PER 52-MAY 52-HQS/OVERT MAY 52-JUL 54-ECUADOR/STATE/NOM JUL 54-MAY 56-HQS/OVERT 17 MAY 56-MAY 59-MEXICO/STATE INT MAY 59-MAY 61-HQS/STATE INT MAY 61-MAY 63-HQS/OVERT MAR 63-JUL 66-MEXICO/STATE INT JUL 66-JUL 70-NICARAGUA/STATE INT</p> <p>JUL 70-AUG 72-HONDURAS/ STATE INT/AUG 72-</p> <p>COPY 1 - 10 BY 10 STATE INT/AUG 72- COPY 2 - OPERATING COMPANY 17 MAR 73- COPY 3 - CHIEF 18 MAR 73-HQS/STATE NOM COPY 4 - CHIEF 18 MAR 73-HQS/STATE NOM</p>			

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

Post 1966 Notifications
of Personnel Action

1. DATE OF ACTION		2. PAY STATUS		3. PAY STATUS		4. PAY STATUS		5. PAY STATUS	
1. REASSESSMENT		2. 100% F		3. 100% F		4. 100% F		5. 100% F	
6. PAYROLL		7. 100% F	8. 100% F	9. 100% F		10. 100% F		11. 100% F	
		12. 100% F	13. 100% F						
7. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICE STATION							
DUP/NM FOREIGN FIELD B-LEVEL 2 MANAGUA, NICARAGUA STATION		MANAGUA, NICARAGUA							
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION					
CCNSU-AM CF CCNSU-NIC CHIEF OF STATION		14. 0		15. C					
16. CLASSIFICATION SCHEDULE (DL, LS, etc.)		17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE			
FSR GS		0136.00		14 4		16675			
10. REMARKS MEXICO CITY, MEXICO									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
20. ACTION CODE	21. PAYROLL CODE	22. OFFICE CODE	23. STATION CODE	24. INSTITUTE CODE	25. RANK	26. DATE OF BIRTH	27. DATE OF GRADE	28. DATE OF GS	
37	10	51650-WH	52073	1	3	06/18/25			
29. PAY EXPRESS		30. SPECIAL REFERENCE		31. SEPARATION DATA		32. CONVERSION/CANCELLATION DATA		33. SECURITY REG. NO.	
34. 00 00 10		35. RETIREMENT DATA		36. SEPARATION DATA CODE		37. END TIME		38. SEC. REG. NO.	
39. VET. PREFERENCE		40. SERV. COMP. DATE		41. 1960 COMP. DATE		42. CAREER CATEGORY		43. DOLCI / HEALTH INSURANCE	
44. 0 - NONE 1 - VET 2 - VET & GS		45. 00 00 10		46. 00 00 10		47. 0000		48. SOCIAL SECURITY NO.	
49. PREVIOUS GOVERNMENT SERVICE DATA		50. STATE TAX CODE		51. FEDERAL TAX DATA		52. STATE TAX DATA			
53. 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		54. 0000		55. FORM EXEMPTION CODE		56. TAX EXEMPTIONS		57. FORM EXEMPTION CODE	
				58. 1 - YES 2 - NO		59. 1 - YES 2 - NO		60. 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION									
POSTED <i>68-78068</i>									

FORM 1000
1-62Use Previous
Edition

SECRET

100-1000-1000	100-1000-1000
100-1000-1000	100-1000-1000

(When)

1. PAYROLL NUMBER	2. PAY STATUS	3. Payroll Number	4. PAY STATUS	
035488	SHAW ROBERT T	03 090 CF		
5. OLD SALARY RATE		6. NEW SALARY RATE		7. PAY ACTION
GS 14 4	316,675	12/08/64	GS 14 9	317,170
				12/04/66

NO EXCESS LROP
IN PAY STATUS AT END OF WAITING PERIOD
LROP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

6 9

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

SIGNATURE: *Robert T. Shaw*
P-1000-1000-1000-1000-1000-1000-1000-1000-1000
PAY CHANGE NOTIFICATION

1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)							
055495	SHAW ROBERT T							
3. DATE OF PERSONNEL ACTION								
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM								
4. EFFECTIVE DATE								
07 03 66								
5. CATEGORY OF EMPLOYMENT								
REGULAR								
6. FUNDS								
V-10-V	V-10-V	V-10-V						
X	X	X						
7. COST CENTER NO CHARGEABLE								
7135 0990 0000								
8. CSC OR OTHER LEGAL AUTHORITY								
PL 88-643 SECT. 203								
9. ORGANIZATIONAL DESIGNATIONS								
10. LOCATION OF OFFICIAL STATION								
DDP/WH								
MEXICO CITY, MEXICO								
11. POSITION TITLE								
12. POSITION NUMBER								
13. SERVICE DESIGNATION								
O								
14. CLASSIFICATION SCHEDULE (13, 15, etc.)								
15. OCCUPATIONAL SERIES								
16. GRADE AND STEP								
17. SALARY OR RATE								
18. REMARKS								
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.								
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. HGTN. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES
		NUMERIC	ALPHABETIC		NO DA YR	NO DA YR	NO DA YR	NO DA YR
28. HIC EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA			33. SECURITY REG. NO.	34. SEC REG. NO.
NO DA YR	1 - EDC 2 - FICA 3 - NONE	CODE	DATA CODE	TYPE	NO DA YR	EDD DATA		
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGL / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE	0 - NONE 1 - DPT. 2 - TO PT	NO DA YR	NO DA YR	CAR REV PROV TEMP CODE CODE O - WAIVER	CODE	O - YES	HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA:			42. LEAVE EAR 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
45. SIGNATURE OR OTHER AUTHENTICATION								

POSTED

7-14-66 AB

FORM 1150

Use Previous Edition

SECRET

LEAD
1
10000 000 00000
CIRCLED 000

*PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 88-604
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 9 OCTOBER 1962.*

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	BU-NSTEP	SALARY	SALARY
SHAW ROBERT T	055495	51 A20	CF	00 10 4	\$10,700	\$10,879

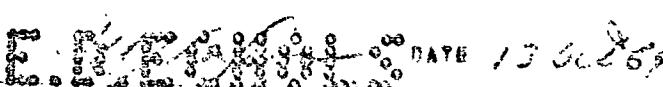
44-A-74

PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL "9-371
PURSUANT TO AUTHORITY OF "ET AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND ADDT POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS IS OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T.	055493	51 620	OF	GS 14 4	\$15,640	\$16,204

14

1 - Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
055493	SHAW ROBERT T.	51 700 476 CF	
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Last EH Date
GS 14	3	\$15,640	12/08/65
Grade	Step	Salary	Effective Date
GS 14	4	\$16,204	12/06/65
7. TYPE ACTION			
PSI	LSD	ADJ	
8. Remarks and Authorizations			
<input checked="" type="checkbox"/> / NO EXCESS LWOP <input checked="" type="checkbox"/> / IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS 559 AUDITED BY			
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.			
SIGNATURE:  DATE 13 Oct 65			
PAY CHANGE NOTIFICATION			

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1960, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 9 JANUARY 1964.

NAME	SERIAL	ORGAN FUNDS	GR-EST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	21700	CF GS 14 3	\$12,695	\$14,915

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
DCI MEMORANDUM DATED 1 AUGUST 1960, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 14 OCTOBER 1962.

NAME	SERIAL	ORGAN FUNDS	GR-EST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	2A720	V 14 1	\$12,220	\$14,1

275-227

1 Service No	2 Name	3 Grade/Contract Duration	4 LWOP Hours							
095495	SHAW ROBERT T	2A 720 V								
	OLD SALARY PAY	6 NEW SALARY PAY	7 TYPE ACTION							
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LS	ADJ
GS-14	1	\$12,220	12/10/61	GS-14	2	\$13,370	12/06/62			

- ✓ NO EXCESS LWOP
✓ PAY STATUS AT END OF WAITING PERIOD.
✓ LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS *[initials]* AUDITED BY

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

SIGNATURES

[Signature] DATE 8 Nov. 62

PAY CHANGE NOTIFICATION

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

OLD PAYROLL DATA				NEW PAYROLL DATA				TYPE ACTION		
Grade	Step	Salary	Last Pay Date	Grade	Step	Salary	Effective Date	PW	IP	ADP
GS 14	2	\$13,270	12/09/62	GS 14	3	\$13,690	12/09/63			

NO EXCESS PAY
IN PAY STATUS AT END OF WAITING PERIOD
PAY STATUS AT END OF WAITING PERIOD
CLERKS INITIALS *[Signature]* AUDITED BY *[Signature]*
D 14-11-63

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

SIGNATURE: *[Signature]* DATE: 30 October 63
P. J. SCHOLZ
PAY CHANGE NOTIFICATION

SECRET
(Where Filled In)

ABM: 30 APR 63

NOTIFICATION OF PERSONNEL ACTION											
ODF											
1. SERIAL NUMBER	2. NAME CLASSIFICATION										
055495	SHAW ROBERT T.										
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
REASSIGNMENT		04-30-63		REGULAR							
6. FUNDS		7. PAY PLAN		8. PAY SOURCE NO. CONTRACTUAL		9. PAY OR OTHER LEGAL AUTHORITY					
FUND		P&R P		3135 5700 1000		50 USC 403 J					
10. ORGANIZATIONAL INFORMATION		11. LOCATION OF OFFICIAL STATION									
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION		MEXICO CITY, MEXICO									
12. POSITION TITLE		13. POSITION NUMBER		14. SERVICE DESIGNATION							
CONSULAR OF CONSUL MC CPS OFFICER		0340		O							
15. CLASSIFICATION SCHEDULE (Ref. 18, m-2)		16. OCCUPATIONAL SERIES		17. GRADE AND STEP		18. SALARY OR RATE					
FSR		0136,01		04 O		11880					
GS				14 2		13270					
19. RESUME MEXICO CITY, MEXICO											
20. AREA BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. Action	22. Payplan	23. Grade/Step	24. Status	25. Effective	26. Grade	27. Date of Birth	28. Date of Grade	29. Date of End			
CODE	CODE	CODE	CODE	DATE	CODE	MM DD YY	MM DD YY	MM DD YY			
37- 10	647003 145075		1	3	06 19 25						
20. PAY DATES		21. PAYPLAN		22. RE-APPNT DATE		23. SEPARATION		24. CORRECTIVE/CANCELLATION DATE		25. SECURITY	26. SEE
MM DD YY		MM DD YY		MM DD YY		MM DD YY		MM DD YY		REF ID:	REF ID:
27. PAY PERIOD		28. PAY COM. DATE		29. COM. DATE		30. CAREER PAYPERIOD		31. FEES / HEALTH INSURANCE		32. SOCIAL SECURITY NO	
MM DD YY		MM DD YY		MM DD YY		MM DD YY		MM DD YY		MM DD YY	
33. PREVIOUS GOVERNMENT SERVICE DATA		34. PAYROLL DATA		35. FEDERAL TAX DATA		36. STATE TAX DATA					
37. PAY FREQUENCIES		38. PAY PERIODS		39. PAYMENTS		40. PAYMENTS		41. PAYMENTS		42. PAYMENTS	
1. Bi-monthly		2. Monthly		3. Semi-monthly		4. Weekly		5. Daily		6. Other	
SIGNATURE OR OTHER AUTHENTICATION											
<i>[Signature]</i>											
POSTED <i>[Signature]</i>											

SECRET
(When filled in)

RZR: 29 MAR 63

QDF		NOTIFICATION OF PERSONNEL ACTION						
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)							
055495	SHAW ROBERT T							
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
INTEGRATION--DEPT OF STATE		03 27 63		REGULAR				
6. FUNDS	7. PAY	8. HRS	9. PAY	10. DUTY NUMBER NO. CHARGEABLE	11. LAW OR STATE LEGAL AUTHORITY			
	X			3135 5700 1000	50 USC 403 J			
12. ORGANIZATIONAL DESIGNATIONS				13. LOCATION OF OFFICIAL STATION				
DOP/MH BRANCH 3 MEXICO CITY, MEXICO STATION				MEXICO CITY, MEXICO				
14. POSITION TITLE		15. POSITION NUMBER		16. SERVICE NUMBER		17. SERVICE DESIGNATION		
CONSULAR OF, CONSUL AG OPS OFFICER		0418		0418		D		
18. CLASSIFICATION NUMBER/EX. CL. NO.		19. DEPARTMENT/STATE		20. GRADE/EMP. STEP		21. SALARY OR RATE		
FSR		OM O		14 2		11880		
GS		0136.01				13270		
18. REMARKS SUBJECT IS TO BE PAID THE DIFFERENCE BETWEEN CIA SALARY OF \$13270 AND FSR SALARY OF \$11880 TO BE PAID BY DEPT. OF STATE AND ALLOWANCES IN ACCORDANCE THEREWITH. ALL SICK AND ALL HOURS ANNUAL LEAVE TO BE TRANSFERRED TO THE DEPT OF STATE. MARITAL STATUS: MARRIED DAUGHTER - DOB: 7/27/52, SONS- DOB: 9/10/55								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL (TWINS)								
22. ACTION DR. Deploy Date	23. OFFICE CODES	22. STATION	23. INTEGRATE CODE	24. Regn.	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEE	
044	64700 WH	45075	F	3	06 18 25	40	04 04 04	
28. RPT. ESTABLISH	29. SPONSOR REFERENCE	30. REINSTATEMENT DATE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELATION DATE		33. SECURITY	34. SEA REG. NO.	
MM 28 19		MM 00 00		MM 00 00 00				
35. VET PREFERENCE	36. SERV. COMP. DATE	37. 1965 COMP. DATE	38. CREDIT CATEGORIES	39. FEES / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
0000	MM 00 00	MM 00 00	CIA 0000 0000	0000 0000 0000				
41. PREVIOUS GOVERNMENT SERVICE DATA	42. 1965 EXP. DATE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
0000	0000	0000 0000 0000	0000 0000 0000					
45. 1. NO PREVIOUS SERVICE 2. NO REASON FOR SERVICE 3. REASON UNKNOWN 4. REASON UNKNOWN	46. FORM ASSOCIATED CODE	47. NO. OF EXCEPTIONS	48. STATE TAX EXEMPT	49. STATE TAX EXEMPT	50. STATE TAX EXEMPT			
	1 - YES	2 - NO	1 - YES	2 - NO	3 - NO			
SIGNATURE OR OTHER AUTHENTICATION								
4/26/63 JK								
4048 1963	Use Previous Edition	4/26/63	SECRET	4/26/63	SECRET	4/26/63	When filled in	
POSTED 4/26/63 JK								

SECRET
(When filled in)

B&B: 15 FEB 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF															
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)														
055495	SHAW ROBERT T.														
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			02 17 63			REGULAR									
6. FUNDS		V TO V	X	V TO C	7. COST-CENTER NO CHARGEABLE		8. CS OR OTHER LEGAL AUTHORITY								
		O TO V		O TO A	3135 5700 1000		50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION												
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION			MEXICO CITY, MEXICO												
11. POSITION/TITLE			12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION									
OPS OFFICER			0418			D									
14. CLASSIFICATION SCHEDULE (ECS, LD, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE						
GS			0136.01			14 2			13270						
18. REMARKS SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.															
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. Edgfr. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF RD						
20	10	NUMERIC	ALPHABETIC	45075		3	06 18 25								
28. RTE EXPIRES NO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. ZOD DATA	34. SECURITY REG. NO.	35. SEX.						
		80		1 - CSC 2 - PICA 3 - NONE											
36. VET. PREFERENCE		36. SERV. COMM. DATE		37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE	0 - NON 1 - BRT 2 - IOPT	NO	DA	TR	NO	DA	TR	CAR POV TEMP	RESV CODE	0 - DRIVER 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 1 - YES 2 - NO	NO TAX EXEMPTIONS	FORM EXECUTED 1 - YES 2 - NO	CODE	RD TAX EXEMPT	STATE CODE						
SIGNATURE OR OTHER AUTHENTICATION															
POSTED <i>oz/26/63/RK</i>															

SECRET
(When Filled In)

LLG: 4 JAN. 63

NOTIFICATION OF PERSONNEL ACTION											
OCF											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
055495		SHAW ROBERT T									
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE									
REASSIGNMENT		01 04 63									
5. FUNDS		V TO V	V TO ST	6. COST CENTER NO. CHARGEABLE		7. CATEGORY OF EMPLOYMENT					
		0 TO V	0 TO G	3232 1000 1000		REGULAR					
8. ORGANIZATIONAL DESIGNATIONS		9. LOCATION OF OFFICIAL STATION									
DOP TASK FORCE W FI/CI BRANCH		WASH., D.C.									
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION							
OPS. OFFICER		0678		D							
14. CLASSIFICATION SENIORITY GS-10 GS-11		15. OCCUPATIONAL SERIES		16. GRADE AND STP		17. SALARY OR RATE					
GS		01 36.01		1U 2		13270					
18. REFERENCES											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Employ. Code	21. OFFICE/COMING	22. STATION CODE	23. INTEGEE CODE	24. Rank Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEE			
37	10	61300 TFW	75013		1	06 18 25					
28. RITE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA-CODE	32. CORRECTION/CANCELLATION DATA					33. SECURITY	34. SEE	
00. DA. YR		Y-ESC S-PICA N-NONE	CODE	TYP	00. DA. YR				00. 00. 00		
35. VET. PREFERENCE	36. SERV. COMM. DATE	37. LONG COMM. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.						
CODE	0 - NONE 1 - 9 PT. 2 - 10 PT.	00 00 44 00 00 10	CODE	CODE	0 - DIVIDED 1 - TUES	CODE	0 - DIVIDED 1 - TUES	CODE	0 - DIVIDED 1 - TUES	CODE	0 - DIVIDED 1 - TUES
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 MONTHS 3 - BREAK IN SERVICE MORE THAN 3 MONTHS	CODE	FORM EXECUTED CODE	NO. TAX EXEMPTIONS	FORM EXECUTED	CODE	NO. TAX EXEMPT	STATE CODE			
SIGNATURE OR OTHER AUTHENTICATION											
POSTED <i>1/15/63 UK</i>											

14-00000

Pte 1963 Notification
of Personnel Action

Post 1966
Fitness Rpts

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER
GENERAL				055495
1. NAME (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE
SHAW, Robert T.		18 Jun 1925	M	GS-14 D
5. OFFICIAL POSITION TITLE		6. CURRENT STATION		7. OFF/DIV/BR OF ASSIGNMENT
Ops Officer		Mexico City		DDP/WI/1
8. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL		
CAREER-PROVISIONAL (See Instructions - Section C)		REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE		
SPECIAL (Specify)		SPECIAL (Specify)		
11. DATE REPORT DUE IN G.R. 31 May 1965		12. REPORTING PERIOD (From To) 1 June 64 - 31 March 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				
<small>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).</small>				
SPECIFIC DUTY NO. 1 Agent handling and exploitation. The management, direction and training of existing agent assets. Attention to full operational exploitation of such assets. RATING LETTER D/F/E/C				
SPECIFIC DUTY NO. 2 Development and handling of new operations: target studies, spotting, assessment and recruitment of new agent assets and potentials. RATING LETTER D: 14 / 15				
SPECIFIC DUTY NO. 3 Operational management and administration. Maintenance of project records, preparation of contact reports, memoranda, dispatches and cables as required. RATING LETTER D/A/2				
SPECIFIC DUTY NO. 4 General operational support. Liaison with PBSWING, servicing of third country requirements, management of safe houses etc. RATING LETTER P				
SPECIFIC DUTY NO. 5 Intelligence reporting. RATING LETTER D/P/4 + D/S/0				
SPECIFIC DUTY NO. 6 Supervision of personnel. RATING LETTER P				
OVERALL PERFORMANCE IN CURRENT POSITION				
<small>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.</small>				
16 JUN 1965 RATING LETTER O				

SECRET

(Form 1010 Rev. 1-64)

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 better basis for determining future personnel action. Manner of performance of manager or supervisor during duty must be described, if applicable.

JUN 16 1965

During the past year, this officer has continued to demonstrate his dedication and highly developed professional skills.

Subject has been called upon to meet a variety of requirements. The spectrum of his activity has been so broad that it has run from the exploitation of his manual dexterity (in installing technical devices) to the most sophisticated and demanding agent handling. Throughout the year, Subject has demonstrated his awareness of the value of KUBARK funds, which he spends as needed but always conscientiously. His reporting on his activities has been especially commendable, and his mastery of tradecraft has been continually in evidence.

Subject has now become Chief of PBRUMEN operations for Station Mexico. This slot was formerly held by a GS-15 officer. It is requested that Subject be promoted to the grade of GS-15, not only because of his present assignment, but in recognition of his fine past performance.

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

Robert T. Shaw /s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3 June 65

Operations Officer

David A. Phillips /s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Para 2 of covering dispatch RUMT 5493 in its entirety:

"CCS is in complete agreement with this excellent report on Shaw and recommends that Shaw be promoted to GS-15."

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	GOS	Winston M. Scott /s/

SECRET

No Rec'd

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on
[REDACTED] Robert T. Shaw

Robert T. Shaw

1. [REDACTED] Robert T. Shaw is under (PCS) transfer to the position of COS, Managua, and is scheduled to depart Mexico City on or about 17 September 1966.
2. This memorandum is to report that [REDACTED] has continued to perform duties assigned to him at the Mexico City Station in the same exceptional manner reported in HMMT-6516, in which he was rated as outstanding for the year April 1965-April 1966. His duties have been the same as reported in HMMT-6516 and a detailed report on his performance would be a repetition of his previous report.
3. It is again recommended that [REDACTED] be promoted to GS-15 in view of his performance and qualifications.

RATING OFFICER

(6 September 1966)

Winston M. Scott /s/

EMPLOYEE:

(6 September 1966)

Robert T. Shaw /s/

Employee Number: 055495

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				055495	
SECTION A					
1. NAME SHAW		(Last) Robert	(First) T.	(Middle)	GENERAL
2. OFFICIAL POSITION TITLE Ops Officer		3. DATE OF BIRTH 18 Jun 1925		4. SEX M	5. GRADE GS-14
6. OFFICER PROVISIONAL (See Instructions - Section C)		7. OFF/DIV/ON OF ASSIGNMENT DDP/WH/1		8. CURRENT STATION Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT CAREER		10. CHECK (X) TYPE OF REPORT INITIAL		11. SPECIAL (Specify): CAREER-PROVISIONAL	
12. DATE REPORT DUE IN O.P. 31 May 1966		13. REPORTING PERIOD (From- to) 1 April 1965 - 30 April 1966		14. 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 Manage Station PBRUMEN Operations Section. Supervise 3 other staff personnel (incl one GS-14) Inside and one (GS-16) staff agent and contract personnel outside. Assign work responsibilities, provide operational guidances, review intelligence production and reporting, evaluate performances, etc.					RATING LETTER S
SPECIFIC DUTY NO. 2 Agent handling and exploitation. Manage agents and other operational assets working against the PBRUMEN target with particular attention to full exploitation of such assets.					RATING LETTER O
SPECIFIC DUTY NO. 3 Planning and implementation of new operations, including technical operations, against the PBRUMEN target. Spotting, assessment, development, recruiting, training, and handling new agent assets.					RATING LETTER S
SPECIFIC DUTY NO. 4 Operational management and administration. Preparation of FIR's, dispatches (including operational progress reports), cables, memoranda, contact reports, file reviews, etc., as required.					RATING LETTER O
SPECIFIC DUTY NO. 5					RATING LETTER D
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.					
25 MAY 1966					RATING LETTER O

SECRET

(Often 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. ~~RECOMMENDATIONS FOR TRAINING~~ ~~PERSONNEL~~
 or foreign language competence, if required for current position. Amplify or explain rating given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented upon, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

MAY 24 327 PH '66

This officer possesses highly developed professional skills. He is dedicated; his work is always well done and his reports are well written.

MAIL ROOM

Subject has repeatedly demonstrated that he is aware of the value of government funds which he spends as necessary but always conscientiously.

This officer is articulate in speech and in his writing. He has excellent Spanish, an essential in the position he has occupied.

This officer is an asset to KUBARK and his family are excellent representatives abroad.

Subject could assume command of a station and he would make an excellent Chief of Station in the opinion of the rating officer.

It is again recommended that this officer be promoted to GS-15.

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 April 1966

/s/ Robert T. Shaw

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

21 April 1966

Chief of Station

/s/ Winston M. Scott

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur generally with the assessment made of Mr. Shaw and agree that Shaw has turned in a highly commendable job and is an excellent operations officer. From here and not having the advantage of on-scene observation I would have rated Shaw with straight S' and overall rating of 'Strong' as compared to 'Outstanding.' Nevertheless, I strongly endorse the COS' recommendation for promotion for Shaw.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

10 MAY 1966

C/WR/1

W.J. Kaufman

SECRET

14-00000

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

SECRET
(When Filled In)

EYES ONLY

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 1 055495	
SECTION A GENERAL					
1. NAME (Last) SIAW		(First) Robert		(Middle) T.	
2. DATE OF BIRTH 18 Jun 1925		3. SEX M		4. GRADE GS-11	
5. OFFICIAL POSITION TITLE Instructor Operations		6. OFF/DIV/BR OF ASSIGNMENT CTR		7. CURRENT STATION ISOLATION, AC/C	
8. CHECK (X) TYPE OF APPOINTMENT CAREER RESERVE TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			9. CHECK (X) TYPE OF REPORT INITIAL ANNUAL SPECIAL (Specify) SPECIAL (Specify)		
10. DATE REPORT DUE IN O.P. 21 Jul 1961			11. REPORTING PERIOD (From To) 21 July 1962 - 25 January 1963		
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 - Acceptable	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 Supervises a group of instructors as departmental chairman in the Operations Branch		RATING LETTER B DA 20			
SPECIFIC DUTY NO. 2 Instructs clandestine operations by lecture, seminar and practical exercises.		RATING LETTER P			
SPECIFIC DUTY NO. 3 Instructs by role-playing as agent or operations officer opposite student case officers		RATING LETTER B			
SPECIFIC DUTY NO. 4 Counsels and guides students individually.		RATING LETTER B			
SPECIFIC DUTY NO. 5 Participates in course planning and contributes to course substance.		RATING LETTER B			
SPECIFIC DUTY NO. 6 Prepares instructional presentations and materials for use in clandestine operations courses.		RATING LETTER P DA 10			
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 B					

SECRET

(Other 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.

Mr. Shaw did an excellent job of course planning and personal supervision as a supervisor of instruction in the field of operational tradecraft. He is a first-rate spark plug and idea man, with good talent as a speaker, teacher and student counselor. His field experience, enthusiasm and loyalty have made him a particularly valuable member of the Operations Branch Staff.

In addition to his duties in the Operations Branch, Mr. Shaw also participated in the training of infiltration teams for Task Force W, using the Spanish language.

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 January 1963

R. Shaw

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN

UNDER MY SUPERVISION

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

6

DATE

OFFICIAL TITLE OF SUPERVISOR

28 January 1963

Chief, Operations Branch

TYPED OR PRINTED NAME AND SIGNATURE

Harrington Littell

HARRINGTON LITTELL

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

In general I agree with Mr. Littell's evaluation of Mr. Shaw's performance. I would have given him a higher rating, however, on Specific Duty No. 2, which covers his over-all performance as an instructor. I think that Mr. Shaw has been one of our best seminar leaders and lecturers. I would, therefore, rate him as "Strong."

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

31 January 1963

Deputy for Training, ISOLATION

Kenneth P. Miller

KENNETH P. MILLER

SECRET

Pre. 1963 Fitness Rpt

Post 1966 Training
of inservice less.

DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON



June 28, 1966

Dear Mr. Shaw:

Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

Evert T. Little
Chief
Extension Training Division

Mr. Robert T. Shaw
American Embassy
MEXICO

For inclusion in Robert T. Shaw's official folder.

