

MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: HARVEY, WILLIAM R.
OP FILE

INCLUSIVE DATES: _____

CUSTODIAL UNIT/LOCATION: _____

ROOM: _____

DELETIONS, IF ANY: PERSONAL & UNRELATED TIME Period
MATERIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: HIGGINS, WILLIAM R.
OP FILE

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION: _____

ROOM: _____

DELETIONS, IF ANY: PERSONAL & UNRELATED TIME PERIOD
MATERIAL

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NEW YORK TIMES
24 JUNE 1976

W. Harvey, C.I.A. Aide, Dead; Linked to Anti-Castro Plotting

William K. Harvey, reportedly the head of a special Central Intelligence Agency group, was law editor for Boobs-Merrill Publishing Company, set up in the 1960's to plan the removal of foreign leaders by means including assassination. He was buried Saturday at South Cemetery in Danville, died of a heart attack last just west of Indianapolis. He Wednesday in an Indianapolis hospital. His wife, Clara Grace, a daughter, Sally, and a son, James D. Harvey.

Mr. Harvey, who was 60 years old, was said to have been in charge of the agency's efforts against Prime Minister Fidel Castro of Cuba. He was among 10 agents whose identities were disclosed by the Senate Select Committee on Intelligence after an investigation in 1975 of alleged assassination plots by the United States.

William E. Colby, then Director of Central Intelligence, had argued that disclosure of the names of agents would put them in jeopardy of retaliation by "irrational groups."

Mr. Harvey testified before the Senate committee that he had been told by superiors that the Castro assassination plot had been approved at the highest levels of the government, and that he had discussed the efforts with his immediate superior, Richard Helms, who later became director of the agency.

Mr. Harvey moved to Indianapolis in 1969 after retiring from the agency, where he had worked for 22 years. He worked for the Federal Bureau of Investigation from 1940 to 1947.

68-134

13 FEB 1968

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20015

Dear Bill:

I am sorry that due to a busy schedule and my absence for several days during the Christmas holidays I didn't have an opportunity to see you prior to your retirement at the end of the year.

Red White has told me of his visit with you, and I am particularly appreciative of your expression of continued loyalty to the Agency and your offer to be of assistance should an appropriate occasion arise.

I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

/s/ Richard Helms

Richard Helms
Director

OP/BSD/RB/MJRoper:jsc
Rewritten:ExDir:sbo

Distribution:

- 0 - Adse
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- + OPF
- 1 - RB

(Concurred in by C/EAB/OS on 8 Jan 68)

NOTE: Covert correspondence

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20815

Dear Bill:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have been privileged to face the challenge of important responsibilities during your more than twenty-six years of service to your country. The success with which you have met them should be a source of lasting pride and satisfaction to you.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helms
Director

Distribution:

- Addressee
1 - DCI
1 - ER
1 - C/EAB/CS
1 - D/Pers
1 - OPF
1 - RB
1 - RB Reader

/AM: MURKIN D. L. 10/10/68

Originator:

Director of Personnel

Concur:

CINCPAC 9/10/68
C/EAB/CS

OP/BSD/RB/WJNoyer:jsc (26 December 1968)

**NOTE: Covert correspondence.

SECRET

(If not filled in)

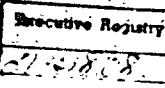
DATE PREPARED

23 December 1967

REQUEST FOR PERSONNEL ACTION						
1 SERIAL NUMBER	2 NAME (Last-Middle)			3 CATEGORY OF EMPLOYMENT		
051164	HARVEY, William K.			Regular		
4 NATURE OF PERSONNEL ACTION			5 EFFECTIVE DATE REQUESTED		6 FUNDING SOURCE	
Retirement - CIA Retirement System (Voluntary)			MONTH	DAY	YEAR	
			12	31	67	
7 FINANCIAL ANALYSIS			8 LEGAL AUTHORITY (Completed by Office of Personnel)			
NO CHARGEABLE			12-643			12-233
8136-1186						
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION			
DDP/EUR Development Complement			Wash., D. C.			
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION	
Ops Officer			9997		D	
14 CLASSIFICATION SCHEDULE (GS, E.B., etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE
GS		0125.01		18 1		\$ 27055
18 REMARKS						
Mr. Harvey is not recommended for the Agency Reserve List.						
From my wife Roger, R.B. by teleon 12/29/67.						
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION	23 INTEGEE CODE	24 HQDTS. CODE	25 DATE OF BIRTH
45	10	NUMERIC ALPHABETIC	CORR		MO. DA. YR.	MO. DA. YR.
26 RETIRES		27 SPECIAL REFERENCE	28 RETIREMENT DATA	29 SEPARATION DATA CODE	30 CORRECTION/CANCELLATION DATA	31 SECURITY REQ. NO.
MO. DA. YR.			1-DSC 2-FICA 3-BONE	CODE	TYPE MO. DA. YR.	32 EOD DATA
33 VET PREFERENCE		34 SERV COMP DATE	35 LONG COMP DATE	36 CAREER CATEGORY	37 FEGL/HEALTH INSURANCE	38 SOCIAL SECURITY NO
CODE 0-NONE 1-1 PT 2-10 PT		MO. DA. YR.	MO. DA. YR.	CAR RESV PROV TEMP	CODE CODE 0-WAIVER 1-YES	HEALTH INS. CODE
40 PREVIOUS CIVILIAN GOVERNMENT SERVICE			41 STATE TAX DATA	42 FEDERAL TAX DATA	43 STATE TAX DATA	44 FEDERAL TAX DATA
CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			45 POSITION CONTROL CERTIFICATION	46 FORM EXECUTED	47 FORM EXECUTED	48 FORM EXECUTED
			1-9-68 M. W.	1-YES 2-NO		1-YES 2-NO
				49 O.P. APPROVAL	50 DATE APPROVED	51 GROUP 1 ENCLOSURE FOR AUTOMATIC DOWNGRADING AND DECLASSIFICATION
				<i>John H. Eble</i>	28 Dec 1967	48 <i>K. L. Koenig</i> 1/14/68/68

14-00000
SECRET

13 DEC



MEMORANDUM FOR: Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement -
William K. Harvey

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.
2. Mr. William K. Harvey, GS-18, Operations Officer, European Division, Clandestine Services, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 December 1967.
3. Mr. Harvey has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 52 years old with over 26 years of Federal Service. This service includes over 20 years with the Agency of which more than 9 years were in qualifying service overseas. The CIA Retirement Board has recommended that his application for voluntary retirement be approved. I endorse this recommendation.
4. It is recommended that you approve the voluntary retirement of Mr. William K. Harvey under the provisions of Headquarters Regulation 20-50j.

RECORDED AND INDEXED, DEPT OF PERSONNEL, 13 DEC 1967
SIGNED: DIRECTOR OF PERSONNEL, 13 DEC 1967
Emmett D. Echols
Director of Personnel

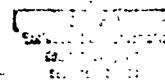
The recommendation contained in paragraph 4 is approved:

RECORDED AND INDEXED, 13 DEC 1967
SIGNED: DIRECTOR OF PERSONNEL, 13 DEC 1967

/s/ Richard Helms
Director of Central Intelligence

15 DEC 1967

Date



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Distribution:

- 0 - Return to D/Pers .C13 3 26 PM '67
1 - DDCI
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1 - OPF
1 - RB Soft file (w/hold)
1 - RB Reader

OP/FSD/RF/MJRoper:lh (7 December 1967)

Retyped: OP/FSD/RDeFelice:jas (11 December 1967)

WILLIAM H. BROWN, JR., was born in New Haven, Conn., on April 10, 1875, and died at his home there on June 2, 1937.

De acuerdo con el informe de la Comisión de Hacienda, el presupuesto para el año fiscal 1937-38 contempla una reducción de 100 mil pesos en el gasto para la construcción de escuelas y se ha establecido como criterio que las autoridades de los estados y municipios no aumenten el gasto destinado a la construcción de escuelas.

2021-22

the boundaries of which, except as hereinbefore provided, to be determined by the Commissioner of Internal Revenue, may be applied to determine the amount of tax imposed by section 188.

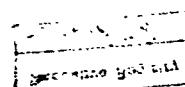
www.EasyEngineering.net (EASYENGINEERING.NET) Page 10 of 10

¹⁴ See also the report of a committee of 1400 scholars from ten countries.

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Personal Information

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14. 15 not in
15. 20 not in
16. 0.0 not in

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(WHEN FILLED IN)

STATEMENT of EARNINGS and DEDUCTIONS

NAME: HARVEY WILLIAM K	EMPLOYEE NO: 061164	PAY PERIOD DATE 04/09 - 05/06	ROLL 01	COST CENTER 1361186	STA 000
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CD	EARNINGS		DESCRIPTION
	NORMAL	OTHER	
01	199200		REG SAL

NOTE:

THIS FORM IS ISSUED ONLY WHEN AN EMPLOYEE ENTERS ON DUTY OR THERE IS ANY CHANGE IN THE PAY ACCOUNT

CD	DEDUCTIONS		DESCRIPTION
	NORMAL	OTHER	
41	35014		F/TAX 1
53	1102		INS WEAPA
54	1000		INS FEGLI
57	750		INS PUBLIC
61	1374		0820 HOSP 2
75	12948		AGY RET

ADDITIONAL COMPENSATION DATA						REFUND DUE FROM EMPLOYEE			NET PAY			
PP	OT/HRS	HT/HRS	ND/HRS	RATE	O/T-HT AMT	N/D AMOUNT	CD	NORMAL	OTHER	CD	NORMAL	OTHER
										99	147012	
REMARKS:										PAID AT HOS.		
										147012		

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(If Not Filled In)

REQUEST FOR PERSONNEL ACTION							DATE PREPARED		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					27 February 1967		
001164		HARVEY, WILLIAM K.							
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED					5. CATEGORY OF EMPLOYMENT		
CONVERSION FROM ESR STATUS		MONTH DAY YEAR 02 25 67					REGULAR		
6. RANKS		V TO V	V TO C	7. FINANCIAL ANALYSIS			8. LEGAL AUTHORITY (Completed by Office of Personnel)		
OF RANKS		OF TO V	XX	NO CHARGEABLE 1186 7130-1207-					
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION							
DDP/EUR FOREIGN FIELD SOUTHERN REGION NONE STATION OFFICE OF THE CHIEF (UNASSIGNED)		62d, 1.C. ROME, ITALY							
11. POSITION TITLE		12. POSITION NUMBER					13. CAREER SERVICE DESIGNATION		
O-1 Officer CHIEF OF STATION		C997 0000					D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01 0136.05					16. GRADE AND STEP 18-1		
17. SALARY OR RATE		\$ 25,890							
18. REMARKS <i>Other</i>									
19. SIGNATURE OF REQUESTING OFFICIAL <i>Richard E. Westerman, C/1/Personnel</i>			DATE SIGNED		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Ross Lany</i>			DATE SIGNED <i>3/8/67</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING NUMERIC	22. STATION CODE ALPHABETIC	23. INTEGEE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
00	00	4479	62d	1186	1	0911316	MO DA YR	MO DA YR	
28. RITE EXPIRES MO. DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO. DA YR	33. SECURITY REG NO 34. STA			
			1-ESE 3-FICA 5-NONE						
35. VET PREFERENCE CODE		36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR RESV PROV TEMP	39. - FEGI/HEALTH INSURANCE CODE 0-WAIVED 1-YES HEALTH INS. CODE	40. SOCIAL SECURITY NO			
0-NONE 1-5 PT 2-10 PT									
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		42. LEAVE AT CODE	43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO			44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO			
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45. POSITION CONTROL CERTIFICATION MMW		3-15-67	46. O.P. APPROVAL <i>Pat Dard</i>			DATE APPROVED <i>2 Mar 67</i>			

2-66 1152 USE PREVIOUS EDITION

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GROUP I
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

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(U) Not Filled In)

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S E C R E T

Chief of Station, Rome

Director of Personnel

MOLLOGAGE

- Notification of Designation as a Participant in
the Organization Retirement and Disability System

Action: As indicated

Ref: Book Dispatch 5096 & OIRS - 7586

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 21 November 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to Book Dispatch 5096 should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.

21 DEC 1965

73/ Richard B. Egan 15 DEC 1965

RICHARD B. EGAN

OIRS - 7779

SECRET

~~Not filled in~~

REQUEST FOR PERSONNEL ACTION				DATE PREPARED				
1. SERIAL NUMBER	2. NAME (Last-First-Middle)			16 November 1965				
06116	HARVEY, WILLIAM K.							
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT			
			MONTH	DAY	YEAR			
			11	21	65			
			7. COST CENTER, NO CHARGEABLE		8. LEGAL AUTHORITY (Comprised by Office of Personnel)			
			6136-1267		PL 88-643 Sect. 203			
9. ORGANIZATIONAL DESIGNATIONS DDP/WE ROME STATION OFFICE OF THE CHIEF			10. LOCATION OF OFFICIAL STATION ROME, ITALY					
11. POSITION/TITLE FIRST SECRETARY CHIEF OF STATION			12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION				
			0362	D				
14. CLASSIFICATION SCHEDULE (GS, LS, TA)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE				
F3R GS		0136.05	01 2 18 1	24,284 \$ 25,382				
18. REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.								
18A. SIGNATURE OF REQUESTING OFFICIAL Philip C. Penne			DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				
			18 NOV 1965					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INSTITUTE CODE	24. HODGETS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28	10	5042 WE	3653	3	00	13 16	05 17 59	35 27 59
28. HIE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE 1-CS 2-FICA 3-HOME	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE	MO DA YR	EOD DATA	33. SECURITY REG. NO. 34. SEX
35. RET PREFERENCE CODE 0-NONE 1-5 PT. 2-10 PT.		36. SERV COMP. DATE MO DA YR.	37. LONG COMP. DATE MO DA YR.	38. CAREER CATEGORY CAR REG PROV TYP	CODE	CODE 0-WAIVER 1-YES	HEALTH INS. CODE	40. SOCIAL SECURITY NO
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	CODE 1-REG 2-EXEMPT	STATE CODE	
45. POSITION CONTROL CERTIFICATION 12/65 BOSTON FOR D/PEN			46. O.P. APPROVAL 12/65 BOSTON FOR D/PEN			DATE APPROVED 12/65		

SECRET

(When Filled In)

DATE PREPARED

28 MARCH 1963

REQUEST FOR PERSONNEL ACTION

1. SERIAL NUMBER 061164	2. NAME (Last-First-Middle) HARVEY, WILLIAM K.	4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 6 30 63			5. CATEGORY OF EMPLOYMENT REGULAR
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		7. COST CENTER NO. CHARGEABLE 3136-6300-1014			8. LEGAL AUTHORITY (Completed by Office of Personnel)
6. FUNDS V TO V CC TO CC	V TO CF CF TO V				10. LOCATION OF OFFICIAL STATION ROME, ITALY
9. ORGANIZATIONAL DESIGNATIONS DDP WE ROME STATION OFFICE OF THE CHIEF		11. POSITION/TITLE Secretary CHIEF OF STATION			12. POSITION NUMBER 0262
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) FSR GS (00)		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 02 0 18 1	17. SALARY OR RATE 15,900 20,000	
18. REMARKS FROM: DDP BASE FORCE W/ OFFICE OF THE CHIEF/0662. (trans) 1 APPOINTMENT MEMO TO DCI SENT ON 27 MARCH 1963. Security Approval Granted by DCIS, SC, 13 4/26/63 259 SENT TO MEDICS ON 15 MARCH 1963. Security Approval Granted by DCIS, SC, 13 4/26/63 REQUEST ALL NECESSARY CLEARANCES BE GRANTED PRIOR TO 1 JUNE 1963. COPIES SENT TO FINANCE AND SECURITY. CSPD/sonicws 04/27/63 04/27/63					
18A. SIGNATURE OF REQUESTING OFFICIAL THOMAS M. FISHER, C/WE/PT		DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER mcLean		DATE SIGNED 24 June 1963
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37	20. EMPLOYEE CODE 10	21. OFFICE CODING 6213710E 13533	22. STATION CODE 09131K	23. INTELLIGENCE USE 3	24. DATE OF BIRTH 09 13 19
25. DATE OF DEATH	26. DATE OF LEI				
27. RIC EXP RES MO. DA. YR.	28. SPECIAL REFERENCE 1 - GS 2 - FECA 3 - NONE	29. RETIREMENT DATA 1 - GS 2 - FECA 3 - NONE	30. SEPARATION DATA CODE TYPE	31. CORRECTION/CANCELLATION DATA TYPE	32. SECURITY REG. NO. EOB DATA
					33. SER
34. VET. PREFERENCE CODE 1 - NONE 2 - 5 yrs. 3 - 10 yrs.	35. SERV. COMM. DATE MO. DA. YR.	36. LONG. COMM. DATE MO. DA. YR.	37. CAREER CATEGORY CAT/RES/PROJ/TEMP CODE	38. RETI / HEALTH INSURANCE CODE 0 = UNINSURED 1 = YES	39. SOCIAL SECURITY NO.
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS)	41. LEAVE CAT. CODE 1 - YES 2 - NO	42. FEDERAL TAX DATA FORM FED/STATE CODE	43. STATE TAX DATA CODE 1 - YES 2 - NO	44. STATE TAX DATA CODE 1 - YES 2 - NO	45. POSITION CONTROL CERTIFICATION D. Keane 4/27/63
					46. O.P. APPROVAL B. L. Bond 4/27/63
					DATE APPROVED

SECRET

CO/P 3-3-63

12 JUN 1963

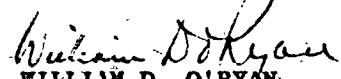
Executive Registry
134440

CLASS 61A

MEMORANDUM FOR: Deputy Director of Central Intelligence**VIA:** Deputy Director (Plans)**SUBJECT:** Appointment of Mr. William K. Harvey
Chief of Station, Rome, Italy

1. This is to make a matter of written record the appointment of Mr. Harvey as Chief of Station, Rome, Italy, effective on or about 30 June 1963. Mr. Harvey will replace Mr. Francis I. G. Coleman, who is scheduled to attend the next session of the National War College. Verbal approval was given by you and by the Director.

2. A biographic data sheet, including information regarding his Agency experience and training, is attached.



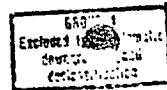
WILLIAM D. O'RYAN
Chief
Western Europe Division

Attachment
Biographic Profile (Part I)

CONCUR:Richard B. Lunsford
Deputy Director (Plans)

12 JUN 1963

(Date)

APPROVED:William S. Clegg
Deputy Director of Central Intelligence22 Jun '63
(Date)**SECRET**

CONFIDENTIAL

22 May 1963

Mr. William K. Harvey

Dear Bill,

I wish to express my real appreciation for the time you have devoted to Agent Panel affairs. Your operational experience and personal knowledge of many of the individual staff agents and career agents have provided a sound basis for your contributions to Panel decisions concerning their promotions and reassessments. I look forward to the time, after your overseas assignment, when we may have the pleasure of your service in a similar capacity.

Sincerely,

W. Lloyd George
W. Lloyd George
Chairman, CS Agent Panel

Bill, may I add in
my own hand and words
real appreciation for your
wisdom, objectivity and help

Lloyd

CONFIDENTIAL

SECRET

(When Filled In)

402-50

REQUEST FOR PERSONNEL ACTION								DATE PREPARED				
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						24 August 1962				
661164		HARVEY, WILLIAM K.										
3. NATURE OF PERSONNEL ACTION Reassignment								4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 6 8 62	5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGE- ABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel) 3132 - 1000 - 1000				
9. ORGANIZATIONAL DESIGNATIONS Task Force W Office of the Chief								10. LOCATION OF OFFICIAL STATION Washington, D.C.				
11. POSITION TITLE Ops Officer - CH								12. POSITION NUMBER BA-662	13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (G.S., E.R., E.C.) FSR GS 15		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 62-0 18 1		17. SALARY OR RATE \$ 14400 \$ 18500						
18. REMARKS OPA for the duration of Task Force W from F1 staff tray 4												
19. SIGNATURE OF REQUESTING OFFICIAL John Armstrong				DATE SIGNED 8/27/62		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Richard D. Venable				DATE SIGNED 8/28/62		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CONTROL NUMBER	22. STATION CODE	23. INTELLIGEE CODE	24. MOBILISATION CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LE				
31	1C	61103	TFL	75013	1	09 31 62	NO. DA. YR.	NO. DA. YR.				
28. RITE EXPIRES	27. SPECIAL REFERENCE	29. RECENT DATA				30. SEPARATION DATA				31. SECURITY REG. NO.	32. SECURITY REG. NO.	
MO. DA. YR.		1 - 1965	2 - 1966	3 - 1967	4 - 1968	CODE	TYPE	MO. DA. YR.	MO. DA. YR.			
35. RET. PREFERENCE	36. SERV. COMP. DATE	37. LOCAL. COMP. DATE	38. CAREER CATEGORY	39. FECHI & HEALTH INSURANCE	40. SOCIAL SECURITY NO.							
CODE	0 - NONE 1 - 5 yrs. 2 - 10 yrs.	MO. DA. YR.	MO. DA. YR.	CAP/RESV PROV/TEMP	CODE	0 - NO HIR 1 - YES	HEALTH INS. CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA				44. STATE TAX DATA						
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)		FORM EXECUTED CODE	MO. TAX EXEMPT	FORM EXECUTED	1 - YES 2 - NO	CODE	MO. TAX EXEMPT	FORM EXECUTED	1 - YES 2 - NO	CODE	MO. TAX EXEMPT
45. POSITION CONTROL CERTIFICATION 7/1 Kearny 8/25/62					46. O.P. APPROVAL P.W. Encl for ST pers 29 Aug 62					DATE APPROVED		

14-00000

Pre - 1959 personnel
actions

SECRET

(When Filled In)

1. PERSONAL SERIAL NO. 061163	BIOGRAPHIC PROFILE (PART I) SOD: 19 Jan 1941					
2. NAME (Last-First-Middle) HARVEY, William King	3. GENDER M	4. DATE OF BIRTH 13 Sep 1915	5. LONGEVITY CREDIT DATES 29 Sep 1947			
6. MARITAL STATUS Remarried	7. DEPENDENTS (Children, etc.) 1	8. YEAR OF BIRTH 3 2 7 7	9. US NATURALIZATION DATES NA			
10. CURRENT RESERVE STATUS X	11. SERVICE MEMBERSHIP 2	12. OTHER STATUS GRADE	13. ACTIVE DUTY WITH CIA CAT-1	14. RELEASE TO MIL. SERV. CAT-2	15. DEFERRED CAT-3	
16. ASSESSMENT DATE	17. PROFESSIONAL TEST DATE	18. LANGUAGE APTITUDE TEST DATE				
19. NON-CIA EMPLOYMENT 1931-33 Danville Gazette, Indiana - Reporter & Printer 1934-35 Indiana Univ., Bloomington - Publicity Writer (athletics)(PT) 1937-40 Self-employed, Maysville, Kentucky - Attorney-at-Law 1940-47 Doct. of Justice, FBI, DC/NYC/Pittsburgh, Pa - Special Agent & Supervisor						
20. NON-CIA EDUCATION 1933-37 Indiana Univ., Bloomington - LLB (with Distinction) Law, Psych, Philos, Journalism						
21. FOREIGN LANGUAGE ABILITIES (Languages, Proficiency, Date Tested)	German - R,High; W,P,S,U,Inter; Interpret - Oct 1961					
22. AGENCY SPONSORED TRAINING 1963 Italian						
23. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION	
Sep 1947	Intcl Of	P-6		OSG/FBS/CH, INT'TUSSRDIV	Hq	
May 1948	" "	P-7		OSO/COPS/FBS/DCh, Foreigner	"	
Dec 1948	" "	P-7		OSO/COPS/DOPC/DCh, Foreigner	"	
Mar 1949	" "	P-7		OSO/COPS/DCh, Ops for CL	"	
Oct 1949	" "	GS15		OSO/Ch, Stf-C&ACh, Stf-D	"	
Feb 1951	Chief Stf E	16		DDP/Ch, Staff E	"	
Dec 1951	10	16		DDP/Ch, Plans Staff	"	
Dec 1952	Ops Of	16		DDP/EE/GerMts/BOB/COB	Bonn	
Nov 1953	10	16	F1	DDP/EL/GerMts/BOB/COB	Berlin	
Dec 1954	Area Ops Of 0136.01	16	F1	" " " " "	"	
Jan 1956	" " 0136.01	17	D1	DDP/EE/GerSta/B03/COB	"	
May 1959	Chief of Base 0136.01	18	D1	" " " " "	"	
Sep 1959	return to Hq					
Oct 1959	Ops Of 0136.01	18	D1	DDP/Ch, F1/D	Hq	
Jun 1962	" 0136.01	18	D	DDP/Ch, Task Force W	"	
Jun 1963	Chief of Sta 0136.01	18	D	DDP/EE/Rome Sta/COS	Rome	
Jun 1965	" " 0136.05	18	D	" " " " "	"	
Feb 1967	Ops Of 0136.01	18	D	DDP/EUR/Dev Comp	Hq	
Dec 1967	Retirement (voluntary)			CIAPDS)		
24. DATE REVIEWED 22 Sep 1971	25. PROFILE REVIEWED BY obs	26. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE No				

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 061161	
SECTION A				GENERAL	
1. NAME Harvey William K.	(Last) (First) (Middle)	2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE GS-18	5. SD D
6. OFFICIAL POSITION TITLE Chief of Station	7. OFF/DIV/BR OF ASSIGNMENT DDP/WI/Italian			8. CURRENT STATION Rome	
9. CHECK (X) TYPE OF APPOINTMENT					
CAREER	RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)			X ANNUAL	REASSIGNMENT EMPLOYEE	
10. CHECK (X) TYPE OF REPORT					
SPECIAL (Specify):					
11. DATE REPORT DUE IN O.P. 1 April 1964 - 31 March 1965					
12. REPORTING PERIOD (From - To)					
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 Chief of Station, Rome					RATING LETTER O
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in Milan.					RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises CA Program.					RATING LETTER O
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.					RATING LETTER O
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER O

15 JUN 1965

FORM 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

GSA GEN 1
DRAFTED FROM AUTHORITY
ADMIRALTY CHARTS AND
ASTRONOMICAL INFORMATION

SECRET

(This will be left blank.)

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. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on-target.

To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance; is extremely prompt and thorough in replying to his correspondence.

(cont'd)
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***Employee at Field Station***2.****BY SUPERVISOR****MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION****24****IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION****DATE****OFFICIAL TITLE OF SUPERVISOR****TYPED OR PRINTED NAME AND SIGNATURE***2 June 1965***C/WE***William D. O'Byan***3.****BY REVIEWING OFFICIAL****COMMENTS OF REVIEWING OFFICIAL**

DATE: <i>3 June 65</i>	OFFICIAL TITLE OF REVIEWING OFFICIAL ADDP	TYPED OR PRINTED NAME AND SIGNATURE <i>Thomas H. Karamessines</i>
----------------------------------	---	---

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 061164			
SECTION A							
GENERAL							
1. NAME (Last) HARVEY	(First) William	(Middle) K.	2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE GS-18	5. SD D	
6. OFFICIAL POSITION TITLE Chief of Station				7. OFF/DIV/BRN OF ASSIGNMENT DDP/WE/Italian		8. CURRENT STATION Rome	
9. CHECK (X) TYPE OF APPOINTMENT: <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):				10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 1 April 1965				12. REPORTING PERIOD (From To) 1 April 1965 - 27 September 1965			
SECTION B PERFORMANCE EVALUATION:							
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.						
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.						
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.						
S - Strong	Performance is characterized by exceptional proficiency.						
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Chief of Station, Rome							0
SPECIFIC DUTY NO. 2							RATING LETTER
Handles Station relationship with Ambassador and Embassy and the Base in Milan.							3
SPECIFIC DUTY NO. 3							RATING LETTER
Supervises CA Program.							0
SPECIFIC DUTY NO. 4							RATING LETTER
Engaged in reorientation of Station FI Program.							0
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
28 OCT 1965							0

SECRET

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in mind prospective 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. Provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

WILL HARVEY

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

SECTION D

CERTIFICATION AND COMMENTS

BY EMPLOYEE

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

DATE	SIGNATURE OF EMPLOYEE
	11/11/65 / W. Harvey

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
30	Mr. Harvey is currently at his overseas post.

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 September 1965	Chief, WE Division	William D. O'Ryan

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	Thomas H. Karamessines

SECRET

Velvet date?

Colored photograph removed this date and forwarded with Biographic Profile to Mr. McCone via Mr. Henry Costhcock, WH/Pers. Mr. Costhcock cleared with Mr. Gene Stevens, Chief, T&R Branch, POD/OP, the removal of picture.

V. Graham, OP/POD/QAB
SE-2503 HQS
Ext. 7771



SECRET
(When Filled In)

SF 9 SEP 63

NOTIFICATION OF PERSONNEL ACTION

OFF

1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)		4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT				
001007		HERVEY WILLIAM K		MO DA YE 10 04 68		REGULAR				
3 NATURE OF PERSONNEL ACTION		6 FUNDS		7 FINANCIAL ANALYSIS NO. CHARGED TO		8 CSC OR OTHER LEGAL AUTHORITY				
RETIREMENT VOLUNTARY UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM		V TO V	V TO CF	S135-1106-7000		P.L. 68-643 SEC'T. 233				
9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION								
DDP/EUR DEVELOPMENT COMPLEMENT		WASH., D.C.								
11 POSITION TITLE		12 POSITION NUMBER		13 SERVICE DESIGNATION						
CFS OFFICER		9997		D						
14 CLASSIFICATION SCHEDULE (GS 10 thru 16)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE				
GS		0136.01		1S 1		27055				
18 REMARKS										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19 ACTION CODE	20 EMPLOYEE CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGREGEE CODE	24 HIRING CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI	
45	18	NUMBER	ALPHABETIC				MO DA YE 09 13 68	MO DA YE 09 13 68	MO DA YE 09 13 68	
28 RITE EXPIRES		29 SPECIAL PREFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 Correction/Cancelation Data		33 SECURITY REQ NO	34 SEX
MO DA YE 		1 CSC 2 AIA 3 NCAC		COOP		TYPE	MO DA YE 	MO DA YE 	MO DA YE 	
35 VET PREFERENCE		36 SENN. COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY	39 FEULY / HEALTH INSURANCE		40 SOCIAL SECURITY NO	
COM		MO DA YE 0 NO 1 SPT 2 10 PT		MO DA YE 		244 854 CODE	CODE	2 WATER	HEALTH INS CODE	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		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 YEARS 3 BREAK IN SERVICE MORE THAN 3 YEARS				NON EXECUTED 1 YES 2 NO		NON EXECUTED 1 YES 2 NO				
SIGNATURE OR OFFICER AUTHENTICATION								POSTED		
PLW								18 JUN 1968		

FORM 5-66
1150
Mfg. 10-67

Use Previous Edition

SECRET

OEOCP 1
Extracted from automatic
downgrading and
declassification
(When Filled In)

14-00000

"PAY ADJUSTMENT IS IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-216
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 18 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	44 997	CF	GS 18 1	\$25,890	\$27,055

SECRET
(When Filled In)