J. W. Wanbold
10/16/66

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST <i>(Print)</i>	FIRST	MIDDLE	
5-8 055495	Shaw	Robert	T	25-26 51

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
2 - CORRECTION								
3 - CANCELLATION								
	1	09	20	66				Nicaragua 520

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREAS	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
IN 99956	9/20/66

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE	SIGNATURE
V & T DIVISION	9/22/66	Jackie E. Peninger

SECRET

1. NAME (Last, First, Middle)	2. DATE OF BIRTH	3. GRADE	
SEAW, ROBERT T.	27 AUGUST 1925	20-14 4	
4. OFFICE, DIVISION, BRANCH (Indicate overseas station and covering cover if formal assignment)	5. PRESENT POSITION	6. EMPLOYEE EXTENSION	
DDP/WB/MEXICO CITY STATION (OMACED)	OPS OFFICER/340	FIELD	
7. PROPOSED STATION	8. PROPOSED POSITION (Title, Number, grade)		
MANAGUA, NICARAGUA	COS, OPS OFFICER/0141/00-00		
9. TYPE OF COVER AT NEW STATION	10. ESTIMATED DATE OF DEPARTURE	11. NO. OF DEPENDENTS TO ACCOMPANY	
DEPARTMENT OF STATE	1 JULY 1966	4	
12. NAME OF DEPENDENT TO ACCOMPANY	13. RELATIONSHIP	14. DATE OF BIRTH	15. GRADE OF DEP:
JANET L.	WIFE	APR 27	XX
BARBARA L.	DAUG	JUL 52	XX
RICHARD W.	SON	AUG 55	XX
THOMAS R.	SON	AUG 55	XX
16. COMMENTS			
SUBJECT AND DEPENDENTS WILL TAKE PHYSICALS IN THE FIELD IN ACCORDANCE WITH THE DEPARTMENT OF STATE REGULATIONS.			
17. DATE OF REQUEST	18. SIGNATURE OF APPROVING OFFICIAL	19. ROOM NUMBER AND BUILDING	20. EXTENSION
9 MAY 1966	Frank A. Lane WB/PZRS	GH-56, Reg.	6025
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL			
<i>5 July 66</i> <i>75417</i> <i>755 10 52 11 00</i> <i>755 10 52 11 00</i> <i>755 10 52 11 00</i>			
REQUEST FOR PCS OVERSEAS EVALUATION			

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

Robert T. Shaw

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the institution.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A*	2

Correspondence Program

A — 90-100 EXCELLENT	F — BELOW 60 FAILURE
B — 80-89 GOOD	T — AUDITOR
C — 70-79 FAIR	I — INCOMPLETE
D — 60-69 PASSABLE	W — WITHDRAWN

*Helen Kempfer, M.A.
Helen Kempfer, Head
Correspondence Program*

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City
FROM : Ralph Scarritt, Administrative Officer
SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 295C
REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and activities.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.
16. SOLVING

CA-12771

- 3 -

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "Incomplete" or "Failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

Robert T. Shaw

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	GRADE
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A --- 90-100 EXCELLENT	F --- BELOW 60 FAILURE
B --- 80-89 GOOD	T --- AUDITOR
C --- 70-79 FAIR	I --- INCOMPLETE
D --- 60-69 PASSABLE	W --- WITHDRAWN

*Helen Kempfer, Head
Correspondence Program*

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, PSSs and FSRs in Mexico City
FROM : Ralph Scarritt, Administrative Officer
SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C
REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and activities.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATING. Conferences: Planning and uses. Effective use of speakers and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.
4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisor. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

CA-12771

- 3 -

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (Type)	DATE (From Item 3-2)	NAME OF SUPERVISOR (Type)	DATE (From Item 3-2)
Robert Shaw	14 Aug 1964	Winston M. Scott	14 Aug 1964
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NO. 1 THROUGH 7, BELOW:		Murray Bentall MURRAY J. BENTALL W/H/PERS	
		DATE 2 Sept 1964	
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	4. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	GS-14	Operations Officer GS-14	24 April 1963
5. SERVICE DESIGNATION (If known)	6. CURRENT STATION OR FIELD BASE	7. EXPECTED DATE OF DEPARTURE FROM FIELD	
D	Mexico City	On leave - Summer 65	
8. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR		9. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS	
None			
10. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
<p>Conduct of operations aimed at the PFRUMEN target. Acquisition and management of agents; operational and intelligence reporting.</p>			
11. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
<p>If my request for reassignment to current Station (first preference) is approved, I would expect to continue to operate primarily against the PFRUMEN target in view of the priority assigned to that effort in the current RMD for Mexico. I would like to have an opportunity to do some work in other lines, however, especially in host government penetration and possibly in Soviet/Satellite penetration. If I am to be assigned elsewhere, I would prefer not to work on PFRUMEN operations to the exclusion of other operations. I would prefer to retain ODACID cover which I have been using since 1948.</p>			
<p>If transferred elsewhere, would prefer assignment as Chief of a field installation have twice been COB in WHD.</p>			
<p>I do not wish a HQS assignment at this time. I have already had three HQS tours.</p>			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to listing of courses, if available):			
<p>In 1963 I completed a four-year stint as an instructor at ISOLATION -- do not believe further training is in order at this time.</p>			

SECRET

B. PREFERENCE FOR NEXT ASSIGNMENT (CONTINUED)		
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (1st, 2nd, 3rd choice) IN THE BOXES BELOW:		
<input type="checkbox"/> RETURN TO MY CURRENT STATION	THIS IS BY FAR FIRST CHOICE	
<input checked="" type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:		
1ST. CHOICE <u>DOD/Field</u>	2ND. CHOICE <u>ODURGE</u>	3RD. CHOICE <u>DCI/Staff</u>
<input type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:		
1ST. CHOICE <u>Barcelona (CQB)</u>	2ND. CHOICE <u>Madrid (DCOS)</u>	3RD. CHOICE <u>Sao Paulo (CMB)</u>
D. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS <u>35</u>		
E. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:		
Wife 37 Daughter 12 Twin sons 9	Total dependents = 4	
F. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT:		
Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.		
G. SIGNATURE: COMPLETE ITEM NO. 8-1. TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION		
H. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:		
<p>It is urged that this officer be allowed to return to Mexico City Station for a second tour. He has excellent Spanish; he has many worthwhile contacts with Mexican governmental, political and business figures not known to other Station personnel. He has excellent contacts with ODURGE (border) officials.</p> <p>His unique (for this Station) ODACID cover enables him to meet persons of interest. He knows and likes Mexico; he is in the midst of a long-range program which can best be done by continuity.</p>		
I. SIGNATURE: COMPLETE ITEM NO. 8-2. TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS		
J. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:		
WII Division recommends that Mr. Shaw return for a second tour of duty in Mexico City following home leave in the summer of 1965.		
K. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER ROBERT D. CASHMAN C/KH/PERS		SIGNATURE <i>Robert Cashman</i>
L. DATE		
FOR USE OF CAREER SERVICE		
M. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> WAS NOT NOTIFIED OF PLANNED REASSIGNMENT		N. REFERENCE DISPATCH NO. <u>WIIK 3 3754</u> CABLE NO. _____
O. TYPE OR PRINTED NAME Ronald Gage		P. SIGNATURE <i>Ronald Gage</i>
Q. TITLE Officer A1 NSPO		R. DATE <u>11/1/65</u>
S. COMMENTS <i>New Doc in after home leave in summer 65 P.R./R.A.</i>		

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6 55495	(Print) SHAW	ROBERT	Z.	29-26 51

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	CWT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	
2 - CORRECTION								
3 - CANCELLATION	1	04	23	63				MEXICO 450

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	CWT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	<input checked="" type="checkbox"/>	DISPATCH
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)		
DOCUMENT IDENTIFICATION NO.		DOCUMENT DATE/PERIOD
HATT - 3681		4/25/63

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED
FEDERAL DIVISION <input checked="" type="checkbox"/> - BASIC DIVISION	DATE 5/10/63	SIGNATURE <i>[Signature]</i>

14-00000 1951a ESTIMATE PREPARED
BY STAFF

SECRET

16-191

SECRET

30-5000 JAN 25 63

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, Room 192 Curie Hall									
EMPLOYEE SERIAL NO. 55495	NAME OF EMPLOYEE LAST (Print) FIRST MIDDLE Shaw Robert T		OFFICE/COMPONENT S-1						
INSTRUCTIONS USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.									
PCS DATES OF SERVICE									
TYPE OF DATA 1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	COUNTDOWN	OMIT
	20	27-28	20-30	31-38	33-34	20-28	37-38		30-41
TDY DATES OF SERVICE				DEPARTURE	RETURN	AREA/ISH	OMIT		
TYPE OF DATA 2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		30-41
	2	11	09	62	12	19	62	102	811
SOURCE OF RECORD DOCUMENT									
<input checked="" type="checkbox"/> TRAVEL VOUCHER		DISPATCH							
<input type="checkbox"/> CADRE		DUTY STATUS OR TIME AND ATTENDANCE REPORT							
<input type="checkbox"/> OTHER (Specify)									
DOCUMENT IDENTIFICATION NO.		DOCUMENT DATE/PERIOD							
REMARKS									
PREPARED BY		<input checked="" type="checkbox"/> REPORT ANNOTATED BY SOURCE DOCUMENT		ABOVE DATA VERIFIED CORRECT, DATES AND SOURCE DOCUMENT CITED					
FISCAL DIVISION		DATE		SIGNATURE					
FINANCIAL DIVISION		1963		D. L. Shaw Jr. 1963					

1451a

SECRET

10-101

CONFIDENTIAL
(when filled in)

I M P O R T A N T

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CFB. Your Personnel Officer can provide you with a copy of the handbook.

M E M O R A N D U M O F U N D E R S T A N D I N G

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

R. Shaw
Signature

ROBERT SHAW

14 February 1963
Date

CONFIDENTIAL

12
Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave or government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee's emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE		GRADE	GRADE	SOCIAL SECURITY NUMBER
SHAW ROBERT		TYLER		
RESIDENCE DATA				
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)		
FT. THOMAS, KENTUCKY		HOME LEADS RESIDENCE FALLS CHURCH, VIRGINIA		
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE		Tucson, Arizona		
MARITAL STATUS (Check one)				
SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED
IF MARRIED, PLACE OF MARRIAGE		DATE OF MARRIAGE		
Tucson, Arizona		2 SEP 1946		
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):				
MEMBERS OF FAMILY				
NAME OF SPOUSE	ADDRESS (City, State, Zip, Room, Floor, Suite, Building)			TELEPHONE NO.
JANET LEE SHAW	415 LINDEN LANE, FALLS CHURCH			JE 2-0199
NAME OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH	
BARBARA	SAME	F	27 JUL 1920	
RICHARD		M	10 SEP 1955	
THOMAS		M	10 SEP 1955	
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.		
GEN. F. P. SHAW	415 LINDEN LANE, FALLS CHURCH	JE 2-0199		
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.		
JNEZ. S. SHAW	SAME			
WHAT MEMBER(S) OF YOUR FAMILY (If any), HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY?				
FATHER				
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY				
NAME (Mr., Mrs., Miss) (Last, First, Middle)	RELATIONSHIP			
MAT. GEN. FRANKLIN P. SHAW	FATHER			
HOME ADDRESS (Name, Street, City, Zone, State)	HOME TELEPHONE NUMBER			
415 LINDEN LANE, FALLS CHURCH, VA.	JE 2-0199			
BUSINESS ADDRESS (Name, Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION			
RETIRED				
IS THIS INDIVIDUAL NAMED ABOVE TELLING OF YOUR AGENCY AFFILIATION? (If no, give name and address of organization to be told in case of emergency)				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
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)				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is NO, explain why in Item 6.)				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.				
CONTINUED ON REVERSE SIDE				
CURRENT RESIDENCE AND DEPENDENCY REPORT				

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(When Filled In)

5.

VOLUNTARY ENTRIES

Experience in the handling of employer 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 THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

AMERICAN SECURITY & TRUST CO., WASH 13, D.C. —

ROBERT T. & JANET LEE SHAW

ACCT. # 606-10-247

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

AMONG PERSONAL EFFECTS

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	SIGNED FOR
NPS.	14 Feb 1963	R. Shaw

CONFIDENTIAL

SECRET

ASD

Supplement to Staff Employee Personnel

Action **for Integration of** Robert T. Shaw

Effective 27 March 1961

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are **integrated** and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-14 \$13,270. per annum, you will accept **cover** employment with another instrumentality of the Government (hereinafter referred to as "**your cover facility**") effective as of 27 March 1961. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of **your cover facility**, in order to appear as a conventional member of that establishment. Your appointment to **your cover facility** is being effected at **PMI-1** and salary of \$11,800. per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid by **your cover facility**.

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of **your cover organization**. Currently, your prescribed tour consists of a period of Two Years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of **your cover facility**. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

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3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable regulations of your **cover facility** except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances paid by your **cover facility** shall be retained by you to the extent that they are less than or equal to the salary and allowance payments due on the basis of your grade level with this organization. If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such **cover** payments exceed the amount due, the overage will be remitted to this organization at designated intervals, presently NA. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for coverage Federal and, if applicable, District of Columbia income taxes withheld by **your cover facility** against the overage may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report **cover facility** payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your **cover facility** and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your **cover position**.

a. Upon **integration** into your **cover facility**, you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of your cover salary or your salary from this organization, whichever is the greater.

b. If you receive taxable income from both your **cover facility** and this organization, necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with **your cover activity**, you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty with your **cover facility** of any status with your cover based on your services performed with that organization at the request of this organization.

SECRET

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c. All annual and sick leave which is accrued to your credit at the time of integration will be transferred to your cover facility. While integrated you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your cover facility in lieu of the leave benefits of this organization. Upon completion of your integration your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your cover facility make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your cover facility.

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1940, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY Luis Cenot
Personnel Office

ACCEPTED:

Orslaw

Robert T. Shaw

Pre 1963 Training &
related fees.

Medical clearance

Pre 1963 Documents
(application forms,
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION

NATIONAL PERSONNEL RECORDS CENTER, TCPO
133 Minnehaha Street
St. Louis, MO 63118

CAUTION: Computer will store

Former Federal Employee informed of Privacy Act Compliance
requirements per instructions in NPPC-1987-43.

CURRENT NAME (Last, First, Middle)

SHAW, ROBERT

NAME USED WHICH PREVIOUSLY EMPLOYED FEDERAL (if different than current name)

DATE OF REQUEST

6-9-78

INITIALS

RSH

DATE OF BIRTH

MONTH

DAY

YEAR

SOCIAL SECURITY NUMBER

468280199

PREVIOUS FEDERAL EMPLOYMENT

AGENCY AND BUREAU	LOCATION	FROM	TO
W.B.B. DEPT.	POTTERSON AFB	SUMMER 1941	8-6-42
STATE DEPT.		1952	3-17-73

RECORDS OR INFORMATION REQUESTED:

- OFFICIAL PERSONNEL FOLDER
 Forward to requesting agency.
 Deliver to Information desk for review by Federal Agent.
 Deliver to the appropriate Correspondence Unit Supervisor for review by employee.
 STATEMENT OF SERVICE
 Mail to requester.
 Deliver to Information desk.
 FEDERAL EMPLOYEES GROUP LIFE INSURANCE
 Prepare and furnish duplicate original SF-56.
 Furnish SF-56.
 CALL BACK (Specify information wanted below).

RECORDS OR INFORMATION SENT

- Folder enclosed. 6-13-78 RA
 Folder was sent to your agency on _____
 Folder forwarded in place of information requested. Retain if person is rehired.
 Folder not received. Suggest you contact last employing office.
 Folder not located. Suggest further search in your agency. If still unlocated, verify correctness of name, and furnish date forwarded and several names of other folders in same shipment.
 Folder believed in custody of following agency. Original of your request sent to that agency for action.

TELEPHONE:

X COMMERCIAL/PHONE 351-6144

NAME OF CALLER:

MR. HENDRICKS

REMARKS:

CIA
PERSONNEL OFFICE
WASHINGTON, D.C.
20505

Enter complete
address to which
letter or reply
is to be mailed.
Include ZIP Code.

GENERAL SERVICES ADMINISTRATION

GSA FORM 4895 (7-74) 2-1974

PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

SHAW, ROBERT 06-18-25
1960-01-0190

Date: 1/23/79

MEMORANDUM FOR: Clif. Gp, ROB
SUBJECT : Request for Estimate of Annuities

JB
OK

1. Please provide estimate of annuities for:

Name: REICKIT T SHAW

Grade: C5 - 16

Component: ZG

DOB: 06 18 25

SCD: 09 02 46

System: C23205

ETR: 11 Mar. 1980

2. Remarks: OP FILE ATTACHED PLEASE REFER

COULD NOT FIND CDRMS FILE

John McComb
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

Form 68, 1969
F-68

Approved by
CIVIL SERVICE COMMISSIONER

REQUEST FOR PERSONNEL ACTION

1105



PART I. REQUESTING OFFICE

A. DATE OF REQUEST

3/14/73

B. NAME OF PERSONNEL

SHAW, ROBERT T. MR.

C. REQUEST NUMBER

D. GRADE

E. PAY RATE

F. POSITION

G. SOCSEC ACT

HGT/PS/TRANS

HGT/CHG

HGT/VH/ALT

APR 1973

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PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION FORM - USE THIS FORM FOR RESIGNATION FROM FEDERAL SERVICE. THIS FORM IS NOT FOR PURCHASE OR PURCHASED SERVICE.

REASON FOR THE FOLLOWING REASONS

REASON

12.000.00 12.000.00

DEPARTMENT OF STATE

REASONS: RETIREMENT
VOLUNTARY

REASONS: VOLUNTARY - IN ACCORDANCE WITH PAY PLAN

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE

03/17/73

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS INCLUDING SALARY PAYERS AND BONDS TO THE FOLLOWING ADDRESS

Name:

Street:

City:

State:

PART I. (Continued)

REASONS FOR LEAVING SERVICE

3/19/73

REASONS

SHAW, ROBERT T

RESIGNATION COB. 3/17/73; FINAL SALARY PAYMENT BY THE DEPARTMENT.

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:

3715 AGOSTA ROAD
FAIRFAX, VIRGINIA 22030

E. Kathryn Mallow
E. Kathryn Mallow
Chief, Retirement Branch
Personnel Services Division

Mall

12 1973 2 3 1 00



DEPARTMENT OF STATE

Washington, D.C. 20520

March 9, 1973

The Honorable William P. Rogers
The Secretary of State
Department of State
Washington, D.C. 20520

Dear Mr. Secretary:

It is with regret that I find it necessary to submit my resignation from the Foreign Service effective March 17, 1973.

I have enjoyed my years with the Foreign Service and hope that it will be possible for me to serve again in the future should circumstances permit.

Sincerely,

Robert T. Shaw

Robert T. Shaw

ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

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

2 FILL IN THE IDENTIFYING INFORMATION BELOW [please print or type]:

NAME (First) (Middle) (Last)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
SHAW ROBERT TYLER	JUNE 18, 25	268 28 0199
EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)	
STATE - FOREIGN SERVICE	EMBASSY, MANAGUA	

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

Mark here _____
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

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

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



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

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

Mark here _____
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

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

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

SIGNATURE (if you print)

Robert Shaw

DATE

February 9, 1968

FOR EMPLOYING OFFICE USE ONLY

(Official receiving date stamp)

February 9, 1968

James J. Young, Acting Admin Officer
American Embassy
Managua, Nicaragua

See Table of Effective Dates on back of Original

STANDARD FORM NO. 1240
MAY 1962
GSA GEN. REG. NO. 27, APR. 16, 1962
GSA GEN. REG. NO. 27, APR. 16, 1962

Standard Form No. 38
Revised April 1959
U. S. Civil Service Commission
E. P. M. Chapter 31
G-58

DESIGNATION OF BENEFICIARY**
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, Day, Year)
SHAW	ROBERT	TYLER	JUNE 10, 1925
PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:			
<input checked="" type="checkbox"/> AN APPLICANT	<input type="checkbox"/> RETIRED OR AN APPLICANT FOR RETIREMENT	<input type="checkbox"/> RECEIVING FEDERAL EMPLOYEE COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS	IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEE COMPENSATION THERE IS NO "X" IN THIS BOX.

DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED (if none, former department or agency)

DEPT. OF STATE ARA WASH 25, D.C.
Department or agency
Telephone
Location - City and State

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "J" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW	909 N. CAMPBELL AVE. TUCSON, ARIZONA	WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

Mar 27, 1963
Date of execution (month, day, year)

Robert T Shaw
Signature of insured

WITNESSES TO SIGNATURE (If witness is ineligible to receive payment as a beneficiary):

John E. Clark Ellen Lee Felix Clark, Jr.
(Signature of witness) (Name and address) (Name, wife, son, and child)
Vincent J. Clark John E. Clark, Jr. John J. Clark
(Signature of witness) (Name and address) (Name, wife, son, and child)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

Robert T Shaw
909 Campbell Ave.
Tucson, Ariz.

THIS SPACE RESERVED FOR EXECUTING AGENT

PER/END

MAR 27 1963

Check this date and let others verify

ONE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS TO BE FILED WITH THIS FORM
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEE GROUP LIFE INSURANCE

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth
Joseph P. Brady	380 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John H. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel A Designation Of Beneficiary so That Amount Due Will Be Payable As Provided In The Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*This form applies equally to Mr. E. Brown or to Mrs. John H. Parrish.
Please note that the amount to be paid by the Mutual Benefit Fund can be 100 percent.

14-7600-1

DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME— SHAW	(Last) Robert	(First) Tyler	(Middle)	Date of Birth (Month, day, year) 6-18-25
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DEPARTMENT OR AGENCY IN WHICH EMPLOYED:

Department of State	Foreign Service	Mexico City
----------------------------	------------------------	--------------------

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive my unpaid compensation due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 4 of the Act of August 2, 1950, Public Law 626, and its revision will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW	909 N. CAMPBELL AVE. TUCSON, ARIZONA	WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary is to my predecessor and shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-63

(Date of execution—month, day, year)

Robert T. Shaw

(Signature of employee)

WITNESSES TO SIGNATURE:

Maddie Little 1114 Elton Ave. Elle Church, Jr.
(Signature of witness) (No other and street) (City, state, number, and street)
Theresa Shae 2006 East Ave. Ward 7 DC
(Signature of witness) (No other and street) (City, state, number, and street)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Robert T. Shaw
909 Campbell Ave.
Tucson, Arizona

THIS SPACE INDICATES FIVE RECEIVING DATA
OF EMPLOYING AGENCY

PER/EMO

MAR 21 1963

(Delivery date and by whom mailed)

REVERSE SIDE UNPRED TO THE PRINTED SIDE AS OF THIS FORM DUPLICATE WILL BE NOTED AND RETURNED

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Catherine M. Jackson*	2808 Southern Avenue, Williams, Ind.	Sister	All

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Susan L. Brown**	110 Prince Street, Anniston, N. Y.	Aunt	One-fourth
Mary Joe Carson	230 Duke Street, Anniston, N. Y.	Niece	One-fourth
Elizabeth H. Howard	2301 State Street, Weaver, Ohio	Mother	One-half

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
William J. Johnson, if living Otherwise to: Sarah L. Johnson	214 South Ann Street, Olney, Ga.	Father	All
	214 South Ann Street, Olney, Ga.	Sister	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*See note below re: Mrs. M. Jackson as Mrs. John H. Jackson

**See note that the values to be paid to the named beneficiaries add up to 100 percent.

Standard Form No. 2000 EMPLOYMENT FORM 8-1960 (REV.)		HEALTH BENEFITS REGISTRATION FORM PURSUANT TO THE HEALTH BENEFITS ACT OF 1959				LAST 5 DIGITS OF SS NUMBER 153281	
PART A ALL WHO DESIRED MAY FILE IN THIS PART.	1. Name SHAW ROBERT T.	2. Grade 2-074	3. Date of Birth 06/18/25	4. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	5. Street Address POX 1447, WILLIAMSBURG, VA.	6. City and State WILLIAMSBURG, VA.	7. Month Day Year JULY 18 1960	8. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	9. Are you covered by, or is any family member covered by, 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 agency)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				10. Are you covered by a plan under the Health Benefits Act? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	11. I elect to enroll in a health benefits plan as shown below. Authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)				12. Options (check or initial) <input checked="" type="checkbox"/> LIFE INSURANCE <input type="checkbox"/> MEDICAL CARE <input type="checkbox"/> DENTAL CARE		
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR DOCUMENT.	NAME OF PLAN						
	13. In space below list all eligible family members, without exception. List your wife or boyfriend first, then your son(s) and/or daughter(s), including legally adopted children, and stepchildren and illegitimate children who live with you in a regular permanent relationship. Include also any unmarried child over 19 who has been claimed by the father since age 19 and who, because of his/her birth, is incapable of self-support. (Check to indicate a separate plan for a disabled child age 19 or over.)						
PART D FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR DOCUMENT.	14. NAMES OF FAMILY MEMBERS	DATE OF BIRTH (month, day, year)	15. NAMES OF FAMILY MEMBERS	DATE OF BIRTH (month, day, year)			
	Wife or Husband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PART E ALL WHO DESIRED MAY FILE IN THIS PART. CONTINUE ON REVERSE.	16. If you are a female (employee or nonemployee)—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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	17. Please answer all questions in Part B, Questions 1, 2, and 10 except those in questions 10 and 11.						
PART F TO BE COMPLETED BY AGENT.	18. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>				19. The reason for my election is (Please use "X" to proper box). <input type="checkbox"/> (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) Another reason		
	20. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>						
REMARKS INCLUDE ALL ADDRESSES AND NAMES.	21. Signature of Agent or Authorized Officer Robert T. Shaw Jan 20, 1960				22. DATE OF EXPIRATION OF POLICY 01/20/60		
					23. DATE OF EXPIRATION OF POLICY 01/20/60		

Original—To Employing Office

APR. 1960

Standard Form No. 1, 20-10 CHAPTER 5-1-7-26 G-500-140		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1972			DATE OF FORM NO.	
		1. NAME (LAST, FIRST, MIDDLE INITIAL) SHAW ROBERT T.			153281	
PART A ALL WHO REGISTER MUST FILE IN THIS PART.		2. DATE OF BIRTH MONTH DAY YEAR 6 18 25			3. Are you ever married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4. RESIDENCE ADDRESS BOX 1147, WILLIAMSBURG, VA.		5. HOME PHONE NUMBER HOME			6. MOBILE PHONE NUMBER MOBILE	
7. Do you currently live, or formerly resided, in a state or area by or preceding in, a plan under the Federal Employee Health Benefits Act of 1972 (through the enrollment of another United States or District of Columbia Government employee or dependent)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. Are you covered by: a. Group Health Insurance Plan b. Individual Health Insurance Plan c. Health Savings Account d. Health Reimbursement Arrangement e. Other (specify) _____			9. SALARY OR INCOME MONTH DAY YEAR \$4,000 <input type="checkbox"/> \$6,000 TO \$12,000 <input checked="" type="checkbox"/> \$4,000 TO \$12,000 <input type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>	
PART B FILE IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.		10. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)			11. UNIFORM PAY RATE MONTH DAY YEAR 12. PAYMENT SCHEDULE MONTH DAY YEAR	
If enrollment is for self only, answer items 11, 12 and 13. If enrollment is for self and family, also answer items 11 and items 12 & 13 if applicable.		13. In space below list all of your family members without exception. List your wife or husband first. Then list unenrolled children under age 19, including legally adopted children, and stepchildren. If you have no children, then list any other dependents you may have. List spouse, include other any unenrolled 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.)			14. NAMES OF FAMILY MEMBERS BIRTH DATE (Month, Day, Year)	
THIS PART MUST BE FILLED IN IF YOU CHOOSE YOUR ENROLLMENT.		15. If you are a female (employee or dependent)—does the family listed above include a husband whom 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 doctor's certificate.)			16. DATE OF BIRTH (Month, Day, Year)	
PART C FILE IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO FILE IN THIS PART.		17. PLACE AN "X" IN ITEM 1 OR ITEM 2, WHEREVER APPLICABLE AND APPROPRIATE. 1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/> 3. The reason for my selection is (Place an "X" in proper box). <input type="checkbox"/> (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) My job requires			18. DATE OF BIRTH (Month, Day, Year)	
PART D FILE IN THIS PART IF YOU WISH TO CREATE YOUR REGISTRATION		19. I elect to change my enrollment to _____. 20. Enclosed is my number of present plan.			21. PAYMENT SCHEDULE MONTH DAY YEAR 22. DATE OF LAST PAYMENT MONTH DAY YEAR 23. AMOUNT MONTH DAY YEAR	
PART E FILE IN THIS PART		24. SIGNATURE Robert T. Shaw June 20, 1980			25. ATTACHMENT—Any individual, firm, organization or association or entity representing collective bargaining in a position of responsibility for a sum of not more than \$10,000 or representing not more than 5 persons or both. (See G-500-140)	
PART F TO BE COMPLETED BY AGENCY		26. AGENT ADDRESS OR ANNUAL CONTRACT NUMBER U.S. GOVERNMENT GENERAL SERVICES ADMINISTRATION FEDERAL PURCHASES DIVISION 1400 L ST., N.W. WASHINGTON, D.C. 20402			27. DATE RECEIVED BY FEDERAL PURCHASES DIVISION 1400 L ST., N.W. WASHINGTON, D.C. 20402 28. DATE OF PAYMENT MONTH DAY YEAR 29. PAYMENT SCHEDULE MONTH DAY YEAR	
REMARKS FOR THE AGENCY AND AGENT.						

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read Instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, Day, Year)

SHAW

ROBERT

TYLER

JUNE 18, 1925

DEPARTMENT OR AGENCY OF WHICH EMPLOYEE IS AN EMPLOYEE (If retired, so state and give "CSA" or "CSI" number):

Dept. of State

FS

PER/POD

(Department or agency)

(Branch)

(Division)

I, the employee or assistant identified above, canceling any and all previous designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive my amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE RUGGLES SHAW	3000 N. OAKLAND, ALEXANDRIA, VA.	WIFE	100%

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of Beneficiary at any time without knowledge or consent of the beneficiaries.

MARY M. HSG

R. Shaw

WITNESSES TO SIGNATURE (I witness to know payment as a beneficiary):

James B. Shaw 123-22-2711 (Signature and Date)
FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT

Robert T. Shaw 2150 Pennington, N.W., D.C. (Signature and Date)
FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT

PRINT OR TYPE NAME AND ADDRESS OF INSURED

ROBERT T. SHAW
3000 N. OAKLAND ST.
ARLINGTON, VA.

TYPE OR PRINT NAME FOR RECEIVING AGENCY

Robert T. Shaw

PER/POD

(Indicate date and by whom certified)

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate a Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel a Designation of Beneficiary So That Amount Due Will Be Payable as Provided in the Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.

**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

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FEDERAL PAY ACJ.EX.ORDER 11691 DEC. 15, 1972 EFF. JAN. 7, 1973

PREPARED ON 01/17/73
DATA AS OF 01/07/73

NAME	NUMBER	REG-CO	W _P	CR	STEP	SALARY	SALARY
SHAW ROBERT T	268280199	29.8600	FR	03	07	2802200	2946200



DEPARTMENT OF DEFENSE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL

Applicable Requirements: FAM 100 & FMA 1 510.4

The person herein authorized to perform official travel or Government service as indicated below, unless otherwise noted, all expenses and the amount in column under the applicable requirements, unless otherwise noted, amount of effects is authorized from station of origin to place of destination. All allowances are shown in Item 15.				
1. NAME, ADDRESS AND DUTY STATION SHAW, ROBERT T AMERICAN EMBASSY TECUCIGALPA, HONDURAS				
2. ALLOWANCE NUMBER AND OCCUPATION CODE 530/00 3-60799 REF ID: A6247164				
3. AUTHORIZATION DATE R-03 JULY 15, 1972 7072 () THIS NOT A TRAVEL PERMIT				
FOREIGN SERVICE RESERVE OFFICER S-00000-02(P)				
4. RECORDING CLASSIFICATION: The rating A through E must be shown on all documents issued under this authority and must appear on all checks, invoices, bills, etc.				
5. TRAVEL AUTHORITY 1930113 2025 360799 290000 50-23 <small>See STATUS OF STATION</small>				
6. DUTY STATION TECUCIGALPA, HONDURAS 0113.0-2081 312601 2099 <small>See STATUS OF STATION</small>				
7. DUTY STATION WASHINGTON, D.C. (CA)				
8. QUARTERS AVAILABILITY <small>1. UNALLOCATED 2. UNFURNISHED 3. FURNISHED</small>				
9. ALLOWANCES FOR TRANSPORT AND FOR STORAGE OF HOLDING EFFECTS - PER WEIGHT <small>A. SHIPPED AIRMAIL B. TOTAL ALLOWANCE</small>				
10. FOREIGN MOTOR VEHICLE <small>A. TRAVEL AUTHORIZED B. MEETS OR EXCEEDS REGULAR SUBSCRIPTION</small>				
11. NUMBER OF DEPENDENTS <small>A. DEPENDENTS B. CHILDREN C. OTHERS</small>				
12. ALLOWANCE FOR PERSONNEL <small>A. ALLOWANCE FOR PERSONNEL B. TOTAL ALLOWANCE C. ALLOWANCE FOR PERSONNEL, DUTY STATION, DUTY TRAVEL, AND ALLOWANCE FOR CHILDREN, DUTY STATION, DUTY TRAVEL, AND ALLOWANCE FOR EDUCATION ALLOWANCE D. TRAVELING ALLOWANCE E. TRAVEL ALLOWANCE</small>				
13. THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a record pertaining to personnel action transfers between posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.				
14. SALARY DP & P \$2,000 0113.31027 728 10-15-72 DE				
15. APPROVALS, SIGNATURES AND AUTHENTICATIONS AND REARMS 107XXXXX				
I FURTHER CERTIFY THAT I AM THE PERSONNEL OFFICER AT TECUCIGALPA, HONDURAS AND THAT I THE PERSONNEL AND EQUIPMENT EFFECTS OF THIS EMPLOYEE AND MEMBERS OF HIS FAMILY ARE ELIGIBLE FOR DUTY-FEE/PENNY UNEP ITEM 517.00 OF THE TARIFF SCHEDULE OF THE U.S. REMOVAL OF EFFECTS FROM STORAGE AT BALTIMORE, MARYLAND WHERE STORED UNEPA T.A. 2-19203-0252 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. REMOVAL OF PENNIES FROM STORAGE AT MEXICO CITY, MEXICO WHERE STORED UNEPA T.A. 2-95952-0011 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. AUTHORITY FOR STORAGE OF PENNIES AT GOVERNMENT EXPENSE ISSUED PRIOR TO THE DATE OF THIS AUTHORIZATION WILL TERMINATE THREE MONTHS AFTER YOUR ARRIVAL AT STATION OF DESTINATION. TERM OF DUTY OF FOUR YEARS (SUBJECT TO THE NEEDS OF SERVICE). DEPENDENTS: W/JANET, D/BARBARA 7/27/52; S/RICHARD 9/30/55; S/THOMAS 9/10/55				
16. POLICY DATE 17. APPROVAL DATE 18. AUTHORITY DATE 08/72 10/72 10/72				
19. APPROVALS TECUCIGALPA/TUCSON, ARIZONA/WASHINGTON, D.C.				
20. APPROVALS CA/ES/RSB CUSTODIAL/RSB/PA/RSB				
21. APPROVALS 08/17/72 OBS				

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FED-BART ACT OF 1970, PL 92-210, DDC-22, 1971, FE, ORI 1637 EFF 1-9-72

REFINED BY 01/10/72

DATA AS OF 01/09/72

NAME	SINC SEC NUMBER	PP	PSI	CLO	NEW SALARY	OLD SALARY
SHARPE THOMAS J	051378447	FS	07	162	1003300	1058300
SHAUNNESSY THOMAS H	157032254	GS	11	124	1514100	1597300
SHAW EILEEN G	437747846	GS	05	022	693400	711900
SHAW BASIL	087039063	GS	13	102	1835300	1934200
SHAW C GRANT	387246074	FR	02	002	3257200	3438200
SHAW CHARLES H	543146550	FS	05	042	1247200	1315900
SHAW DAVID G	115246671	FO	04	002	1776100	1873700
SHAW ELLEN J	367043790	GS	09	154	1291100	1362200
SHAW JOHN R	267464829	FS	05	042	1140400	1203100
SHAW OLIVIA C	589146879	FS	05	162	1086700	1146400
SHAW SUSAN MTH	265260199	FR	03	002	2656300	2802200
SHAY GERTRUDE E	47660437	GS	06	162	772700	819300
SHAY SHARON K	311348828	FS	05	153	1282900	1351500
SHEA BEANNIE P	166365892	FS	08	262	874000	922100
SHEA JAMES F	214505254	FS	08	702	622600	647900
SHEA JAMES R	045141085	FO	04	CCC	2131100	2248700
SHEA JOHN J	123267050	ST	00	CCC	2817900	2967800
SHEA LINDYL A	126164630	FR	03	002	2434900	2568800
SHEA MARIC T	021366236	GG	09	152	1001900	1141400
SHEA TERENCE J	57872530	GS	03	132	552400	582800
	037180477	BU	03	002	2582500	2724400

Form 05-1042
SSR

DEPARTMENT OF STATE
PAY ROLL CHANGE-SLIP

268280199

NAME	GRADE	POSITION NO.	REASON FOR PAY RATE CHANGE & PURPOSE	EXPIRATION DATE	DATE OF LAST SALARY INCREASE
SHAW, ROBERT T	3126	EMPLOYEE NO. SERV. & GRADE RATE	FROM & FUTURE NEW SALARY RATE	12/31/71	12/31/71
2582500 FSR 53			268280199	125825	<input checked="" type="checkbox"/> Pay Increase <input type="checkbox"/> Other Step Increase <input type="checkbox"/> Pay Adjustment
SWOP DATA BASE INFORMATION: Status Existing 12/31 during funding period Period <input type="checkbox"/> No Change Given TOTAL SWOP LINE _____ Check applicable box to indicate status: 1970 <input type="checkbox"/> Is not status at end of funding period <input type="checkbox"/> Is under status at end of funding period					

Source of Data

Performance rating is satisfactory or better

JOHN H BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

PREPARED ON 02/05/71
DATE AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SEC SEC PAY PLAN	GRADE	NEXT PSE	OLD SALARY	NEW SALARY
SHAW, ROBERT T	539700	268280199 FR 03 001	24368	25825	24368	25825

RECORD COUNT = 1

APPOINTMENT AFFIDAVITS

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

First Secretary and Consul November 20, 1970
(Position to which appointed) (Date of appointment)

Department of State **Foreign Service of the U.S.** **Tegucigalpa, Honduras**
(Department or agency) (Bureau or Division) (Place of employment)

I, **Robert T. Shaw**, 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; and 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 this appointment.