E.T., 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION											
OCE											
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)										
061164	HARVEY WILLIAM K.										
3. NATURE OF PERSONNEL ACTION CONVERSION FROM FSR STATUS											
4. FUNDS ➡		V TO V	F TO F		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
		X	F TO V	X	F TO F	NO. LCS. NO. 02 125 67		REGULAR			
6. ORGANIZATIONAL DESIGNATIONS				7. FINANCIAL ANALYST NO. Chargeable		8. LSC OR OTHER LEGAL AUTHORITY					
DDP/EUR DEVELOPMENT COMPLEMENT				7136 1186 0000		50 USC 403 J					
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION							
OPS OFFICER		9997		D							
14. CLASSIFICATION SCHEDULE (GS, LS, GS)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS		0136.01		18 I		25890					
18. REMARKS OTHER WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Month	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI			
56	18	44997 EUR	75013	1	09	13 16					
28. RTE EXPIRE		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE	33. SECURITY REQ NO	34. SEX				
MO DA YR		1 - CSC 2 - CIA 3 - FBI 4 - DDCI	CODE	DATA CODE	TYPE	MO DA YR	REQ NO				
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 - 5 PT 2 - 10 PT	MO DA YR	MO DA YR	CODE	CODE	0 - WAIVER 1 - YES	HEALTH INS CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		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	FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT	STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION											
POSTED											

SECRET
(When Filled In)

BJT: 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
061164		HARVEY WILLIAM K		02 12 67		REGULAR			
3. NATURE OF PERSONNEL ACTION				7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
REASSIGNMENT		V TO V	V TO CP	7136 1186 0000		50 USC 403 J			
6. FUNDS		OF TO V	X	OF TO CP		10. LOCATION OF OFFICIAL STATION			
9. ORGANIZATIONAL DESIGNATIONS		DDP/EUR DEVELOPMENT COMPLEMENT		WASH., D.C.					
11. POSITION/TITLE		FIRST SECRETARY OPS OFFICER		12 POSITION NUMBER		13. SERVICE DESIGNATION			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS		0136.01		01 2 18 1		24770 25890			
18. REMARKS OTHER ROME, ITALY									
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. Mdgts Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
37	18	44237 EUR	75013	1	(08	13 16	NO DA YR	NO DA YR	
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA	EOD DATA		33. SECURITY REQ NO.	34. SEX
MO DA YR		1 - CSC 2 - CIA 3 - PICA 5 - NONE	CODE	DATA CODE	TYPE	NO. DA YR			
35. VET. PREFERENCE		36. SERV COMP DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE 0 - NONE 1 - 9 PT 2 - 10 PT		MO SP. YR	MO DA YR	CAN RESI PHOV TEMP	CODE U - WAIVER Y - YES	HEALTH INS CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		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 1 - YES 2 - NO		CODE 1 - YES 2 - NO	NO TAX EXEMPT	STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION								POSTED 3-11-67	

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

EFFECTIVE DATE OF PAY ADJUSTMENTS 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY, WILLIAM K	061164	50 630	CF	GS 18 1	\$25,382	\$25,890

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50 630	CF	GS 18 1	\$24,500	\$25,382

SECRET
(When Filled In)

JGD: 19 NOV 65

WD/pms

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
061164		HARVEY WILLIAM K													
3. NATURE OF PERSONNEL ACTION		DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM													
4. FUNDS ➤		V TO V	V TO CF	4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
		CF TO V	X	11 21 65		REGULAR									
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION													
DDP/WE ROME STATION OFFICE OF THE CHIEF		ROME, ITALY													
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION											
FIRST SECRETARY CHIEF OF STATION		0262		D											
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
FSR GS		0136.05		01 2 18 1		24284 25382									
18. REMARKS ROME, ITALY EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.															
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. Hdgts. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LE						
28	10	50630 WE		36533	I	3	09 13 16	05 1 17 59	05 17 59						
28. HTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		EOD DATA ➤		33. SECURITY REQ. NO	34. SEX					
NO DA YR		CODE		TYPE	NO DA YR										
		1 - CSC 2 - FICA 3 - NONE		2											
35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.									
CODE	NO DA YR	NO DA YR	CAR RESV PROV TEMP	CODE	CODE	U - WAIVER 1 - YES	HEALTH INS CODE								
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA										
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)		FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT.	STATE CODE						
SIGNATURE OR OTHER AUTHENTICATION															
POSTED 11/26/65 MA															

FORM 1150-
11-62Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification14-00000
(When Filled In)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER 061164	2. NAME (LAST FIRST, MIDDLE) MARFEE WILLIAM R		
3. NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT		4. EFFECTIVE DATE MO 06 07 65	5. CATEGORY OF EMPLOYMENT
6. FUNDS ►	V TO V	V TO CF	7. COST CENTER NO CHARGEABLE 5136 1267 0000
8. ORGANIZATIONAL DESIGNATIONS ARMY WE DIVISION		9. LOCATION OF OFFICIAL STATION ROME, ITALY	
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 0202	13. CAREER SERVICE DESIGNATION U
14. CLASSIFICATION SCHEDULE (GS LB etc) GS		15. OCCUPATIONAL SERIES 0136.05	16. GRADE AND STEP 1A
17. SALARY OR RATE			
18. REMARKS			
			
SIGNATURE OR OTHER / AUTHENTICATION			

SECRET
(When Filled In)

RZR: 28 JUNE 63

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
061164		HARVEY WILLIAM K											
3. NATURE OF PERSONNEL ACTION REASSIGNMENT													
4. FUNDS		V TO V	V TO CP	5. EFFECTIVE DATE		6. CATEGORY OF EMPLOYMENT							
		CP TO V	X	06 30 63		REGULAR							
7. COST CENTER NO. CHARGEABLE													
3136.6300 1014 8. CSC OR OTHER LEGAL AUTHORITY													
50 USC 403 J													
9. ORGANIZATIONAL DESIGNATIONS													
DDP/WE ROME-STATION OFFICE OF THE CHIEF													
10. LOCATION OF OFFICIAL STATION													
ROME, ITALY													
11. POSITION TITLE						12. POSITION NUMBER	13. SERVICE DESIGNATION						
1ST SECRETARY CHIEF OF STATION						0262	D						
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE				
FSR GS			0136.01			02 0 18 1			15300 20000				
WASH., D.C.													
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. Hdqrs Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI				
37	10	62630 WE		36533	1	3	09 13 16	00 00 00	00 00 00				
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. DEFERMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ NO.	34. SEX			
MO DA YR		1 - CSC 2 - FICA 3 - NONE	CODE		TYPE	MO	DA	YR	EOD DATA				
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG COMP. DATE		38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.				
CODE		0 - NONE 1 - 9 PT 2 - 10 PT	NO DA YR		NO DA YR	EMR	HIS	CODE	0 - WAIVER 1 - YES	HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA					42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
CODE					FORM EXECUTED	CODE	NO TAX EXEMPTIONS			FORM EXECUTED	CODE	NO TAX EXEMPT	STATE CODE
SIGNATURE OR OTHER AUTHENTICATION													
POSTED <i>07/04/63 JK</i>													

14-00000

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
DOI MEMORANDUM DATED 1 AUGUST 1958, SALARY IS ADJUSTED AS FOLLOWS.
EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GRST SALARY	NEW GRST SALARY
HARVEY WILLIAM K.	2611A4	A1100	CF 13 1	\$18500	18 1 \$20000

71

PSC: 12 SEPT 62		SECRET (When Filled In)										
NOTIFICATION OF PERSONNEL ACTION												
OKF												
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)											
051164	HARVEY WILLIAM K											
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT (CORRECTION)		06 08 62	REGULAR									
6. PTONS ➡	F T O Y	F T O Y	7. EAST CENTER NO GRADE/STEP 3132 1000-1000 50 USC 403 J									
8. ORGANIZATIONAL DESIGNATIONS		9. LOCATION OF OFFICIAL STATION										
DOP TASK FORCE W OFFICE OF THE CHIEF		WASH., D.C.										
10. POSITION TITLE		11. POSITION NUMBER	12. CAREER SERVICE DESIGNATION									
SP ASST TO COORD OPS OFFICER CH		0662	D									
13. CLASSIFICATION SCHEDULE (4L, 4R, 4M)		14. OCCUPATIONAL SERIES	15. GRADE AND STEP									
FSR GS		0136.01	02 0 18 1									
16. NOTES		17. SALARY OR RATE 14900 18500										
<p>THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 06/08/62 TO SHOW THE INTEGRATED TITLE, CLASSIFICATION, GRADE, STEP, & SALARY WHICH WERE PREVIOUSLY OMITTED.</p>												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
18. ACTION CODE	19. ENROLLED DATE	20. OFFICE CODING	21. STATION CODE	22. INTRINSIC CODE	23. Month	24. DAY OF MONTH	25. YEAR	26. DATE OF BIRTH	27. DATE OF GRADE	28. DATE OF LES		
57	10	61100	TFW	75013				09 13 16				
29. RDO EXPIRES		30. SPECIAL REFERENCE	31. RETIREMENT DATA	32. SEPARATION DATA	33. CORRECTION/CHANGE/ADDITION DATA						34. SECURITY	35. SER NO.
AC 04 68					TYPE NO. 00 00 00						EOB DATA ➡	
36. MED. PREFERENCE		37. SERV. COMP. DATE	38. LONG. COMP. DATE	39. CAREER CATEGORY	40. TEST / HEALTH INSURANCE	41. SOCIAL SECURITY NO.						
CODE 1 - NON 2 - RPT 3 - RDP		AC 04 68	AC 04 68	CAP 04 68	TEST 04 68	1 - MED	2 - MED	3 - MED	4 - MED	5 - MED	6 - MED	
42. PREVIOUS GOVERNMENT SERVICE DATA				43. LEAVE ENTITLEMENT	44. FEDERAL TAX DATA	45. STATE TAX DATA						
2010 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE LESS THAN 3 YEARS 4 - BREAK IN SERVICE MORE THAN 3 YEARS					46. TAX EXEMPTIONS	47. STATE TAX EXEMPTIONS						
				1 - NO 2 - YES	1 - NO 2 - YES	1 - NO 2 - YES						
				3 - NO 4 - YES	3 - NO 4 - YES	3 - NO 4 - YES						
				5 - NO 6 - YES	5 - NO 6 - YES	5 - NO 6 - YES						
				7 - NO 8 - YES	7 - NO 8 - YES	7 - NO 8 - YES						
				9 - NO 10 - YES	9 - NO 10 - YES	9 - NO 10 - YES						
				11 - NO 12 - YES	11 - NO 12 - YES	11 - NO 12 - YES						
				13 - NO 14 - YES	13 - NO 14 - YES	13 - NO 14 - YES						
				15 - NO 16 - YES	15 - NO 16 - YES	15 - NO 16 - YES						
				17 - NO 18 - YES	17 - NO 18 - YES	17 - NO 18 - YES						
				19 - NO 20 - YES	19 - NO 20 - YES	19 - NO 20 - YES						
				21 - NO 22 - YES	21 - NO 22 - YES	21 - NO 22 - YES						
				23 - NO 24 - YES	23 - NO 24 - YES	23 - NO 24 - YES						
				25 - NO 26 - YES	25 - NO 26 - YES	25 - NO 26 - YES						
				27 - NO 28 - YES	27 - NO 28 - YES	27 - NO 28 - YES						
				29 - NO 30 - YES	29 - NO 30 - YES	29 - NO 30 - YES						
				31 - NO 32 - YES	31 - NO 32 - YES	31 - NO 32 - YES						
				33 - NO 34 - YES	33 - NO 34 - YES	33 - NO 34 - YES						
				35 - NO 36 - YES	35 - NO 36 - YES	35 - NO 36 - YES						
				37 - NO 38 - YES	37 - NO 38 - YES	37 - NO 38 - YES						
				39 - NO 40 - YES	39 - NO 40 - YES	39 - NO 40 - YES						
				41 - NO 42 - YES	41 - NO 42 - YES	41 - NO 42 - YES						
				43 - NO 44 - YES	43 - NO 44 - YES	43 - NO 44 - YES						
				45 - NO 46 - YES	45 - NO 46 - YES	45 - NO 46 - YES						
				47 - NO 48 - YES	47 - NO 48 - YES	47 - NO 48 - YES						
				49 - NO 50 - YES	49 - NO 50 - YES	49 - NO 50 - YES						
				51 - NO 52 - YES	51 - NO 52 - YES	51 - NO 52 - YES						
				53 - NO 54 - YES	53 - NO 54 - YES	53 - NO 54 - YES						
				55 - NO 56 - YES	55 - NO 56 - YES	55 - NO 56 - YES						
				57 - NO 58 - YES	57 - NO 58 - YES	57 - NO 58 - YES						
				59 - NO 60 - YES	59 - NO 60 - YES	59 - NO 60 - YES						
				61 - NO 62 - YES	61 - NO 62 - YES	61 - NO 62 - YES						
				63 - NO 64 - YES	63 - NO 64 - YES	63 - NO 64 - YES						
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				67 - NO 68 - YES	67 - NO 68 - YES	67 - NO 68 - YES						
				69 - NO 70 - YES	69 - NO 70 - YES	69 - NO 70 - YES						
				71 - NO 72 - YES	71 - NO 72 - YES	71 - NO 72 - YES						
				73 - NO 74 - YES	73 - NO 74 - YES	73 - NO 74 - YES						
				75 - NO 76 - YES	75 - NO 76 - YES	75 - NO 76 - YES						
				77 - NO 78 - YES	77 - NO 78 - YES	77 - NO 78 - YES						
				79 - NO 80 - YES	79 - NO 80 - YES	79 - NO 80 - YES						
				81 - NO 82 - YES	81 - NO 82 - YES	81 - NO 82 - YES						
				83 - NO 84 - YES	83 - NO 84 - YES	83 - NO 84 - YES						
				85 - NO 86 - YES	85 - NO 86 - YES	85 - NO 86 - YES						
				87 - NO 88 - YES	87 - NO 88 - YES	87 - NO 88 - YES						
				89 - NO 90 - YES	89 - NO 90 - YES	89 - NO 90 - YES						
				91 - NO 92 - YES	91 - NO 92 - YES	91 - NO 92 - YES						
				93 - NO 94 - YES	93 - NO 94 - YES	93 - NO 94 - YES						
				95 - NO 96 - YES	95 - NO 96 - YES	95 - NO 96 - YES						
				97 - NO 98 - YES	97 - NO 98 - YES	97 - NO 98 - YES						
				99 - NO 100 - YES	99 - NO 100 - YES	99 - NO 100 - YES						
				101 - NO 102 - YES	101 - NO 102 - YES	101 - NO 102 - YES						
				103 - NO 104 - YES	103 - NO 104 - YES	103 - NO 104 - YES						
				105 - NO 106 - YES	105 - NO 106 - YES	105 - NO 106 - YES						
				107 - NO 108 - YES	107 - NO 108 - YES	107 - NO 108 - YES						
				109 - NO 110 - YES	109 - NO 110 - YES	109 - NO 110 - YES						
				111 - NO 112 - YES	111 - NO 112 - YES	111 - NO 112 - YES						
				113 - NO 114 - YES	113 - NO 114 - YES	113 - NO 114 - YES						
				115 - NO 116 - YES	115 - NO 116 - YES	115 - NO 116 - YES						
				117 - NO 118 - YES	117 - NO 118 - YES	117 - NO 118 - YES						
				119 - NO 120 - YES	119 - NO 120 - YES	119 - NO 120 - YES						
				121 - NO 122 - YES	121 - NO 122 - YES	121 - NO 122 - YES						
				123 - NO 124 - YES	123 - NO 124 - YES	123 - NO 124 - YES						
				125 - NO 126 - YES	125 - NO 126 - YES	125 - NO 126 - YES						
				127 - NO 128 - YES	127 - NO 128 - YES	127 - NO 128 - YES						
				129 - NO 130 - YES	129 - NO 130 - YES	129 - NO 130 - YES						
				131 - NO 132 - YES	131 - NO 132 - YES	131 - NO 132 - YES						
				133 - NO 134 - YES	133 - NO 134 - YES	133 - NO 134 - YES						
				135 - NO 136 - YES	135 - NO 136 - YES	135 - NO 136 - YES						
				137 - NO 138 - YES	137 - NO 138 - YES	137 - NO 138 - YES						
				139 - NO 140 - YES	139 - NO 140 - YES	139 - NO 140 - YES						
				141 - NO 142 - YES	141 - NO 142 - YES	141 - NO 142 - YES						
				143 - NO 144 - YES	143 - NO 144 - YES	143 - NO 144 - YES						
				145 - NO 146 - YES	145 - NO 146 - YES	145 - NO 146 - YES						
				147 - NO 148 - YES	147 - NO 148 - YES	147 - NO 148 - YES						
				149 - NO 150 - YES	149 - NO 150 - YES	149 - NO 150 - YES						
				151 - NO 152 - YES	151 - NO 152 - YES	151 - NO 152 - YES						
				153 - NO 154 - YES	153 - NO 154 - YES	153 - NO 154 - YES						
				155 - NO 156 - YES	155 - NO 156 - YES	155 - NO 156 - YES						
				157 - NO 158 - YES	157 - NO 158 - YES	157 - NO 158 - YES						
				159 - NO 160 - YES	159 - NO 160 - YES	159 - NO 160 - YES						
				161 - NO 162 - YES	161 - NO 162 - YES	161 - NO 162 - YES						
				163 - NO 164 - YES	163 - NO 164 - YES	163 - NO 164 - YES						
				165 - NO 166 - YES	165 - NO 166 - YES	165 - NO 166 - YES						
				167 - NO 168 - YES	167 - NO 168 - YES	167 - NO 168 - YES						
				169 - NO 170 - YES	169 - NO 170 - YES	169 - NO 170 - YES						
				171 - NO 172 - YES	171 - NO 172 - YES	171 - NO 172 - YES						
				173 - NO 174 - YES	173 - NO 174 - YES	173 - NO 174 - YES						
				175 - NO 176 - YES	175 - NO 176 - YES	175 - NO 176 - YES						
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				201 - NO 202 - YES	201 - NO 202 - YES	201 - NO 202 - YES						
				203 - NO 204 - YES	203 - NO 204 - YES	203 - NO 204 - YES						
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				213 - NO 214 - YES	213 - NO 214 - YES	213 - NO 214 - YES						
				215 - NO 216 - YES	215 - NO 216 - YES	215 - NO 216 - YES						
				217 - NO 218 - YES	217 - NO 218 - YES	217 - NO 218 - YES						
				219 - NO 220 - YES	219 - NO 220 - YES	219 - NO 220 - YES						
				221 - NO 222 - YES	221 - NO 222 - YES	221 - NO 222 - YES						
				223 - NO 224 - YES	223 - NO 224 - YES	223 - NO 224 - YES						
				225 - NO 226 - YES	225 - NO 226 - YES	225 - NO 226 - YES						
				227 - NO 228 - YES	227 - NO 228 - YES	227 - NO 228 - YES						
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				231 - NO 232 - YES	231 - NO 232 - YES	231 - NO 232 - YES						
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				251 - NO 252 - YES	251 - NO 252 - YES	251 - NO 252 - YES						
				253 - NO 254 - YES	253 - NO 254 - YES	253 - NO 254 - YES						
				255 - NO 256 - YES	255 - NO 256 - YES	255 - NO 256 - YES						
				257 - NO 258 - YES	257 - NO 258 - YES	257 - NO 258 - YES						
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				271 - NO 272 - YES	271 - NO 272 - YES	271 - NO 272 - YES						
				273 - NO 274 - YES	273 - NO 274 - YES	273 - NO 274 - YES						
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				277 - NO 278 - YES	277 - NO 278 - YES	277 - NO 278 - YES						
				279 - NO 280 - YES	279 - NO 280 - YES	279 - NO 280 - YES						
				281 - NO 282 - YES	281 - NO 282 - YES	281 - NO 282 - YES						
				283 - NO 284 - YES	283 - NO 284 - YES	283 - NO 284 - YES						
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				287 - NO 288 - YES	287 - NO 288 - YES	287 - NO 288 - YES						
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				293 - NO 294 - YES	293 - NO 294 - YES	293 - NO 294 - YES						
				295 - NO 296 - YES	295 - NO 296 - YES	295 - NO 296 - YES						
				297 - NO 298 - YES	297 - NO 298 - YES	297 - NO 298 - YES						
				299 - NO 300 - YES	299 - NO 300 - YES	299 - NO 300 - YES						
				301 - NO 302 - YES	301 - NO 302 -							

SECRET
(When Filed In)

DATE: 31 AUG 62

NOTIFICATION OF PERSONNEL ACTION

1. SER. AC NUMBER	2. NAME (LAST-FIRST-MIDDLE)												
0374100	HARVEY WILLIAM K												
3. NATURE OF PERSONNEL ACTION													
REASSIGNMENT													
4. FUND SOURCE	V TO V	V TO CP	5. EFFECTIVE DATE										
	X	X	6. 100-1000-1000										
7. COST CENTER NO. CHARGEABLE													
8. CSC OR OTHER LEGAL AUTHORITY													
9. DEPARTMENTAL DESIGNATIONS													
10. LOCATION OF OFFICIAL STATION													
TASK FORCE W OFFICE OF THE CHIEF WASH., D.C.													
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION										
CPS OFFICER CM		00002	O										
14. CLASSIFICATION SCHEDULE (GS, LS, GS, GS)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE									
GS		0136.01	18-1	18500									
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Month	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI					
27-1	100	0-1100	TFW	75013	MO	DA	TR	MO	DA	TR	MO	DA	TR
28. RTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA				33. SECURITY REQ NO.	34. SEX			
NO DA TR		1. CSC	CODE		TYPE	MO	DA	TR					
		2. FICA											
		3. NONE											
35. VET PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE				40. SOCIAL SECURITY NO					
CODE	0 - NONE	NO DA YR	NO DA YR	CAR GENE PROV	CODE	0 - WORKS	HEALTH INS CODE						
	1 - BPT												
	2 - BPT												
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA								
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX STATE CODE						
	1 - YES				1 - YES								
	2 - NO				2 - NO								
SIGNATURE OR OTHER AUTHENTICATION					POSTED								
					4/5/62 [Signature]								

14-00000

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

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D1	HARVEY WILLIAM K	561164	41 09	GS-18 1	\$17,500	\$18,500

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET

(When Used)

NOTIFICATION OF PERSONNEL ACTION

PAS: 18 AUGUST 1960

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vat. Prof.	5. Sex	6. CS - FOD
561164	HARVEY WILLIAM K	Mo. Da. Yr.	None-0 Codo	Mo. Da. Yr.	Mo. Da. Yr.
02 13 15	5 Pt-1 0	M 1	09 29 47		
7. SCD	8 CSC Remit	9. CSC Or Other Legal Authority	10. Appt. All. 35	11. FEGLI	12. LCD
Mo. Da. Yr.	Yes - 1 Code	Mo. Da. Yr.	Mo. Da. Yr.	Mo. Da. Yr.	Mo. Da. Yr.
12 09 40	No - 2 1	50 USCA 403 J	No - 2	09 29 47	No - 2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code		
DOP F1 STAFF DIVISION D OFFICE OF THE CHIEF	4109	WASH., D. C.	75013		
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series	
Dept - 1 Code USId - 3 Frgn - 5	SP ASST TO COORD OPS OFFICER CHIEF	0872	FSR GS	0136.01	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Date	26. Appropriation Number
02 18 1	\$ 14900 18500	A	Mo. Da. Yr.	Mo. Da. Yr.	0122 1003 1000
05 17 59	XX	XX	XX	XX	

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
CONVERSION TO PERMANENT SUPERGRADE RANK	07	27 160	REGULAR	OM	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code		
DOP F1 STAFF DIVISION D OFFICE OF THE CHIEF	4109	WASH., D.C.	75013		
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series	
Dept - 1 Code USId - 3 Frgn - 5	SP ASST TO COORD OPS OFFICER CHIEF	0872	FSR GS	0136.01	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Date	43. Appropriation Number
02 18 1	\$ 14900 18500	D	Mo. Da. Yr.	Mo. Da. Yr.	0123 1003 1000
05 17 59	XX	XX	XX	XX	

44. Remarks

* THE DIRECTOR OF CENTRAL INTELLIGENCE ON 27 JULY 1960 APPROVED YOUR PERMANENT GRADE AS GS-18.

2.29.60 WI

E E C H I L D

Pre 1960
Personnel actions

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER
GENERAL					061164
SECTION A					
1. NAME HARVEY William K.		2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE G3-18	5. SD D
6. OFFICIAL POSITION TITLE Chief of Station		7. OFF/DIV/BR OF ASSIGNMENT DDP/WE/Italian	8. CURRENT STATION Rome		
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):		10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 1 April 1965 - 27 September 1965		12. REPORTING PERIOD (From - To) 1 April 1965 - 27 September 1965			
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong: Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Chief of Station, Rome				RATING LETTER O	
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in Milan.				RATING LETTER S	
SPECIFIC DUTY NO. 3 Supervises CA Program.				RATING LETTER O	
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.				RATING LETTER O	
SPECIFIC DUTY NO. 5				RATING LETTER	
SPECIFIC DUTY NO. 6				RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER O
28 OCT 1965					

SECRET

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

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

MAIL ROOM

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

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

11 April 1965 Harvey

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

30

Mr. Harvey is currently at his overseas post.

DATE

OFFICIAL TITLE OF SUPERVISOR

27 September 1965

Chief, WE Division

TYPED OR PRINTED NAME AND SIGNATURE

William D. O'Ryan

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."

D.W.H.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	Thomas H. Karamessines

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 061164															
GENERAL																			
1. NAME Harvey William K.		2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE GS-18															
5. OFFICIAL POSITION TITLE Chief of Station		6. OFF/DIV/BR OF ASSIGNMENT DDP/WF/Italian	7. CURRENT STATION Rome																
8. CHECK (X) TYPE OF APPOINTMENT <table border="1"><tr><td>CAREER</td><td>RESERVE</td><td>TEMPORARY</td></tr><tr><td colspan="3">CAREER-PROVISIONAL (See Instructions - Section C)</td></tr><tr><td colspan="3">SPECIAL (Specify):</td></tr></table>		CAREER	RESERVE	TEMPORARY	CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify):			9. CHECK (X) TYPE OF REPORT <table border="1"><tr><td>INITIAL</td><td>REASSIGNMENT SUPERVISOR</td></tr><tr><td>X ANNUAL</td><td>REASSIGNMENT EMPLOYEE</td></tr><tr><td colspan="2">SPECIAL (Specify):</td></tr></table>	INITIAL	REASSIGNMENT SUPERVISOR	X ANNUAL	REASSIGNMENT EMPLOYEE	SPECIAL (Specify):		10. CHECK (X) TYPE OF REPORT	
CAREER	RESERVE	TEMPORARY																	
CAREER-PROVISIONAL (See Instructions - Section C)																			
SPECIAL (Specify):																			
INITIAL	REASSIGNMENT SUPERVISOR																		
X ANNUAL	REASSIGNMENT EMPLOYEE																		
SPECIAL (Specify):																			
11. DATE REPORT DUE IN O.P. 1 April 1964 - 31 March 1965		12. REPORTING PERIOD (From- to)																	
SECTION B PERFORMANCE EVALUATION																			
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>																			
SPECIFIC DUTIES																			
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).																			
SPECIFIC DUTY NO. 1 Chief of Station, Rome				RATING LETTER O															
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in Milan.				RATING LETTER S															
SPECIFIC DUTY NO. 3 Supervises CA Program.				RATING LETTER O															
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.				RATING LETTER O															
SPECIFIC DUTY NO. 5				RATING LETTER															
SPECIFIC DUTY NO. 6				RATING LETTER O															
OVERALL PERFORMANCE IN CURRENT POSITION																			
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER															
15 JUN 1965																			

SECRET

(Even. Edits 1-1)

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. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.

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

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

DATE

SIGNATURE OF EMPLOYEE

Employee at Field Station

2.**BY SUPERVISOR**MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

24

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

2 June 1965

C/WE

William D. O'Brien

3.**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 June 65

ADDP

Thomas H. Karameesines

SECRET

14-00000

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET
(Do not initial fm)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 061164										
SECTION A														
1. NAME (Last) Harvey (First) William (Middle) K.		2. DATE OF BIRTH 1916	3. SEX M	4. GRADE 18 S. SD D										
5. OFFICIAL POSITION TITLE Chief of Station, Rome		6. OFF/ DIV/ BR OF ASSIGNMENT DDP/NE/Italy	7. CURRENT STATION Rome											
8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		9. INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (SPECIFY) SPECIAL (Specify):	10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE											
11. DATE REPORT DUE IN O.P. 11 March 1963		12. REPORTING PERIOD (From To) 1 March 1963 - 31 March 1964												
SECTION B PERFORMANCE EVALUATION														
<table border="0"> <tr> <td>W - Weak</td> <td>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.</td> </tr> <tr> <td>A - Adequate</td> <td>Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</td> </tr> <tr> <td>P - Proficient</td> <td>Performance is more than satisfactory. Desired results are being produced in a proficient manner.</td> </tr> <tr> <td>S - Strong</td> <td>Performance is characterized by exceptional proficiency.</td> </tr> <tr> <td>O - Outstanding</td> <td>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.</td> </tr> </table>					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.
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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 Chief of Station, Rome		RATING LETTER O												
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and Station Bases.		RATING LETTER S												
SPECIFIC DUTY NO. 3 Supervises correspondence with headquarters on entire complex Station program.		RATING LETTER O												
SPECIFIC DUTY NO. 4 Supervises CA Program.		RATING LETTER O												
SPECIFIC DUTY NO. 5 Engaged in reorientation of Station FI program.		RATING LETTER O												
SPECIFIC DUTY NO. 6		RATING LETTER												
OVERALL PERFORMANCE IN CURRENT POSITION														
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.														
12 AUG 1964														
RATING LETTER O														

SECRET

(Unclassified) (1a)

SECTION C**NARRATIVE COMMENTS****OFFICE OF PERSONNEL**

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

AUG

Mr. Harvey's management of the Agency's program in Italy has to date been characterized by the forcefulness and drive which have gained for him in previous assignments a reputation for dynamism. He has undertaken to reorient the Rome Station's FI program toward Soviet-satellite targets and any delay in this reorientation has been due fully to our inability for administrative reasons to supply the personnel he desires on the time schedule which he would prefer.

Although not by inclination oriented toward the objectives of CA, he has preserved and guided the most complex CA program in Western Europe with understanding and skill. To accomplish this it has been necessary for Mr. Harvey to learn the intricacies of an extremely complex local political situation. This he has set about to do with confidence. His accumulated experience in earlier assignments has equipped Mr. Harvey with a self-assurance and confidence which I have rarely seen equalled in any other officer. The continuance of ideal relationships with the key Embassy officials in Rome has been somewhat handicapped by the sudden death of the principal officer in the Embassy who was knowledgeable of our program and the impossibility of bringing into knowledge of our activity the next lower level echelon of Embassy officials for reasons beyond Mr. Harvey's control. This handicap has been overcome over the past year and Mr. Harvey is currently supervising extremely sensitive political operations and contacts to the satisfaction of the Ambassador and his headquarters.

He delegates responsibilities skillfully to those officers under his command who are best qualified and by his own outstanding performance, which is always at its best under heavy stress, he earns an intense loyalty from these personnel. He demonstrates cost-consciousness and outstanding supervisory ability.