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 12th day of May A.D. 1971,

at **Tegucigalpa** Honduras
(City) (State)

[SEAL]

Allan F. McLean
Allan F. McLean, Jr.
(Signature of officer)
Consul of the United States of America
(Title)

Commission expires
(If by a Notary Public, the date of expiration
of his Commission should be shown)

Note.—The oath of office must be administered by a person specified in 5 U.S.C. 2303. The words "SO HELP ME GOD" in the oath, and the word "swear" wherever it appears above should be struck out when the appointee elects to affirm rather than swear to the affidavits; only these words may be struck out only when the appointee elects to affirm the affidavits.

NOTIFICATION OF PERSONNEL ACTION

PS

1. NAME	2. GRADE	3. PAY RATE	4. DATE HIRED	5. DATE HIRED
SHAW, ROBERT T. MR.	539700M	06-18-25	268-28-0199	06-18-25
2	(3) 06	08-28-48	0	08-28-48
3		05-65		

APPOINTMENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF THE USA		11-20-70	SEC. 524 OF THE P.S. ACT
1. POSITION OR ANOTHER		2. GRADE	3. SALARY
INTERNATIONAL RELATIONS OFFICER GENERAL - CONSUL			
4. NAME AND ADDRESS OF APPOINTMENT		DEPARTMENT OF STATE, WASHINGTON, D. C. 20520	

5. POSITION OR ANOTHER		6. GRADE	7. GRADE	8. SALARY
00-068 INTERNATIONAL RELATIONS OFFICER GENERAL		(PR-5510)	03	(pa\$24,368) P
D2 1ST SECRETARY-CONSUL		001		
9. NAME AND ADDRESS OF APPOINTMENT		DEPARTMENT OF STATE, WASHINGTON, D. C. 20520		

10. STATION		11. GRADE	12. GRADE	13. SALARY
TEGUCIGALPA, HONDURAS				918000430
14. GRADE		15. GRADE	16. GRADE	17. GRADE
0113.0-2081-312601-000 09720972		2		
18. GRADE		19. GRADE	20. GRADE	21. GRADE

22. DATE NOMINATED		23. DATE CONFIRMED		24. DATE ATTESTED	
NOMINATED: 09-28-70.		CONFIRMED: 11-20-70.		ATTESTED: 11-20-70.	

APPOINTMENT BY THE PRESIDENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF THE U.S.A., 11-20-70.

FEGLI COVERAGE REGULAR AND OPTIONAL.

EXECUTE BY 61.

25. DATE OF APPROVAL

26. APPROVING OFFICER

27. DEPARTMENT

28. APPROVING OFFICER

2 PERSONNEL FOLDER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

REQUEST FOR PERSONNEL ACTION

Form 100
GSA GEN. REG. NO. 10
Approved by AF 10, approved by
CIV. and D. of 9 July 1967.

PART I. REQUESTING OFFICE (If it is more convenient, please attach sheet)

A. DATE OF REQUEST	B. APPROXIMATE DATE	C. REQUEST NUMBER	D. SERVICE TO WHICH ASSIGNED	E. GRADE OR RANK	F. POSITION
6/22/70			AM	1 T & RL 33	TRANS
			FS	WMC	TD
					9
E. NAME (Last, First, Middle)			MR. ROBERT T. SHAW	2. EMPLOYMENT STATUS	3. GRADE OR RANK
SHAW, ROBERT T.			MR.	539700 M	06/18/25
F. PLACE OF ACTION (Specify overseas or continental U.S.A., agency, department, organization and			G. POSITION		
			H. POSITION LOCATED		
REPLACER (Specify individual, ranking which will			I. GRADE LOCATED		
			J. GRADE LOCATED		
			K. GRADE LOCATED		

L. M. LAST THREE GRADES	N. O. GRADE OR RANK	O. GRADE OR RANK	P. GRADE OR RANK	Q. GRADE OR RANK	R. GRADE OR RANK
1. CIVILIAN 2. MILITARY 3. COMBINE					

TYPE OF ACTION: REQUEST FOR APPOINTMENT AS
PROB SECRETARY IN THE DIPLOMATIC SERVICE **OF U.S.A.** **EFFECTIVE DATE (IN MONTHS):** **11-20-10** **SEC. 534 OF THE T.S.A.C.**

S. FROM POS NO.	T. POSITION	U. GRADE OR RANK	V. GRADE OR LEVEL	W. SALARY
30225	International Relations Officer General	FR-5510	-03	\$22,932
X. ORGANIZATION DESIGNATION				
Y. COUNTRY				

Z. DUTY STATION (PO BOX NUMBER)	AA. GRADE	BB. SALARY	CC. STATE	
TEGUCIGALPA, HONDURAS	5510	\$24,368	F	
D. DUTY STATION ADDRESS	DD. GRADE	EE. SALARY	FF. STATE	
1000-068 International Relations Officer General POLITICAL OFFICER	FR-5510	\$22,932		
D2 1ST SECRETARY - CONSUL	03			
GG. ORGANIZATION DESIGNATION				
HH. COUNTRY				

II. DUTY STATION (PO BOX NUMBER)	JJ. GRADE	KK. SALARY	LL. STATE
TEGUCIGALPA, HONDURAS	918000430		
M. DUTY STATION ADDRESS	MM. GRADE	NN. SALARY	OO. STATE
0113.0 - 2081 - 312601-CC	5510	\$24,368	F
PP. REMARKS (Type or print, any known additional information for recipient)			
QQ. REMARKS (Type or print, any known additional information for recipient)			

EFFECTIVE DATE OF TRANSFER: 9/6/70

14
Signature: *Measho, Arvela Pod*
Title: MEASHE, ARVELA POD

A REQUEST FOR APPROVAL OF THIS FORM IS MADE UNDER THE AUTHORITY OF THE CHIEF OF STAFF.
SIGNATURE: *JCLARK*

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (If it is more convenient, please attach sheet)

L. CLEARANCES	M. WEALS OR SIGNATURE	N. DATE	O. APPROVALS - PERIODIC	P. APPROVALS - PERIODIC
(1)			<input type="checkbox"/> APPROVAL - PERIODIC	<input type="checkbox"/> APPROVAL - PERIODIC
(2)			<input type="checkbox"/> APPROVAL - PERIODIC	<input type="checkbox"/> APPROVAL - PERIODIC
(3)			<input type="checkbox"/> APPROVAL - PERIODIC	<input type="checkbox"/> APPROVAL - PERIODIC
(4)			<input type="checkbox"/> APPROVAL - PERIODIC	<input type="checkbox"/> APPROVAL - PERIODIC
(5)			<input type="checkbox"/> APPROVAL - PERIODIC	<input type="checkbox"/> APPROVAL - PERIODIC
(6)			<input type="checkbox"/> APPROVAL - PERIODIC	<input type="checkbox"/> APPROVAL - PERIODIC
(7)			<input type="checkbox"/> APPROVAL - PERIODIC	<input type="checkbox"/> APPROVAL - PERIODIC
TITLE & RANK - BLGROVES 6/22/70			APPROVAL - PERIODIC	

ARA:LA:POD:MEA she 6/22/70

Art-P 11/25

1	REMARKS OR REQUESTING OFFICE
2	PART I (Continued)
3	FORWARD COMMUNICATIONS DIVISION, AIR FORCE CHIEF AND BONDS TO THE FOLLOWING ADDRESSES
4	PART IV SEPARATION DATA
5	RECEIVING DATE OF AN INFORMATION SOURCE
6	REASON FOR THE PUBLISHING RECORDS
7	REMARKS

100-4480

Rec'd FSC
6-23-70

(4)

PART III TO BE COMPLETED BY EMPLOYEE	
STATEMENT: I HEREBY STATE THAT I DO NOT KNOW OF ANY PERSONAL OR PROFESSIONAL RELATIONSHIP WITH THE INDIVIDUAL, PERSON, OR ENTITY NAMED IN THIS FORM.	
I RESIGN FOR THE PUBLISHING RECORDS	



DEPARTMENT OF STATE
PERSONNEL ACTION
AND

AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated below. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination unless otherwise shown in item 13.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT T. AMERICAN EMBASSY MANAGUA, NICARAGUA		2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 0-64968
		4. SOCIAL SECURITY NUMBER 268-28-0199	
5. NEW FOREIGN SERVICE NUMBER AND OCCUPATION CODE POLITICAL OFFICER		6. CLASS R-03	7. AUTHORIZATION DATE JUN. 24, 1970
		8. 5550 ()	9. DO NOT STAFF TRAVEL PERIOD TO 10-025 (P) JUL 9, 1970
10. ACCOUNTING CLASSIFICATION-The coding (A through E) must be shown on all documents issued under this authority and must appear on all checks, invoices, bills, etc.			
11. A. PAY ID 19000113	B. ALLOWANCE 2025	C. ORGANIZATION NUMBER 064968	D. ORGANIZATION CODE 312601
12. STATION OF ORIGIN MANAGUA, NICARGUA		13. LOCATION CODE 313001	
14. STATION OF DESTINATION TEGUCIGALPA, HONDURAS			
15. QUARTERS AVAILABLE 1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 1		16. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT A. UNITED SHIPMENT 04500	
		B. TOTAL ALLOWANCE 13000	C. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2
17. NUMBER OF DEPENDENTS A. ADULTS B. CHILDREN 4 0 0		D. EXCESS BAGGAGE (For air mail) 000	E. MEETS CRITERIA OF 6 FAM 165.8 SUBSECTION 18. TOTAL NUMBER OF NON TRAVEL DAYS AUTHORIZED SOCIAL, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND AMENDMENTS A. CONSULTATION (WORKDAYS) 05
			F. TRAINING CALENDAR DAYS 000
G. TDY CALENDAR DAYS 000			
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.			
19. SALARY pa \$ 24,368	20. SALARY APPROPRIATION AND REGIMENT 0113.0-2081	21. NUMBER OF ACTION AND REGIMENT 727 09/06/70 DA	22. OPL. CODE 09/20972 00250
23. OPERATE, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS			

Leave at Government expense at Tucson, Arizona and transfer.
Approximately five (05) workdays consultation authorized in the Department after home leave.
Tour of duty of two years followed by home leave and transfer (subject to needs of the service).
"ONLY AFTER OFFICIAL NOTIFICATION FROM THE DEPARTMENT THAT OFFICER HAS BEEN COMMISSIONED AS A SECRETARY IN THE DIPLOMATIC SERVICE (3 FAM 615.3)".

DEPENDENTS:	WIFE-JANET DAU-BARBARA LEE SON-RICHARD W. SON-THOMAS R.	07/27/52 09/10/55 09/10/55
25. TDY (Old post) 09/70	26. TDY (New post)	27. AUTHORIZING OFFICER
28. AUTHORIZATION FOR DEPENDENTS MANAGUA/TUCSON/TEGUCIGALPA		
29. TRAVEL AUTHORITY A. OFFICE ARA/LA/PCD	B. UNIT NEASHE	C. GRAV/SEC

FORM DS-1040
S-3-69DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

5888200149

POST	OMG CODE	POSITION ID.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MAGUA	3339		01332 2681	07-01-70	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAH AGDERT T	338700	FSH 03	\$24,300	\$23,072	<input checked="" type="checkbox"/> Periodic Step-Increase

LWOP DATA (Use appropriate spaces covering LWOP during following
Period(s))
Period(s):

NO EXCESS LWOP TOTAL EXCESS LWOP _____
 Check applicable box in case of excess LWOP
 IN PAY STATUS AT END OF WAITING PERIOD
 IN LWOP STATUS AT END OF WAITING PERIOD

Initials of Clerk

Performance rating is satisfactory or better.

JOHN M BURNS

(Signature or other authentication)

PERSONNEL COPY

DATA 2/25

GENERAL SERIALIZED PT 20-2216 REC 27/2/70

PROFESSOR DR 02/01/70
DATA AS OF 02/25/70

NAME	EMPLOYEE NUMBER	GRADE	PERIOD	PERIOD	NEW SALARY		
SHEP KAY R	534017	107105142	GS	11	062	12103	12890
SHARP ERIN D YOUNG	536048	476605701	FS	09	190	7004	7519
SHARPE RICHARD G	539125	185262275	FS	05	051	10745	11432
SHARPE THOMAS J	539132	053224442	FS	04	252	8239	8734
SHAUGHNESSY THOMAS H	439200	157032264	GS	11	131	13103	13890
SHAW CHARLES M	539200	543345540	FS	05	051	10745	11432
SHAW C GRANT	539310	387246074	FR	02	000	27354	28495
SHAW DAVID G	539325	115244711	FO	05	000	14132	14980
SHAW ELLEN J	439400	362091700	GS	09	161	11184	11855
SHAW JEAN ANN	539438	045204185	FS	09	120	6568	6951
SHAW JOHNE P	539445	267462223	FS	05	170	9388	9951
SHAW JOHN F	539450	477165944	FO	02	000	26841	31632
SHAW JOHNE P	539525	570207044	FO	01	001	31705	33609
SHAW LAUREN A HUNN	539535	577307848	GS	04	000	5522	5853
SHAW OLIVER C	539616	480349870	FS	06	170	9104	9649
SHAW ROBERT T	539700	258280160	FS	03	000	22332	23672
SHAY BRYANNE E	539800	313348828	FS	05	161	11419	12104
SHAY SHARON K	539806	146765992	FS	09	029	5865	7276
SHEA DIANNE E	539848	218505250	FS	08	210	6865	7276
SHEA JAMES F	540000	054141085	FO	04	000	18447	20555
SHEA JOHN J	540100	126164630	FR	03	000	20361	21584
SHEA LAUREL M	540103	021346215	GS	07	160	7864	8368
SHEA TIMOTHY F	540105	022305644	FS	08	110	7552	8005
SHEA TRINITY J	540107	037135170	GS	14	071	20385	21408
SHEAFFER MICHAEL H	540108	204305699	GS	05	041	10489	11096
SHEAGREN BARBARA JU	540109	169249122	FS	04	041	11318	11995

EMPLOYEE

PERSONNEL TRANSACTION REGISTER

SHAW ROBERT T

PREPARED ON 07/23/69
PERIOD ENDING 07/18/69

S 268-2E-C199

ACTION

DATA NAME

DATA ELEMENTS

SECTION 01

EMPLOYEE NUMBER 235700

SSN IC CODE

SEC-SEC NUMBER 568-28-6169

NEW PAY PLAN PR

NEW GRADE G2

NEW SALARY 22132

PST PAY PERIOD C0C

* ERROR

FCRP CTL CODE

NAT ACTION CODE 902

PUBLIC LAW PAY INCREASE

EFFECTIVE DATE 07/13/69

FORM DS-1042
7-15-60DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
SAHARA EMPLOYEE'S NAME	3110		1110 4081	6-7-61-69	
SPAN ALBERT	934760	FSK 22	124,678 117,679	4	Periodic Step Increase
LWOP DATA (fill in appropriate boxes covering LWOP during following period)					
Periodic	<input type="checkbox"/> Other Step-Increase _____				
Periodic	<input type="checkbox"/> Pay Adjustment _____				
Initials of Clerk _____					

REMARKS

Performance rating is satisfactory or better.

JOHN H STEEVES

(Signature or other authentication)

PERSONNEL COPY

FORM DS-1042
7-15-60DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
SAHARA EMPLOYEE'S NAME	3110		1110 4081	7-01-69	
SPAN ALBERT	934760	FSK 22	124,678 117,679	4	Periodic Step Increase
LWOP DATA (fill in appropriate boxes covering LWOP during following period)					
Periodic	<input type="checkbox"/> Other Step-Increase _____				
Periodic	<input type="checkbox"/> Pay Adjustment _____				
Initials of Clerk _____					

REMARKS

Performance rating is satisfactory or better.

JOHN H. STEEVES

(Signature or other authentication)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

539700 SHAW ROBERT T

FR 03-04 \$18,278 \$19,737 313001

FORM 05-1962
GSA GEN. REG. NO. 27
EFFECTIVE 10 JUNE 1962
EXPIRES 30 JUNE 1963

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

GENERAL

PB

14. LAST NAME, FIRST NAME, MIDDLE	15. BIRTH DATE	16. EMPLOYEE NO. & STP	17. BIRTH DATE - IN 1000 FORM	18. SOC. SEC. SECURITY NO.
SHAW, ROBERT T. MR.	539700M	06-18-25	06-18-25	268-28-0199
2. GRADE	3. PAY PLAN AND OCCUPATION CODE	4. GRADE	5. PAY PLAN AND OCCUPATION CODE	6. GRADE
2	(3) 06	06-28-48	0	05-65
7. GRADE	8. PAY PLAN AND OCCUPATION CODE	9. GRADE	10. PAY PLAN AND OCCUPATION CODE	11. GRADE
1	1	1	1	1

12. TYPE OF ACTION 13. EFFECTIVE DATE
760 EXTENSION OF LIMITED APPOINTMENT **03-27-68**
14. FROM: SEC. 522.3, P.L. 724 79TH CONGRESS AS AMENDED

15. FROM POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. GRADE	18. SALARY
19. NAME AND LOCATION OF EMPLOYING OFFICE	DEPARTMENT OF STATE, WASHINGTON, D. C. 20520		

20. TO POSITION TITLE AND NUMBER 1-067 on duty POLITICAL OFFICER ATTACHE CONSUL	21. PAY PLAN AND OCCUPATION CODE (PR-5550)	22. GRADE 03	23. SALARY (pa\$17,724) 1
24. NAME AND LOCATION OF EMPLOYING OFFICE	DEPARTMENT OF STATE, WASHINGTON, D. C. 20520		

25. DUTY LOCATION - IN 1000 FORM MANAGUA, NICARAGUA	26. LOCATION CODE 917000665
27. APPROVAL NUMBER 0113.0-2081-313001-000. 10700768	28. POSITION DESIRED <input checked="" type="checkbox"/> Current Title <input type="checkbox"/> Previous Service 29. APPROVED POSITION <input type="checkbox"/> Report to <input type="checkbox"/> Assign to 30. STATE

31. PERIOD
 A SUBJECT TO COMPLETION OR
 A TERM OF YEARS OR MONTHS, COMMENCING
 SOURCE EXCEPT FOR THE CAREER OR PERIODIC TENURE FORM

32. CERTIFYING SIGNER'S SIGNATURE AS REQUESTED
33. CHECK IF APPLICABLE
34. SIGNATURE OF APPROVING AGENT

This form is issued by the General Services Administration, Washington, D. C., and is used for personnel actions in connection with the operation of the Federal Government. It is not to be used for personnel actions in connection with the operation of the Defense Department or the Central Intelligence Agency.

LIMITED APPOINTMENT EFFECTIVE 3-27-68 IS HEREBY EXTENDED FOR ANOTHER PERIOD NOT TO EXCEED FIVE YEARS OR NEEDS OF EMPLOYER, SERVICE WHICHEVER IS LESS.
NTB 3-26-73.

35. DATE OF APPOINTMENT OR DATE OF EXPIRATION
36. SIGNATURE OF APPROVING AGENT

37. DATE WHEN THIS FORM WAS FILLED - DATE OF EXPIRATION
38. DATE

39. APPROVING AGENT'S SIGNATURE
40. DATE

41. DEPARTMENT OF STATE
42. PERSONNEL FOLDER

MI 3-5
P

SIGNING OFFICE NO. 2052

100 100 100
100 100 100
100 100 100

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE

1. DATE OF REQUEST 2/23/68	2. REQUEST EFFECTIVE DATE 2/27/68	3. REQUEST NUMBER SHAW, ROBERT T.	4. SERVICE GRADE PS	5. POSITION: ARA TRANS
				APPROVED <i>[Signature]</i>
6. NAME (CAPS)		7. EMPLOYEE NO. & GRADE 539700 N		8. BIRTH DATE 6/18/25
9. SOCIAL SECURITY NO. 54-12-0003		10. PAY CODE SALARIED		
11. POSITION (CAPS)		12. POSITION INCARCERATED 13. VETERAN PREFERENCE 1 - NO 2 - YES		
14. POSITION INCARCERATED 15. NATURE OF ACTION 1/60 EXTENSION PER LIMITED APPOINTMENT		16. SERVICE COMB. DATE 3/27/68		
17. FROM POS NO 1-067		18. PAY GRADE AND DECORATION CODE PR-5550		
19. ORGANIZATION DESIGNATION MANAGUA		20. GRADE OR LEVEL 03		
21. TO POS NO 1-067		22. SALARY \$16,941		
23. ORGANIZATION DESIGNATION MANAGUA		24. GRADE 03		
25. DUTY STATION Nicaragua		26. PAY GRADE PR-5550		
27. LANE NUMBER 0113.0 - 2021 - 313001 In		28. GRADE 138		

Limited appointment effective **3-27-68** (pp0168)

is hereby extended for a period not to exceed five years or needs of employee whichever is less. NTE 3-26-73

EFFECTIVE 3/27/68

1. APPROVALS 3/5		2. APPROVALS A. APPROVALS BY B. APPROVALS BY C. APPROVALS BY D. APPROVALS BY E. APPROVALS BY	
3. REQUEST APPROVALS A. APPROVALS BY B. APPROVALS BY C. APPROVALS BY D. APPROVALS BY E. APPROVALS BY			
4. SUBJECT TO COMPLETION OR YEAR IN WHICH WORK PERIOD COMMENCED 5. QUALITY COUNTING THRESHOLD PERIOD FROM 6. SUCCESSOR POSITION: EMPLOYEE RETAINED IN THE COMPLETION SERVICE 7. APPROVALS: GIVE REASON BELOW & CHECK IF APPLICABLE 2-28 100-1-f			

ARA:MGT:SOP:Nicasho 2/23/68

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-200

CLOSERD 6 1967

339700 - SHAW ROBERT T.

FR 03-03 \$16,941 \$17,744 313601

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 90-504

1-JULY-1966

339700 - SHAW ROBERT T.

FR 07-02 \$15,929 \$16,391 312801

FOMA 05-1042
7-15-66DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MANAGUA	3130	01130 2081		7-01-67	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE RATE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T.	339700 FSK 03	\$16,941	\$16,391	<input checked="" type="checkbox"/> Periodic Step-Increase	
LWOP DATA - Fill in appropriate spaces covering LWOP during following Period: Period:					
<input type="checkbox"/> EXCESS LWOP TOTAL EXCESS LWOP Check if applicable in case of excess LWOP					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD IN LWOP STATUS AT END OF WAITING PERIOD					
Initials of Clerk					

REMARKS

Performance rating is satisfactory or better.

JOHN M. STEEVES

100% of other departments

 U.S. DEPARTMENT OF STATE PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TRAVEL <i>Applicable Regulations: 6 FAM 100 & FM-1 510.4</i>													
<p>You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise specified, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 18.</p>													
NAME ADDRESS AND DIPLOMATIC RANK SHAW, ROBERT T. AMERICAN EMBASSY MEXICO, D.F., MEXICO CONSUL ATTACHE													
2. EMPLOYEE NUMBER 539700 3. AUTHORIZATION NUMBER 7-60514 4. SOCIAL SECURITY NUMBER 268-28-0199													
5. GRADE R-03 6. AUTHORIZATION DATE JULY 6, 1966 7. PAY GRADE 1011 8. DO NOT STAMP NAME PAGE ID 1-C67(P)													
9. ACCOUNTING CLASSIFICATION: The rating is through E1 must be shown on all documents issued under this authority and must appear on all vouchers, invoices, bills, GSA, etc.													
10. FUND 1970113 11. AMOUNT 2025 12. ORGANIZATION NUMBER 760514 13. ORGANIZATION CODE 313001 14. FUNCTION 50-05 15. DESTINATION MEXICO, D.F., MEXICO 16. IDB IDENTIFICATION CODE 312-01 17. CREDIT 2099 18. STATION OF DESTINATION MANAGUA, NICARAGUA 19. AMOUNT 													
20. QUARTERS AVAILABILITY <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td>1. UNKNOWN</td> <td>2. UNFURNISHED</td> <td>3. FURNISHED</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			1. UNKNOWN	2. UNFURNISHED	3. FURNISHED		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	1. UNKNOWN	2. UNFURNISHED	3. FURNISHED										
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
21. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - INT'L AIRLINE <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>A. UNITED SHIPMENT</td> <td>B. TOTAL ALLOWABLE</td> <td>C. FOREIGN MOTOR VEHICLE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>63900</td> <td>13000</td> </tr> <tr> <td>A. SHIPMENT AUTHORIZED</td> <td>B. MEETS CRITERIA OF 6 FAM 100.2 SUBSECTION</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td>1 YES 2 NO</td> </tr> </table>		A. UNITED SHIPMENT	B. TOTAL ALLOWABLE	C. FOREIGN MOTOR VEHICLE	<input type="checkbox"/>	63900	13000	A. SHIPMENT AUTHORIZED	B. MEETS CRITERIA OF 6 FAM 100.2 SUBSECTION	<input type="checkbox"/>	2	1 YES 2 NO	
A. UNITED SHIPMENT	B. TOTAL ALLOWABLE	C. FOREIGN MOTOR VEHICLE											
<input type="checkbox"/>	63900	13000											
A. SHIPMENT AUTHORIZED	B. MEETS CRITERIA OF 6 FAM 100.2 SUBSECTION												
<input type="checkbox"/>	2	1 YES 2 NO											
22. NUMBER OF DEPENDENTS <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>A. ADULTS</td> <td>B. CHILDREN</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 0</td> </tr> </table>		A. ADULTS	B. CHILDREN	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0						
A. ADULTS	B. CHILDREN												
<input type="checkbox"/> 2	<input type="checkbox"/> 2												
<input type="checkbox"/> 1	<input type="checkbox"/> 0												
23. EXPRESS BROGAGE (Per air mail) <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>A. TOTAL NUMBER OF INDIVIDUAL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND APPROVALS</td> <td>B. CONSUMPTION (MONTHS)</td> <td>C. PAYING (CASH/CHARGE BANK)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>00</td> <td>000</td> </tr> <tr> <td>D. PAY CODE</td> <td>E. PAY (CALENDAR DAYS)</td> <td>F. TOY (CALENDAR DAYS)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>00</td> <td>000</td> </tr> </table>		A. TOTAL NUMBER OF INDIVIDUAL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND APPROVALS	B. CONSUMPTION (MONTHS)	C. PAYING (CASH/CHARGE BANK)	<input type="checkbox"/>	00	000	D. PAY CODE	E. PAY (CALENDAR DAYS)	F. TOY (CALENDAR DAYS)	<input type="checkbox"/>	00	000
A. TOTAL NUMBER OF INDIVIDUAL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND APPROVALS	B. CONSUMPTION (MONTHS)	C. PAYING (CASH/CHARGE BANK)											
<input type="checkbox"/>	00	000											
D. PAY CODE	E. PAY (CALENDAR DAYS)	F. TOY (CALENDAR DAYS)											
<input type="checkbox"/>	00	000											
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for personnel changes of status, this document constitutes a valid personnel action for transfer between Posts. DO NOT USE FOR R. T., HOME LEAVE OR FIELD AMENDMENTS.													
24. SALARY per \$ 16,391 25. SALARY APPROXIMATION AND PAYMENT 01130 2081 26. PAY DATE 727 07-17-66 27. PAY CODE Q 28. REMARKS, SPECIFIC INSTRUCTIONS, SPECIAL AUTHORIZATIONS AND REVERSE TO/CC/EE 06036.													
Transfer. Tour of duty of four years with home leave after two years (Subject to the needs of the Service).													
29. ENDORSEMENT TO/CC/EE 30. ENDORSEMENT 06036 31. AUTHORIZING OFFICER JOHN M. STEENEY 6 32. AUTHORIZED FOR DEPENDENTS MEXICO/NICARAGUA 33. TRAVEL REQUESTED BY <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>A. SERVICE</td> <td>B. OFFICE</td> </tr> <tr> <td><input type="checkbox"/> ARA/EX</td> <td><input type="checkbox"/> JONES</td> </tr> </table>		A. SERVICE	B. OFFICE	<input type="checkbox"/> ARA/EX	<input type="checkbox"/> JONES								
A. SERVICE	B. OFFICE												
<input type="checkbox"/> ARA/EX	<input type="checkbox"/> JONES												

Form DA 1000
1-68
Replaces DA Form 1000, 1-67
Approved by DOD for use through 30 June 1970

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE

(Indicate office or agency other than the Requesting Office)

1. DATE OF REQUEST	2. REQUESTING OFFICE	3. REQUEST NO. (W/REF)	4. SERVICE NUMBER	5. POSITION	6. C-1/CB	7. GRADE	8.
7/5/66			7/5/66	7/5/66			
1. NAME (CAPS) Last First Middle		2. SSN	3. EMPLOYEE NUMBER	4. DATE OF BIRTH	5. SOCIAL SECURITY NO.		
SHAW, Robert T.		MR.	XALB 539700	06/10/25	266-20-0199		
6. KIND OF ACTION REQUESTED (IN PARENTHESIS - SEE APPENDIX A)				7. POSITION	8. POSITION SKILL CODES	9. PAY CODE	10. PAY PLAN AND OCCUPATION CODE

11. POSITION (See Position Codes Appendix)

12. VETERAN PREFERENCE	3-10 PT DISAB	3-10 PT OTHER	13. TENURE	14. GRADE	15. SERVICE COMPT. DATE	16. PHYSICAL HANDICAP CODE
1-NO 2-YES 3-NOT	4-10 PT DISAB	4-10 PT OTHER				
17. POSSES	1-COVERED 2-RELIEVE 3-WHICH	4-RETIREMENT 5-PEA	18. EFFECTIVE DATE (W/HY)	19. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	20. GRADE OR LEVEL	21. SALARY
727	Transfer		7/17/66			per 15,395 16,391

22. FROM POS NO	23. POSITION TITLE	24. PAY PLAN AND OCCUPATION CODE	25. GRADE OR LEVEL	26. SALARY
3-229	Consul Consular Officer	PK-3011	03	per 15,395 16,391
27. ORGANIZATION DESIGNATION				
Mexico, D.F. Mexico				

28. TO POS NO	29. POSITION TITLE	30. PAY PLAN AND OCCUPATION CODE	31. GRADE	32. STEP	33. SALARY	34. DATES
1-067	Political Officer Consul - Attaché	PK-1011	03		16,391 per 15,395	16,391
35. ORGANIZATION DESIGNATION					15,391	
Panama (V. PATTON)					1070	

36. DEP STATION	37. LOCATION CODE	
Mariagea, Nicaragua		
38. APPROPRIATION CODE	39. POSITION OCCUPIED	40. APPROPRIATED POSITION
01130 87-2001 313001	C-CC 2	1. EXECUTIVE SERVICE 2. PROFESSIONAL 3. TECHNICAL 4. CLERICAL 5. TRADES 6. LABORER 7. AGENT 8. OTHER

Four of duty four years with home leave after two years (subject to the needs of the Service).