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****27/2/65****BY SUPERVISOR****MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION****IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION****12****Report will be shown to employee upon return from overseas.****DATE****OFFICIAL TITLE OF SUPERVISOR****TYPED OR PRINTED NAME AND SIGNATURE****28 July 1964****C/WE****William D. O'Ryan****3.****BY REVIEWING OFFICIAL****COMMENTS OF REVIEWING OFFICIAL****DATE****OFFICIAL TITLE OF REVIEWING OFFICIAL****TYPED OR PRINTED NAME AND SIGNATURE****17 AUG 1964****Deputy Director for Plans****Richard Helms****SECRET**

~~SECRET~~

061164

18 April 1963

MEMORANDUM FOR: Director of Personnel

SUBJECT: Fitness Report - Mr. William K. Harvey

1. This Fitness Report covers the period from 1 April 1962 to 15 January 1963 during which Mr. Harvey was Chief, Task Force W.

2. As a senior officer in the Clandestine Services, Mr. Harvey has behind him a long record of professional accomplishment achieved during tours in Washington as well as seven years in Berlin. He is thoroughly grounded in the tradecraft of clandestine activities, and has brought to each and every assignment an intelligent, thorough, and uncommonly conscientious approach. His qualities of leadership are attested to by the loyalty and devotion of those colleagues who have worked under his direction. If anything, there has tended to grow up within the Clandestine Services a coterie of officers who have come to regard themselves as "Harvey men", a development which Mr. Harvey himself has not encouraged but which demonstrates the strong emphasis on first-class tradecraft which he has insisted upon in each assignment.

3. As Chief, Task Force W, Mr. Harvey had the task of organizing and developing a large operational team devoted to the acquisition of intelligence and the handling of special operations directed at Cuba. He was obliged to work within a complicated bureaucratic framework, a fact which made the clearing of actions a laborious and time-consuming exercise. Under his direction, the Task Force grew substantially in size and in professional competence with the result that when the Cuban crisis arrived in October intelligence assets were in place to make a significant contribution to the overall intelligence picture. Mr. Harvey devoted considerable ingenuity, long hours of personal time, and great energy to this enterprise, and, although certain aspects of the intra-governmental coordination of the operations had rough sledding, his net achievement was the establishment of an effective, going concern with momentum which carries on to the present.

4. Mr. Harvey, after a strong performance as Chief, TFW, has been assigned as Chief of Station, Rome, and is now preparing himself to take over at that post in the coming months.

Thomas H. Karamessines
Assistant Deputy Director (Plans)

Reviewing Official:

 Richard Helms
Deputy Director (Plans)

~~SECRET~~

Read 23/4/63

DAB

29 APR 1963

*O'D/Pers**Rec'd
11/11/67**35 OCT 1967***MEMORANDUM FOR:** Director of Personnel**SUBJECT:** William K. Harvey - Memorandum in lieu of fitness report for period 30 March 1960 - 10 May 1962

1. It is difficult to prepare a fitness report on this outstanding officer, largely because forms do not lend themselves to measuring his many unique characteristics. His strengths are in professional knowledge and competence in the operational field, in a toughness of mind and firmness of attitude, while the latter in past years have moved him into positions that were sometimes stronger than superior officers, with a responsibility for adjustments necessary in matters of policy in relation to Agency position in the community, were able to handle easily, his own closeness to policy positions of the Agency within the U.S. community in the last two years has found him with a real ability to handle policy matters and to adjust to necessities, without losing his firmness and his independence of thought.

2. He is sometimes accounted to be less than outgoing of information about operational matters in which he is engaged, yet it should be remembered that this characteristic has been part and parcel of a sound operational attitude in his career. He has a wide knowledge of personalities within the officer corps of the DD/P and is for the most part a good selector of officers to accomplish necessary tasks. He handles people well. He has a tremendous energy and is a loyal officer both to his superiors and to the purposes of the Clandestine Services of CIA.

3. He is one of the few distinctly outstanding officers in the DD/P.

W. Lloyd George
W. LLOYD GEORGE
Chief
Foreign Intelligence

OK

14-00000

8 September 1960

MEMORANDUM IN LIEU OF FITNESS REPORT

The following statement relates to the performance of William K. Harvey, GS 18, Chief of FI, Division D.

This officer has held a series of responsible positions in DD/P and its predecessor clandestine intelligence organization for well over ten years. He excels in the field of clandestine operations in general and especially so in that phase of clandestine staff and operational activities concerned with the procurement, handling and exploitation of highly sensitive and critical intelligence and operational materials.

His performance generally over the recent years has proved him to be one of the outstanding officers of the DD/P organization. He has demonstrated clearly superior performance both in staff responsibility at Headquarters and as Chief of Base in a very important field station where he was directly engaged in supervising and carrying on operations successfully against targets of the highest priority.

In the period under review, June 1959 to March 1960, he took over and directed functioning of one of DD/P's most sensitive components charged with achievement by special means against targets of the highest importance. This included carrying on negotiations and liaison with other components of CIA and other Agencies and Departments of the U. S. Government concerned with his special field. His performance of this responsibility in many respects has been outstanding. He has continued to demonstrate his fitness to handle a wide range of positions of major responsibility within the clandestine service.

Among his outstanding characteristics are: thorough understanding of his profession and ability to make this clear to persons of high level whose knowledge of the Clandestine Services is general. He is firm, tenacious, and on occasions strongly aggressive in pursuit of his point of view. While this may sometimes make for difficulty on the part of those in higher echelons who wish to dispose of a complicated problem easily and quickly, this officer's persistence in carefully

[Handwritten signature]

14-00000

presenting his arguments and in holding to them until their fact and logic prevail or until policy factors override, makes him a highly valuable asset to CIA.

Rater

W. Lloyd George
W. Lloyd George
C/FI

Reviewer Richard Helms
Richard Helms
COPS

APR 8 1968

SECRET

510

14 January 1959

MEMORANDUM FOR: Director of Personnel
ATTENTION: Chief, Records and Services Division
FROM: Chief of Station, Germany
SUBJECT: Fitness Report - William K. Harvey
November 1957 - January 1959

1. Subject's abilities and performance are too generally known to require detailed comment. One of the very senior officers in KUDOVE he has been chief of what is probably the largest and most productive overseas Base of KUBARK for approximately seven years. During this period Subject has been personally responsible for a number of operational successes, some of which have been of national importance. Possessed of driving energy, determination and initiative, he has few equals in professional experience and competence. Throughout his administration of the Base he has established and maintained exceedingly high standards of accomplishment, discipline and endeavor. Subject's judgement, on occasion, is impulsive and proposals of the Base have been, from time to time, advanced and defended with greater vehemence and more exhaustively than the occasion, objectively speaking, required. Subject's basic self-discipline, good sense and loyalty, however, have prevented any such incidents, which are in large measure manifestations of the highly charged atmosphere and insistent operational pressures of Berlin, from developing into serious friction with the German Station or Washington headquarters.

2. It has been a pleasure to serve with this officer and, during his assignment, he has consistently rendered dedicated and effective service of the very highest order.

John A. Gross

John A. Gross

CONCUR:

James W. Hirschfeld
CHIEF, EE DIVISION

RWBAT

SECRET

510

Harvey, W. K. EE

Chief of Base 6518-G1188

Berlin

18 June 1959

MEMORANDUM FOR: Director of Personnel

ATTENTION: Chief, Records and Services Division
FROM: Chief of Station, Germany
SUBJECT: Fitness Report - William K. Harvey
January 1959 - June 1959

I have nothing to add to the memorandum dated 14 January 1959.

Subject continues to render an outstanding performance.

John A. Gross
John A. Gross

I certify that I have seen
this Fitness Report

W.K.H.

William K. Harvey

CONCUR:

James H. Hutchfield
Chief, Eastern European Division

John A. Gross

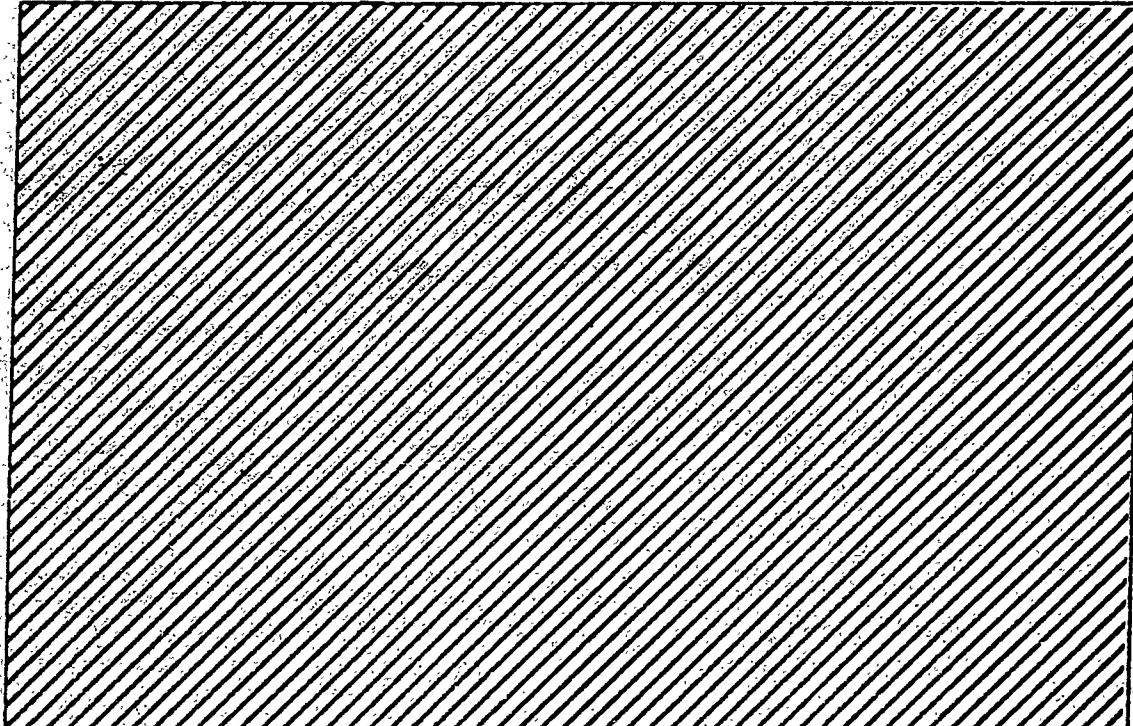
SECRET

14-00000

Pre 1959 Fitness
Reports

SECRET

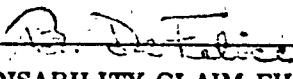
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Son-James	68-0535

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 7 March 1967.

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

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE
3 January 1968	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
Harvey, William	Self	68-0533

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 30 July 1964.

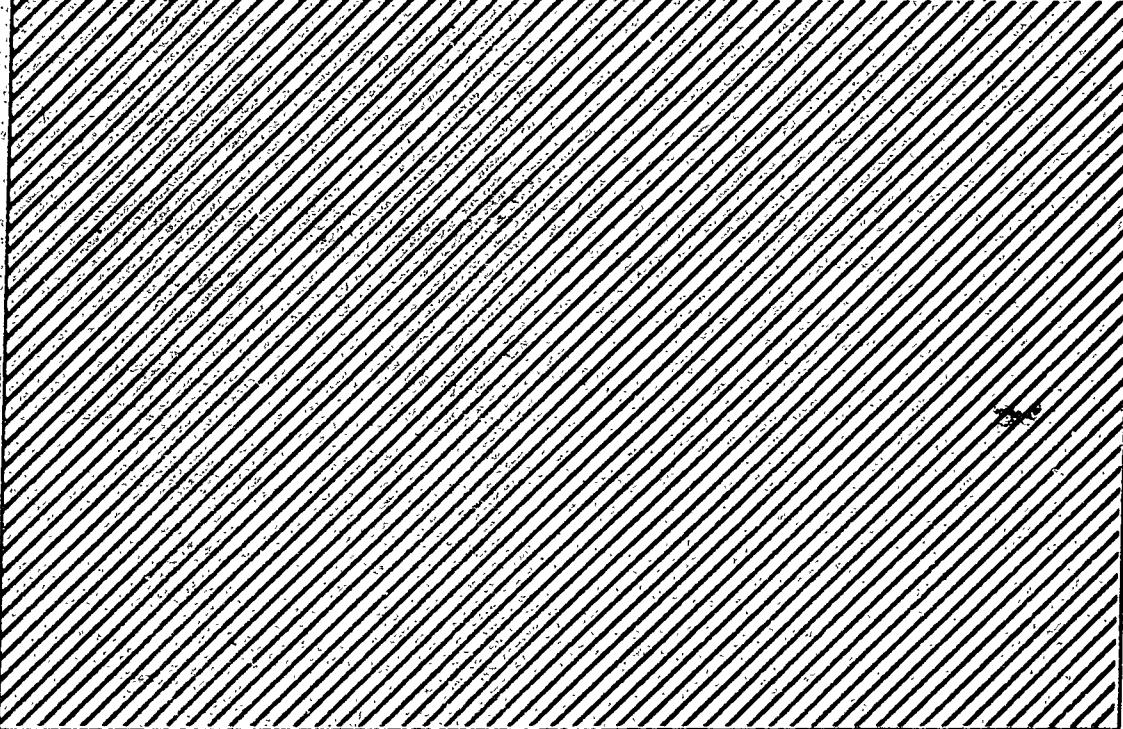
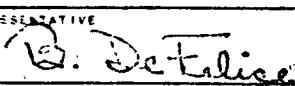
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF OSD REPRESENTATIVE
3 January 1968	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(Formerly Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Daughter-Sally	68-0534
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>3 August 1967</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF SDO REPRESENTATIVE	
3 January 1968		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

Name, Address, etc. Other than the Com- pany Name, Inc., Firma, etc.		Agency		U. S. G. Voucher No.	
TRAVEL REIMBURSEMENT VOUCHER					
16. PAYEE'S COMPLETE NAME AND ADDRESS		17. TRAVEL AUTHORIZATION		18. BU. NO. MO.	
William K. Harvey 28 West Irving Street Chevy Chase, Md. 20015		A. No. 66-69348	B. Date 2/23/66	S. U. O. PAID BY -	
		6-69348A	5/15/66		
19. TRAVEL ADVANCE STATUS		20. EMPLOYEE NUMBER (State Only)		21. PAYEE'S STATION (State Only)	
A. Old Balance	\$ -0-	253900		Rome to Dept.	
B. Applied This Voucher	\$ -0-				
C. New Balance	\$ -0-				
22. STATEMENT OF GOVERNMENT-FURNISHED TRANSPORTATION					
A. GTR No. 100-207	B. Value \$1302.80	C. Carrier SS Constitution	D. Class 1st	E. To Naples	F. From New York
10-359-316	271.25	AF TWA	Economy	Munich	Washington
III. PAYEE CERTIFICATE I hereby certify that the amounts and attachments are correct and demand full payment, and that the amount is valid and will form basis of my**					
A. Date	B. Signature				
March 17 1967	K. Harvey, Esq.				
13. ADMINISTRATIVE APPROVAL Being held for approval.					
A. Date	B. Signature				
Name:					
Title:					
14. PREVIOUS PAYMENTS: The first six pay V.O. paid under name (Name, date, way)					
A. D.O.V. No.	B. Paid (see & yr.)	C. D.O. Name and Symbol			
15. CERTIFIED FOR PAYMENT: Person in authority signed name, I certify this amount is correct and proper for payment.					
A. Date	B. Authorized Certifying Officer's Signature				
Name:					
Title:					
16. METHOD OF PAYMENT (For Payee Use Only)					
A. Cash or Drs., Check Am.	B. Exchange Rate	C. U.S. \$ Equivalent		D. Date	
E. Treasury or Depository Check No. and Name of Depository				F. Payment Received	
(Payee's Signature)					
17. ACCOUNTING CLASSIFICATION			D. Organization (State Only)	E. Function (State Only)	F. Object
A. Fund	B. Allowance	C. Objg./T-Ac No	USIA Activity/Sub-Activity		G. Paying Office (State Only)
					H. Paying Date (State Only)
					I. Amount

* Since 1947 - 12 carriers have foreign ship Registry, attack certificate of readiness.
** FINAL DRAFT - The amount of compensation of any type is an expense account within the liability of the claim (28 U.S.C. 2514) and may result in a claim against the U.S. Government - credit to the carrier and more than 100% of the claim.

THIS FORM IS FOR USE IN DETERMINING ALLOWANCES FOR PERSONNEL AND THEIR FAMILIES TRAVELING ON DIPLOMATIC, CONSULAR, OR GOVERNMENT BUSINESS. IT IS NOT TO BE USED FOR PERSONNEL TRAVELING ON PRIVATE BUSINESS.

REMARKS (Name and Ages of Dependents, explanations for use of foreign currency, signatures of exchange, etc.)

Concurrent travel

Wife

Daughter, Sally, Age 7

Separate travel

Son, James, born December 1947

Lire 625/\$1 DM 4/\$1

Date 19 60 (A)	Local Time (B)	Activity and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
		Mr. Harvey, Wife, and Daughter				
Mar. 21	0700	LV. Rome via private auto				
	1130	AR. Naples				
		163 miles at 12¢			19.56	
		Autostrada tolls L.1750			2.80	
		Required fees for auto (Ford)				
		at dock				
		Preparation of car L.1500				
		Auto check-in fee L.1000				
				L.2500	4.00	
		Baggage transport Rome				
		to Naples L.3500			5.60	
		Baggage transfer charges				
		for hold baggage L.9350			14.96	
2300	LV. Naples		3/4	6	11.25	
Kar. 22 thru 30	At sea		9	6	135.00	
Mar. 31	At sea		1	2	5.00	
#19. COLUMN TOTALS (Sum of which forwarded to Item 12A, on face of worksheet)					151.25	43.50

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Page 2

*18. CLAIM (Indicate complete Itinerary or transportation expenses for persons and things which reimbursement is claimed, as follows, below. Detach enclosures and attach all receipts.)

REMARKS (Name and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange; etc.)

Dates 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
					FORWARDED	151.25
						46.92
April 1	0800	AR. New York				
	1200	LV. New York via personal auto				
	1830	AR. Washington				
		269 miles at 12¢				32.28
		Tolls				4.55
		Dock charge for release of car				2.50
		Baggage transfer charge at New York pier	1	16.00	40.00	15.00
		Railway express charges for shipment of 337 lbs. of baggage from New York to Washington				23.40
		Travel of son James				
June 2		LV. Munich via AF				
		AR. Paris				
June 5	1200	LV. Paris via TWA 803				
	1500	AR. New York				
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					191.25	124.65

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Page 2

IS CLAIM (show complete itinerary)

or transportation expenses for persons and things which reimbursement is claimed, in effect, above
weight measured and attested all receipts).

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 1966 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
		FORWARDED			191.25	124.65
June 5	1630	LV. New York via TW 203				
	1807	AR. Washington Nat'l Airport				
		Air travel from Munich is				
		less expensive than \$302.90				
		economy air FARE from Rome				
		to Washington				
		Airport tax in Munich DM500				1.25
		Direct scheduling from Munich				
		via air				
June 2	0740	LV. Munich via LH 161				
	0830	AR. Frankfurt				
	1215	LV. Frankfurt via PA 107				
	1745	AR. Washington				
		Per diem $\frac{1}{3}$ @ 16.00 less 35%				5.20
		Shipment of air freight from				
		Munich to Washington (85lbs.)				67.10
		Deferred home leave travel for				
		Mr. Harvey, James and Sally				
e) 9. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					196.45	193.00

SUPPLY 1966 - 30000000

FORM FS-288

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Page 3

18 CLAIM (show complete itinerary if transportation expenses for persons and things by which route (specify) is claimed, or attach bill weights, measures and attach all receipts.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Date 19 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
			FORWARDED		196.45	193.00
June 28	0900	LV. Washington via personal auto	3/4	16.00	30.00	
June 29	1500	AR. Indianapolis	3/4	16.00	30.00	
		Mileage 584 @ 12¢				70.08
July 22	0900	LV. Indianapolis via personal auto	3/4	16.00	30.00	
July 23	1500	AR. Washington	3/4	16.00	30.00	
		Mileage 584 miles @ 12¢				70.08
		Cost by auto is less than cost by rail with scheduling as follows:				
June 28	1900	LV. Washington via rail				
June 29	1205	AR. Indianapolis				
July 22	1505	LV. Indianapolis via rail				
July 23	0915	AR. Washington				
		Per diem 2 x \$16.00 x 2.5 \$80.00				
		RT 1st class rail (Family Plan) 169.40				
		RT Sleeping accommodations (Bed- room, plus roomette is least expensive) 76.96				
				\$326.36		
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					316.45	373.16

SECRET

(NOT FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE**APPLICANT CODING DATA**

1. ID	2. APPL. NO.	3. NAME 6-DIGITS MUST CONTAIN 20-DIGITS								
< 2 >										
4. DATE OF BIRTH	5. DATE CODED	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.								
MO DA YR	MO DA YR									
< 1 >										

LANGUAGE CODING DATA - FORM 444C

1. ID	2. EMPLOYEE NO.	3. NAME 3-LETTERS	4. LANGUAGE DATA CODE							
< 3 > 061164		HAR	BASE CODE	R	W	P	S	U	T	YR
5. DATE SUBMITTED		6. DATE OF BIRTH	BF7143333261							
MO DA YR		MO DA YR								
< 4 > 02161		09113115	> WHEN FORM 444C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)							

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME 3-LETTERS	4. CODE	5. LANGUAGE DATA BEFORE TEST							
< 5 >		C-A-D		BASE CODE	R	W	P	S	U	T	YR
6. LANGUAGE DATA AFTER TEST		7. DATE OF TEST		DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.							
BASE CODE		R	W	P	S	U	T	YR	MO	DA	YR
< 6 >											

QUALIFICATIONS RECORD CHANGE

1. ID	2. EMP/APPL NO.	3. NAME 3-LETTERS	ENTER UNDER "TYPE" - A = ADDITION TO RECORD C = CHANGE TO EXISTING RECORD D = DELETION OF DATA FROM EXISTING RECORD									
			CODE # 1					CODE # 2				
TYPE	BASE	1	2	3	YR	BASE	1	2	3	YR		
< 4 >	0					0						
0	0					0						
0	0					0						
0	0					0						
0	0					0						
0	0					0						
0	0					0						
0	0					0						
0	0					0						
0	0					0						
0	0					0						

SECRET

(14-49)

(11-0) 061164	LANGUAGE DATA RECORD		
PART I-GENERAL			
1. NAME (Last-First-Middle) (17-24)	2. DATE OF BIRTH (25-30)		
HARVEY, ROBERT L.	7	13	75
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)	5.	
German	MONTH DAY YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
<p>1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY, RARELY.</p> <p>(2) I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.</p> <p>3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.</p> <p>4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.</p> <p>5. I HAVE NO READING ABILITY IN THE LANGUAGE.</p>			
SECTION B. Writing (41)			
<p>1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.</p> <p>2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.</p> <p>(3) I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.</p> <p>4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.</p> <p>5. I CANNOT WRITE IN THE LANGUAGE.</p>			
SECTION C. Pronunciation (42)			
<p>1. MY PRONUNCIATION IS NATIVE.</p> <p>2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.</p> <p>(3) MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.</p> <p>4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.</p> <p>5. I HAVE NO SKILL IN PRONUNCIATION.</p>			
CONTINUE ON REVERSE SIDE			

CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS. I CONVERSE FREELY AND AUTOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS. I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- (3) I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
- (3) I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
- (2) I HAVE HAD EXPERIENCE AS AN INTERPRETER. -- *Yes, in Conf*
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

10/2/61

SIGNATURE

William H. Keeney

(46)

(47)

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 (Print)	FIRST	MIDDLE	
1-6 0 61164	HARVEY	WILLIAM	K.	29-28 50

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, One). 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) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
	3				03	21	66	565

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
IN 80062	22 March 1966

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 3/29/66	SIGNATURE <i>J.P. Jackie E. Persinger</i>
X C & T DIVISION		

B12

26-3534

CONFIDENTIAL ORIGIN
AUSTRALIAN SECURITY INTELLIGENCE ORGANISATION

Office of the Director General

510533,
MILITARY

29 May, 1966.

My dear Ambassador

My Liaison Officer in Rome has told me of the tremendous assistance and co-operation that he and his section received at all times from Mr. W.K. Harvey.

I understand that Mr. Harvey has now returned to Washington and I would like to say how much I appreciate all that he has done to assist the work of my officers in Rome.

With kindest regards and best wishes,

Yours

Charles F. Spry

(C.C.F. SPRY)

The Honorable W.F. Raborn,
Director,
Central Intelligence Agency,
WASHINGTON.

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

EMPLOYEE SERIAL NO: I-B	NAME OF EMPLOYEE			OFFICE/COMPONENT: 25-26.
	LAST (Prefix)	FIRST	MIDDLE	
061164	HARVEY, WILLIAM K.			50

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	23-29	30-31	32-33	34-35	36-37	38-39	40-42
2 - CORRECTION								
3 - CANCELLATION	1				01	08	66	ITALY
								365

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	23-29	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. IN 26160	DOCUMENT DATE/PERIOD 4 Jan. 1966
---	-------------------------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON <input checked="" type="checkbox"/> SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE 13 Jan. 1966	SIGNATURE <i>Beverly J. C.</i>
X C & T DIVISION		

FORM 1451a USE PREVIOUS
10-64 EDITION.

SECRET

GROUP I
Excluded from automatic
downgrading and declassification

(4-10)

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
1-8 61164	LAST (Print) HARVEY	FIRST William	MIDDLE K	29-28 50

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	CMT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39			40-42
3 - CORRECTION										
5 - CANCELLATION	1	06	30	63				ITALY	365	

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.

Rome 9550 AM 70227	DOCUMENT DATE/PERIOD
--------------------	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITEZ
FISCAL DIVISION	DATE	SIGNATURE
<input checked="" type="checkbox"/> FINANCE DIVISION		

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE 130470+EB 3161

TO:

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-8 4461	(Print)	8-28		24-25 34

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	OMR	
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
2 - CORRECTION									
3 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMR	
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
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
-----------------------------	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

FORM 1451a
E-58**SECRET**

(4-103)

SECRET
(When Filled In)

130471 FEB 961

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 102 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-8 6-11464	(Print) Hector, Alberto	6-23		28-28 34

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 (OR ONE). 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	YEAR	
1 - PCS (Basic)	28	27-28	29-30	31-32	33-34	35-36	37-38	39-41
3 - CORRECTION								
5 - CANCELLATION								

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	
2 - TDY (Basic)	28	27-28	29-30	31-32	33-34	35-36	37-38	39-41
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

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED, CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

CONFIDENTIAL

O/R-Personnel & R

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLEGED IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

NAME OF EMPLOYEE	(Last)	(First)	(Middle)
<i>HARVEY</i>		<i>William</i>	<i>KING</i>
RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)		
<i>88 W. IRVING ST. Chevy Chase, MD</i>			
MARITAL STATUS			
CHECK ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED			
IF MARRIED, INDICATE PLACE OF MARRIAGE	<i>Berlin</i>		
DATE OF MARRIAGE		<i>3/2/54</i>	
IF DIVORCED, PLACE OF DIVORCE DECREE			
DATE OF DECREE			
IF WIDOWED, INDICATE PLACE SPOUSE DIED			
DATE SPOUSE DIED			
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NUMBER	
<i>Clara Grace, nee Follick</i>	<i>Above</i>		
NAME OF CHILDREN	ADDRESS	SEX	AGE
<i>JAMES</i>	<i>Same</i>	<i>M</i>	<i>12</i>
<i>SALLY</i>		<i>F</i>	<i>18 Mo.</i>
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NUMBER	
<i>Decceased</i>			
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NUMBER	
<i>SARA R. HARVEY</i>	<i>1615 Northwood Drive</i>	<i>SL 2579</i>	
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?			
<i>Mother</i>			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP		
<i>Wife - Above</i>			
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER		
	<i>OL 4-5178</i>		
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION		
IS THE INDIVIDUAL NAMED ABOVE HAVING OF YOUR AGENCY AFFILIATION?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?			
<input 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.			
5. VOLUNTARY ENTRIES			
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS <i>HAMILTON NATIONAL BANK & BANK OF SILVER SPRING</i>			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

self & wife jointly

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. IF "YES", WHERE IS DOCUMENT LOCATED?HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

wife

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS.

SIGNED AT	DATE	SIGNATURE
	11/4	William H Harvey

CONFIDENTIAL

DD/Pers

S-E-C-R-E-T
(When filled in)

TUTORIAL TRAINING REPORT

03/11/63 - 06/17/63

Student : William K. Harvey Office : WE
 Year of Birth: 1915 Service Designation: D
 Grade : 18 No. of Students : 1
 EOD Date : 09/47 Instructor: Mrs. M. Lutyk

This is to certify that William K. Harvey
 received 92 hours of tutorial training in
ITALIAN language.

Beginner : X
 Non-beginner : _____

FOR THE DIRECTOR OF TRAINING:

Bengt C. Herder
BENGT C. HERDER
 Chief Instructor

10/21/63
Date

GROUP I
 Excluded from automatic
 downgrading and
 declassification

S-E-C-R-E-T
(When filled in)

14-00000

Pre 1961 Personnel
Material

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 28 November 1966
2. NAME (Last, First, Middle) Harvey, William K.		3. POSITION TITLE OS-18
4. GRADE OS-18		5. EMPLOYEE'S EXT. 6765
6. OFFICE, DIVISION, BRANCH		
7. PURPOSE OF EVALUATION Room 3E-30		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL - Executive <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQGS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT ETD <hr/> STATION <hr/> TDY OR PCS <hr/> TYPE OF COVER <hr/> NO. OF DEPENDENTS TO ACCOMPANY <hr/> NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
		<input type="checkbox"/> RETURN FROM OVERSEAS ETA <hr/> STATION <hr/> NO. OF DEP.'S
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <hr/> ROOM NO. & BUILDING EXT.
10. COMMENTS QUALIFIED FOR CURRENT DUTIES AT HEADQUARTERS		
11. REPORT OF EVALUATION		
DATE 24 MAY 1967	SIGNATURE FOR CHIEF OF MEDICAL STAFF JOHN E. FRALIC PHYSICAL REQUIREMENTS OFFICER	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 31 January 1966
2. NAME (Last, First, Middle) HARVEY, William K.		3. POSITION TITLE 4. GRADE
5. OFFICE, DIVISION, BRANCH WB		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT ETO <hr/> STATION <hr/> TDY OR PCS <hr/> TYPE OF COVER <hr/> NO. OF DEPENDENTS TO ACCOMPANY <hr/> NO. OF DEFENDANTS' REPORTS OF MEDICAL HISTORY (SF 84) ATTACHED
		<input type="checkbox"/> RETURN FROM OVERSEAS ETA <hr/> STATION <hr/> NO. OF DEP'TS
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <hr/> ROOM NO. & BUILDING EXT.
10. COMMENTS		
<p align="center">Qualified for Current Duties</p>		
11. REPORT OF EVALUATION		
31 January 1966		
DATE 31 January 1966	SIGNATURE FOR CHIEF OF MEDICAL STAFF Peter J. Gaughan	

SECRET
(When Filled In)

1. DATE OF REQUEST

17 March 1965

REQUEST FOR MEDICAL EVALUATION

2. NAME (Last, First, Middle)

HARVEY, William E.