STAB 7/15/66.

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

(Indicate office or agency other than the Requesting Office)

41. REQUEST APPROVED	42. REQUEST APPROVED				
43. SIGNATURE	44. SIGNATURE				
45. CLEARANCES	46. DETAILS OR SIGNATURE	47. DATE	48. EXERCISE PERIOD APPROVAL TAKING SATISFACTORILY	49. AREA	50. RECORD
49. GRADE OR POS. GENTCNS					
50. CLASSIFICATION					
51. ENVIRONMENT					
52. APPROVED BY	53. SIGNATURE	54. DATE	55. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING	56. SERVICE COUNTRY TOWARD CARRY ON TENURE FROM	57. SUCCESSOR AT THIS TIME
58. APPROVED BY	59. SIGNATURE	60. DATE	61. EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE REPRESENTATIVE SIGN PERSON SIGN CHECK IF APPLICABLE	62. APPROVED BY	63. DATE

MSM 7/5/66

FORM DS-1042
7-18-60DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MEXICO D.P. EMPLOYEE'S NAME	3128		01130 7041	7-01-66	
EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE		
SHAW ROBERT T	FSR 03	\$15,989	\$15,395	<input checked="" type="checkbox"/>	Periodic Step-Increase
LWOP DATA (Fill in appropriate spaces covering LWOP during following period(s))					
<input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP _____ <small>(Check applicable box in case of excess LWOP)</small>					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.					
Initials of Clerk					
Performance rating is satisfactory or better.					
JAMES E. MOORHAUGLE					
<hr/> <small>(Signature or other authentication)</small>					
PERSONNEL COPY					

FEDERAL EMPLOYEES SALARY ACT OF 1965

PUB. L. 89-361

15 NOVEMBER 1965

539700 SHAW ROBERT T

FR 03-01 \$14,860 \$15,395 312801

NOTIFICATION OF PERSONNEL ACTION

S-1

F3

1 NAME (LAST FIRST MIDDLE)		2 EMPLOYEE NO. 81414	3 BIRTHDATE 06-18-25	4 SOCIAL SECURITY NO. 268-28-0199
SHAW, ROBERT T. MR.		539700M	06-18-25	268-28-0199
5 GRADE	6 PAY RATE CODE	7 PAY RATE CODE	8 PAY RATE CODE	9 PAY RATE CODE
2	1-100 2-100 3-100 4-100 5-100	(3) 06	08-28-48	0
10 POSITION	11 GRADE	12 GRADE	13 GRADE	14 GRADE
PROMOTION	05-26-65	05-65		
15 FROM POSITION TITLE AND NUMBER	16 PAY GRADE AND INCREASE/DECREASE	17 GRADE	18 SALARY	
		PR-	04	(pa\$13,335)
19 NAME AND LOCATION OF EMPLOYING OFFICE	DEPARTMENT OF STATE, WASHINGTON, D. C. 20520			

20 TO POSITION TITLE AND NUMBER 3-229 CONSULAR OFFICER	21 PAY GRADE AND INCREASE/DECREASE (PR-03011) 007	22 GRADE 03	23 SALARY (pa\$14,860) 1
24 NAME AND LOCATION OF EMPLOYING OFFICE	DEPARTMENT OF STATE, WASHINGTON, D. C. 20520		

25 DUTY STATION MEXICO, D.F., MEXICO	26 JUNIOR GRADE NUMBER 915300595	
27 AUTHORIZATION 0113.0-2081-312801-000 08680865	28 POSITION OCCUPIED 2	29 APPROVED POSITION 1
30 REMARKS <input type="checkbox"/> A SUBJECT TO DISCIPLINE OR DISCHARGE <input type="checkbox"/> A SERVICE CONTRACT TOWARD CAREER OR INDEPENDENT TENURE		

SEARCHED INDEXED SERIALIZED FILED
 DS 1032 is the standard form for notifying personnel of changes in their employment status. It is not intended to be used for all personnel actions. It is designed for use in the processing of personnel actions such as promotion, pay increases, and transfers. The grades of the personnel are determined by the authority using the standard classification by the Department of State. The Civil Service Commission

31 DATE OF ACTION (MONTH, DAY, YEAR)
32 NUMBER OF PAY PERIOD AND PAY RATE

33 DATE PAYMENT MADE AND PAY RATE
34 PAYMENT MADE AT OR BEFORE
35 PAYMENT MADE AT OR AFTER

36 DEPT. DEPARTMENT OF STATE
37 SUBMITTING OFFICE NO. 2251

JL

2

PERSONNEL FOLDER

05 28 85

DAY INCO FFF 7-5-64 DL PR-026

FROM TO
SALARY SALARY STEP ORGAN
PAY PLAN CLASS

NAME

SHAW ROBERT T

F R 4

12.860 13.335

312801

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT ACTIVITY & PURPOSE	EFFECTIVE DATE	DAYS OF PAY EQUIV INCREASE
MEXICO CITY	AJ 3126		NO CHARGE	7-01-64	
EMPLOYER'S NAME	EMPLOYEE NO	CATG & CLASS NEW SALARY SERV & GRADE RATE	OLD SALARY RATE		
SHAW ROBERT T	830700	PSR 4 \$ 12,860	\$ 13,335	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Parloric Step-Increase Other Step-Increase Pay Adjustment
LWOP DATA (fill in appropriate spaces covering LWOP during following period(s): Period(s): No racersd LWOP TOTAL EXCESS LWOP (check applicable box in case of excess LWOP) IN PAY STATUS AT END OF WAITING PERIOD IN LWOP STATUS AT END OF WAITING PERIOD					
Initials of Clerk					

REMARKS

Performance rating is satisfactory or better

EARL D. SODER

(Signature or Seal Authorization)

PERSONNEL COPY

NAME FROM TO
PAY PLAN CLASS SALARY SALARY STEP ORGN

SHAW ROBERT T FR 04 \$ 11,880 \$ 12,495 03 312801

STANDARD FORM NO. 81a.
REvised June 1962
APPROVED BY:
COMP. GEN. U.S.
MARCH 11, 1962
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 40

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

United Mexican States
Federal District
City of México
Embassy of the United
States of America
SS:

I, Robert T. Shaw
(Name in full)

Arizona
(State)

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.

Robert T. Shaw
(True name of affiant)

Robert T. Shaw
(Signature of affiant)

Subscribed and sworn before me this 15th day of October, A. D. 19 63,
at Mexico, D. F., Mexico
(City) (State)

[SEAL]

E. L. REEVES
Consul of the United States of America
(Title)

Department of State
(Department or agency)

Foreign Service of the U.S.
(Bureau or division)

Mexico, D. F., Mexico
(Place of employment)

Consul

(Name to whom appointed)

September 10, 1963

(Date of expiration or date)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 208, Act of June 26, 1943, 5 U. S. C. 18a. If by a Notary Public, the date of expiration of his commission should be shown.

Form DS-1032

GSA GEN. REG. NO. 10
10-1962
FEB 1962 EDITION

JULY 1962 EDITION

NOTIFICATION OF PERSONNEL ACTION

SERIAL

PS

1 NAME (FIRST LAST MIDDLE)	2 EMPLOYEE NO.	3 SERVICE DATE	4 SOCIAL SECURITY NO.
SHAW, ROBERT T., JR.	539700M	06-18-25	268-28-0199
2 GRADE	5 SENIORITY	6 SERVICE NUMBER	7 POSITION NUMBER
(3) O	0	08-28-48	0
8 RETIREMENT	9 PAY GRADE	10 PAY GRADE	11 PAY GRADE
12 PAYROLL NUMBER	13 EFFECTIVE DATE	14 LEAVE, SERVICE OR OTHER LEGAL AUTHORITY	
980 GRANTING OF CONSULAR TITLE	09-10-63		
15 FROM POSITION TITLE AND NUMBER CONSULAR OFFICER	16 POSITION AND OCCUPATION CODE	17 GRADE	18 SALARY

19 NAME AND LOCATION OF EMPLOYING OFFICE	DEPARTMENT OF STATE, WASHINGTON 25, D.C.		
--	--	--	--

20 TO POSITION TITLE AND NUMBER 3-229 CONSULAR OFFICER	21 POSITION AND OCCUPATION CODE (PR-3011) PO	22 GRADE (04) 06	23 SALARY (pa\$11,880) 15
24 NAME AND LOCATION OF EMPLOYING OFFICE	DEPARTMENT OF STATE, WASHINGTON 25, D.C.		

25 DUTY STATION MEXICO CITY, D.F., MEXICO	26 LOCATION CODE 915300595
27 APPROVAL SIGNATURE AJ -A-2081- 312801-32 A78	28 POSITION ACCUMULATED 1. CARRIED OVER 2. EXPIRED 3. INCREASED 4. DECREASED 5. OTHER 6. STATE

This action is subject to regular regulation. Any such regulation may be issued by the Secretary of State or by the United States Civil Service Commission or the Department of Defense, as may be directed by the Secretary of State or by the Civil Service Commission.

The grade of the position to which you are officially assigned may be increased or decreased by the Department or by the Civil Service Commission.

NOMINATED: 08-26-63.
CONFIRMED: 09-09-63.
ATTESTED: 09-10-63.

EXECUTE SF-61A.
APPOINTED BY THE PRESIDENT **AS CONSUL OF THE USA 09-10-63.**

30 DATE OF APPOINTMENT AND NUMBER THE DATE OF APPOINTMENT IS THE DATE OF CONFIRMATION	31 DATE OF APPOINTMENT AND NUMBER THE DATE OF APPOINTMENT IS THE DATE OF CONFIRMATION
32 DATE OF CONFIRMATION AND NUMBER THE DATE OF CONFIRMATION IS THE DATE OF ATTESTATION	33 DATE SUBMITTING OFFICE NO. 2951
34 BY: DEPARTMENT OF STATE	

CHP

2 PERSONNEL FOLDER

REQUEST FOR PERSONNEL ACTION

Figure 2B-1988
Figure 2B-1988

Pe-S

PART I. REQUESTING OFFICE		- P-5 -	
SEARCHED	SERIALIZED	INDEXED	FILED
2/26/63	ASAP	1	1
FBI - TAMPA, Tampa, Florida		FEB 26 1963	
SIJAN, ROBERT T.		MR.	53970-N
F B I - TAMPA		06/16/25	270-29-0179
SEARCHED		INDEXED	FILED

2 VETERAN PRESENCE		3 NO PT DRUG		4 NO PT CRIME		5-10 PT OTHER		6 TERRITORY CODE		7 PHYSICAL HANDICAP CODE	
								3 G		08-28-48	
8 STATUS		9-10 STATUS		11-12 STATUS		13-14 STATUS		15-16 STATUS		17-18 STATUS	
1 CURED		2 PERSISTENT		3 RECOVERED		4 IN REMISSION		5 PT		6 NO & IN DRUG	
						1-E8		4 WID		7-18	
						2-F2A		5 PTA		8-18	
12 NATURE OF ACTION											
980 - Granting of Consular Title											
CODE											
13 EFFECTIVE DATE (MONTH)											
09-10-63											
14 THIS FORM IS FOR USE IN THE U.S. EMBASSY, AMERICAN CONSULATES, AND U.S. CONSULATES GENERAL.											
SECTION 5-11-17-18											
24th Congress as amended											

15 FROM POS NO	Position title <i>Consular officer</i>	16 PAY PLAN AND OCCUPATION CODE	17 GRADE OR LEVEL	18 SALARY
----------------	---	------------------------------------	-------------------	-----------

REF ID: A15130 3-229	POSITION Consular Officer Consul	DEPT OF AND ORGANIZATION FBI	GRADE -3011	STEP 04	SALARY (p.a.\$11,600)	Wife Name V
24. ORGANIZATION DESIGNATION		EQ		151		/

FM Radio Station	D.F.	DEPARTMENT	DEPARTMENT CODE
Mexico City Mexico	312801-321-	915,300595	
27 AIRBORNE	312801-321-	DATE	DE PUSSES OCCUPIED
CODE 42081	<i>[Signature]</i>	201	1. CAPTAIN OF PLANE
J.J. HARRIS	<i>[Signature]</i>	202	2. CO-Pilot
	<i>[Signature]</i>	203	3. APPROPRIATE POSITION
	<i>[Signature]</i>	204	4. DATE

Presidential Commission Periodicals

[View Details](#) [Edit Details](#)

NOMINATED: 08-26-63
CONFIRMED: 09-09-63
APPOINTED: 09-10-63

МУКСУРК ЗУ 61а

APPOINTED BY THE PRESIDENT

AS CONSUL OF THE U. S. A. 09-10-63.

STANDARD FORM NO. 8a
REVISED JUNE 1950
APPROVED BY
CONF. GEN. U. S.
MARCH 26, 1950
U. S. CIVIL SERVICE COMMISSION
F. R. M. CHARTERMAN

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 21a and 21b)

I, Robert Tyler Shaw
(Name in full)

Arizona
(State)

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.

Robert Tyler Shaw

(Signature of affiant)

Robert T. Shaw

(Signature of attorney)

Subscribed and sworn before me this 27th day of March, A. D. 1963,

at Washington

(City)

D. C.

(State)

Ronald E. Smith

(Signature of officer)

Sec. 204, Act of June 26, 1948
(Title)

Department of State

(Department or Agency)

Foreign Service

(Division or Bureau)

Mexico City

(Place of employment)

Consular Officer - FSB-4

(Position to which appointed)

EX-3-27-63

(Date of commission or appointment)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 204, Act of June 26, 1948, 5 U. S. C. 168. If by a Notary Public, the date of expiration of his commission should be shown.

50-10102-8 U. S. GOVERNMENT PRINTING OFFICE

NOTIFICATION OF PERSONNEL ACTION

SEARCHED INDEXED SERIALIZED FILED
JUN 1968 BY [Signature]

1 NAME (FIRST, LAST, FIRST, MIDDLE)		2 EMPLOYMENT NO. & SEQ.	3 MONTH-DAY-YEAR	4 SOCIAL SECURITY NO.
SHAW, ROBERT T. MR.		539700M	06-18-25	268-28-0199
5 VETERAN PREFERENCE 2		6 GRADE (3) O	7 PAY GRADE 00-00-00	8 LOCAL ZIP CODE 0
9 REGAL <input checked="" type="checkbox"/> 10 CIVILIAN <input type="checkbox"/> 11 MILITARY <input type="checkbox"/> 12 AWARDS		10 REINFORCEMENT 1	11 PAY GRADE 03-63	12 PAY GRADE 0
13 NATURE OF ACTION 171 LIMITED APPOINTMENT		14 EFFECTIVE DATE 03-27-63	15 CHIEF SOURCE OF OTHER LEGAL AUTHORITY SEC. 522.1 PL 724-79TH AS AMENDED	
16 FROM POSITION TITLE AND NUMBER 3-229 CONSULAR OFFICER		17 PREVIOUS PAY OCCUPATION CODE (PR-3011) PO	18 GRADE (04) 06	19 SALARY (pa\$11,880) 15
20 TO POSITION TITLE AND NUMBER MEXICO D.P., MEXICO		21 PREVIOUS PAY OCCUPATION CODE (PR-3011) PO	22 GRADE (04) 06	23 SALARY (pa\$11,880) 15
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.		25 LOCATION CODE 915300595		
26 APPROPRIATION AJ -A-2081-3128-32 12801 A78		27 ORG OR POST CODE CODE	28 PERSONNEL DESIRED <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> 29 APPOINTMENT POSITION HOME	30 STATE STATE
30 REMARKS <input type="checkbox"/> 31 SUBJECT TO COMPLETION OF <input type="checkbox"/> 32 SERVICE COUNTING TOWARD CAREER FOR REMARKS IN 30 <input type="checkbox"/> 33 SEPARATION PAY CHECK BELOW IS REQUESTED <input type="checkbox"/> 34 PAYMENT OF A MONTH OF LEAVE <input type="checkbox"/> 35 APPROVAL OF APPOINTMENT APPOINTMENT LIMITED TO FIVE YEARS OR NEED FOR EMPLOYEE'S SERVICES, WHICHEVER IS LESS.				
36 APPROVAL OF APPOINTMENT ROBERT T. SHAW		37 APPROVAL OF APPOINTMENT ROBERT T. SHAW		
38 OTHER MANAGERS PERSONNEL DEPARTMENT OF STATE		39 APPROVAL OF APPOINTMENT ROBERT T. SHAW		
40 APPROVAL OF APPOINTMENT DEPARTMENT OF STATE		41 APPROVAL OF APPOINTMENT ROBERT T. SHAW		

2 PERSONNEL
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

REQUEST FOR PERSONNEL ACTION

Form 50-1028
Revised 1-12-62 Approved by
P.D. 1000-100-1000
1-1-62

PART I. REQUESTING OFFICE

2/26/63	ASAP	539700	06/18/25	252-28-0199
1. NAME (Last, First, Middle)		MR. ROBERT T. SHAW	2. EMPLOYEE NO. 3. BIRTH DATE 4. SOCIAL SECURITY NO.	
5. POSITION REQUESTED		6. PAY CODE 7. POSITION CLASSIFIED		

8. VETERAN PREFERENCE		9. DEPT. CODE	10. GRADE	11. PHYSICAL HANDICAP CODE
1-COVERED 2-EXCLUDED 3-WAIVED	4-10 PT DISAB 5-10 PT COMP	12-RETIREMENT 13-15 14-16 15-17 16-17 17-18 18-19 19-20 20-21 21-22 22-23 23-24 24-25 25-26 26-27 27-28 28-29 29-30 30-31 31-32 32-33 33-34 34-35 35-36 36-37 37-38 38-39 39-40 40-41 41-42 42-43 43-44 44-45 45-46 46-47 47-48 48-49 49-50 50-51 51-52 52-53 53-54 54-55 55-56 56-57 57-58 58-59 59-60 60-61 61-62 62-63 63-64 64-65 65-66 66-67 67-68 68-69 69-70 70-71 71-72 72-73 73-74 74-75 75-76 76-77 77-78 78-79 79-80 80-81 81-82 82-83 83-84 84-85 85-86 86-87 87-88 88-89 89-90 90-91 91-92 92-93 93-94 94-95 95-96 96-97 97-98 98-99 99-100 100-101 101-102 102-103 103-104 104-105 105-106 106-107 107-108 108-109 109-110 110-111 111-112 112-113 113-114 114-115 115-116 116-117 117-118 118-119 119-120 120-121 121-122 122-123 123-124 124-125 125-126 126-127 127-128 128-129 129-130 130-131 131-132 132-133 133-134 134-135 135-136 136-137 137-138 138-139 139-140 140-141 141-142 142-143 143-144 144-145 145-146 146-147 147-148 148-149 149-150 150-151 151-152 152-153 153-154 154-155 155-156 156-157 157-158 158-159 159-160 160-161 161-162 162-163 163-164 164-165 165-166 166-167 167-168 168-169 169-170 170-171 171-172 172-173 173-174 174-175 175-176 176-177 177-178 178-179 179-180 180-181 181-182 182-183 183-184 184-185 185-186 186-187 187-188 188-189 189-190 190-191 191-192 192-193 193-194 194-195 195-196 196-197 197-198 198-199 199-200 200-201 201-202 202-203 203-204 204-205 205-206 206-207 207-208 208-209 209-210 210-211 211-212 212-213 213-214 214-215 215-216 216-217 217-218 218-219 219-220 220-221 221-222 222-223 223-224 224-225 225-226 226-227 227-228 228-229 229-230 230-231 231-232 232-233 233-234 234-235 235-236 236-237 237-238 238-239 239-240 240-241 241-242 242-243 243-244 244-245 245-246 246-247 247-248 248-249 249-250 250-251 251-252 252-253 253-254 254-255 255-256 256-257 257-258 258-259 259-260 260-261 261-262 262-263 263-264 264-265 265-266 266-267 267-268 268-269 269-270 270-271 271-272 272-273 273-274 274-275 275-276 276-277 277-278 278-279 279-280 280-281 281-282 282-283 283-284 284-285 285-286 286-287 287-288 288-289 289-290 290-291 291-292 292-293 293-294 294-295 295-296 296-297 297-298 298-299 299-300 300-301 301-302 302-303 303-304 304-305 305-306 306-307 307-308 308-309 309-310 310-311 311-312 312-313 313-314 314-315 315-316 316-317 317-318 318-319 319-320 320-321 321-322 322-323 323-324 324-325 325-326 326-327 327-328 328-329 329-330 330-331 331-332 332-333 333-334 334-335 335-336 336-337 337-338 338-339 339-340 340-341 341-342 342-343 343-344 344-345 345-346 346-347 347-348 348-349 349-350 350-351 351-352 352-353 353-354 354-355 355-356 356-357 357-358 358-359 359-360 360-361 361-362 362-363 363-364 364-365 365-366 366-367 367-368 368-369 369-370 370-371 371-372 372-373 373-374 374-375 375-376 376-377 377-378 378-379 379-380 380-381 381-382 382-383 383-384 384-385 385-386 386-387 387-388 388-389 389-390 390-391 391-392 392-393 393-394 394-395 395-396 396-397 397-398 398-399 399-400 400-401 401-402 402-403 403-404 404-405 405-406 406-407 407-408 408-409 409-410 410-411 411-412 412-413 413-414 414-415 415-416 416-417 417-418 418-419 419-420 420-421 421-422 422-423 423-424 424-425 425-426 426-427 427-428 428-429 429-430 430-431 431-432 432-433 433-434 434-435 435-436 436-437 437-438 438-439 439-440 440-441 441-442 442-443 443-444 444-445 445-446 446-447 447-448 448-449 449-450 450-451 451-452 452-453 453-454 454-455 455-456 456-457 457-458 458-459 459-460 460-461 461-462 462-463 463-464 464-465 465-466 466-467 467-468 468-469 469-470 470-471 471-472 472-473 473-474 474-475 475-476 476-477 477-478 478-479 479-480 480-481 481-482 482-483 483-484 484-485 485-486 486-487 487-488 488-489 489-490 490-491 491-492 492-493 493-494 494-495 495-496 496-497 497-498 498-499 499-500 500-501 501-502 502-503 503-504 504-505 505-506 506-507 507-508 508-509 509-510 510-511 511-512 512-513 513-514 514-515 515-516 516-517 517-518 518-519 519-520 520-521 521-522 522-523 523-524 524-525 525-526 526-527 527-528 528-529 529-530 530-531 531-532 532-533 533-534 534-535 535-536 536-537 537-538 538-539 539-540 540-541 541-542 542-543 543-544 544-545 545-546 546-547 547-548 548-549 549-550 550-551 551-552 552-553 553-554 554-555 555-556 556-557 557-558 558-559 559-560 560-561 561-562 562-563 563-564 564-565 565-566 566-567 567-568 568-569 569-570 570-571 571-572 572-573 573-574 574-575 575-576 576-577 577-578 578-579 579-580 580-581 581-582 582-583 583-584 584-585 585-586 586-587 587-588 588-589 589-590 590-591 591-592 592-593 593-594 594-595 595-596 596-597 597-598 598-599 599-600 600-601 601-602 602-603 603-604 604-605 605-606 606-607 607-608 608-609 609-610 610-611 611-612 612-613 613-614 614-615 615-616 616-617 617-618 618-619 619-620 620-621 621-622 622-623 623-624 624-625 625-626 626-627 627-628 628-629 629-630 630-631 631-632 632-633 633-634 634-635 635-636 636-637 637-638 638-639 639-640 640-641 641-642 642-643 643-644 644-645 645-646 646-647 647-648 648-649 649-650 650-651 651-652 652-653 653-654 654-655 655-656 656-657 657-658 658-659 659-660 660-661 661-662 662-663 663-664 664-665 665-666 666-667 667-668 668-669 669-670 670-671 671-672 672-673 673-674 674-675 675-676 676-677 677-678 678-679 679-680 680-681 681-682 682-683 683-684 684-685 685-686 686-687 687-688 688-689 689-690 690-691 691-692 692-693 693-694 694-695 695-696 696-697 697-698 698-699 699-700 700-701 701-702 702-703 703-704 704-705 705-706 706-707 707-708 708-709 709-710 710-711 711-712 712-713 713-714 714-715 715-716 716-717 717-718 718-719 719-720 720-721 721-722 722-723 723-724 724-725 725-726 726-727 727-728 728-729 729-730 730-731 731-732 732-733 733-734 734-735 735-736 736-737 737-738 738-739 739-740 740-741 741-742 742-743 743-744 744-745 745-746 746-747 747-748 748-749 749-750 750-751 751-752 752-753 753-754 754-755 755-756 756-757 757-758 758-759 759-760 760-761 761-762 762-763 763-764 764-765 765-766 766-767 767-768 768-769 769-770 770-771 771-772 772-773 773-774 774-775 775-776 776-777 777-778 778-779 779-780 780-781 781-782 782-783 783-784 784-785 785-786 786-787 787-788 788-789 789-790 790-791 791-792 792-793 793-794 794-795 795-796 796-797 797-798 798-799 799-800 800-801 801-802 802-803 803-804 804-805 805-806 806-807 807-808 808-809 809-810 810-811 811-812 812-813 813-814 814-815 815-816 816-817 817-818 818-819 819-820 820-821 821-822 822-823 823-824 824-825 825-826 826-827 827-828 828-829 829-830 830-831 831-832 832-833 833-834 834-835 835-836 836-837 837-838 838-839 839-840 840-841 841-842 842-843 843-844 844-845 845-846 846-847 847-848 848-849 849-850 850-851 851-852 852-853 853-854 854-855 855-856 856-857 857-858 858-859 859-860 860-861 861-862 862-863 863-864 864-865 865-866 866-867 867-868 868-869 869-870 870-871 871-872 872-873 873-874 874-875 875-876 876-877 877-878 878-879 879-880 880-881 881-882 882-883 883-884 884-885 885-886 886-887 887-888 888-889 889-890 890-891 891-892 892-893 893-894 894-895 895-896 896-897 897-898 898-899 899-900 900-901 901-902 902-903 903-904 904-905 905-906 906-907 907-908 908-909 909-910 910-911 911-912 912-913 913-914 914-915 915-916 916-917 917-918 918-919 919-920 920-921 921-922 922-923 923-924 924-925 925-926 926-927 927-928 928-929 929-930 930-931 931-932 932-933 933-934 934-935 935-936 936-937 937-938 938-939 939-940 940-941 941-942 942-943 943-944 944-945 945-946 946-947 947-948 948-949 949-950 950-951 951-952 952-953 953-954 954-955 955-956 956-957 957-958 958-959 959-960 960-961 961-962 962-963 963-964 964-965 965-966 966-967 967-968 968-969 969-970 970-971 971-972 972-973 973-974 974-975 975-976 976-977 977-978 978-979 979-980 980-981 981-982 982-983 983-984 984-985 985-986 986-987 987-988 988-989 989-990 990-991 991-992 992-993 993-994 994-995 995-996 996-997 997-998 998-999 999-1000		

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

PERIODIC APPROVALS 2/26/63 APPN CM /

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attn: Mr. John Ordway

DATE: February 1, 1963

SUBJECT: SHAW, Robert Tylar
(DOB: 6/18/25)

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

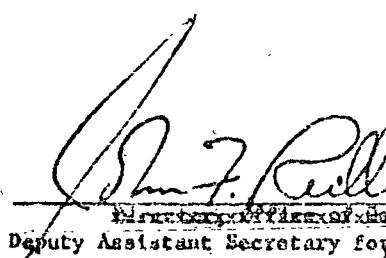
Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.


John J. Reilly
Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JJReilly:mc

100-10100
FEB 1 1963
RECORDED ON FILE

This memorandum may be considered as 'OFFICIAL USE ONLY' upon removal of attachments.

UNCLASSIFIED/Mexico City

STANDARD FORM 144
REVISED SEPTEMBER 1964
U. S. GOVERNMENT PRINTING OFFICE
57-1400-144-1, EDITION 1 AND 2

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 retaining 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																																																																										
SHAW, Robert T.				6-28-35																																																																																
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																																																																										
<table border="1"> <thead> <tr> <th rowspan="2">NAME AND LOCATION OF AGENCY</th> <th colspan="3">FROM—</th> <th colspan="3">TO—</th> <th rowspan="2">TYPE OF APPOINTMENT OR GRADE</th> <th rowspan="2">YEAR</th> <th rowspan="2">MONTH</th> <th rowspan="2">DAY</th> </tr> <tr> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> </tr> </thead> <tbody> <tr> <td>FOREIGN SERVICE DEPT OF STATE</td> <td>49</td> <td>10</td> <td></td> <td>52</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DEPT OF DEFENSE FOREIGN SERVICE DEPT OF STATE</td> <td>52</td> <td>5</td> <td></td> <td>54</td> <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>54</td> <td>7</td> <td></td> <td>56</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>56</td> <td>6</td> <td></td> <td>61</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>61</td> <td>5</td> <td></td> <td>63</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT OR GRADE	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	FOREIGN SERVICE DEPT OF STATE	49	10		52	2						DEPT OF DEFENSE FOREIGN SERVICE DEPT OF STATE	52	5		54	7							54	7		56	5							56	6		61	5							61	5		63	3						B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT OR GRADE	YEAR	MONTH		DAY																																																																									
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BRANCH	FROM—			TO—			DISCHARGE (TYPE OF DISCHARGE)	YEAR	MONTH		DAY																																																																									
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ARMY	43	9	11	45	3	8	HON.																																																																													
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										13. NONCREDITABLE SERVICE (Leave purposes only)																																																																										
										14. NONCREDITABLE SERVICE (RIF purposes only)																																																																										
										15. REIMBURSEMENT RIGHTS																																																																										
										16. RETIREMENT RIGHTS																																																																										
										17. EXPENDITURE RATE OF RETIREMENT RIGHTS																																																																										
<p>6. 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 IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.</p> <table border="1"> <thead> <tr> <th rowspan="2">TYPE IF KNOWN (LH OP, Part. Susp., AWOL, Non Met.)</th> <th colspan="3">FROM—</th> <th colspan="3">TO—</th> <th rowspan="2">TOTAL YEARS MONTHS DAYS</th> </tr> <tr> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th>MONTH</th> <th>DAY</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										TYPE IF KNOWN (LH OP, Part. Susp., AWOL, Non Met.)	FROM—			TO—			TOTAL YEARS MONTHS DAYS	YEAR	MONTH	DAY	YEAR	MONTH	DAY																																																													
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	YEAR	MONTH	DAY	YEAR	MONTH	DAY																																																																														
<p>7. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF ANSWER IS "YES," THE DATE WHEN YOU ACQUIRED THIS STATUS AND THE SOURCE OF YOUR STATUS.</p>																																																																																				
<p>8. ARE YOU:</p> <p>A. THE SPOUSE OF A DECEASED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>B. THE BROTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>C. THE UNREMARRIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>																																																																																				
<p>9. DO YOU EXECUTE 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.</p> <p>SOD 3-27-69 (DATE)</p>										<p>Robert Shaw (Signature)</p> <p>Robert Shaw (Signature)</p>																																																																										
<p>Subscribed and sworn to before me on the 27th day of March 1963 at Washington, D. C.</p>																																																																																				
<p>B R A L</p>																																																																																				
<p>NOTE: If copy is taken before a Notary Public, the date of execution of the statement must be shown.</p> <p>INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder name directly before or after the personnel action involved.</p>																																																																																				
										(OVER)																																																																										

Form 507-24
5-2-53

DEPARTMENT OF STATE

SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

Budget Bureau No. 42-8021-4
Approved October 20, 1953

(1. NAME)

Robert Tyler Shaw

(2. ADDRESS)

3000 N. Oakland Street
Arlington 7, Virginia

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED

 Foreign service only Departmental only Foreign service and departmental

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

3000 N. Oakland Street, Arlington 7, Virginia

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 22 on Form 57)

5-a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? Yes Nob. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? Yes No
(Give details, if answer is yes to a. or b.)

c. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.

d. IF APPOINTED FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT?
(Exclusive of overseas allowances)

\$ 1,000

e. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?
None

f. a. FULL NAME OF SPOUSE (if wife, give maiden name)

b. DATE OF BIRTH

c. PLACE OF BIRTH (City, State or Province, and Country)

Janet Lee Ruggles Shaw

12 April 1927

Three Rivers, Michigan

g. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

h. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE

i. RANK OF CIVILIAN

j. RANK OF MILITARY

k. DATE OF BIRTH

l. PLACE OF BIRTH

Janet Lee Ruggles Shaw

Wife

12 April 1927

Yes

Barbara Lee Shaw

Daughter

27 July 1952

X

Richard Wilson Shaw

Son

10 September 1955

X

Thomas Ruggles Shaw

Son

10 September 1955

X

40. c. Father's name

d. PRESENT ADDRESS

e. PLACE OF BIRTH

Maj. Gen. Franklin P. Shaw

Evell & Battle Site, Monksville, Newport, Kentucky

41. d. MOTHER'S NAME

e. PRESENT ADDRESS

f. PLACE OF BIRTH

Mary Inez Skoos Shaw

g

h. ELizabethtown, Ky.

42. e. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER LIVE IN THE UNITED STATES? (Check before 747-16)

 Yes No Yes No43. f. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR BEEN AN EXAMINEE FOR A POSITION WITH THE DEPARTMENT OF STATE? Yes No

If "Yes" give date, nature of position applied for, and name of examination taken, if any.

Arist. Attaché, PSS-9, Caracas, Venezuela, 1949-52

Vice Consul, PSS-9, Guayaquil, Ecuador, 1952-54.

18. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS
[Redacted]	Brother	Tokyo, Japan

19. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS

B. EMPLOYMENT

20. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED
IF "NO," STATE INFORMATION REQUESTED BELOW:

NAME OF CREDITOR	AMOUNT DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

21. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES?

 YES NO

22. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER?

 YES NO

IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

23. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? YES NO

IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION

B. DO YOU HAVE A MILITARY RESERVE STATUS? YES NO

IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR

SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS

LIST DECORATIONS (EXCLUSIVE OF SERVICE MEDALS), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES

24. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES. IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.

25. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFERITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (Repeat names listed in Item 24, Form 57 and add two additional references.)

FULL NAME	RESIDENCE ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Norman Armour	c/o Dept. of State	Retired, FSO
Paul C. Button	c/p Dept. of State	FSO/Dept.
Raymond G. Leddy	c/o Dept. of State	FSO/Dept.
Gen. Douglas MacArthur	Remington Rand, N.Y.C.	Corp. President
Major Gen. R. G. Harmon	Dept. of AirForce	Judge Advocate

26. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM?

Yes

27. SOCIAL SECURITY NUMBER, IF ANY

260-28-0149

28. If you believe the information you have supplied on this application does not fully cover your qualifications for Departmental or Foreign Service Employment, state in Item 39 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.

DATE

10 February 1956

SIGNATURE

Robert P. Shaw

STATE -CIV. ADMINISTRATION, D.C.

APPLICATION FOR FEDERAL EMPLOYMENT

1-10-163
SF-103

APPLICATION NO. ANNOUNCEMENT NO. DO NOT WRITE IN THIS SPACE	1. Kind of position applied for, or name of examination		Arizona State 701		DEFINITE WRITE IN THIS BLOCK For Use of Examining Officer Only				
	FOREIGN SERVICE RESERVE								
	2. Classes for which you wish to be considered (if listed in examination announcement)								
	3. Present place of employment applied for (City and State)								
	4. Name (First, Middle, Maiden, or any, last)								
	ROBERT TYLER SHAW								
	5. Address (Street, Room, City, State, Zip)								
	415 LINDEN LANE FALLS CHURCH, VA.								
	6. Home phone		7. Office phone						
	JE 2-0199								
8. Legal or usual residence (State)									
ARIZONA									
9. Height without shoes		10. Weight							
5 feet 7 inches		135							
11. Sex		12. Marital status		<input checked="" type="checkbox"/> Married					
<input checked="" type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Single (Divorced, divorced)					
13. Residence (City and State, or foreign country)									
Washington, D. C.									
14. Birth date (Month, day, year)		15. Social Security Number		June 16, 1925		268 28 0199			
16. If you have ever been employed by the Federal Government, indicate one grade and job title									
Presently employed by Dept. of State (GS-14)									
From		To							
May 1961		Present							
17. AVAILABILITY INFORMATION									
A. Lowest grade of pay you will accept		B. Will you accept temporary appointment? (Checkmark or initial if temporary employment will not affect your consideration for other appointments.)		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		If "Yes," indicate by "X" in appropriate box or boxes.	
<input checked="" type="checkbox"/> Grade PS-14		<input type="checkbox"/> 1 to 3 months		<input type="checkbox"/> 3 to 6 months		<input type="checkbox"/> 6 to 12 months			
<input type="checkbox"/> Will you accept temporary appointment for less than six months		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
<input type="checkbox"/> Will you accept employment in Washington, D. C.?		<input type="checkbox"/> Will you accept appointment to a term position?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
C. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE									
A. Last Date, Branch, and Serial or Service Number of All Active Service		From		To		Branch of Service		Serial or Service Number	
September 11, 1943 - March 8, 1945		Army						35228658	
B. Have you ever been discharged from the armed forces under other than honorable conditions?									
<input type="checkbox"/> Yes (Please attach or list) <input checked="" type="checkbox"/> No									
C. Do you claim 10 years preference based on military service?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		D. Do you claim 10 years preference based on service during present campaign?		<input type="checkbox"/> Yes (Please attach Standard Form 10)	
E. Do you claim 10 point preference? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If "Yes," check box of preference claimed and complete and attach Standard Form 10. "Veteran Preference claim" <input type="checkbox"/> EPIC <input type="checkbox"/> Compensable disability <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/> Mother							
THIS FORM IS FOR USE OF APPOINTING OFFICER ONLY									
The information given in answer to Question 16 has been verified with the discharge certificate and/or other proof which shows that the separation was under honorable conditions.									
VETERAN PREFERENCE ALLOWED		<input type="checkbox"/> spouse		<input type="checkbox"/> 10 years Army, Navy		<input type="checkbox"/> Other 10-point		<input type="checkbox"/> None	
Spouse and kids		Age 65							

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE (Start with your PRESENT position and work back)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
1	Dates of employment (month, year) From May 1961	Exact title of position Political Officer	Number and kind of employees you supervised 8 - 10
	To present time		
	Salary or earnings Starting \$12,210 per yr Present \$13,270 per yr	Classification Grade (if in Federal service) GS-14	Place of employment (City & State) Washington, D. C.
	Name and address of employer (firm, organization, etc.) Department of State		Kind of business or organization, (Manufacturing, accounting, insurance, etc.) U.S. Govt
			Name, title, and present address of immediate supervisor Thomas Linthicum
	Reason for leaving Desire to re-enter Foreign Service		
	Description of work Analysis of political and economic reporting from Embassies and Consulates in Latin American countries; preparation of special studies based on these reports; conduct of official business with representatives of Latin American Governments in Washington.		
2	Dates of employment (month, year) From June 1958 To May 1961	Exact title of position Vice Consul & Consul	Number and kind of employees you supervised 1 (Secretary)
	Salary or earnings Starting \$7,490 per annum Final \$9,900 per annum	Classification Grade (if in Federal service) FSR-4	Place of employment (City & State) Nogales, Mexico & Dept of State
	Name and address of employer (firm, organization, etc.) Dept of State, Washington, D.C.		Kind of business or organization, (Manufacturing, accounting, insurance, etc.) U.S. Govt
			Name, title, and present address of immediate supervisor Consul Gen Robert Martindale
			Consul Gen Terrence Leonhardy
	Reason for leaving Accept employment in the Department		
	Description of work General duties of a Foreign Service Reserve Officer at the American Consulate in Nogales. Handled a considerable number of protection cases, maintained extensive contacts in the state and national governments, handled political reporting for the consulate. Transferred to Department in July 1959		
3	Dates of employment (month, year) From July 1954 To May 1956	Exact title of position Foreign Affairs Ofcr	Number and kind of employees you supervised 2 (Secretary & Clerk)
	Salary or earnings Starting \$ per yr Final \$7,785 per annum	Classification Grade (if in Federal service) GS-12	Place of employment (City & State) Washington, D.C. U.S. Govt
	Name and address of employer (firm, organization, etc.) Dept of Defense		Kind of business or organization, (Manufacturing, accounting, insurance, etc.)
			Name, title, and present address of immediate supervisor Joint Chiefs of Staff
			Oliver W. Anthony
	Reason for leaving Re-enter Foreign Service		
	Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.		

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS

SEE INSTRUCTION SHEET

14-2445-1

STANDARD FORM 57A
MAY 1954 U. S. GOVERNMENT
SERVICE COMMISSIONCONTINUATION SHEET FOR STANDARD FORM 57
"Application for Federal Employment"

57-202

INSTRUCTIONS.—Fill out this form only when necessary for completion of Item 16, "EXPERIENCE," on Standard Form 57. Enclose with your application. Type or print in dark ink.

1. NAME (First, Middle, Maiden if any), Last ROBERT TYLER SHAW	2. DATE OF BIRTH (month, day, year) JUNE 18, 1925
3. KIND OF POSITION APPLIED FOR: CONSUL GENERAL EXAMINATION	4. DATE OF THIS CONTINUATION SHEET

FOREIGN SERVICE

DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION		
<input checked="" type="radio"/> FROM May 1952	TO July 1954	Vice Consul		
SALARY OR EARNINGS		CLASSIFICATION GRADE (if in Federal Service)		
STARTING \$ FSS-9	PER PER	FSS-9		
FINAL \$ FSS-9	PER PER			
NAME AND ADDRESS OF EMPLOYER (name, organization, etc.)		PLACE OF EMPLOYMENT		
Dept of State		CITY Guayaquil, STATE Ecuador		
		CITY U.S. Govt		
		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
		Consul Gen Paul W. Meyer		

REASON FOR LEAVING Position with Dept of Defense

DESCRIPTION OF WORK General duties of a Foreign Service Staff Officer in the Economic and commercial section of the consulate general in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.

DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION		
<input checked="" type="radio"/> FROM Oct 1949	TO Feb 1952	Asst Attaché		
SALARY OR EARNINGS		CLASSIFICATION GRADE (if in Federal Service)		
STARTING \$ FSS-10	PER PER	FSS-9		
FINAL \$ FSS-9	PER PER	FSS-9		
NAME AND ADDRESS OF EMPLOYER (name, organization, etc.)		PLACE OF EMPLOYMENT		
Dept of State		CITY Washington & STATE Caracas, Ven		
		CITY Government		
		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
		Ambassadors Donnelly, Sparks, Armour		

REASON FOR LEAVING

DESCRIPTION OF WORK General duties of a Foreign Service Staff officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs

DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION		
<input checked="" type="radio"/> FROM Nov 1947	TO Oct 1949	Editor		
SALARY OR EARNINGS		CLASSIFICATION GRADE (if in Federal Service)		
STARTING \$ \$2400	PER annum	FSS-9		
FINAL \$ \$3600	PER annum	FSS-9		
NAME AND ADDRESS OF EMPLOYER (name, organization, etc.)		PLACE OF EMPLOYMENT		
Procter & Gamble		CITY Cincinnati STATE Ohio		
		CITY Soap & Chemical manufacture		
		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
		Carl Frantz Chief, Personnel Relations		

REASON FOR LEAVING Desire for Foreign Service

DESCRIPTION OF WORK Supervision of preparation (compilation through final printing & finding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for company house magazine. Maintenance of close liaison with other personnel dept. Work with company print shop and private printing establishments.

**ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE
• ANSWER ALL QUESTIONS CORRECTLY AND FULLY**

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of license or certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
Private Pilot (Blue Seal, Sel) F.A.A.		1958	Current
E. Special skills you possess and machines and equipment you can use. (For example, short wave radio, multibeam, computers, key punch, turret lathe, transcribing machine, scientific or professional devices)		F. Approximate number of words per minute:	
		Typeing	Shorthand

G. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honors and fellowships received)

**Writing - Occasional articles on sporting & aviation subjects.
Honors - PHI BETA KAPPA (1948)**

21. EDUCATION

A. Place "X" in column indicating highest grade completed	B. If you graduated from high school, give date	C. Name and location of last high school attended						
1 2 3 4 5 6 7 8 9 10 11 12		Bath High School, Fairborn, Ohio						
	1943							
D. Name and location of college or university		Dates attended	Years completed	Credit hours		Degree received	Year received	
The Ohio State Univ		From 1943	To 1943	Day 2/3	Night	Semester	Quarter	
The Ohio State Univ		1945	1945	2/3		49		
University of Arizona		1945	1947	3		132	BA 1947	
E. Chief undergraduate college subjects		Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects			Semester Hours Credit	Quarter Hours Credit
Spanish		35						
History & Poli Sci		26						
G. State major field of study at highest level of college work								
Spanish								
H. Other schools or training (for example, trade, vocational, Armed Forces, or business). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.								
Jan - May 1944, Camp Callan, Calif. Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons								

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, state in Item 3) names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or vacation)

23. FOREIGN LANGUAGES

Language	Speaking		Writing	
	English	French	English	French
Spanish	X	X	X	X
Portuguese	X	X		X X
French		X		

24. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under item 19		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, Zone, and State)	BUSINESS OR OCCUPATION
Robert C. Hill	Littleton, Vermont 825 5th Ave New York 21, N.Y.	Former Ambassador to Mexico Former Ambassador to Venezuela
Norman Armour	Beatus Estates Nogales, Arizona	Former Consul at Nogales
Chester H. Kimrey		

DATE OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	
ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN		
YES NO		
25. Are you a citizen of the United States of America?	X	
If "No," give country of which you are a citizen.....		
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?	X	
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shown, a policy of advocating or supporting the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?		
If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet.)		
28. Have you any physical handicap, chronic disease, or other disability?	X	
29. Have you ever had a nervous breakdown?	X	
30. Have you ever had tuberculosis?	X	
If your answer to 28, 29, or 30 above is "Yes," give details on Item 39.		
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give date of and reasons for such debarment in Item 39.)	X	
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months?	X	
If your answer is "Yes," give in Item 39 for P-4C II such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.		
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension, or other compensation for military or naval service?	X	
If your answer is "Yes," give details in Item 39.		
34. Are you an official or employee of any State, territory, county, or municipality?	X	
If your answer is "Yes," give details in Item 39.		
35. Have you ever been discharged (fired) from employment for any reason?	X	
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?		
If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.		
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$50.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely suffered collateral damage.)	X	
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial?	X	
If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcement authority or type of court or court-martial, and (5) action taken.		
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.		
Item No.	Item No.	
22	China - Reside w/parents 1931-34	
	Venezuela/Asst Att/1949-52	
	Ecuador/Vice Consul/Guayaquil/1952-54	
	Visits to Colombia, Panama, Trinidad, Barbados, Brazil, Hawaii, Philippines	
	Mexico - Travel since 45, vice consul & consul-at-large 1956-59 Hong Kong	
If space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and examination date. Attach on inside of this application.		
ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION		
<p>A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.</p>		
CERTIFICATION		
<p>I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.</p>		
Signature of applicant	Robert T. Blawie	
Date 11 October 63		
U.S. GOVERNMENT PRINTING OFFICE: 1951 O-126628		

FORM DS-1032
Effective to SF 50
Approved by CSC and
E.O. B April 22, 1960

NOTIFICATION OF
PERSONNEL ACTION

JOURNAL
NUMBER

16

NAME: MR. ROBERT T. SHAW
SHAW ROBERT T.

SERVICE - DEPARTMENT

F S

X DATE

05-25-61

AMERICA

FROM DATE

TO DATE

05-26-52

TO STATE OR LOCAL

AI D.C.

20 20

009

STATUS

REASON

25

DATE AND REASON FOR SEPARATION
06-18-25 04-28-48 05-28-52 268-28-0199
2 MARRIED

BUT VA

TO STATE OR LOCAL

20 20

009

STATUS

REASON

25

THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT

RESIGNATION FOR PERSONAL REASONS
WITHOUT PREJUDICE
COB

TO EFFECTIVE DATE

TO PAY DATE

TO APPROVAL DATE

32

POSITION

05-12-61

1 = REG 2 = NO

3 = WANTS

01 LEGAL AUTHORITY

FROM -

FOREIGN SERVICE RESERVE OFFICER

2333

PSR-04-44-\$10,945-0-0000-000

DEPARTMENT GROUP I-C

14. UNIT NUMBER MO. IN GRADE IN ALLOWMENT

02-59

15. RETIREMENT

AQ

16. GRADE

-1A-7026

17. PAY RATE

18. PAY RATE

AT DATE ASSIGNED:

19. CITY & CLASS

20. F.S. SALARY S.

21. MONTH AND YR OF GRADE

TO -

22. POSITION TITLE

23. FULL-STATING

24. POSITION IS

IN THE

EMPLOYEE STATUS

PAY

25. DPL-CRS. TITLE

26. TDS. TITLE CODE

27. PAYROLL CODE

28. DATE ASSIGNED

05-12-61

29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER

30. ORGANIZATION

31. POS. REQUIRED TO REMOVE FROM GRADE

32. GRADE

33. TENURE

34. PAY RATE

35. PSS-PSS

36. PAY RATE

37. CATEGORY

38. DATE ASSIGNED

39. CITY & CLASS

40. F.S. SALARY S.

41. MONTH AND YR OF GRADE

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and review by the United States Civil Service Commission or the Department. This action may be converted or canceled if not in accordance with all requirements.

The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

a. Subject to completion of 1 year probation (or 10% general service)

b. Subject to being transferred to another office or agency

REASON - TO ACCEPT OTHER EMPLOYMENT.

NO LUMP SUM PAYMENT AUTHORIZED FOR LEAVE.

ADDRESS: C/o FOREIGN SERVICE MAIL ROOM,
WASHINGTON, D. C.

Employing Department or Agency
DEPARTMENT OF STATE

ALL PERSONNEL FOLDERS ON AMERICAN EMPLOYEES ARE MAINTAINED IN
OFFICE OF PERSONNEL - WASHINGTON 25, D. C.

PERSONNEL FOLDER

FORM DS-1031 (Exception to SF-52 supplied by CSC and B of B April 27, 1960)			REQUEST NO.	SERVICE	POSITION	GRADE	CLASS
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION			DATE OF REQUEST	FS	LV	11	10
			04/21/61	DP	TRANS	12	11
1. NAME Mr. Robert T. CHAW			2. DATE OF BIRTH	3. GENDER	4. MARRIED AND DATE	5. SOCIAL SECURITY NO.	6. SERVICE NUMBER
			06-18-25	MALE	06-18-61	123-45-6789	100-000-0000
			7. NATIONALITY	8. CITIZENSHIP	9. LEARNED PROFESSION	10. STATE OF BIRTH	11. MEDIUM EXPENSE RATE
			U.S.	U.S.	ADULTS	VA	10%
12. SIGNED DATE			13. SIGNATURE	14. ADDRESS	15. CITY	16. STATE	17. ZIP CODE
17. NATURE OF ACTION Resignation for Personal Reasons Without Prejudice			C.O.B.	18. EFFECTIVE DATE MONTH DAY YEAR 000-00-00	19. GRADE CODE MONTH DAY YEAR 000-00-00	20. AMOUNT UNPAID	21. POSITION
				05-12-61		22. PAYROLL DATE MONTH DAY YEAR 000-00-00	23. CLASS
24. LEGAL AUTHORITY			25. POSITION TITLE	26. POSITION IS IN THE HIRING TIME	27. POSITION IS IN THE HIRING TIME	28. POSITION IS IN THE HIRING TIME	29. POSITION IS IN THE HIRING TIME
FROM - Foreign Service Reserve Officer 2333 FMR-04-44-#10,945-0-0000-000			28. GRADE CODE	29. GRADE CODE	30. GRADE CODE	31. GRADE CODE	32. GRADE CODE
Department - Group I-C			33. PAYROLL CODE	34. DATE ASSUMED 05-12-61	35. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	36. ORGANIZATION	37. POSITION
38. DATE ASSUMED 02-59-1A-7026			39. POSITION TITLE	40. POSITION IS IN THE HIRING TIME	41. POSITION IS IN THE HIRING TIME	42. POSITION IS IN THE HIRING TIME	43. POSITION IS IN THE HIRING TIME
42. DATE ASSUMED			43. GRADE CODE	44. F. S. SALARY	45. MONTH & YEAR OF GRADE	46. ORGANIZATION	47. POSITION
TO -			48. GRADE CODE	49. F. S. SALARY	50. MONTH & YEAR OF GRADE	51. ORGANIZATION	52. POSITION
53. DATE ASSUMED			54. GRADE CODE	55. F. S. SALARY	56. MONTH & YEAR OF GRADE	57. ORGANIZATION	58. POSITION
59. APPROVED BY <i>B. J. Chaw</i> NAME & TITLE <i>Chief, POD/WPS</i>			60. REQUEST APPROVED BY <i>J. J. Jova</i> NAME & TITLE <i>Chief, FER/POD</i>	61. APPROVED BY NAME & TITLE FEDERAL BUREAU OF INVESTIGATION	62. APPROVED BY NAME & TITLE FEDERAL BUREAU OF INVESTIGATION	63. APPROVED BY NAME & TITLE FEDERAL BUREAU OF INVESTIGATION	64. APPROVED BY NAME & TITLE FEDERAL BUREAU OF INVESTIGATION
65. TRAVEL REQUEST			FUND'S AVAILABLE				66. APPROVED BY NAME & TITLE FEDERAL BUREAU OF INVESTIGATION
67. APPROVED DATE 04/21/61			68. APPROVED DATE 04/21/61				69. APPROVED DATE 04/21/61
70. APPROVED DATE 04/21/61			71. APPROVED DATE 04/21/61				72. APPROVED DATE 04/21/61
Ref: Letter of resignation dated 4/20/61 attached. Reasons: EXHIBIT X to accept other employment.							
No travel requested							
<i>RECEIVED APR 21 1961 FBI WASH D C</i>							
<i>222</i>							
<i>222</i>							
PER:PCD:WPS:bth							

Robert T. Shaw 10/24/1987 10:11:00 AM

Resignation COD 5/12/61

No lump sum payment authorized for leave.

E. Kathryn Mallow
E. Kathryn Mallow, Chief
Leave and Retirement Section

Address:
c/o Foreign Service Mail Room,
Washington 25, D. C.

Digitized by Google

SEPARATION DATA

DESIGNATION

14-00000

Washington, D.C.
April 20, 1961

The Honorable
The Secretary of State
Washington, D.C.

Dear Mr. Secretary:

It is with great regret that I submit my resignation from
The Foreign Service to accept other employment.

I have enjoyed my years with the Service and the fine
people comprising it and hope that at some future time I may
be able to return to the Service.

Respectfully,

R.T. Shaw

Robert T. Shaw
Foreign Service Reserve Officer

6-15-61

A1950 SHAW ROBERT T

FSR-4 FROM 10175 TO 10965 PAY RAISE 65% 10965 PL558



**DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP**

POST	ORG. CODE	POSITION NO.	APPR. & ALLOT.	EFFECTIVE DATE	DATE OF LAST ISSUING PAYROLL
DEPARTMENT	9013		IA-7025	7-1-69	2-59
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	A1950	FSR-4	\$10,175	\$7,900	
LWOP DATA WILL BE RECORDED AS PER THE FOLLOWING <input type="checkbox"/> Overtime <input type="checkbox"/> Pay Advance <input type="checkbox"/> NO EXCESS ALLOWED <input type="checkbox"/> PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD					
<input type="checkbox"/> Other Step-Increase <input type="checkbox"/> Pay Adjustment					

REMARKS

Performance rating: satisfactory or better

J. J. FDR

RECORDED COPY

Form DS-1012
Edition 10-58
Approved for use
Review of the Director
May 1971

DEPARTMENT OF STATE

Washington, D. C.

NOTIFICATION OF PERSONNEL ACTION

A150		S. DATE		X. DATE	
1. NAME - Standard form giving name, position and personnel number		2. DATE OF ACTION		3. JOURNAL OR ACTION NO.	
Mr. Robert T. Shaw		6-18-59		FS-58	
This is to notify you of the following action affecting your employment.					
5. NATURE OF ACTION (Use standard nomenclature)		6. EFFECTIVE DATE		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Transfer		7-26-59			
FROM:		TO:			
Political Officer 1-1011-009 Consul FSR-4		Foreign Service Reserve Officer			
\$9900		FSR-4		\$9900	
Mogales		Department			
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular		<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident		<input type="checkbox"/> FRSR <input type="checkbox"/> Regular	
<input type="checkbox"/> Non-US				<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident	
10. VETERANS PREFERENCE		14. POSITION CLASSIFICATION ACTION			
ARMED FORCES 100% Disab. Disab. War Veteran Non-Veteran		15. GRADE W-4 W-5 W-6 W-7 W-8 W-9 W-10 W-11 W-12 W-13 W-14 W-15 W-16 W-17 W-18 W-19 W-20 W-21 W-22 W-23 W-24 W-25 W-26 W-27 W-28 W-29 W-30 W-31 W-32 W-33 W-34 W-35 W-36 W-37 W-38 W-39 W-40 W-41 W-42 W-43 W-44 W-45 W-46 W-47 W-48 W-49 W-50 W-51 W-52 W-53 W-54 W-55 W-56 W-57 W-58 W-59 W-60 W-61 W-62 W-63 W-64 W-65 W-66 W-67 W-68 W-69 W-70 W-71 W-72 W-73 W-74 W-75 W-76 W-77 W-78 W-79 W-80 W-81 W-82 W-83 W-84 W-85 W-86 W-87 W-88 W-89 W-90 W-91 W-92 W-93 W-94 W-95 W-96 W-97 W-98 W-99 W-100 W-101 W-102 W-103 W-104 W-105 W-106 W-107 W-108 W-109 W-110 W-111 W-112 W-113 W-114 W-115 W-116 W-117 W-118 W-119 W-120 W-121 W-122 W-123 W-124 W-125 W-126 W-127 W-128 W-129 W-130 W-131 W-132 W-133 W-134 W-135 W-136 W-137 W-138 W-139 W-140 W-141 W-142 W-143 W-144 W-145 W-146 W-147 W-148 W-149 W-150 W-151 W-152 W-153 W-154 W-155 W-156 W-157 W-158 W-159 W-160 W-161 W-162 W-163 W-164 W-165 W-166 W-167 W-168 W-169 W-170 W-171 W-172 W-173 W-174 W-175 W-176 W-177 W-178 W-179 W-180 W-181 W-182 W-183 W-184 W-185 W-186 W-187 W-188 W-189 W-190 W-191 W-192 W-193 W-194 W-195 W-196 W-197 W-198 W-199 W-200 W-201 W-202 W-203 W-204 W-205 W-206 W-207 W-208 W-209 W-210 W-211 W-212 W-213 W-214 W-215 W-216 W-217 W-218 W-219 W-220 W-221 W-222 W-223 W-224 W-225 W-226 W-227 W-228 W-229 W-230 W-231 W-232 W-233 W-234 W-235 W-236 W-237 W-238 W-239 W-240 W-241 W-242 W-243 W-244 W-245 W-246 W-247 W-248 W-249 W-250 W-251 W-252 W-253 W-254 W-255 W-256 W-257 W-258 W-259 W-260 W-261 W-262 W-263 W-264 W-265 W-266 W-267 W-268 W-269 W-270 W-271 W-272 W-273 W-274 W-275 W-276 W-277 W-278 W-279 W-280 W-281 W-282 W-283 W-284 W-285 W-286 W-287 W-288 W-289 W-290 W-291 W-292 W-293 W-294 W-295 W-296 W-297 W-298 W-299 W-300 W-301 W-302 W-303 W-304 W-305 W-306 W-307 W-308 W-309 W-310 W-311 W-312 W-313 W-314 W-315 W-316 W-317 W-318 W-319 W-320 W-321 W-322 W-323 W-324 W-325 W-326 W-327 W-328 W-329 W-330 W-331 W-332 W-333 W-334 W-335 W-336 W-337 W-338 W-339 W-340 W-341 W-342 W-343 W-344 W-345 W-346 W-347 W-348 W-349 W-350 W-351 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W-80427 W-80428 W-80429 W-80430 W-80431 W-80432 W-80433 W-80434 W-80435 W-80436 W-80437 W-80438 W-80439 W-80440 W-80441 W-80442 W-80443 W-80444 W-80445 W-80446 W-80447 W-80448 W-80449 W-80450 W-80451 W-80452 W-80453 W-80454 W-80455 W-80456 W-80457 W-80458 W-80459 W-80460 W-80461 W-80462 W-80463 W-80464 W-80465 W-80466 W-80467 W-80468 W-80469 W-80470 W-80471 W-80472 W-80473 W-80474 W-80475 W-80476 W-80477 W-80478 W-80479 W-80480 W-80481 W-80482 W-80483 W-80484 W-80485 W-80486 W-80487 W-80488 W-80489 W-80490 W-80491 W-80492 W-80493 W-80494 W-80495 W-80496 W-80497 W-80498 W-80499 W-80500 W-80501 W-80502 W-80503 W-8			

Form DS-1011 Revision 10 SEP 52 Approved by the Bureau of the Budget May 1954 DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION				ROUTINE	<input checked="" type="checkbox"/> 1-17	<input type="checkbox"/>	SERVICE																																															
				-MROS	<input checked="" type="checkbox"/> 1-16	<input type="checkbox"/>	DS-1011																																															
				-ARA	<input checked="" type="checkbox"/> 1-16	<input type="checkbox"/> TRAINEE																																																
				-AAB	<input checked="" type="checkbox"/> 1-16	<input type="checkbox"/>	<input type="checkbox"/> OFFL																																															
1. NAME (Mr., Miss, Mrs., Our given name, initial (s), and surname) Mr. Robert T. BRAW				2. DATE OF ACTION	6-18-59	3. REQUEST NO.	3-26-59																																															
4. NATURE OF ACTION REQUESTED a. PERSONNEL (Specify whether appointment, promotion, reposition, etc.) Direct Transfer to the Department (DT-fil)				5. EFFECTIVE DATE	7-26-59	6. C.S. OR OTHER LEGAL AUTHORITY																																																
b. POSITION (Specify whether establish, change grade or title, etc.) 				7. APPROVED	7-26-59																																																	
From - Political Officer 1-1011-009 Consul <i>DS-1011-39900 Journalized Nogales Date 7/29/59</i>		To - Foreign Service Reserve Officer DS-1011-49900 Department																																																				
8. POSITION TITLE Diplomatic or Consular Title 9. SCHEDULE, SERIES REG., GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS Post HEADQUARTERS 11. IN CATEGORY FSS Category 12. FIELD REGULAR BY - DT/PPO 13. VETERAN PREFERENCE REG. 1-16 REG. OTHER 14. FULL STAFFING ALLOTMENT FROM: DS-1011 TO: DS-1011		15. FIELD REGULAR 16. POSITION CLASSIFICATION ACTION Group I-6 17. RETIREMENT COVERAGE <input checked="" type="checkbox"/> FRS <input type="checkbox"/> FICA <input type="checkbox"/> HOME 18. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED 19. REQUEST APPROVED BY Signature and title <i>T. Judd, Chief, MROS</i> <i>DPDowns, Asst. Chief, PPO/POO</i>				10. DATE OF APPOINT- MENT APPROVAL (Accordance only) 11. LEGAL RESIDENCE <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED STATE:																																																
20. SERVICE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		21. REQUEST APPROVAL BY Signature and title 22. CLEARANCES INITIAL OR SIGNATURE DATE A. B. CIV. OFFICE CONTROL C. CLASSIFICATION		23. CLEARANCES INITIAL OR SIGNATURE DATE 24. APPROVED BY Title Date 3/31/59																																																		
REMARKS																																																						
TRAVEL AUTHORIZATION <table border="1"> <tr> <td>TRAVEL AUTHORIZATION</td> <td>APPROVED</td> <td>PERIOD OF ALLOWANCE Funds Available</td> <td>PERIOD OF ALLOWANCE Funds Available</td> <td>TO</td> </tr> <tr> <td>CLASS</td> <td>CLASS</td> <td>TYPE OF ALLOWANCE Funds Available</td> <td>TYPE OF ALLOWANCE Funds Available</td> <td>Washington, DC</td> </tr> <tr> <td></td> <td></td> <td>UPPER</td> <td>W. Janet</td> <td></td> </tr> <tr> <td></td> <td></td> <td>MIDDLE</td> <td>D. Barnard 7/52</td> <td></td> </tr> <tr> <td></td> <td></td> <td>LOWER</td> <td>B. Richard 9/55</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>B. Thomas 9/55</td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td>SIGNATURE</td> <td></td> <td>SHIPMENT OF EFFECTS</td> </tr> <tr> <td>T. O. DATE</td> <td>E. O. NO.</td> <td></td> <td></td> <td>FROM: Nogales</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>TO: Washington, DC</td> </tr> </table> <p>REMARKS Authorize travel and full shipment of effects as indicated.</p> <p>RTD <u>5/30</u> RSD <u>7/19/59</u></p> <p>PTB:POO:MROS:msa</p> <p>TC:POO</p> <p>C. I. A. INFORMATION: PROTECTED CLASSIFICATION INFORMATION</p>										TRAVEL AUTHORIZATION	APPROVED	PERIOD OF ALLOWANCE Funds Available	PERIOD OF ALLOWANCE Funds Available	TO	CLASS	CLASS	TYPE OF ALLOWANCE Funds Available	TYPE OF ALLOWANCE Funds Available	Washington, DC			UPPER	W. Janet				MIDDLE	D. Barnard 7/52				LOWER	B. Richard 9/55					B. Thomas 9/55		TOTAL		SIGNATURE		SHIPMENT OF EFFECTS	T. O. DATE	E. O. NO.			FROM: Nogales					TO: Washington, DC
TRAVEL AUTHORIZATION	APPROVED	PERIOD OF ALLOWANCE Funds Available	PERIOD OF ALLOWANCE Funds Available	TO																																																		
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T. O. DATE	E. O. NO.			FROM: Nogales																																																		
				TO: Washington, DC																																																		

Form 18-1002
Excepted to SF-50
Approved by the
Secretary of the Budget
Mar. 1958

DEPARTMENT OF STATE
WASHINGTON 25, D.C.