3. OFFICE, DIVISION, BRANCH

ME DIVISION

4. POSITION TITLE

COS

5. GRADE

GS-13

6. EMPLOYEE'S EXT.

7157

7. PURPOSE OF EVALUATION

PRE-EMPLOYMENT

ENTRANCE ON DUTY

TDY STANDBY

SPECIAL TRAINING

ANNUAL

RETURN TO DUTY

FITNESS FOR DUTY

MEDICAL RETIREMENT

TDY/TOY
 OVERSEAS ASSIGNMENT

ETO
10 March 1965

STATION

Rome

TDY OR PCS

PUS

TYPE OF COVER

Integrator

NO. OF DEPENDENTS TO ACCOMPANY

2

NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 80) ATTACHED

0

RETURN FROM OVERSEAS

ETA

STATION

NO. OF DEP't's

8. OVERSEAS PLANNING EVALUATION (One block must be checked)

YES

NO

9. REQUESTING OFFICER

SIGNATURE

JOE W. CLINE

WADSO GRUENSPRAY, W/DP

ROOM NO. 5 BUILDING EXT.

6-3-1101

7157

10. COMMENTS

259 forwarded at request of Joe Cline. QUALIFIED FOR PROPOSED O S
PCS

11. REPORT OF EVALUATION

JOE W. CLINE

DATE

13 22 65

SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		3. DATE OF REQUEST
2. NAME (Last, First, Middle) Dependents of FARRAR, William E. 3. OFFICE, DIVISION, BRANCH WE DIVISION		4. POSITION TITLE COS 5. GRADE GS-18 6. EMPLOYEE'S CAT. 7157
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TO STANDBY Dependents: <input type="checkbox"/> SPECIAL TRAIN Wife: Clara G. <input type="checkbox"/> TDU Sally J., 10 Aug 58 <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> MOSS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT 8. TO 10 March 1965 STATION 9. ZONE TOT OR PCS PVS TYPE OF COVER Interrae NO. OF DEPENDENTS TO ACCOMPANY 2 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0
<input type="checkbox"/> RETURN FROM OVERSEAS 10. REQUESTING OFFICER SIGNATURE MARIE C. STEPHEN, W/PT ROOM NO. & BUILDING 4, a Mich EXT. 7157		
11. COMMENTS <p>259 forwarded at request of Joe Cline.</p>		
12. REPORT OF EVALUATION QUALIFIED FOR PROPOSED O 3 PCS J. C. Cline JOE W. CLINE DATE 10-19 259 USE PREVIOUS EDITIONS		
		SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET
(When Filled In)

D. DATE OF REQUEST

16 May 1963

REQUEST FOR MEDICAL EVALUATION

E. NAME (Last, First, Middle)
William K. Harvey

F. POSITION TITLE
Chief of Station

G. GRADE
GS-18

H. OFFICE, DIVISION, BRANCH
WK Division

I. EMPLOYEE'S SALT

J. PURPOSE OF EVALUATION

PRE-EMPLOYMENT

HOME/TDY

OVERSEAS ASSIGNMENT

ENTRANCE ON DUTY

K. ETA
o/a 1 July 1963

TDY-STANDBY

STATION

Rome

SPECIAL TRAINING

TDY OR PCS

PCS

ANNUAL

L. TYPE OF COVER

Integree

RETURN TO DUTY

M. NO. OF DEPENDENTS TO ACCOMPANY

3

FITNESS FOR DUTY

N. NO. OF DEPENDENTS' REPORTS OF MEDICAL

MEDICAL RETIREMENT

HISTORY (SF 88) ATTACHED

0

RETURN FROM OVERSEAS

ETA

STATION

O. NO. OF DEP'TS

P. OVERSEAS PLANNING EVALUATION (One block must be checked)

YES

Q. REQUESTING OFFICER

SIGNATURE

MARGE GROSTEPHAN

NO

ROOM NO. & BUILDING

4 B 4404

E.T.

7157

R. COMMENTS

Request evaluation for above PCS.

S. REPORT OF EVALUATION

DATE

FORM 10-58 259 USE PREVIOUS EDITIONS.

SECRET

650 7 1
EDITION 11 1963
700 7 1 1963
700 7 1 1963
700 7 1 1963

128

SECRET
(When filled in)

REQUEST FOR MEDICAL EVALUATION		5. DATE OF REQUEST 16 May 1963	
2. NAME (Last, First, Middle) Dependents of William E. Harvey		3. POSITION/TITLE Chief of Station	4. GRADE GS-18
3. OFFICE, DIVISION, BRANCH WE Division		6. EMPLOYEE'S EXT. 5356	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HOUSING <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT 8.0 o/a 1 July 1963 STATION Rome TDY OR PCS PCS TYPE OF COVER Integree NO. OF DEPENDENTS TO ACCOMPANY 3 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 29) ATTACHED 0 <input type="checkbox"/> RETURN FROM OVERSEAS ETA STATION NO. OF DEP'TS	
9. OVERSEAS PLANNING EVALUATION (One block must be checked)		10. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Marge Grostehan</i> MARGE GROSTECHAN ROOM NO. & BUILDING 4 B 4404	
11. COMMENTS 89's on file in medical office - per telephone conversation 16 May 63		E.A.T. 7157	
12. REPORT OF EVALUATION			
DATE 16 May 1963	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>J. J. O'Farrell</i>		

DM 259 USE PREVIOUS EDITIONS.

SECRET

EXPIRES 1 MAY
1964
GSA GEN. REG.
12-1963, 17-1963

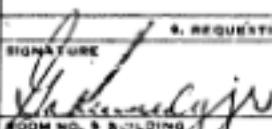
(28)

SECRET

(When Filled In)

1. DATE OF REQUEST

25 January 1962

REQUEST FOR MEDICAL EVALUATION		2. POSITION TITLE Chief	3. GRADE 06-18
4. NAME (Last, First, Middle) HARVEY, WILLIAM K.		5. EMPLOYEE'S EXT. 8471	
6. OFFICE, DIVISION, BRANCH PL/Division B		7. PURPOSE OF EVALUATION	
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> HOME/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT ETO 25 January 1962 STATION Panama City, Panama NO. OF PCS TDT TYPE OF COVER Official State Department NO. OF DEPENDENTS TO ACCOMPANY NONE NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
8. OVERSEAS PLANNING EVALUATION (One check must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		 <small>SIGNATURE</small> <small>ROOM NO. & BUILDING</small> 1505 - J. Building	
10. RECOMMENDATIONS COMMENTS			
11. REPORT OF EVALUATION			
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF		
1962			

SECRET
(Name Filled In)

REQUEST FOR MEDICAL EVALUATION		2. DATE OF REQUEST 20 October 1960	
3. NAME (Last, First, Middle) Harvey, William K.		3. POSITION TITLE Division Chief	4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH F1 Staff, Division D		6. EMPLOYEE'S EXT. 8471	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT		<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT	
<input type="checkbox"/> ENTRANCE ON DUTY		ETO 28 October 1960	
<input type="checkbox"/> OVERSEAS RETURN		STATION Germany and Switzerland	
<input type="checkbox"/> TDY STANDBY		TDY OR PCS TDY	
<input type="checkbox"/> SPECIAL TRAINING		TYPE OF COVER State Integree	
<input type="checkbox"/> ANNUAL		NO. OF DEPENDENTS TO ACCOMPANY NONE	
<input type="checkbox"/> RETURN TO DUTY		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 18) ATTACHED	
<input type="checkbox"/> FITNESS FOR DUTY			
<input type="checkbox"/> MEDICAL RETIREMENT			
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES		SIGNATURE <i>G. A. Kennedy, Jr.</i>	
<input type="checkbox"/> NO		ROOM NO. & BUILDING 1505 L.	EXT. 4464

10. REPORT OF EVALUATION	
Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.	
DATE 2 JUN 1960	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>G. A. Kennedy, Jr.</i>

SECRET

(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

I. REQUEST FOR PHYSICAL EXAMINATION BY		
U.S. REQUESTED, 7470 AUGUST		
1. NAME	(First) HARVEY, William E.	(Middle)
2. TO POSITION		3. DATE 9 April 1960
4. OFFICE DIVISION BRANCH		5. GRADE GS-18
6. TYPE OF POSITION <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas		7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas TDY <input type="checkbox"/> Returnee
8. Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
II. REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified
Remarks:		
14 JUN 1960		
QUALIFIED FOR DEPARTMENTAL DUTIES AND PROPOSED TDY 6-6 ACCORDING		
SECRET		
ROLAND C. [Signature]		
MEDICAL OFFICE		

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

I. REQUEST FOR PHYSICAL EXAMINATION BY

1. NAME (Last)	William	Middle:	2. DATE:
HARVEY		K.	Sept 1957
3. TO POSITION	4. OFFICE, DIVISION, BRANCH	5. GRADE	
Germany	DDP/ES/	OSS-16	
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental	<input type="checkbox"/> COD	<input type="checkbox"/> Pre-Employment	
<input type="checkbox"/> U.S. Field	<input checked="" type="checkbox"/> Overseas PCS	<input type="checkbox"/> Annual	
<input checked="" type="checkbox"/> Overseas PCS	<input type="checkbox"/> Returnee	<input type="checkbox"/> Special (Specify)	
Second tour.			

II. REPORT OF MEDICAL EVALUATION

- Qualified for Full Duty (General) Qualified for Full Duty (Special)
 Qualified for Departmental Duty Only Disqualified

Remarks: Please notify Corinne L. Hassell, X3041, of results.

QUALIFIED FOR PROPOSED PCS D/S ASSIGNMENT

1957

MEDICAL OFFICE

REPORT OF PHYSICAL QUALIFICATIONS		
NAME	DATE	
Harvey, William King	8/21/52	
FOR VOUCHERED EMPLOYEE ONLY		
NATURE OF ACTION	TITLE OF POSITION	
GRADE	DEPT.	FIELD
SUBJECT FOUND <input type="checkbox"/> FIT <input checked="" type="checkbox"/> UNFIT FOR DUTY IN THE ABOVE GRADE AND POSITION.		
FOR UNVOUCHERED EMPLOYEE ONLY		
SUBJECT QUALIFIED FOR:	FIT	
<input type="checkbox"/> FULL DUTY OVERSEAS	<input checked="" type="checkbox"/> LIMITED DUTY OVERSEAS	<input type="checkbox"/> DUTY IN USA ONLY
PROFILE SERIAL (MILITARY ONLY)		
DEFECTS NOTED AND/OR RECOMMENDATIONS: Nox - arduous O.K. for TDY O/S where medical facilities are available.		
PHYSICAL REQUIREMENTS OFFICER		

FORM NO. 37-32 REPLACES PREVIOUS EDITIONS OF FORMS 37-32 AND 37-37, WHICH MAY BE USED.

(26)

OSO

REPORT PHYSICAL QUALIFICATIONS FOR DUTY

31 Jan 51 194

Harvey, William K. WAS GIVEN A PHYSICAL EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

 Overseas FULL DUTY OVERSEAS LIMITED DUTY OVERSEAS DUTY IN USA ONLYPROFILE SERIAL (FOR ARMY EM ONLY)

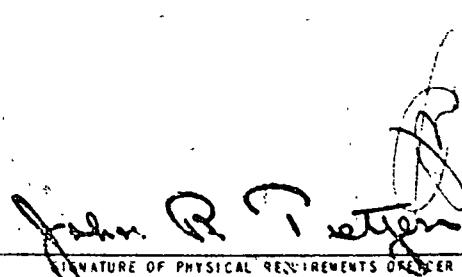
DEFECTS NOTED:

Approved for TDY. To report to Medical after TDY

JOHN R. TIKIEN, M.D.

FORM NO. 37-32
DEC 1948

PHYSICAL QUALIFICATION RECORD

NAME	NATURE OF ACTION
HARVEY, WILLIAM K.	E.O.D.
TITLE OF POSITION	GRADE
Intelligence Officer	P-7
DEPARTMENT OR FIELD	
Departmental	
Subject was found physically <input checked="" type="checkbox"/> fit <input type="checkbox"/> unfit for duty with this organization in the above grade and position. 10 May 1948	
RECOMMENDATIONS:	
 John R. Trotter	
2 February 1948 DATE	
SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER	

14-00000

CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.
REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

15 December 1947

HATTORI, William

CIO

WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

41

FULL DUTY OVERSEAS LIMITED DUTY OVERSEAS DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED:

None

FORM NO. 37-92
NOV 1947

John W. T. Hartman

Dept., IIC

(10933)

CENTRAL INTELLIGENCE GROUP
WASHINGTON, D. C.

REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

70-1126-3 194

MARCH 1944

WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

✓ FULL DUTY OVERSEAS

LIMITED DUTY OVERSEAS

DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED:

None

John R. S. Patten

FORM NO. 37-32
JAN 1947

JOLIE E. CHENNEY, GUT MD

(10833)

SEARCHED Room 27 - JUN 1946
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

From as received
Budget Bureau No. 52-5034

FEDERAL EMPLOYMENT APPLICATION

1. Name of examination, or kind of position applied for.

2. Civilian or combat (if mentioned in examination announcement)

3. Place of employment applied for:

C.I.O.

4. (a) First name (b) Middle initial (c) Maiden or first married name (d) Suffix

William King Harvey

5. Street and number or R. D. number

2627 39th Street N.Y.

6. City or post office and last 3 postal zones and State

Washington, D. C.

7. Last place of residence & State

Kentucky

8. State of birth (city and State if born outside U. S., name city and country).

Danville, Indiana

9. Date of birth (month, day, year)

9/13/15

10. Age last birthday

21

11. Sex

Male Female

12. Height without shoes

5' 11

13. Weight

185

14. Marital status

Married Single

15. Height without shoes

5' 11

16. Weight

185

17. Have you ever been employed by the Federal Government

Yes No

If now employed by the Federal Government, give present grade and date of last change in grade

For Use of Civil Service Commission Only				
		Material	Entered register	
<input type="checkbox"/> Approve		<input type="checkbox"/> Submitted		
<input type="checkbox"/> Disapprove		<input type="checkbox"/> Formatted		
Numbered		'App. Review'		
		Approved		
OFFICE	GRADE	LAWYER RATING	DIFERENCES	AGML RATING
			<input type="checkbox"/> 5 points (incl.)	
			<input type="checkbox"/> 10 points	
			<input type="checkbox"/> Write on Wkshp	
			<input type="checkbox"/> Detail	
			<input type="checkbox"/> Being Investi- gated	
INITIALS AND DATE				

Indicate "Yes" or "No" answer by placing X in proper column.		YES	NO	15. (c) If you will accept appointment in certain locations ONLY, give acceptable locations.	
15. (a) Would you accept short term appointment if offered—					
1 to 3 months.....		X			
3 to 6 months.....		X			
6 to 12 months.....		X			
15. (b) Would you accept appointment if offered—				(d) What is the lowest entrance salary you will accept per year.	
In Washington, D. C.?.....		X		CAF 13 P 6 You will not be considered for positions paying less.	
anywhere in the United States?.....		X		(e) If you are willing to travel, mark:	
outside the United States?.....		X		<input checked="" type="checkbox"/> Frequently <input checked="" type="checkbox"/> Occasionally <input type="checkbox"/> Constantly	
<p>16. EXPERIENCE—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing agency to determine your qualifications for the position for which you are applying. In the spaces provided, briefly describe EACH position you have held since the date you first became eligible for EACH position. You may indicate any number of positions, either consecutive or nonconsecutive, which you have performed, either with or without compensation, assuming the number of hours per week and weeks per year in which you performed and the nature of duty. Start with your PRESENT position and work back, documenting for all periods of employment. Explain briefly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question. (7) (Military Experience).</p> <p>(a) If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for such position, if it is not a lie.</p> <p>(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position".</p>					
PRESENT POSITION					
Date of employment (Month year)	Exact title of your present position:			Salary or earnings	
From _____	To present time				Starting \$ _____ per _____
Place of employment (city and State).				Present \$ _____ per _____	
Name and address of employer (firm, organization, etc., present or former). If Federal, name department, bureau or establishment and division.	Description of your work:				
Kind of business or organization (a. g., wholesale art, insurance agency, mfr. of locks, etc.).					
Number and kind of employees supervised by you:					
Name and title of immediate supervisor:					
Reason for desiring to change employment:					

(CONTINUED ON NEXT PAGE)

AS CONTINUED

From <u>12/9/40</u> To <u>8/22/47</u>		Exact title of your position Special Agent & Supervisor	
Place of employment (City and State) Washington, D. C. Name and address of employer (firm, organization, or person) U.S. Federal Bureau of Investigation, Bureau of Counter-Intelligence and Security		Salary or earnings per Starting \$ <u>200</u> per Final \$ <u>7000</u> per annum	
Reason for leaving FBI - Dept. of Justice		Description of your work Supervision of Counter-Intelligence operation	
From <u>9/37</u> To <u>12/40</u>		Exact title of your position Attorney-at-law	
Place of employment (City and State) Mayville, Ky Name and address of employer (firm, organization, or person) U.S. Federal Bureau of Investigation, Bureau of Counter-Intelligence and Security		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving Self		Description of your work General Practice of law	
From <u>6/31</u> To <u>9/33</u>		Exact title of your position Reporter & Printer	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving Danville, Indiana		Description of your work General Newspaper Publishing business	
From <u>9/33</u> To <u>10/34</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving Newspaper		Description of your work	
From <u>10/34</u> To <u>10/35</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/35</u> To <u>10/36</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving Alvin Hall, Editor		Description of your work	
From <u>10/36</u> To <u>10/37</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving Voluntary		Description of your work	
From <u>10/37</u> To <u>10/38</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/38</u> To <u>10/39</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/39</u> To <u>10/40</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/40</u> To <u>10/41</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/41</u> To <u>10/42</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/42</u> To <u>10/43</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/43</u> To <u>10/44</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/44</u> To <u>10/45</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/45</u> To <u>10/46</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	
From <u>10/46</u> To <u>10/47</u>		Exact title of your position	
Place of employment (City and State) Danville, Indiana Name and address of employer (firm, organization, or person) Danville Gazette		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Reason for leaving None		Description of your work	

If more space is required, use a continuation sheet (Standard Form No. 64) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and serial number. A total of twelve (12) sheets will be allowed.