NOTIFICATION OF PERSONNEL ACTION

SEARCHED

INDEXED

A1950

1. NAME (Mr., Miss, Mrs., Dr., Other, Other given name, middle initial and surname)		2. DATE OF BIRTH	3. JOURNAL OF ACTION NO.	4. DATE	
Mr. Robert T. Shaw		6-18-25	PS -107	2-19-59	
This is to notify you of the following action affecting your employment:					
5. NATURE OF ACTION (Use standard terminology)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		
Promotion		2-22-59			
FROM		TO			
		8. POSITION TITLE Diplomatic or Consular Title Political Officer Consul			
PSR-5 \$8965		9. SCHEDULE, SERIES SD, GRADE, SALARY PSR-4 \$9900			
		10. ORGANIZATIONAL DESIGNATION Post Nogales			
11. RESIDENCE		12. PS CATEGORY PS Category	13. FIELD Regular	14. DEPARTMENTAL Regular	15. Non-US
16. VETERAN'S PREFERENCE None		17. POSITION CLASSIFICATION ACTION New Vacant I.A. Real			
18. APPROPRIATION None		19. RETIREMENT PAY- GRADE ICSC	20. DATE OF APPROVAL Most Authoritative (Movement Only) FEB 1959	21. LEGAL RESIDENCE Country State	
22. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.					
PERFORMANCE RATINGS					23. Classified/Joint Substitution

Form DS-1031 Revision 6, SF-13 Approved by the Bureau of the Budget May 1954				ROUTINE		<i>7-26-57</i>		ROUTINE	
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DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION									
E. NAME (Mr.-Mrs.-Ms., One given name, initial (s), and surname) Mr. Robert T. SHAW				F. DATE OF BIRTH 6-18-25		G. REQUEST NO. <i>7-26-57</i>		H. DATE OF REQUEST 3-26-59	
I. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, reposition, etc.) Direct Transfer to the Department (DT-11)				J. EFFECTIVE DATE <i>7-26-57</i>		K. C.S. OR OTHER LEGAL AUTHORITY			
B. POSITION (Specify whether establish, change grade or title, etc.)									
PRO-Political Officer 1-1011-009 Consul <i>PSR-4 500000 110000</i> DS-1032 Bogales Date 1/26/59 <input type="checkbox"/> OMBLE <input type="checkbox"/> DEPART. LEVEL <input type="checkbox"/> REGULAR <input type="checkbox"/> FTS/ESTABLISH				L. POSITION TITLE AND NUMBER Diplomatic or Consular Title M. SCHEDULE, SERVICE REGULAR N. ORGANIZATIONAL DESIGNATIONS Post Headquarters O. DE CATEGORY FSS-Category		P. FIELD <input type="checkbox"/> REGULAR		Q. DEPARTMENTAL <input type="checkbox"/> REGIMENT	
12. VETERAN PAY				13. FULL STAFFING ALLOTMENT <input type="checkbox"/> REG. FROM: 9A-4011 <input type="checkbox"/> TO: 9A-3025		14. POSITION CLASSIFICATION/ACTION <input checked="" type="checkbox"/> GS-1 <input type="checkbox"/> GS-2 <input type="checkbox"/> GS-3 Group I-6			
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type="checkbox"/> GS-781 <input type="checkbox"/> GS-782 <input type="checkbox"/> GS-783 <input type="checkbox"/> GS-784 <input type="checkbox"/> GS-785 <input type="checkbox"/> GS-786 <input type="checkbox"/> GS-787 <input type="checkbox"/> GS-788 <input type="checkbox"/> GS-789 <input type="checkbox"/> GS-790 <input type="checkbox"/> GS-791 <input type="checkbox"/> GS-792 <input type="checkbox"/> GS-793 <input type="checkbox"/> GS-794 <input type="checkbox"/> GS-795 <input type="checkbox"/> GS-796 <input type="checkbox"/> GS-797 <input type="checkbox"/> GS-798 <input type="checkbox"/> GS-799 <input type="checkbox"/> GS-800 <input type="checkbox"/> GS-801 <input type="checkbox"/> GS-802 <input type="checkbox"/> GS-803 <input type="checkbox"/> GS-804 <input type="checkbox"/> GS-805 <input type="checkbox"/> GS-806 <input type="checkbox"/> GS-807 <input type="checkbox"/> GS-808 <input type="checkbox"/> GS-809 <input type="checkbox"/> GS-810 <input type="checkbox"/> GS-811 <input type="checkbox"/> GS-812 <input type="checkbox"/> GS-813 <input type="checkbox"/> GS-814 <input type="checkbox"/> GS-815 <input type="checkbox"/> GS-816 <input type="checkbox"/> GS-817 <input type="checkbox"/> GS-818 <input type="checkbox"/> GS-819 <input type="checkbox"/> GS-820 <input type="checkbox"/> GS-821 <input type="checkbox"/> GS-822 <input type="checkbox"/> GS-823 <input					

DEPARTMENT OF STATE

WASHINGTON 25, D.C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

FA DPTL

A1950

1. NAME (Last, First, Middle, One space between initials and surname)	2. DATE OF BIRTH	3. NUMBER OF ACTION NO.	4. DATE
Mr. Robert T. Shaw	6-18-25	PS -107	2-19-59
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion	2-22-59		
FROM:			
PSR-5 \$8965	6. POSITION TITLE Diplomatic or Consular Staff Consul	PSR-4 \$9900	
	7. GRADE, SERIES GS-, GS-4, SALARY \$10,000	8. ORGANIZATIONAL DETERMINATIONS Post Nogales	
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular <input type="checkbox"/> Reserves <input type="checkbox"/> Non-US	9. STATIONING EE Category	<input type="checkbox"/> FIELD <input type="checkbox"/> Regular <input type="checkbox"/> Reserves <input type="checkbox"/> Non-US	
10. VETERAN'S PREFERENCE SICK PAY High Other	11. POSITION CLASSIFICATION ACTION New Vice C.A. Rev.	12. ATTACHMENT CERTIFICATE 030 <input type="checkbox"/> PS <input type="checkbox"/> PCS <input type="checkbox"/> None	
13. SEX M	14. APPROVAL NUMBER 94-4011	15. DATE OF APPROVAL APR 1959	16. LEGAL RESISTANCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED None
17. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.			
U.S. GOVERNMENT PRINTING OFFICE: 1954 5-1030-1030-1030-1030			
18. SOURCE OF INFORMATION			
19. ATTACHMENT CERTIFICATE APR 1959			
20. PERSONNEL FOLDER			

DEPARTMENT OF STATE

NOV 1950

Organization Code

Pay Roll Period

Block No.

Seq No.

Employee's Name

AL 250

Grade and Salary

Prepared

Audited by

SHAW ROBERT T

FEB 1950

PAY ROLL CHANGE DATA

A. Base Non-Fica	C. Prom. Non-Fica	B. Base Fica	D. Prom. Fica	E. C.R.	F. F.S.R.	G. F.S.V.	H. Fed. Tax	I. BOND H. Ded. J. Ret	K. State Tax	L. Fica	M. Other	N. Life Insurance	O. Net Pay
P. N.													
N. K.													
P. T.													
P. A.													
App													
All													

REMARKS:

 Periodic step-increase Pay adjustment Other step-increase

Effective date	Date last equivalent increase	Old salary rate	New salary rate	Performance rating satisfactory
7-1-50	7-27	6690	6963	✓

(Check applicable box in case of excess LWOP)

- In pay status at end of waiting period.
 In LWOP status at end of waiting period.

Initials of Clerk

 No excess LWOP. Total excess LWOP _____

Form approved by Comp. Gen., U.S., June 29, 1954

H. STUART

PAY ROLL CHANGE SLIP - PERSONNEL COPY

SHAW ROBERT T

PAY RAISER 85TH CONGRESS FROM - \$200 TO \$250

14-00000
STANDARD FORM NO. 61a
REVISED MARCH 1958
APPROVED BY
COMP. GEN. U. S.
FEB. 10, 1958
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 4A

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 21a and 21b)

PER FILE

I, Robert Tyler Shaw,
(Type or print)
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 this appointment.

Robert Tyler Shaw
(Type name or signature)

(Signature of affiant)

Subscribed and sworn before me this 19th day of August, 1952.

at Nogales, Sonora, Mexico.

(Place of subscription)

Service No. 22863
Item No. 58
Fee Nil
(Amount)

Chester H. Kiprey
Chester H. Kiprey

AMERICAN EMBASSY

Consul of the United States of America

(Place of appointment)

Department of State, Foreign Service of the U.S., Nogales, Sonora, Mexico

(Place of subscription)

Consul of the United States of America

August 5, 1952.

(Place of subscription)

NOTE: If the oath is taken before a Notary Public, the date of expiration of his commission should be given.

DEPARTMENT OF STATE

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE
 GS-
 AFPL

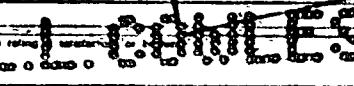
1. NAME (Mr.-Miss-Mrs-Other given name, middle initial and surname) MR. Robert T. Shaw	2. DATE OF BIRTH 6-18-35	3. JOURNAL OR ACTION NO. 73-49	4. DATE 8-12-57
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (Use standard nomenclature) Change of Consular Title	6. EFFECTIVE DATE 8-5-57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:	
Political Officer Vice Consul	8. POSITION TITLE Diplomatic or Consular Title	Political Officer Consul	
	9. SCHEDULE, SERIES GS-GRADN, SALARY	FSR-5	\$7900 74-5
	10. ORGANIZATIONAL DESIGNATION Per	Regales	
11. HEADQUARTERS	12. GS CATEGORY PS Category	13. FIELD Regular	14. DEPARTMENTAL Regular
15. VETERAN'S PREFERENCE REGT/SEPT REGT/SEPT REGT/SEPT		16. POSITION CLASSIFICATION ACTION REG T&L L&T TOTAL 1-1011-009	
17. APPROVALS PER RE DA-5011		18. APPROVALS REG T&L L&T TOTAL	19. APPROVALS REG T&L L&T TOTAL VIA
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.			

Designated: **7-3-57**
Confirmed: **6-5-57**
Attested: **8-5-57**

Execute DS-61a to **Consul of the USA** in accordance with 1 CFR-IV 124.

L.L. COULES

Form DS-1031 Replaces DS-12 Approved by the Bureau of the Budget May 1956 DEPARTMENT OF REQUEST FOR PERSONNEL ACTION																																																									
1. NAME (Mr., Miss, Mrs., One place name, middle initial, and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-13-25	3. REQUEST NO. 5-29-57																																																						
4. NATURE OF ACTION REQUESTED Appointment (Specify diplomatic, administrative, promotional, temporary, etc.) Creation of another Commission		5. EFFECTIVE DATE 8-5-57	6. CL. OR OTHER LEGAL AUTHORITY 8-5-57																																																						
7. POSITION (Specify whether established, change grade or new, etc.) Political Officer Vice Consul <i>PSR-5 52650 7700</i>		8. POSITION TITLE AND NUMBER Diplomatic or Com- municator Title	9. POSITION CLASSIFICATION ACTION NO 1-1011-009																																																						
10. GRADE, SERIES OR GRADE, SALARY 11. ORGANIZATIONAL POSITIONS Post		11. GRADE OR GRADE, SALARY 12. REASONABLE PERIOD FOR WHICH FEE IS REQUESTED	13. MARITAL STATUS Widowed																																																						
14. VETERAN PERFORMANCE 15. APPROVAL FORM To DA-3011		16. RETIREMENT GRADE <input checked="" type="checkbox"/> GS <input type="checkbox"/> AGC <input type="checkbox"/> GS 	17. DATE OF APPROV- EMENT AUTHORITY Signature and title SKAfecht, Chief, PPSI-PW																																																						
18. RESERVE STATUS <input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> INACTIVE 19. REQUEST BY NAME AND TITLE Paul L. Gild 20. REQUESTING OFFICER Signature		21. MARRITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	22. REQUEST APPROVED BY Signature and title SKAfecht, Chief, PPSI-PW																																																						
23. EXPENSES 24. DATE OF SIGNATURE 8-5-57		25. PAYMENT OF EXP. 8-5-57	26. APPROVED BY Signature 8-5-57																																																						
REMARKS: 1. This request is subject to audit. Verbal to 1 8-5-57 Confidential 8-5-57 Attested 8-5-57 Appointment by the President as Com. of the USA 8-5-57 Temporary Sp. Agent-investigation PSA 8-5-57																																																									
REQUEST FOR TRAVEL AUTHORIZATION <table border="1"> <tr> <td>ORIGIN PLATE</td> <td>ESTIMATE DATE</td> <td>TYPE OF VEHICLE</td> <td>NAME OF PERSONNEL AND NUMBER OF PERIOD OF TRAVEL AUTHORITY</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td></td> <td></td> <td>APPROVED</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>DISAPPROVED</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>AMENDED</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>REOPENED</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>CANCELLED</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DS-1031</td> <td>8-5-57</td> <td colspan="4">TRAVEL AUTHORIZATION</td> </tr> <tr> <td colspan="2">27. QUANTITY TO BE OBTAINED</td> <td colspan="2">UNIFORMITY</td> <td colspan="2">PURCHASED</td> </tr> <tr> <td colspan="6">REMARKS</td> </tr> </table>				ORIGIN PLATE	ESTIMATE DATE	TYPE OF VEHICLE	NAME OF PERSONNEL AND NUMBER OF PERIOD OF TRAVEL AUTHORITY	FROM	TO			APPROVED						DISAPPROVED						AMENDED						REOPENED						CANCELLED				DS-1031	8-5-57	TRAVEL AUTHORIZATION				27. QUANTITY TO BE OBTAINED		UNIFORMITY		PURCHASED		REMARKS					
ORIGIN PLATE	ESTIMATE DATE	TYPE OF VEHICLE	NAME OF PERSONNEL AND NUMBER OF PERIOD OF TRAVEL AUTHORITY	FROM	TO																																																				
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DS-1031	8-5-57	TRAVEL AUTHORIZATION																																																							
27. QUANTITY TO BE OBTAINED		UNIFORMITY		PURCHASED																																																					
REMARKS																																																									

DEPARTMENT OF STATE BUREAU OF POLITICAL AFFAIRS		Organization Code	To Last Period	Start Date	Stop Date
Employee Name ROBERT T. SHAW		89216	Period 5 \$7,900		
PAY ROLL CHANGE DATA					
A P N	B P M	C P M	D P T	E CSR PSR PSV	F G H I J K L M N O P Q R S T U V W X Y Z
REMARKS:					
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay reduction <input type="checkbox"/> Other compensation Entered 7/1/57 Date last received 3/17/56 Old salary rate \$7,850 New salary rate \$7,900 Authorization rating:  <small>(Check applicable box in case of excess LWOP)</small> <small>LWOP date off is exclusive dates covered LWOP during following period: Period till:</small> <input type="checkbox"/> No excess LWOP Total excess LWOP _____ <small>(Check applicable box in case of excess LWOP)</small> <small>Is per date at end of working period.</small> <small>Is LWOP date at end of working period.</small>					
<small>Signature or other authority shown</small> <small>Initials of Clerk</small> PAY ROLL CHANGE SLIP - EMPLOYEE'S COPY					

D P
PUNCHED

FILE'S

SALARY ADJ. EFF 7-26-56 PL 928 CA 1166 8-7-56
 SHAW ROBERT T FDR 4 7490 PSP 5 7650

STANDARD FORM 38
16 JULY 1947
FORM APPROVED BY THE CHIEF OF STAFF, U.S.
ARMED FORCES, 15 JUNE 1950
U. S. GOVERNMENT PRINTING OFFICE: 1950
G.P. 1. CHAPTER 14

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 31a and 31b)

1. ROBERT TYLER SHAW WASHINGTON, D.C.
(Place to sign) (Place to sign)
do solemnly swear (or affirm) that

126 AUG 21 /4 ID 25

A. OATH OF OFFICE

PERSONNEL FILES

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, 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.

Robert Tyler Shaw

(Type name of affiant)

R. Shaw

(Signature of affiant)

Subscribed and sworn before me this 14th day of August, A. D. 1950,

at Nogales, Sonora, Mexico

(City)

(State)

Chas. H. Kinney

CHAS. H. KINNEY

Consul of the United States of America

Service No. 7652
Date Id. No. 2nd Enclosed.

Department of State

Foreign Service

Nogales, Sonora, Mexico

Vice Consul

July 21, 1950

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

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Mr., Miss, Mrs., One place name, middle initial and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE								
Mr. Robert T. Shaw		6-18-26	PS 148	7-27-56								
This is to notify you of the following action affecting your employment:												
5. NATURE OF ACTION (Use standard terminology)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY									
Granting of Consular Title		7-21-56	FDI									
Position: Political Officer		8. POSITION TITLE <i>Diplomatic or Consular Title</i>	Political Officer Vice Consul									
		9. SCHEDULE, SERIES NO., GRADE, SALARY	FDR-4 \$7,490									
		10. ORGANIZATIONAL DESIGNATIONS <i>FBI</i>	Nogales									
11. HEADQUARTERS <i>FBI</i>		12. DEPARTMENTAL CATEGORY <i>FDI Category</i>	13. FIELD <input type="checkbox"/> Regular <input type="checkbox"/> Departmental <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	14. DEPARTMENTAL CATEGORY <i>FDI Category</i>								
15. VETERAN'S PREFERENCE <i>None</i>		16. POSITION CLASSIFICATION ACTION <table border="1"><tr><td>1. REGT</td><td>2. VICE</td><td>3. A</td><td>4. REGAL</td></tr><tr><td>X</td><td>X</td><td></td><td></td></tr></table>	1. REGT	2. VICE	3. A	4. REGAL	X	X			17. APPROVAL DATE <i>7-21-56</i>	
1. REGT	2. VICE	3. A	4. REGAL									
X	X											
18. APPROVAL DATE <i>7-21-56</i>		19. PAYMENT DATE <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>7-21-56</i>	20. DATE OF APPROVING AFFIDAVITS <i>7-21-56</i>	21. LEGAL NUMBER <input type="checkbox"/> Clerical <input type="checkbox"/> Other <i>None</i>								
22. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.												
23. Initiated: 7-17-56. Confirmed: 7-21-56. Attested: 7-21-56.												
Execute SF-61a in accordance with 1 FPM IV 124 as Vice Consul of the USA .												
24. ENTRANCE PERFORMANCE RATING												
25. SIGNATURE OR OTHER AUTHENTICATION												
26. PERSONNEL FOLDER												
4574-105-234084												

Form DS-1032 - Revision to 30-12
Approved by the Bureau of the Budget
May 1954

REQUEST FOR PERSONNEL ACTION					REF ID: AAB5-31	SERIAL
1. NAME: (Type, Print, or Block Letters, name, initials), and surname Mr. Robert T. SHAW 2. DATE OF ACTION REQUESTED: 3. POSITION: (Identify whether appointment, promotion, extension, etc.) Granting of Consular Title 4. POSITION (Identify whether political, diplomatic, consular, etc.)			1. DATE OF BIRTH 6-18-25	2. REQUEST NO. PER/EM 7-21-56	3. DATE OF ACTION 4-27-56	4. CL. OR OTHER DIPLO. / CONSUL.
5. POSITION TITLE AND NUMBER Diplomatic or Consular Title Political Officer (Vice Consul then confirmed) DG-1032 - Journalized Date 7-21-56 By SP 54			6. POSITION CLASSIFICATION ACTION PSR-4	7. POSITION CLASSIFICATION ACTION PSR-4	Political Officer Vice Consul ✓ open <i>Shaw</i> \$7490	
8. FIELD <input type="checkbox"/> FIELD <input type="checkbox"/> PROGRAM			8. FIELD Negales	9. DEPARTMENTAL <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD 10. HEADQUARTERS <input type="checkbox"/> HEADQUARTERS 11. COUNTRY 12. FSS Country		
13. RETIREMENT PREFERENCES RANK: SP-4 PAY: 100 14. APPROPRIATION FROM: TO: DA-301b			14. RETIREMENT COVERAGE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> FORMER <input type="checkbox"/> FORMER	15. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOWER <input type="checkbox"/> SEPARATED	16. DATE OF APPROVAL NO 1-1011-009 17. LEGAL RESIDENCE STATE: Va.	
18. RETIREMENT PAY None <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE			19. REQUEST APPROVED BY Signature and title: PER/EM Charles W. Bass Initials or signature: Bass			
20. APPROVAL BY Signature and title: Bass Initials or signature: Bass			21. PLACEMENT OR ENCL. PER/EM 7-21-56			
22. DATE OF PAY COMMISSION 7-21-56 23. CLASSIFICATION 7-21-56 24. APPROVED BY PER/EM - M. Shaw 7/1/56						
REMARKS: Granting of Consular Title 7-21-56 7-21-56 7-21-56 1956-57 124 as Vice Consul of the USA Presidential Commission Necessary.						
REQUEST FOR TRAVEL AUTHORIZATION			1. APPROVAL DATE PER/EM 7-21-56	2. APPROVAL DATE PER/EM 7-21-56	3. APPROVAL DATE PER/EM 7-21-56	
4. APPROVAL DATE PER/EM 7-21-56			5. APPROVAL DATE PER/EM 7-21-56	6. APPROVAL DATE PER/EM 7-21-56	7. APPROVAL DATE PER/EM 7-21-56	
8. APPROVAL DATE PER/EM 7-21-56			9. APPROVAL DATE PER/EM 7-21-56	10. APPROVAL DATE PER/EM 7-21-56	11. APPROVAL DATE PER/EM 7-21-56	
12. APPROVAL DATE PER/EM 7-21-56			13. APPROVAL DATE PER/EM 7-21-56	14. APPROVAL DATE PER/EM 7-21-56	15. APPROVAL DATE PER/EM 7-21-56	
16. APPROVAL DATE PER/EM 7-21-56			17. APPROVAL DATE PER/EM 7-21-56	18. APPROVAL DATE PER/EM 7-21-56	19. APPROVAL DATE PER/EM 7-21-56	
20. APPROVAL DATE PER/EM 7-21-56			21. APPROVAL DATE PER/EM 7-21-56	22. APPROVAL DATE PER/EM 7-21-56	23. APPROVAL DATE PER/EM 7-21-56	
24. APPROVAL DATE PER/EM 7-21-56			25. APPROVAL DATE PER/EM 7-21-56	26. APPROVAL DATE PER/EM 7-21-56	27. APPROVAL DATE PER/EM 7-21-56	
28. APPROVAL DATE PER/EM 7-21-56			29. APPROVAL DATE PER/EM 7-21-56	30. APPROVAL DATE PER/EM 7-21-56	31. APPROVAL DATE PER/EM 7-21-56	
32. APPROVAL DATE PER/EM 7-21-56			33. APPROVAL DATE PER/EM 7-21-56	34. APPROVAL DATE PER/EM 7-21-56	35. APPROVAL DATE PER/EM 7-21-56	
36. APPROVAL DATE PER/EM 7-21-56			37. APPROVAL DATE PER/EM 7-21-56	38. APPROVAL DATE PER/EM 7-21-56	39. APPROVAL DATE PER/EM 7-21-56	
40. APPROVAL DATE PER/EM 7-21-56			41. APPROVAL DATE PER/EM 7-21-56	42. APPROVAL DATE PER/EM 7-21-56	43. APPROVAL DATE PER/EM 7-21-56	
44. APPROVAL DATE PER/EM 7-21-56			45. APPROVAL DATE PER/EM 7-21-56	46. APPROVAL DATE PER/EM 7-21-56	47. APPROVAL DATE PER/EM 7-21-56	
48. APPROVAL DATE PER/EM 7-21-56			49. APPROVAL DATE PER/EM 7-21-56	50. APPROVAL DATE PER/EM 7-21-56	51. APPROVAL DATE PER/EM 7-21-56	
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56. APPROVAL DATE PER/EM 7-21-56			57. APPROVAL DATE PER/EM 7-21-56	58. APPROVAL DATE PER/EM 7-21-56	59. APPROVAL DATE PER/EM 7-21-56	
60. APPROVAL DATE PER/EM 7-21-56			61. APPROVAL DATE PER/EM 7-21-56	62. APPROVAL DATE PER/EM 7-21-56	63. APPROVAL DATE PER/EM 7-21-56	
64. APPROVAL DATE PER/EM 7-21-56			65. APPROVAL DATE PER/EM 7-21-56	66. APPROVAL DATE PER/EM 7-21-56	67. APPROVAL DATE PER/EM 7-21-56	
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80. APPROVAL DATE PER/EM 7-21-56			81. APPROVAL DATE PER/EM 7-21-56	82. APPROVAL DATE PER/EM 7-21-56	83. APPROVAL DATE PER/EM 7-21-56	
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88. APPROVAL DATE PER/EM 7-21-56			89. APPROVAL DATE PER/EM 7-21-56	90. APPROVAL DATE PER/EM 7-21-56	91. APPROVAL DATE PER/EM 7-21-56	
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140. APPROVAL DATE PER/EM 7-21-56			141. APPROVAL DATE PER/EM 7-21-56	142. APPROVAL DATE PER/EM 7-21-56	143. APPROVAL DATE PER/EM 7-21-56	
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172. APPROVAL DATE PER/EM 7-21-56			173. APPROVAL DATE PER/EM 7-21-56	174. APPROVAL DATE PER/EM 7-21-56	175. APPROVAL DATE PER/EM 7-21-56	
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204. APPROVAL DATE PER/EM 7-21-56			205. APPROVAL DATE PER/EM 7-21-56	206. APPROVAL DATE PER/EM 7-21-56	207. APPROVAL DATE PER/EM 7-21-56	
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212. APPROVAL DATE PER/EM 7-21-56			213. APPROVAL DATE PER/EM 7-21-56	214. APPROVAL DATE PER/EM 7-21-56	215. APPROVAL DATE PER/EM 7-21-56	
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228. APPROVAL DATE PER/EM 7-21-56			229. APPROVAL DATE PER/EM 7-21-56	230. APPROVAL DATE PER/EM 7-21-56	231. APPROVAL DATE PER/EM 7-21-56	
232. APPROVAL DATE PER/EM 7-21-56			233. APPROVAL DATE PER/EM 7-21-56	234. APPROVAL DATE PER/EM 7-21-56	235. APPROVAL DATE PER/EM 7-21-56	
236. APPROVAL DATE PER/EM 7-21-56			237. APPROVAL DATE PER/EM 7-21-56	238. APPROVAL DATE PER/EM 7-21-56	239. APPROVAL DATE <b	

STANDARD FORM 31a
DRAFT OF THE SECRETARY
FORM APPROVED BY THE COMPT. GEN. U. S.
APRIL 15, 1943
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER A4

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 31a and 31b)

I, Robert T. Shaw,
(Name in full)
do solemnly swear (or affirm) that

Virginia
(State)

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, 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.

Robert T. Shaw
(Type name of affiant)

Subscribed and sworn before me this 17th day of May, A. D. 1956,

at Washington, D.C.
(City)

(Signature of officer)

Sec. 206, Act June 26, 1943

(Title)

Department of State (Department or agency)	Foreign Service (Other or division)	Washington, D.C. (Office or establishment)
Political Officer, Foreign Service Reserve Officer of Class-A (Position to which appointed)	May 17, 1956 (Date of signature or date)	

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

RECORDED - U. S. GOVERNMENT PRINTING OFFICE

Form DS-1032
Furnished by M-30
Approved by the
Secretary of the Budget
Dec. 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Mr.-Miss-Mrs. plus name, initials) and surname Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. PSA 9	4. DATE 5-3-56														
This is to notify you of the following action affecting your employment:																		
5. NATURE OF ACTION (See Standard Chronology) Limited Appointment		6. EFFECTIVE DATE 5/17/56	7. CIVIL SERVICE OR PAYROLL ACTIVITY Section 522.1 PL 724-a- 79th															
FROM:		TO:																
8. POSITION TITLE Diplomatic or Consular Title		Political Officer																
9. RANK, GRADE, SERIES GS-1300, SALARY		PSR-4 \$7490																
10. ORGANIZATIONAL DESIGNATIONS Post		Nogales																
11. HEADQUARTERS PS Category		12. FIELD Regular <input type="checkbox"/> DEPARTMENTAL Resident <input type="checkbox"/> Non-US <input type="checkbox"/>																
13. VETERAN'S PREFERENCE <table border="1"><tr><td>NAME</td><td>SERVICE</td><td>DISCHARGE</td></tr><tr><td>X</td><td>Book</td><td>Other</td></tr></table>		NAME	SERVICE	DISCHARGE	X	Book	Other	14. POSITION CLASSIFICATION ACTION <table border="1"><tr><td>NAME</td><td>VICE</td><td>C. A.</td><td>REAL</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> 1-1011-009			NAME	VICE	C. A.	REAL				
NAME	SERVICE	DISCHARGE																
X	Book	Other																
NAME	VICE	C. A.	REAL															
15. SEE - 16. APPROPRIATION II - 10 6A-8011		17. PERIODICITY OF PAY DOYC <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> WRS	18. DATE OF APPOINTMENT 5/17/56	19. LEGAL RESIDENCE Va. <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/> STATE														
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.																		
Executive SP-61a																		
Marital status - Married - Three																		
Reserve status - None																		
21. SIGNATURE OF STATE AUTHENTICATION																		
22. PERSONNEL FOLDER																		
GPO: 1956-2740																		

Form DS-1030 Revision 10 SP-52
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE

REQUEST FOR PERSONNEL ACTION

PER/EN/12 AAB 5-2
ARA 9/30 TRANS

SERVICE

PL MTL

1. NAME (Mr., Miss-Mrs. (use given name, initials), and surname)

2. DATE OF APPOINTMENT

3. REQUEST NO.

4. DATE OF PAYMENT

M. Robert T. SHAW

6-18-25

4-27-56

5. NATURE OF ACTION REQUESTED

6. EFFECTIVE DATE

7. CL. BY BUREAU

8. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

LEGAL AUTHORITY

Limited Appointment Section 522.1

ASAP

9. POSITION (Specify whether established, change grade or rate, etc.)

"Political Officer

(Vice Consul when confirmed)

PSB-4 \$7490 APPROVED
an assumption
5/1/56

10. FIELD DEPARTMENTAL
REGULAR RETIRED

11. POSITION TITLE
AND NUMBER

Diplomatic or Com-
municator Title

12. SCHEDULE, GRADE
NO. GRADE - SALARY

13. ORGANIZATIONAL
DESIGNATION

Post

14. HEADQUARTERS

15. OR CATEGORY

FSS Category

MOGALLES

16. FIELD DEPARTMENTAL
REGULAR RETIRED

17. VETERAN PREFERENCE

18. APPROPRIATION
FROM:

19. RESERVE STATUS

None CAPTIVE INACTIVE

20. REQUEST APPROVED BY
Signature and title: Charles W. Bass

21. CLEARANCES

INITIAL OR SIGNATURE DATE

22. CIVIL OR MIL. CONTROL

INITIAL OR SIGNATURE DATE

23. CLASSIFICATION

INITIAL OR SIGNATURE DATE

16. POSITION CLASSIFICATION ACTION

17. RATE

18. DATE OF APPOINT-
MENT APPROVALS

(Indicate month and year)

19. LEGAL RESIDENCE

20. MARRITAL STATUS

21. RANKED MARRIED SINGLED

22. WIDOWED WIDOWER DIVORCED

23. REQUEST APPROVED BY

Signature and title: PER/EN/12 Charles W. Bass

24. CLEARANCES

INITIAL OR SIGNATURE DATE

25. PLACEMENT OR GRP.

INITIAL OR SIGNATURE DATE

26. PER/EN/12 APPROVED BY

INITIAL OR SIGNATURE DATE

TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATE # POST	PER IC INCONVENIENCE DUES INSTITUTE	4. DATE OF APPROVAL AND DATES OF TRAVEL OR DURATION UNDER PI	FROM	TO
	APPE.		5-Janet L.	5/12	Arlington, Va.	Mogales
	ALLOT.		5-Barbara L.			DETAILS ENDURE
	CLASS NO.		7-27-52			
	DATE		5-Richard W.		NO. 100. AIRLINE RESUME 20TH,	
	SIGNATURE		9-10-55		5-10-55	INITIATIVE OF TRAVEL
TOTAL			5-Thomas R.		Arlington, Va.	
T. O. EXP.		T. O. NO.	9-10-55		Nogales	

REMARKS

Authorize travel of appointedee and dependents from Arlington, Va. to
Mogales, Mexico.

STANAGAN FORM NO. 4
REVISED SEPTEMBER 1960
U. S. CIVIL SERVICE COMMISSION
FROM CHAPTERS 11, 12, AND 52

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			
Shaw, Robert T.					6/18/25								
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			11. SERVICE			
		49	OCT	19	52	FEB	6			2	3	18	
FOREIGN SERVICE		52	MAY	28	54	JULY	30		2	2	3		
FOREIGN SERVICE		54	JUL	31	56	APR	6		1	5	6		
DEPT. OF DEFENSE, WASH.													
NO SICK OR ANNUAL LEAVE TO BE PICKED UP.										12. TOTAL SERVICE 7 25			
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."										13. NONCREDITABLE SERVICE (Leave purposes only):			
BRANCH		FROM—			TO—			DISCHARGE (Hon. or dishon.)		14. NONCREDITABLE SERVICE (RIF purposes only):			
		YEAR	MONTH	DAY	YEAR	MONTH	DAY			1	5	25	
U.S. ARMY		43	SEP	11	45	MAR	8	HON.					
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 IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
TYPE IF KNOWN (LWOP, Full, Susp, AWOL, Mar Mar)		FROM—			TO—			TOTAL		16. RETENTION RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	17. EXPIRATION DATE OF RETENTION RIGHTS		
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?)													
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										Signature _____ (Signature)			
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.													
EOD May 17, 1956 (DATE)					Subscribed and sworn to before me on this 17th day of May 1956 at Washington, D.C. (MONTH) (CITY) (STATE)								
S E A L Edna C. Fueles													
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)

10-60429-8

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel DATE: May 7, 1956
Attention: Mr. Howard P. Mace

SUBJECT: SHAW, Robert Tyler
(DOB 6/18/25)

- APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

- EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

- Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

1

Director, Office of Security
Dennis A. Flinn

ATTACHMENTS

SCA:SY:abdsGrace;abw

UNCLASSIFIED
Authorized by William O. Sall
Director General of the
Information Agency

This memorandum may be considered as **CONFIDENTIAL - USE ONLY** except removal of attachments.

STANDARD FORM 57
REvised 5-1-54
GSA GEN. REG. NO. 27, EDITION 1, 1954

APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

APPLYING FOR		1. Kind of position applied for or name of occupation	
		2. Optional (if not listed in experience section above)	
		3. Place of employment applied for City and State Foreign Service	
		4. First name Robert Middle Tyler Surname Shaw Extent	5. Sex M
		6. Street and number or P. O. number 3000 N. Oakland St., Arlington, Va. City or post office (including postal zone) and State Arlington 7, Virginia	
		7. Place of birth Washington	
		State or foreign country D.C.	
		8. Date of birth (month, day, year) 18 June 1925	
		9. Height without shoes 5 feet 7 inches	
		Weight 110 pounds	
10. Social security number JA 2-1586			
Other phone Virginia			
11. Legal or voting residence (state) Virginia			
12. If you have ever been employed by the Federal Government, indicate last grade GG-12			
Date of service in that grade From July 1954 to present			
13. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept You will not be considered for any position with a lower estimated salary.			
B. If you are now a Federal employee, indicate the lowest grade you will accept C. Will you accept appointment for <input checked="" type="checkbox"/> 1 to 3 months? <input type="checkbox"/> 3 to 6 months? <input type="checkbox"/> 6 to 12 months? Acceptance or refusal of a short term appointment will not affect your consideration for regular appointments. D. Are you willing to travel? <input type="checkbox"/> Occasionally <input checked="" type="checkbox"/> Frequently <input type="checkbox"/> Constantly E. Will you accept appointment 1. In Washington, D. C. <input type="checkbox"/> Anywhere in United States <input checked="" type="checkbox"/> Outside U. S. To foreign countries <input type="checkbox"/> Foreign countries, but others			
14. VETERAN INFORMATION. A. If you claim 1 point preference based on war or military service, indicate Entered active duty date September 1943 Discharge date March 1945 Branch of service Army Serial number 174-12440142 35228658 B. Do you claim 1/2 or preference as a previous congressional veteran? C. Do you claim 1/2 point preference? D. Have you ever been granted 1/2-point preference or 1-point preference as a previous congressional veteran by the U. S. Civil Service Commission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If so, indicate below the other which grants the preference to you. Attach proof of claim of preference and details of position. It will be returned when filed. Name of U. S. Civil Service Commission office or name of Board of U. S. Affairs of Commission office or Board of Employment Civil Service Commission Grade <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Other <input type="checkbox"/>			
<small>THIS FORM IS NOT TO BE APPROPRIATED FOR USE BY THE CIVIL SERVICE COMMISSION. THE CIVIL SERVICE COMMISSION RESERVES THE RIGHT TO WITHHOLD THE COPY OF THIS FORM WHICH SHOWS THAT THE APPLICANT HAS BEEN GRANTED PREFERENCE.</small>			

DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only			
		Material	Entered Register
<input type="checkbox"/> Active		<input type="checkbox"/> Scheduled	
<input type="checkbox"/> Newsgroup		<input type="checkbox"/> Reserved	
Nonactive		App. Review	
		Approved	
Open	Grade	Entered Rating	Entered Rating
		<input type="checkbox"/> Present Status	
		<input type="checkbox"/> Present Comp. Dis.	
		<input type="checkbox"/> Other than Present	
		<input type="checkbox"/> Draft	
		<input type="checkbox"/> Being Investigated	
Retired and Dead			

THIS FORM IS NOT TO BE APPROPRIATED FOR USE BY THE CIVIL SERVICE COMMISSION. THE CIVIL SERVICE COMMISSION RESERVES THE RIGHT TO WITHHOLD THE COPY OF THIS FORM WHICH SHOWS THAT THE APPLICANT HAS BEEN GRANTED PREFERENCE.	
Right-hand	Left-hand
Top	Bottom

In EXPERIENCE (Start with your present position and work back)			
(1) Dates of employment (month, year)		Exact title of your position	
From <u>July 1951</u> To <u>present time</u>		<u>Foreign Affairs Officer</u>	
Salary or earnings	(Classification Grade if in Federal service)	Place of employment	Kind of business or organization (Manufacturing, Marketing, Trade and, etc.)
Starting \$ <u>17785</u> per annum	<u>F10</u>	<u>City Washington</u>	<u>U.S. Government</u>
Name and address of employer (firm, organization, etc.)		Name and title of immediate supervisor	
Dept. of Defense, Joint Chiefs of Staff		Oliver W. Anthony	
Reason for leaving Re-enter Foreign Service			
Description of work Preparation of studies and reports for the military departments... and the Joint Chiefs of Staff on Inter-American Defense matters.			
(2) Dates of employment (month, year)		Exact title of your position	
From <u>May 1952</u> To <u>July 1954</u>		<u>Vice Consul</u>	
Salary or earnings	(Classification Grade if in Federal service)	Place of employment	Kind of business or organization (Manufacturing, Marketing, Trade and, etc.)
Starting \$ <u>17785</u> per	<u>F22-9</u>	<u>City Guayaquil</u>	<u>Ecuador</u>
Name and address of employer (firm, organization, etc.)		Name and title of immediate supervisor	
Dept. of State		Consul General Paul W. Meyer	
Reason for leaving Position with Dept. of Defense			
Description of work General duties of a Foreign Service Staff Officer in the Economic... and Commercial Section of the Consulate General in Guayaquil. Also performed... political reporting functions and assisted in visa and citizenship matters.			
(3) Dates of employment (month, year)		Exact title of your position	
From <u>October 1949</u> To <u>February 1952</u>		<u>Amat. Attaché</u>	
Salary or earnings	(Classification Grade if in Federal service)	Place of employment	Kind of business or organization (Manufacturing, Marketing, Trade and, etc.)
Starting \$ <u>F22-10</u> per	<u>F22-9</u>	<u>Washington &</u>	<u>Caracas, Venezuela</u>
Name and address of employer (firm, organization, etc.)		Name and title of immediate supervisor	
Department of State		Ambassadors Donnelly, Sparks	
Reason for leaving Accompany wife to U.S. for medical attention			
Description of work General duties of a Foreign Service Staff Officer in the Political... Section, Embassy Caracas. Preparation of reports for the Department and... memoranda for the Ambassador, consultation with officials of the local govern- ment and American companies (esp. of the petroleum industry operating in Venezuela). Associate in the Consular Section with visa affairs.			

Robert T. Shaw
18 June 1925

3000 N. Oakland St.
Arlington 7, Virginia

STANDARD FORM 57 - continuation
#16
5.

September 1943 - March 1945
Pfc
U. S. Army
United States
Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

<p>A. Dates of employment: From <u>November, 1947</u> To <u>October, 1949</u></p> <p>Salary or wages: <u>\$ 2400 per year</u> for <u>Editor</u> <u>\$ 3600 per year</u> for <u>Cincinnati</u> Note and address of employer: <u>Proctor & Gamble</u></p>		<p>B. Dates of your present position:</p> <p>Editor Place of employment: <u>Cincinnati</u> State: <u>Ohio</u> Kind of business or organization: <u>Soap and chemical manufacture</u> Name and title of immediate supervisor: <u>Carl Frantz, Chief</u></p>									
<p>Reason for leaving: <u>Desire for Foreign Service.</u> Description of work: <u>Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.</u></p>											
<p>If you have additional experience blocks, see supplemental sheet - THE INVENTORY SHEET.</p>											
<p>IV. SPECIAL QUALIFICATIONS AND SKILLS:</p> <p>(A) Education and Training: <u>Received the basic education of secondary schools and the State of Ohio training courses, which provided, for example, job training, mechanics, theory, sales practice, G. P. A., etc.</u></p> <p>Kind of course: <u>Engineering</u> Length: <u>Autumn</u></p> <p>(B) Has any special skills you possess and machines and equipment you familiar with, such as: <u>None</u>, radio, movies, typewriter, key-punch, mimeo, letter type, pencils, or professional degrees:</p> <p>(C) Approximate number of weeks per semester in: Topics: <u>None</u></p>											
<p>(D) Years and location of high school attended:</p> <p>B. Name and location of last high school attended: <u>Beth High School, Osborn, Ohio</u></p>											
<p>(E) Name and location of college or university:</p> <p>The Ohio State University Year attended: <u>1943</u> Year completed: <u>1943</u> Length of time: <u>1 year</u></p> <p>The Ohio State University Year attended: <u>"</u> Year completed: <u>"</u> Length of time: <u>"</u></p> <p>University of Arizona Year attended: <u>"</u> Year completed: <u>"</u> Length of time: <u>"</u></p> <p>D. What undergraduate subjects taken:</p> <table border="1"> <tr> <td>Spanish</td> <td>Year taken: <u>1943</u></td> <td>Term: <u>Spring</u></td> <td>Length of time: <u>1 year</u></td> </tr> <tr> <td>Political Science</td> <td>Year taken: <u>1943</u></td> <td>Term: <u>Spring</u></td> <td>Length of time: <u>1 year</u></td> </tr> </table>				Spanish	Year taken: <u>1943</u>	Term: <u>Spring</u>	Length of time: <u>1 year</u>	Political Science	Year taken: <u>1943</u>	Term: <u>Spring</u>	Length of time: <u>1 year</u>
Spanish	Year taken: <u>1943</u>	Term: <u>Spring</u>	Length of time: <u>1 year</u>								
Political Science	Year taken: <u>1943</u>	Term: <u>Spring</u>	Length of time: <u>1 year</u>								
<p>E. Languages learned in high school, college, foreign, Army, or business school, name of school, date attended, length of time, and how learned:</p> <p>Jan. 1943 (Camp Gollan, California): Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons.</p>											
<p>F. Languages learned at college:</p> <table border="1"> <tr> <td>Spanish</td> <td>Year learned: <u>1943</u></td> <td>Length of time: <u>1 year</u></td> </tr> <tr> <td>French</td> <td>Year learned: <u>1943</u></td> <td>Length of time: <u>1 year</u></td> </tr> </table> <p>Note: <u>I have learned a few words of Spanish, French, and English in my travels, but not enough to speak or write in any of them.</u></p>				Spanish	Year learned: <u>1943</u>	Length of time: <u>1 year</u>	French	Year learned: <u>1943</u>	Length of time: <u>1 year</u>		
Spanish	Year learned: <u>1943</u>	Length of time: <u>1 year</u>									
French	Year learned: <u>1943</u>	Length of time: <u>1 year</u>									

21. REFERRING to your former service in the United States or Territories of the United States where you have had experience, indicate if your qualifications and status for the position for which you are applying RELATED TO YOU AND WHO EVER HAD THESE QUALIFICATIONS AND STATUS FOR THE POSITION FOR WHICH YOU ARE APPLYING. DO NOT REPEAT NAMES OF INSTITUTIONS LISTED UNDER ITEM 20. EXPERIENCE

NAME	PRES. M. IN BUSINESS HOME ADDRESS (Give complete name and address)	BUSINESS OR OCCUPATION
1. Norman Arayur	c/o Dept. of State	Former Ambassador to Venezuela
2. P. C. Sutton	c/o Dept. of State	FSO
3. R. C. Isley	c/o Dept. of State	FSO

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

22. (a) Are you a citizen of the United States of America, or (b) as a native or American Subject do you now allegiance to the United States of America?	X	26. May inquire by mail of your present employer regarding your character, qualifications, etc.	X
23. Are you now, or have you ever been, a member of the Communist Party, U. S. A., or any Communist organization?	X	27. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any provision or other compensation for military or naval service?	X
24. Are you now, or have you ever been, a member of a Fascist organization?	X	28. If your answer is "Yes," give details in Item 16.	X
25. Are you now, or have you ever been a member of any foreign or domestic organization, association, society, group, or combination of persons which is known to have plotted against the United States or its allies, or which has engaged in acts of espionage, subversion, or sabotage, or which has sought to overthrow the government of any other persons who are right under the laws of the government of the United States or which seeks to alter the form of government of the United States by unconstitutional means?	X	29. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any provision or other compensation for military or naval service?	X
<p>If your answer to questions 21, 22, or 25 above is "Yes," state in a separate sheet of paper attached to and made a part of this application the names of such organizations, associations, movements, groups, or combinations of persons and date of mem- bership. Give complete details of your activities therein and make any explanatory statement regarding your membership or activities. (See instructions page)</p>		30. Are you an official or employee of any State, Territory, agency, or municipality?	X
<p>If your answer is "Yes," give details in Item 16.</p>		31. Have you ever been hired by the U. S. Civil Service Commis- sion or taken examination for any civil service position?	X
<p>If your answer is "Yes," give dates of and reasons for each appointment in Item 16.</p>		32. If your answer is "Yes," give details of and reasons for each discharge from employment because:	X
<p>(1) Your conduct was not satisfactory. (2) Your work was not satisfactory.</p>		33. If your answer is "Yes," give details of and reasons for each resignation after official application that:	X
<p>(1) Your conduct was not satisfactory. (2) Your work was not satisfactory.</p>		34. If your answer is "Yes," give details of and reasons for each dismissal from the Armed Services and/or other than honorable discharge.	X
<p>If your answer to A, B, or C is "Yes," give details in Item 16 as clearly as you can remember, indicating the name and address of employer, approximate date and reason in each case.</p>		35. If your answer is "Yes," give details in Item 16 for each case of arrest, conviction, or held in Federal, State, or local prison for any violation of Federal, State, or local, or municipal law, regulation or ordinance. If you are unable to recall that happened before the last birthday, then give possible legal violations for which you were held or less than one year. All cited charges must be made clear in this next question.	X
<p>If your answer to A, B, or C is "Yes," give details in Item 16 for each case of arrest, conviction, or held in Federal, State, or local prison.</p>		36. If your answer is "Yes," give details in Item 16 for each case of arrest, conviction, or held in Federal, State, or local prison.	X

26. SPACE FOR PRACTICAL ANSWERS TO OTHER QUESTIONS

Item No.

17. Country, 1938-39: working with
Venezuela, 1949-52: Foreign Service.

Senator, 1952-54: Foreign Service

If under space to complete your answers to this page, write on each sheet your answer to the question number indicated. Attach no more than one sheet to each question.

ATTENTION: Please note that it is illegal to make or attempt to make any statement which is false or which omits material facts in connection with this application. Any such statement or omission may subject you to criminal prosecution. It is also illegal to conceal or destroy any document or record which you know to be relevant to this application. Any such action may subject you to criminal prosecution.

STATEMENT: That all information made be true in this application and that any statement on the back of this form will and should be true.

Date 10 February 1946

Robert T. Shaw

F.O. Form 5010
Edition 10-57-58
Approved by the
General Services Board
Mar 1958.

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last-First-Middle) (One space between first and middle names)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. M. T. M.		6/18/25	73	20 12/9/54
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (One word terminology) Resignation for Personal Reasons without Prejudice		6. EFFECTIVE DATE OGB 7/30/54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:				
Economic Officer OC-11 Vice Consul		8. POSITION TITLE and Number Diplomatic or Com- munity Title		
788-9 05079		9. SCHEDULE, SERIES SD, GRADE, SALARY		
Guayaquil		10. ORGANIZATIONAL DESIGNATIONS Post		
11. HEADQUARTERS		12. IN CATEGORY FE Category	13. FIELD Regular <input type="checkbox"/> <input checked="" type="checkbox"/> DEPARTMENTAL Reserve <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> Reservist <input type="checkbox"/>	14. DEPARTMENTAL Regular <input type="checkbox"/> <input type="checkbox"/> DEPARTMENTAL Reserve <input type="checkbox"/> <input type="checkbox"/> Regular <input type="checkbox"/> Reservist <input type="checkbox"/>
15. VETERAN'S PREFERENCE 4000/5-PT 15-PONT		16. POSITION CLASSIFICATION ACTION GEN. VICE. L. A. REG.	17. APPROVAL PERIOD M 5A-4011	
18. 19. APPROVAL PERIOD M		20. APPROVING OFFICER RANK CSC <input type="checkbox"/> RA <input checked="" type="checkbox"/> RES. <input type="checkbox"/> NMSP <input type="checkbox"/>	21. DATE OF APPROVAL OCT APPROVAL (Signature Under) Shane	22. LEGAL DISPOSITION DISMISS <input type="checkbox"/> RESERVE <input type="checkbox"/>
23. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
Employment status: Indefinite				
All leave transferred.				
Address: Robert T. M. T. M. 1714 Huntington St., Arlington, Va.				
REVERSE SIDE OF FORM				
2. PERSONNEL FOLDER				

494

FURN PS-352 (REV'D) 8-8-62 DEPARTMENT OF STATE FOREIGN SERVICE UNITED STATES OF AMERICA			DATE OF REQUEST 7-20-54	ACTION CONTROL	
PERSONNEL ACTION WORK SHEET			PROPOSED 7-20-54	ACTION DATE 7-20-54	NO. ROUTING R-COM S1, RR R-COM
NAME SHAW Robert T.	GRADE MURKIN	DATE OF BIRTH 6-12-25	SEX M		
NATURE OF ACTION RESIGNATION - REQUESTED - APPROVED - IN LIEU OF PAYMENT /			PREFERENCE 2. FPC FOR AAB 1. TV-CON 7/28 3. TRANS		
PRESENT STATUS (from)			RECOMMENDED STATUS (to)		
FUNCTIONAL TITLE Economic Officer	<i>340 dropped</i> <i>DEC 9 1954</i>				
DIP-CONS. OR OTHER TITLE Vice Consul					
POST Guayaquil					
CLASS AND SALARY PSS-9 \$4899 <i>Engaged</i> (5c/19)					
APPROPRIATION ALLOWMENT SA-AULL					
POSITION NUMBER G-11					
NATURE OF EMPLOYMENT <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
NATURE OF POSITION (Check applicable box) <input type="checkbox"/> NEW <input type="checkbox"/> COMPLEMENT REPLACEMENT (None) <input type="checkbox"/> VICE			STATE LIMITATION		
CONCURRENCE BY: <i>Shaw</i> EXCHG BUREAU OTHER AGENTS OTHER OFFICES			APPOINTED TO <input checked="" type="checkbox"/> REGULAR STAFF <input type="checkbox"/> RESIDENT U.S. STAFF <input type="checkbox"/> LOCAL NON-US		
DATE AAB APPROVED 1954 5-26-52					
ADDITIONAL INFORMATION AND INSTRUCTIONS (Subparts A, B, C, D, E, F, G, H, I, J and K)					
<p>Please accept Mr. Shaw's resignation in accordance with his letter of 7-14-54 (attached). Reason: Continuous post-graduate studies. <i>Shaw</i> 5-26-52 Arrival at post: 6-19-52</p>					
ESTIMATE OF EXPENSES FOR TRAVEL 1. PERSONNEL OFFICER, AAB			MONITORING AND USE OF APPROVING OFFICER		
REQUEST FOR TRAVEL AUTHORIZATION					
OBJECT CLASS <i>0100</i>	ESTIMATED COST <i>1500</i> APPR.	PER/PFTC ENCUMBRANCE FUNDS AVAILABLE <i>ALLOT. 51-2005</i>	NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21 <i>None</i>	FROM Guayaquil	TO Arlington, Va.
0200 <i>0200</i>	3000 APPR.	3000 APPR.	None	VIA SEA	DETAILED ENROUTE approx 5 days GARANT AUTH.
0300 <i>0300</i>	4500 APPR.	4500 APPR.	None	SHIPMENT OF EFFECTS FROM Guayaquil to Arlington, Va.	
REMARKS: GS/T: Mr. Shaw has completed 5 days CONSIGNMENT in the Department and is now taking leave in Arlington, Va. Please cancel that part of TO 4-2120 dated June 11, 1954 which authorized transportation from home to Tucson, Arizona and thence to Guayaquil. Authorize instead ship- ment of effects from Guayaquil to Arlington, Va., place of residence on service separation listed on latest RS-416 dated 4-1-54.					
<i>Also cancel 0200</i>					

✓ do

All leave transferred. 1180 forwarded. CCB 7/20/54

E. Kathryn Mallon
E. Kathryn Mallon, Chief
Leave and Retirement Section

Robert F. Shaw
~~Robert F. Thompson - Agent~~
Personnel

1714 HUNTINGTON ST. N.
ARLINGTON, Va.

APPROVED OFFICIAL COMMUNICATIOMS TO
THE SECRETARY OF STATE,
WASHINGTON, D.C.



DEPARTMENT OF STATE
WASHINGTON

Washington, D.C.
July 19, 1954

Division of Personnel Operations
Department of State
Washington 25, D.C.

Attn: Mr. Leep

Gentlemen:

I hereby submit my resignation from the Foreign Service
~~Staff Corps~~ in which I hold the grade of Foreign Service
~~Staff Officer Class 9~~. This resignation is submitted in order
that I may devote full time to post-graduate studies.

It is requested that this resignation take effect as of
the close of business July 19, 1954.

It is also requested that the Administrative Officer at
my former post of duty, ~~Guayaquil, Ecuador~~, be authorized to
ship a lift van containing furnishings and personal effects
to the Security Storage Company, Washington, D.C.

It has been a great pleasure serving with the ~~Foreign~~
~~Service~~ and I shall always remember with pleasure my association
with the many fine officers and clerical personnel of both
the Service and the Department.

Yours very truly,

Robert T. Shaw

Robert T. Shaw

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel DATE: 6 July 1954
Attention: Mr. Robert Ryan

SUBJECT: SHAW, Robert Tyler
Date of Birth: June 16, 1925

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

H. L. Franklin

Director, Office of Security

ATTACHMENTS

1. *W. L. Franklin*
2. *Mr. Robert Ryan*

SY: W. L. FRANKLIN
This memorandum may be considered as OFFICIAL USE ONLY. Upon removal of attachments,

DEPARTMENT OF STATE NOTIFICATION OF PERSONNEL ACTION						DATE July 16, 1954 JOURNAL NO. 82				
NAME (FIRST MIDDLE LAST)			DATE OF BIRTH			SEX				
Shaw Robert T.										
NATURE OF ACTION			EFFECTIVE DATE			DATE OF OATH				
Periodic Step Increase			June 20, 1954							
FROM			TO							
FUNCTIONAL TITLE			Same							
DIPLOMATIC OR CONSULAR TITLE										
POST			Guayaquil							
CLASS AND SALARY			PSS-9 \$4899			PSS-9 \$5079				
APPROPRIATION ALLOTMENT						51-4011				
POSITION NUMBER										
NATURE OF EMPLOYMENT	PERM.	INDEF.	LIN.	TEMP.	FULL PART	PERM.	INDEF.	LIN.	TEMP.	FULL PART
REGULAR STAFF			LEGAL RESIDENCE	CITY		RETIREMENT DEDUCTIONS	FICA			
RESIDENT U.S. STAFF				STATE			C.A.			
LOCAL NON-U.S.						PICA				
VETERAN			BRANCH OF SERVICE			MARITAL STATUS				
NON-VETERAN			MILITARY RESERVE STATUS	READY		CHILDREN				
				STAND-BY		DEPENDENTS				
ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO ALL APPLICABLE LAWS, RULES AND REGULATIONS. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.										
REMARKS:										
(Standard) _____ (Type) _____										

FORM FS-540
11-4-49DEPARTMENT OF STATE
DIVISION FOREIGN SERVICE PERSONNEL
PERSONNEL ACTIONDATE
June 5, 1953
JOURNAL NO. 147

NAME	Shaw Robert T.	DATE OF BIRTH	LEGAL AUTHORITY					
This is to notify you of the following action concerning your employment		EFFECTIVE DATE	SERVICE					
NATURE OF ACTION		June 7, 1953	PSS					
PERIODIC STEP INCREASE		FROM	DATE OF OATH					
FUNCTIONAL TITLE			TO					
DIP., CONSULAR OR OTHER TITLE								
POST			same					
CLASS AND SALARY	PSS-9 \$4719		PSS-9 \$4899					
APPROPRIATION FUNDMENT			3A 2011					
POSITION NUMBER			same					
NATURE OF EMPLOYMENT	PERMANENT	TEMPO-RARY	OTHER	FULL PART	PERMANENT	TEMPO-RARY	OTHER	FULL PART
RETIREMENT DEDUCTIONS	YES	REGULAR STAFF			NATURE OF POSITION			
VETERAN NON-VETERAN	NO	LOCAL STAFF			NEW	VICE (here)		
SEX	NON-US				ADDITIONAL			
MARRITAL STATUS CHILDREN AND DEPENDENTS					REALLOCATION			
Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.								
REMARKS:								
Last salary increase May 23, 1952. Performance rating meets required standards.								
<i>Robert R. Shaw</i> (Signature)								
TITLE _____								

2

FOLDER

FORM FS-349
11-4-49DEPARTMENT OF STATE
DIVISION OF FOREIGN SERVICE PERSONNEL

20

DATE
Dec. 5, 1952
JOURNAL NO.

21

PERSONNEL ACTION

NAME	SHAW	Robert T.	DATE OF BIRTH	LEGAL AUTHORITY				
			Apr. 12, 1927					
NATURE OF ACTION			EFFECTIVE DATE	SERVICE				
Change in Title			Dec. 5, 1952	PSS				
				DATE OF OATH				
FUNCTIONAL TITLE	FROM		TO					
DIP., CONSULAR OR OTHER TITLE	Consular Officer		Economic Officer					
POST	Vice Consul		Vice Consul					
CLASS AND SALARY	PSS-9 \$4719		PSS-9 \$4719					
APPROPRIATION ALLOTMENT	JA 2011		JA 2011					
POSITION NUMBER	00-9		00-11					
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	OTHER <i>Indef</i>	FULL PART	PERMA-NENT	TEMPO-RARY	OTHER <i>Indef</i>	FULL PART
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	REGULAR STAFF		<input checked="" type="checkbox"/>	NATURE OF POSITION			
VETERAN NON-VETERAN	NO	LOCAL STAFF			NRW	VICE CONSUL		
SEX	Male	MARITAL STATUS, CHILDREN, AND DEPENDENTS		Married-1	ADDITIONAL	REALLOCATION		
Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.								
REMARKS:								
<i>Robert T. Shaw</i>								
2								
TITLE _____ Signature _____								

FO-578

Division of Foreign Service Personnel DEPARTMENT OF STATE			
Request for Personnel Action and Travel Authorization			
1 - Name	Shaw	Robert	2 - Date of Birth
		T	June 18, 1925
3 - Civil Service or Other Legal Authority			
4 - Post			
Guayaquil, Ecuador			
5 - Date			
Nov. 21, 1952			
6 - Service			
THE FOLLOWING PERSONNEL ACTION IS REQUESTED			
7 - Nature of Action		Change of Title	
		ECONOMIC REPORTING OFFICER	
8 - Effective Date*		9 - Effective Date	
<input type="checkbox"/> Proposed, or <input checked="" type="checkbox"/> Actual		Approved by Department	
10 - Present Status			
Position Title	10A Consular Officer	10B Economic Reporting Officer	10C DEPT. USE ONLY
Grade and Salary	11A FSS-9 \$4719	11B FSS-9 \$4719	
Post	12A Guayaquil, Ecuador	12B Guayaquil, Ecuador	
Basic Salary	13A \$4719	13B \$4719	
Amount of Temporary Increase	14A	14B	349 deleted 12/5/52 J.S.
Salary Appropriation	15A 1930113	15B 1930113	
Position Number	16A 02-11 (D)-2-e	16B 02-11	
Permanent or Temporary	17A Permanent	17B Permanent	
Full or Part Time	18A Full	18B Full	
19 - Marital Status	20 - Date of Birth of Children Under 21		
Married - 1 c	4 months old		
21 - Special Instructions or Explanations:- PA & SA reallocated position Economic Officer on November 26, 1952. XXXXXX XXXXXX *Position number prior to recent reallocation was 0-10.			
22 - Title of Requesting Officer		23 - Signature of Requesting Officer	
American Consul General		Paul W. Kuyer	
REQUEST FOR TRAVEL AUTHORIZATION (To be filled out only by Division of Foreign Service Personnel in Washington)			
FROM		TO	
Via		Special Instructions	
NO TRAVEL INVOLVED			
FISCAL DATA	OBJECT CLASS CODE (AFFIRMATION)	VIA Washington For Operations Area 10 - South	
Transportation Foreign Service	021	Via Air Name & Name of Aircraft	Proceed Upon Arrival of
Foreign Service (Auxiliary) N.O.	020	Wise Mission To U.S. or USA	<input type="checkbox"/> Proceed as Soon as Possible
Allotment Number	030	Return Passage Procedure	Signature of Officer F.P. J. B. Berlin, Regional Operations Officer, American Republics Area.
Total		Air Pass Document Procedure	Date
			Authorization No. (To be Inserted by D.F.T.)

*If Actual Effective Date, explain under "Special Instructions"

0604 1952

VTRM

DEPARTMENT OF STATE DIVISION OF FOREIGN SERVICE PERSONNEL					DATE May 19, 1952 JOURNAL NO 18			
PERSONNEL ACTION								
(last)	(first)	(middle)	DATE OF BIRTH		LEGAL AUTHORITY			
NAME Bhav, Robert T.			June 18, 1925		PL 724 79th			
This is to notify you of the following action concerning your employment.								
CHARACTER OF ACTION Indefinite Appointment EO 10180			ENLISTED DATE 5/28/52	DATE OF OATH 5/28/52				
FROM		TO						
FUNCTIONAL TITLE DIP. CONSULAR OR OTHER TITLE					Consular Officer			
POST Guayaquil					Vice Consul			
CLASS AND SALARY FSS-9 #4719					Guayaquil			
APPROPRIATION ALLOWMENT 2A 5011					00-9			
POSITION NUMBER 00-9								
NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	OTHER	FULL PART	PERMA- NENT	TEMPO- RARY	INDEFINI- TE	FULL PART
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	REGULAR STAFF		<input checked="" type="checkbox"/>	NATURE OF POSITION			
NO	LOCAL STAFF				NEW	ADDITIONAL	VICE (name)	
VETERAN NON-VETERAN	<input checked="" type="checkbox"/>	NONHUS			REALLOCATION			
SEX Male	MARITAL STATUS, CHILDREN, AND DEPENDENTS		Married		LEGAL RESIDENCE		Arizona	
Conditions and requirements: Above action and consequence of same reflected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.								
REMARKS:	Items: a, b, c, d, e, f, g (614 b). No military reserve status. Forms 65 and 57 submitted to NY. Position description requested from Post in quadruplicate within 30 days after employee reports at Post.							
G3/T: Authorize travel of appointee from Arlington, Va. via Washington, D.C. to Guayaquil. Wife: From Arlington, Va. to Guayaquil, Tucson, Shipment of effects: From Arlington, Va. and Arizona to Guayaquil. Janet Lee Ruggles-wife.								
2								
FOLDER								

STANDARD FORM 88
MAY 1942 EDITION
FORM APPROVED BY THE FEDERAL GOVERNMENT
JULY 15, 1942
U. S. CIVIL SERVICE COMMISSION
F.P. M. CHAPTER 4

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 31a and 31b)

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

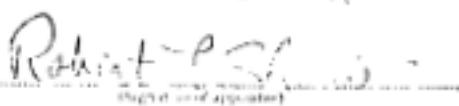
C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, 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.

Robert T. Shaw _____
(Title of Appointee)


(Signature of Appointee)

Subscribed and sworn before me this 26th day of May A. D. 1952
at Washington, D.C. (City) (State)


(Signature of Notary Public)

[SEAL]

My commission expires December 14, 1953

Notary Public
(Title)

Department of State
(Department or Agency)

Foreign Service
(Bureau or Division)

Washington, D.C.
(Place of appointment)

Foreign Service Staff Officer, Class 9
Visa Consular Counselor Officer
(Position to which appointed)

May 26, 1952

(Date of commission or appointment)

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

15-40302-1 U. S. GOVERNMENT PRINTING OFFICE

STANDARD FORM 144
JANUARY 1952
U. S. CIVIL SERVICE COMMISSION
THE CHARTERS II AND IV

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT

1. NAME (Last, first, middle initial)

SHAW, ROBERT T.

2. DATE OF BIRTH

18 JUNE 25

3. PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE

4. RETENTION GROUP

5. CSC STATUS (For permanent employees only)

YES NO

6. SERVICE

YEAR MONTH DAY

7. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service.)

NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	YEAR	MONTH	DAY
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
U.S. GOVERNMENT FOREIGN SERVICE	49	10	24	52	2	15	—	2	3	22
	52	5	28	54	7	30		2	2	3

8. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.)	YEAR	MONTH	DAY
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
U.S. ARMY	43	9	11	45	3	8	HON	1	5	27

9. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 8, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS' ADVICE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? YES NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION:

TYPE OF PAY	FROM—			TO—			TOTAL
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
U.S.P.O.P., Post Supp., Army, War, Navy	1948			1948			

10. DURING THE FEDERAL SERVICE LISTED IN ITEM 8, DID YOU ACQUIRE A PERMANENT COMPENSABLE DISABILITY STATUS?
 YES NO
(If answer is "Yes," in what agency were you employed at the time status was acquired?)

11. ARE YOU:

- A. THE WIFE OR A DISABLED VETERAN? YES NO
- B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? YES NO
- C. THE EX-SPRINTED WIFE OF A VETERAN? YES NO

12. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

Sept 28, 1954.
(DATE)

Robert T. Shaw
(Signature)

Subscribed and sworn to before me on this _____ day of _____, 1954, at _____, (State) (County)

S E A L

Melvyn Mellow

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

(OVER)

Form 144

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : FP - Mr. Howard Mace

DATE: April 29, 1952

FROM : SY - Mr. Donald L. Nicholson

SUBJECT: SHAW, Robert Tyler

Investigation of subject has been conducted with results as indicated below.

SECURITY:

- () Security clearance is given for appointment or continued employment.
() Security clearance of subject is not given.
() This is an ALIEN CASE. The usual restrictions are applicable.

REMARKS:

- () Investigation reveals personnel information which you may desire to review prior to appointment.
() Investigation discloses that the subject has been cleared under E. O. 9835.
() Investigation has verified subject's satisfactory service with armed forces.
() Investigation has been completed as required by Public Law , Congress.
() Investigation does not include FBI check. If an unfavorable report should be received at a later date from the FBI which would necessitate revoking of this security clearance, you will be so advised.
() Please return the attached file to this office upon the completion of personnel action.

ATTACHMENTS:

CC: :SY:HMLinneman:cfs

Form 57-34
1-18-51

DEPARTMENT OF STATE

APPLICATION FOR FOREIGN SERVICE
AND DEPARTMENTAL EMPLOYMENT
(Use with Standard Form 57)

OFFICE NUMBER 47-5077-2
APPROVAL EXPIRES August 31, 1952

1. a. NAME (PRINT)

Robert Tyler SHAW

b. ADDRESS

1714 Huntington
Arlington, Va.

If more space is required, see additional sheets of paper.
Write on each sheet your name, address and date of birth.
Identify each item, and attach to this application.

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Departmental employment only. Standard Form 57 must be filled out in any case.

FOREIGN SERVICE ONLY

FOREIGN SERVICE AND DEPARTMENTAL

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

909 North Campbell Ave., Tucson, Arizona

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? If a NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section II on Form 57).

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? YES NO

b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? YES NO
(Give details, if answer is yes to a. or b.)

6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT
FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances) \$ _____ PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8. a. FULL NAME OF Spouse (if wife, give maiden name)

b. DATE OF BIRTH

c. PLACE OF BIRTH (City,
State or Province, and
Country)
Three Rivers, Mich.

Janet Lee Ruggles SHAW (wife)

12 April 1927

d. IF BORN OUTSIDE THE UNITED STATES,
HOW WAS CITIZENSHIP ACQUIRED?

e. If NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.

9. NAMES OF PARENTS

RELATIONSHIP

DATE OF BIRTH

PLACE OF BIRTH (City, State or Province, and Country)

Janet Lee Ruggles SHAW

wife

12 April 1927

X

10. a. FATHER'S NAME

b. PRESENT ADDRESS

c. PLACE OF BIRTH

Major Gen. Franklin P. Shaw

Dept. of Defense, Wash.

Newport, Ky.

(If deceased, state date and place of death)

Present Address

Place of birth

Mary Anna Sheed Shaw

1714 Huntington, Arlington,

Virginia

(If deceased, state date and place of death)

Present Address

Elizabethtown, Ky.

Date of birth

Date of birth

Date of birth

Year of birth

Year of birth

Year of birth

11. HAVE YOU EVER APPLIED FOR A POSITION AS A MEMBER OF STAFF IN THE DEPARTMENT OF STATE OR ANOTHER POSITION WITH THE DEPARTMENT OF STATE?

Yes

No

If "Yes," give date, nature of position applied for, and kind of examination taken, if any.

ITEM 14A - RELATIVES		ITEM 14B - FOREIGN LANGUAGES		
14. RELATIVES NOT RESIDING IN FOREIGN COUNTRIES		14. FOREIGN LANGUAGES (Replace item 14 on Form 37)		
NAME	RELATIONSHIP	NAME AND INDICATE THE EXTENT OF YOUR COMPETENCE, I.E., EXCELLENT, GOOD, FAIR		
NONE		A. LANGUAGE	B. READ	C. WRITE
		D. SPEAK	E. UNDERSTAND	
Spanish		Ex	Ex	Ex
French		Good		Fair
Russian		Slight		
15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:				
A. BUSINESS B. ENTERTAINMENT C. MILITARY				
16. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS				
DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY	
1949-1952	American Embassy	Carracas	Venezuela	
1947-1949	40 Henry Ave.	Fort Thomas	Kentucky	
1945-1947	1734 E. 2nd	Tucson	Arizona	
1943-1945	US Army			
1942-1943	702 D. St.	Wright Field	Ohio	
17. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
IF "NO," STATE INFORMATION REQUESTED BELOW:				
NAME OF CREDITORS		AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED	
18. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF YES, STATE DETAILS IN ITEM 39 OF FORM 37.				
19. PREVIOUS MILITARY STATUS				
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, STATE BOARD THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION				
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, STATE BOARD, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS.				
20. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING PSEUDONYMS. IF NEEDED MORE DATA ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT Duplicate INFORMATION SUPPLIED IN ITEM 16 OR FORM 37.				
21. HAVE YOU EVER HAD CIVIL EMPLOYMENT OR EMPLOYMENT AS A SOCIAL SECURITY NUMBER, IF ANY? <input type="checkbox"/> YES				
22. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 30 of Form 37 or on a separate sheet, any additional appropriate data that you wish to have considered.				
DATE <i>10/10/67</i> SIGNATURE <i>R.L. [Signature]</i>				

APPLICATION FOR FEDERAL EMPLOYMENT

EMPLOYMENT FORM SF 57 (Rev. 1-25-48)
U. S. Civil Service Commission

NOTE TO APPLICANT: Be certain to furnish complete and comprehensive information requested on this form, clearly and concisely. The application must be typed or printed. In applying for a specific United States Government position, read the description given, name, address, and telephone. If you are applying for a **GENERAL** examination, follow the instructions on the reverse side regarding description of the application. If you are applying for a **PROFESSIONAL** examination, read the application in the office nearest to the examination. It is not necessary to mail the application to the appropriate office for examination. Notify the office with which you file this application of any change in your address.

APPLICATION RECOMMENDATION	NAME OF EXAMINING BOARD OR POSITION APPLIED FOR			DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only <input type="checkbox"/> AIR MAIL <input type="checkbox"/> MATERIAL <input type="checkbox"/> ENTERED REGISTER <input type="checkbox"/> AIR MAIL <input type="checkbox"/> SUBMITTED <input type="checkbox"/> APPROVED NOTIFICATION APPROVAL APPROVED: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>OPTION</th> <th>GRADE</th> <th>EARNED RATING</th> <th>PROMOTI- ON SCHEDULE</th> <th>RANK RATING</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td><input type="checkbox"/> POINTS SCHEDULE</td><td></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/> PAY RATE</td><td></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/> ONE YEAR</td><td></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/> SEMI- ANNUAL</td><td></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/> BIMON- THLY</td><td></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/> MONTHLY</td><td></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/> QUARTERLY</td><td></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/> ANNUALLY</td><td></td></tr> <tr><td></td><td></td><td></td><td><input type="checkbox"/> SPECIAL SCHEDULE</td><td></td></tr> </tbody> </table>			OPTION	GRADE	EARNED RATING	PROMOTI- ON SCHEDULE	RANK RATING				<input type="checkbox"/> POINTS SCHEDULE					<input type="checkbox"/> PAY RATE					<input type="checkbox"/> ONE YEAR					<input type="checkbox"/> SEMI- ANNUAL					<input type="checkbox"/> BIMON- THLY					<input type="checkbox"/> MONTHLY					<input type="checkbox"/> QUARTERLY					<input type="checkbox"/> ANNUALLY					<input type="checkbox"/> SPECIAL SCHEDULE	
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POSITION (or classification or designation desired)																																																								
PLACE OF EMPLOYMENT DESIRED (City and State) & DATE OF APPLICATION																																																								
1. (First name) (Middle) (Last name, if any) Robert Tyler Shaw 2. CITY AND STATE 1714 Huntington St., Arlington, Va. 3. CITY OR POST OFFICE (including postal zone and state) Arisona																																																								
4. DATE OF BIRTH (Month, Day, Year) 18 June 1925 5. PLACE OF BIRTH (City and State, if born outside U.S., name city and country) Washington, D.C.																																																								
6. GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> HEIGHT WITHOUT SHOES <input type="checkbox"/> WEIGHT <input type="checkbox"/> FEMALE 5 FEET 9 INCHES 135 POUNDS																																																								
7. DO YOU EVER HAVE BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 8. IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE																																																								
9. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ <input type="checkbox"/> HIGHEST (b) WILL YOU BE CONSIDERED FOR ANY POSITION WITH A LOWER ENTRANCE SALARY? 10. CHECK IF YOU WILL ACCEPT SHORT TERM EMPLOYMENT IF OFFERED, FOR <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS <small>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.</small>																																																								
11. IF YOU ARE WAITING TO TRANSFER SPECIFY <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATELY <input type="checkbox"/> CONTRACT <small>12. INVESTIGATION</small>																																																								
13. EXPLANATION: It is important for you to furnish all information required below as fully and clearly as possible. The Civil Service Commission and the investigating offices of agencies to whom you shall apply in determining your qualifications will make separate checks for each position. Check each present position and back back, respectively, clearly the principal duties which you performed in each. In giving the principal duties for each position, give the exact title of the position, the name of the agency, the date of entry into the service, the date of leaving, the date of termination, the date of separation, the reason for leaving, the date of return, the date of reentry, the date of discharge, the reason for discharge, and the date of termination of employment.																																																								
PRESENT POSITION																																																								
14. DATE OF PERSONNEL ACTION (Year) 15. TITLE OF YOUR PRESENT POSITION 16. CLASSIFICATION, Grade, Pay Rate <small>17. PAY RATE</small> 18. NAME AND TITLE OF SUPERVISOR																																																								
19. PLACE OF EMPLOYMENT (City and State) <small>20. DATE AND GRADE OF LAST PROMOTION (Date, organization, or person, if Federal, name department, bureau or establishment, etc.)</small> <small>21. DATE AND GRADE OF LAST DISCHARGE (Date, organization, or person, if Federal, name department, bureau or establishment, etc.)</small>																																																								
22. DATE OF LAST PHYSICAL EXAMINATION <small>23. MEDICAL CERTIFICATE</small> Unemployed. Desire to resume career in Foreign Service. (Consultation with physicians establishes fact that wife's condition completely cured and her health will not be impaired by residence abroad)																																																								

CONTINUED ON NEXT PAGE

RE-CONTINUED			
② DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION	GRADE OR PAY GRADE OF IN FEDERAL SERVICE	SALARY OR EXPENSES DURING 1950 PER MONTH
From Oct. 1949 - Feb. 1952	Assistant Attaché	FSC-9	\$520 per month
PLACE OF EMPLOYMENT (City and State)			
Wash., D.C., and Caracas, Venezuela		Ambassador	
NAME AND ADDRESS OF COMPANY, ORGANIZATION, OR PERSON (If Federal name department, bureau or establishment, and division)			
Department of State		Government	
NUMBER AND KIND OF EMPLOYEES EMPLOYED BY YOU		ADVICE FOR WIFE: To accompany wife to U.S. for immediate medical attention	
3 clerks			
DESCRIPTION OF YOUR WORK			
General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela). Assistance in the consular section with visa affairs.			
③ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
From Nov. 1947 to Oct. 1949	Editor	GRADE OR PAY GRADE OF IN FEDERAL SERVICE	SALARY OR EXPENSES DURING 1950 PER MONTH
PLACE OF EMPLOYMENT (City and State)			
Cincinnati, Ohio		Carl Frantz, Chief	
NAME AND ADDRESS OF COMPANY, ORGANIZATION, OR PERSON (If Federal name department, bureau or establishment, and division)			
Procter & Gamble		Soap and chemical manufacture	
NUMBER AND KIND OF EMPLOYEES EMPLOYED BY YOU		ADVICE FOR WIFE:	
2 clerks, various printshop employees		Desire for Foreign Service	
DESCRIPTION OF YOUR WORK			
Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for company "house magazine". Maintenance of close liaison with other personnel departments. Work with company printshop and private printing establishments.			
④ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
From Jan. 1951 to present	Editor	GRADE OR PAY GRADE OF IN FEDERAL SERVICE	SALARY OR EXPENSES DURING 1950 PER MONTH
PLACE OF EMPLOYMENT (City and State)			
Wash., D.C., and Caracas, Venezuela		Ambassador	
NAME AND ADDRESS OF COMPANY, ORGANIZATION, OR PERSON (If Federal name department, bureau or establishment, and division)			
Number of months of employment during year 1950		7/1 1950 to 10/31 1950	
DESCRIPTION OF YOUR WORK			
REMARKS			

NAME OF EMPLOYER (Branch, Room)	NAME AND TITLE OF YOUR POSITION	EXPERIENCE IN WHICH YOU ARE MOST INTERESTED	NUMBER OF EXPENSES STANDING: 0	PER PER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, State Government, Bureau or establishment, and division)	NAME AND TITLE OF PREVIOUS POSITION																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	NAME OF 2-3 OTHER ORGANIZATIONS (e.g., wholesale trade, insurance agency, manufacturer of goods, etc.)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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<p>Use as much space as required. Use a continuation sheet (Standard Form No. 10) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and commanding officer. Attach to each of the applications.</p> <p>If additional training is the space below, describe any training received, i.e., of training received, such as hours per week. Detailed information regarding Armed Forces are already listed under item 11, but that basic training and special service schools you attended is especially important. (See Section 11 - Training Received)</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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STANDARD FORM 57-1070 U. S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT	
<p>1. INFORMATION FOR APPLICANT In order to prevent any consideration of your application, you must sign on this form, check and complete all information you give us. In applying for a position, United States Civil Service Commission, read the instructions thoroughly, carefully and follow all directions. If you are applying for a POSITION IN FOREIGN SERVICE, follow the instructions on the address page regarding disposition of your application.</p> <p>2. ADDRESS OF RESIDENCE OR PLACE OF WORK</p>		<p>Instructions on the address page regarding disposition of your application are applicable to the FOREIGN SERVICE examination, and this application is the other version of the same document. Be sure to read the entire office and make sure you understand the instructions given. Please type or print with black ink. Do not write in this block.</p> <p>3. OFFICE OF GOVERNMENT OR AGENCY OR DEPARTMENT</p>	
<p>4. PLACE OF EMPLOYMENT APPROXIMATE DAY AND MONTH</p> <p>5. DATE OF THIS APPLICATION</p> <p>Foreign Service 25 February 52</p> <p>(First name) (Middle) (Marital Status) (Last)</p> <p>Robert Tyler SHAW</p> <p>6. ADDRESS OR PLACE OF WORK OR HOME</p> <p>1714 Huntington, Arlington, Virginia</p> <p>7. CITY OR POST OFFICE (including state name and state)</p>		<p>8. APPROVAL BY CIVIL SERVICE COMMISSION ONLY</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> SUBMITTED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> RETURNED</p> <p>9. APPROVAL BY SUPERVISOR</p> <p>10. APPROVAL BY AGENT</p>	
<p>11. CLASS OR VOTING RESIDENCE (check) 12. OFFICE PHONE OR HOME PHONE</p> <p>ARIZONA</p> <p>13. DATE OF BIRTH (month, day, year)</p> <p>18 June 1925</p> <p><input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE</p> <p>14. PLACE OF BIRTH (city and state, if born outside U. S., name city and country)</p> <p>Washington, D.C.</p> <p>15. HEIGHT WITHOUT SHOES</p> <p>5 feet 7 inches</p> <p>16. WEIGHT</p> <p>135 pounds</p> <p>17. DO YOU HAVE EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>18. IF YES, WHAT IS YOUR LAST GRADE AND DATE OF LAST CHANGE IN GRADE</p> <p>FSS-9 1949</p>		<p>19. APPROVAL BY SUPERVISOR</p> <p>20. APPROVAL BY AGENT</p>	
<p>21. HOW MUCH IS THE LOWEST EXTERNAL SALARY YOU WILL ACCEPT? \$ _____</p> <p>This amount will be considered for any position with a lower entrance salary.</p> <p>22. CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT, IF OFFERED, FOR:</p> <p><input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS</p> <p>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.</p> <p>23. IF YOU ARE WILDED TO TRAVEL, SPECIFY:</p> <p><input type="checkbox"/> INTERNATIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTINTLY</p>		<p>24. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:</p> <p><input type="checkbox"/> IN WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input checked="" type="checkbox"/> OUTSIDE THE UNITED STATES</p> <p>25. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:</p>	
<p>26. EDUCATION It is important for you to furnish all information requested in this section so that we can consider the Civil Service Commission and the examining offices of numerous state and local governments in determining your qualifications. Use as much space as necessary to answer these questions. Check with your present employer, former employer, and school officials, particularly during the principal tests which you will take. Give full names and addresses of all persons of recommendations. Experience gained over more than 15 years ago which is not pertinent to the work you are applying for may be disregarded. Your present position is not necessarily the one for which you are applying. If you are not now employed, indicate the reason for your non-employment.</p>		<p>27. DESCRIPTION OF YOUR PRESENT POSITION</p> <p>Employer and title of present position _____</p> <p>Length of time in present position _____</p> <p>Salary and half of present position _____</p> <p>Length of time in present position _____</p> <p>Salary and half of present position _____</p>	
<p>28. January 1951, to present time</p> <p>Cincinnati, Ohio</p> <p>Prater and Gamble</p> <p>11 filing clerks, typists, interviewers</p>		<p>29. Length of time in present position _____</p> <p>30. Length of time in present position _____</p> <p>31. Length of time in present position _____</p> <p>32. Length of time in present position _____</p>	
<p>Coordinate interviewing of applicants for employment, supervising administration of aptitude tests, arrange for recruitment trips to principal colleges and universities throughout the country, maintain close liaison with Personnel Research and Personnel Relations Departments, assist in relief of unfit employees. Translation of personnel forms into Spanish.</p>		<p>William H. Reardon, Chief and of largest manufacturer of photographic film, motion picture equipment, manufacture of books, etc.</p> <p>Soap and Chemical manufacture Sertico</p> <p>Desire to resume career in Foreign/</p>	

CONTINUED ON NEXT PAGE

RE-CONTINUED			
(2) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
From Oct. 1949 to Dec. 1951		Assistant Attaché	
PLACE OF EMPLOYMENT (city and state)		CLASSIFICATION GRADE (or on Federal Service)	
Washington, D.C. and Caracas, Venezuela		FES-9	
NAME AND ADDRESS OF SUPERVISOR (firm, organization, or person, of Federal, State department, Bureau or establishment, and division)		SALARY OR EARNINGS STARTING \$ 1,4290 PER MONTH	
Department of State		Ambassador	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		CLASSIFICATION GRADE (or on Federal Service)	
3 clerks		LARGE AND TITLE OF INVESTIGATE SUPERVISOR	
DESCRIPTION OF YOUR WORK		BETTER OPPORTUNITY IN PRIVATE INDUSTRY	
General duties of Foreign Service Staff Officer (Embassy - political section.) Preparation of reports for the Department and memoranda for the Ambassador. Consultation with officials of the local government and American companies (especially petroleum industry) operating in Venezuela. Assistance in visa affairs (consular section.)			
REASON FOR LEAVING			
REASON FOR LEAVING			
(3) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
From Nov. 1947 to Oct. 1949		Editor	
PLACE OF EMPLOYMENT (city and state)		CLASSIFICATION GRADE (or on Federal Service)	
Cincinnati, Ohio		SALARY OR EARNINGS STARTING \$ 3,600 PER MONTH	
NAME AND ADDRESS OF SUPERVISOR (firm, organization, or person, of Federal, State department, Bureau or establishment, and division)		LARGE AND TITLE OF INVESTIGATE SUPERVISOR	
Procter and Gamble		Carl Frantz, Chief	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		CLASSIFICATION GRADE (or on Federal Service)	
2 clerks		Soap and Chemical Manufacture	
DESCRIPTION OF YOUR WORK		REASON FOR LEAVING	
Supervision of preparation (from compilation through printing) of sales manuals for company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen. Preparation of material for company "house magazine." Liaison with other Personnel Departments. Close work with company printing plant and private establishments.		Desire to enter Foreign Service	
REASON FOR LEAVING			
(4) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
From		CLASSIFICATION GRADE (or on Federal Service)	
PLACE OF EMPLOYMENT (city and state)		SALARY OR EARNINGS STARTING \$ 1,4290 PER MONTH	
NAME AND ADDRESS OF SUPERVISOR (firm, organization, or person, of Federal, State department, Bureau or establishment, and division)		LARGE AND TITLE OF INVESTIGATE SUPERVISOR	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		CLASSIFICATION GRADE (or on Federal Service)	
DESCRIPTION OF YOUR WORK		REASON FOR LEAVING	
REASON FOR LEAVING			

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<p>If more space is required, use a continuation sheet (Standard Form No. 101 or a sheet of paper the same size as this page). Write on each sheet your name, address, date of birth, and telephone number. Attach to back of this application.</p> <p>11. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under item 10) that would assist you in getting off to a good start in your new job. Indicate actual amount of training received, such as hours per week. Detailed information regarding our special service schools you attended is especially important. (This page may be used to give full descriptions.)</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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26	1027	1028	1029	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1

Ph.D. Béla Káppán

24. REFERENCE: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and abilities for the position for which you are applying. Do not repeat names of supervisors listed under Item 15 (EXPERIENCE).			
FULL NAME		PRESENT ADDRESS (INCLUDE STREET AND NUMBER)	
1. Norman Armour		o/o Dept. of State, Washington	B. S. IN OCCUPATION
2. Edward Sparks		o/o Dept. of State, Washington	Diplomat - former Amb. in Caracas
3. William S. Rice		130 E. 56th St., New York, N.Y.	Diplomat - assign. Amb. in La Paz Businessman - Procter & Gamble
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN.			
25. MAY INDULGE IN MATS OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
26. ARE YOU A CITIZEN OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATIONAL PESTILATION MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ACCEPTED A POLICY OF ADVOCATING OR APPROVING THE COMMUNIST CODE OF ETHICS OR CONCERNED WITH ANY OTHER RIGHTS THEIR RIGHTS AS CITIZENS, WHETHER OR NOT THE UNITED STATES CONSTITUTION ALLOWS IT TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY CONSTITUTIONAL MEANS?			
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR JUDGEMENT ENTERED AGAINST YOU IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, CHARGED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOT, BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, MAKE REGULATION OR ORDINANCE, OR INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR PENALTY OF \$50 OR LESS WAS IMPOSED?			
If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.			
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR DISGRACEFUL SERVICE FROM ANY POSITION?			
If your answer is "Yes," claim Item 39 the name and address of employer, date, and reason in each case.			
32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS FOR ACCEPTING CIVIL SERVICE APPOINTMENTS?			
If your answer is "Yes," give dates of and reasons for such disbarment in Item 39.			
33. HAVE YOU ANY PHYSICAL, MENTAL, HINDICAP DISEASE, OR OTHER DISABILITY WHICH SHOULD PREVENT YOU FROM ENGAGING IN WORK?			
If your answer is "Yes," give in Item 39 the name and address of physician, name of hospital or medical service, and the physical disability for which you are disabled.			
34. HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, OR ANY COMMUNIST MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ACCEPTED A POLICY OF ADVOCATING OR APPROVING THE COMMUNIST CODE OF ETHICS OR CONCERNED WITH ANY OTHER RIGHTS THEIR RIGHTS AS CITIZENS, WHETHER OR NOT THE UNITED STATES CONSTITUTION ALLOWS IT TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY CONSTITUTIONAL MEANS?			
If your answer is "Yes," give complete data in Item 39.			
35. SPACE FOR LISTED ANSWERS TO OTHER QUESTIONS. INDICATE ITEM NUMBERS TO WHICH ANSWERS APPLY.			
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CHANGES IN CIVILIAN PERSONNEL
WAR DEPARTMENT
ARMY AIR FORCES AT LARGE

Sec. 2
Patterson Field, Fairfield, O.
(Residence)

1. Name Robert T. Shaw 2. Nature of Action Termination
3. Effective Date August 6, 1942

4. Report No.

7 42-306

5. Civil Service or other legal authority

A.C.C.P. 40-8

6. Appropriation

A.C.A. 1942-43 (C)

7. Date of Birth
June 18, 1925

8. Legal Residence
Ohio

9. Subject to Retirement
Act?

No

10. Oath Taken

	FROM	TO
4. Position	Asst. Passenger, CU-3	
5. Salary	\$1080 per annum	
6. Org'n Unit	Air Service Command	
7. Headquarters	Patterson Field, Fairfield, Ohio.	
8. Dept'l or Field		

FIELD FIELD

11. Remarks By resignation (Vol.) due to ill health.

Creditable Authority for Resignation

Under authority delegated by the Secretary of War in Orders N.
and D. December 28, 1941, and the directive of the Chief of the Air
Corps dated January 17, 1942, you are notified of the above action con-
cerning your employment.

CHARLES S. HALL, Captain, U.S. Army
(Captain Civilian Personnel)

ccm

WAR DEPARTMENT
OFFICE OF THE SECRETARY

NOTIFICATION OF PERSONNEL ACTION

Office: Wright Field, Ohio

Date: August 4, 1942

Name: ROBERT T. BLAIR

S-000

Nature of Action: Confirmation of War Service Appointment (Temporary)

Effective Date: June 8, 1942

	From	To
Position		Assistant Messenger
Grade & Salary		CW-2 at \$1000 per annum
Bureau		Army Air Forces
Org. Unit		Air Service Command
Station		Fairfield Air Depot, Ohio
Departmental or Field	FIELD	FIRLD

Remarks: Appointment made under War Service Appointment W, section 4.
 This action does not confer a civil service status.
 Appointments made for 90 days.
 Position No. 1001.

jfw/bk

Journal No.

18-55205-42

Civil Service or
other Legal
AuthorityW. P. B. R.
L-040
ppdpx 5/25/42

Appropriation

Regular

Date of Birth

6/10/25

NATURE OF POSITION

NEW PERIODIC X PERIODIC

Last Service Status, if any

Code-21

By order of the Secretary of War

Administrator Assistant

C. S. C. REPORT (Form 50)

TEMPORARY SERIES, DISTRICT MANAGER - PERMANENT SERIES, C. S. COMMISSION

g. 50th

PPM/cb

(Form LE-200)

BOARD OF U. S. CIVIL SERVICE EXAMINERS
KRIGHT FIELD - FAIRFIELD AIR DEPOT
GARFIELD BUILDING, 4TH AND JEFFERSON STS.,
DAYTON, OHIO

Sixth Civil Service District

June 26, 1942
(Date)

THE COMMISSION

Attention: Service Record Division

The following appointment has been authorized under
Executive Order No. 9063 through competitive examination.

C-600
Shaw, Robert T.
(Last, First, Middle Initial)

Assistant Messenger, Cu-2, \$100 per month
(Position and Salary)

War Department, Army Air Forces
(Department or Agency)

Patterson Field, Fairfield, Ohio
(Location)

James W. Hanley
JAMES W. HANLEY, Clerk-City
Board of U. S. Civil Service Examiners