16-4726-5

17. MILITARY TRAINING: In order to make the most effective use of your present knowledge of military subjects, indicate which of the following types of assignments will be most useful in the future. Indicate by circling the letter (a) "No attendance" or (b) "School" and indicate in brief full report on each item, duty assignment, showing dates of such assignments.

(a) Your present career or desired career: BONE		Date when you expect first job assignment to begin:																																				
Location:																																						
Dates attended (month, year):																																						
From _____ To _____ Rating received at end of this training:																																						
(b) Duty assignment after this training (give all important points in duty assignment whether or not you attended a Service School):		S. What did you do during this duty assignment?																																				
Dates of duty assignment (months, years):																																						
From _____ To _____ Rate assigned original Service School (month, year):		S. What did you do during this duty assignment?																																				
Location:																																						
Dates attended (month, year):																																						
From _____ To _____ Rating received at end of this training:																																						
(c) Duty assignment after this training:		S. What did you do during this duty assignment?																																				
Dates of duty assignment (months, years):																																						
From _____ To _____																																						
List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.																																						
18. EDUCATION—Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Mark (x) the appropriate box to indicate satisfactory completion of																																						
Viley High School Terre Haute, Indiana S. Did you attend any other school than high school which may be pertinent to this application? <input type="checkbox"/> Elementary School <input type="checkbox"/> Junior High School <input checked="" type="checkbox"/> Viley High School																																						
(d) Name and Location of College or University Indiana University Bloomington, Indiana		<table border="1"> <thead> <tr> <th colspan="2">Degree Attained</th> <th colspan="2">Years Completed</th> <th colspan="2">Degrees Conferring</th> <th>Semester Hours Credit</th> </tr> <tr> <th>From</th> <th>To</th> <th>Day</th> <th>Night</th> <th>Title</th> <th>Date</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>6</td> <td></td> <td>LLB</td> <td>9/37</td> <td>180</td> </tr> <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>		Degree Attained		Years Completed		Degrees Conferring		Semester Hours Credit	From	To	Day	Night	Title	Date				6		LLB	9/37	180														
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(e) List Your Chief Undergraduate College Subjects		<table border="1"> <thead> <tr> <th colspan="2">Degree Attained</th> <th colspan="2">Years Completed</th> <th>Semester Hours Credit</th> </tr> <tr> <th>From</th> <th>To</th> <th>Day</th> <th>Night</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>95</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Degree Attained		Years Completed		Semester Hours Credit	From	To	Day	Night						95																				
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From	To	Day	Night																																			
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<p>(f) Other training, such as vocational, business, trade courses given through the Armed Forces Institute (give name and location of school), or "in-service training" in a Federal agency:</p> <table border="1"> <thead> <tr> <th colspan="2">Subject Studied</th> <th colspan="2">Degree Attained</th> <th>Years Completed</th> </tr> <tr> <th>From</th> <th>To</th> <th>Day</th> <th>Night</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Subject Studied		Degree Attained		Years Completed	From	To	Day	Night																										
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From	To	Day	Night																																			
<p>(g) Indicate your knowledge of GERMAN: READING SPEAKING WRITING</p> <table border="1"> <thead> <tr> <th>Read Good Fair Poor</th> <th>Speak Good Fair Poor</th> <th>Write Good Fair Poor</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Read Good Fair Poor	Speak Good Fair Poor	Write Good Fair Poor																																
Read Good Fair Poor	Speak Good Fair Poor	Write Good Fair Poor																																				
<p>(h) How was your knowledge of foreign languages acquired? Study</p>																																						
<p>(i) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e.g., business, education, recreation).</p>																																						
<p>(j) List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multimeter, chronometer, key punch, turret lathe, scientific or professional devices.</p>																																						
<p>Approximate number of words per minute in typing: 50 shorthand: _____</p>																																						
<p>4. Are you a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Give kind of license and date: Attorney First license or certificate (year): 1937 at Law - Ind. & Ky Last license or certificate (year): 1947</p>																																						
<p>5. Give a copy of any original or covered documents in your opinion which will aid you in preparing publications (DO NOT submit copies unless requested) (a) Patent or other legal inventions (b) Public speaking and public relations experience (c) Membership in professional or scientific societies, etc.</p>																																						

11. BEST NOTES — List the names 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 superiors listed under item 16 (EXPERIENCE).		
FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION
B. F. Small	Sycamore Bldg-Terre Haute, Indiana	Atty
E. L. Zeigler	Cochran Bldg., Maysville, Ky.	Atty
A. M. Thurston	C.I.G.— Washington, D. C.	
26. May inquiry be made of your present employer regarding your character qualifications, etc? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate "Yes" or "No" answer by placing X in proper column.		YES NO
23. Are you a citizen of the United States?		X
24. Do you advocate, or have you ever advocated, or are you now, or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force?		X
If your answer is "Yes," give complete details in Item 38.		
25. Within the past 12 months, have you definitely used intoxicating liquors, ing or excess?		X
26. Since your 18th birthday, have you ever been convicted, or fined, or imprisoned, of breaking a probation, or have you ever been ordered to deposit bail, for the violation of any law, statute regulation or ordinance, including minor traffic violations, for which a fine of \$25 or less was imposed?		X
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.		
27. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position?		X
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.		
28. Do you receive or qualify for annuity from the U. S. or D. C. Government under any retirement, or for any pension or other compensation for military or naval service?		X
If your answer is "Yes," give in Item 39 reason for retirement, that is, due to health, disability, or for reasons of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and rating if retired from military or naval service.		
29. Are you an official or employee of any State, Territory, county, or municipality?		X
If your answer is "Yes," give details in Item 39.		
30. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months?		X
If your answer is "Yes," show in Item 39 for EACH such relative: (1) full name, (2) present address, (3) relationship, (4) department or agency by whom employed, and (5) kind of appointment.		
31. Have you ever had a nervous break-down?		X
If your answer is "Yes," give or my details in Item 39.		
32. Have you ever had full hysterics?		X
If your answer is "Yes," give or my details in Item 39.		
33. Space for detailed answers to other questions (indicate item numbers to which answers apply).		
ITEM NO.	ITEM NO.	
Is more space required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination date. Attach to back of this application.		
FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW. G. S. CODE, TITLE 10, SECTION 10.		
I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.		
Date	Signature of applicant (Sign your name in INK (one given name, first, middle, and last), female, prefix, title or Mr. and I have read and understood the above statement.)	

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES NO

SECTION 1. PERSONAL BACKGROUND

NAME	MISS <input type="checkbox"/>	FIRST	MIDDLE	LAST	TELEPHONE
MR. <input checked="" type="checkbox"/>	MRS. <input type="checkbox"/>	Billie	Kirk	Harvey	OR 2914

PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
2527	39th Street	N.W.	Washington, D.C.	U.S.A.

LEGAL RESIDENCE	STREET AND NUMBER	CITY	STATE	COUNTRY
Maysville		Kentucky		U.S.A.

NICKNAMES	OTHER NAMES THAT YOU HAVE USED	HOW LONG?
None	None	None

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?	HOW LONG?
None	None

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)	None
---	------

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
9/13/15	Danville,	Indiana		U.S.A.

PRESENT CITIZENSHIP	ACQUIRED BY:			
US	BIRTH <input checked="" type="checkbox"/>	MARRIAGE <input type="checkbox"/>	NATURALIZATION <input type="checkbox"/>	

NATIONALIZATION CERTIFICATE	NUMBER	DATE ISSUED	NAME OF COURT	
-----------------------------	--------	-------------	---------------	--

LOCATION OF COURT	CITY	STATE	COUNTRY
-------------------	------	-------	---------

PREVIOUS CITIZENSHIP	DATE HELD	FROM:	TO:
None			

OTHER CITIZENSHIPS (GIVE PARTICULARS)	None
---------------------------------------	------

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)				
None				
LAST U.S. PASSPORT	NUMBER	DATE	PLACE OF ISSUE	
	None	-		

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)				
None				

PASSPORTS OF OTHER NATIONS				
None				
IF BORN OUTSIDE U.S.	DATE OF ARRIVAL IN THIS COUNTRY	PORT OF ENTRY	PASSPORT OF COUNTRY	
-	-	-	-	-

SECTION 2. PHYSICAL DESCRIPTION				
AGE	SEX	HEIGHT	WEIGHT	EYES
31	M.	5'	185	Green
COMPLEXION	SCARS	triangular scar rt. cheek		BUILD
Fair				Medium stocky
OTHER DISTINGUISHING FEATURES				
mustache				



PAGE 2

SECTION 3. MARITAL STATUS					
<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED	DATE OF SEPARATION OR DIVORCE		PLACE
<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED				
REASON FOR SEPARATION OR DIVORCE					
<p>NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.</p>					
NAME OF WIFE OR HUSBAND	FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST	DATE OF MARRIAGE	
Elizabeth Howe		Holntire	Harvey	4/4/34	
PLACE OF MARRIAGE	(HIS OR HER ADDRESS BEFORE MARRIAGE)		STREET AND NUMBER	CITY	STATE
Bloomington, Indiana			Flemingsburg, Kentucky		U.S.A.
LIVING <input checked="" type="checkbox"/>	DATE OF DECEASED	CAUSE			
DECEASED <input type="checkbox"/>					
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
2627 39th Street, N.W.			Washington, D. C.		U.S.A.
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
2/3/16	Flemingsburg,	Kentucky		U.S.A.	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Housewife	War Department - MDW - 1942-1944				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
Pentagon Bldg			Washington D. C.		USA
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OF SERVICE		COUNTRY
-					-
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)					
See above, War Dept., MDW - Washington, D. C. 1942-1944					
SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)					
NAME	RELATIONSHIP			AGE	
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
NAME	RELATIONSHIP			AGE	
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
NAME	RELATIONSHIP			AGE	
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
SECTION 5. PARENTS					
NOTE: FOR STEPMOTHER, STEPFATHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET					
NAME OF FATHER	FIRST	MIDDLE	LAST	LIVING <input type="checkbox"/>	
Drennan	R. (only)		Harvey	DECEASED <input checked="" type="checkbox"/>	
DATE OF DECEASE	CAUSE				
7/25/16	Spinal meningitis				
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
S. Tennessee St.			Danville, Indiana		U.S.A.
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
1888	Danville	Indiana		U.S.A.	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Attorney	Self				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
Danville			Indiana		U.S.A.
SECTION 5. PARENTS (CONTINUED)					

SECTION 5. PARENTS (CONTINUE ON BACK PAGE)					
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OR SERVICE	COUNTRY	
None					
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) None					
NAME OF MOTHER	FIRST	MAIDEN	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
Sara	Jewell	King	Survey		
DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
	607 N. South Center Street		Terre Haute	Indiana	U.S.A.
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY
1890	Danville		Indiana		U.S.A.
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Professor	Indiana State Teachers College				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
	Terre Haute			Indiana	U.S.A.
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) None					
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP AND ADOPTED BROTHERS AND SISTERS)					
NAME	FIRST	MIDDLE	LAST		
	None				
PRESENT ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
NAME	FIRST	MIDDLE	LAST		
None					
PRESENT ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
NAME	FIRST	MIDDLE	LAST		
PRESENT ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
SECTION 7. PARENTS-IN-LAW					
NAME OF FATHER-IN-LAW	FIRST	MIDDLE	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
James	Marvin		McIntire, Sr.		
DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
	480 Mt. Carmel Avenue		Flemington	Kentucky	USA
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY
1850	Fleming County, Kentucky				USA
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Attorney	Self				
NAME OF MOTHER-IN-LAW	FIRST	MAIDEN	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
Nannie	Ross		McIntire		
DATE OF DECEASE	CAUSE				
1942	Arteritis-scleroscisis				
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
	480 Mt. Carmel Avenue		Flemington	Kentucky	USA
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY
1836	Fleming County, Kentucky				USA
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Housewife					

SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME	RELATIONSHIP	AGE
None		

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

REASON FOR LISTING UNDER THIS QUESTION				
None				

NAME	RELATIONSHIP	AGE
None		

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

REASON FOR LISTING UNDER THIS QUESTION				
None				

NAME	RELATIONSHIP	AGE

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

REASON FOR LISTING UNDER THIS QUESTION				
None				

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME	RELATIONSHIP	AGE
Dwight Harvey	Cousin	45 approx.

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
USA-Birth	Not known to me as present			

TYPE AND LOCATION OF SERVICE (IF KNOWN)				
Colonel - U.S. Army				

NAME	RELATIONSHIP	AGE

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)				

NAME	RELATIONSHIP	AGE

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)				

SECTION 9. EDUCATION

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Public Schools	Dunville, Indiana			

DATES ATTENDED	FROM	TO	DEGREE
1921		1928	8 yrs. Elementary Credit

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Wiley High School	Terre Haute, Indiana			

DATES ATTENDED	FROM	TO	DEGREE
1928		1931	H.S. Diploma

COLLEGE	ADDRESS	CITY	STATE	COUNTRY
Indiana University	Bloomington, Indiana			

DATES ATTENDED	FROM	TO	DEGREE
1933		1937	B.S. with Distinction (2 yrs. credit)

COLLEGE	ADDRESS	CITY	STATE	COUNTRY

DATES ATTENDED	FROM	TO	DEGREE

SECTION 10. SELECTIVE SERVICE (US CONTINUED TO PAGE 5)			
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SECTION 10. SELECTIVE SERVICE STATUS			
CLASSIFICATION II-A	ORDER NUMBER 1194	APPROXIMATE INDUCTION DATE None	BOARD NUMBER X 113
ADDRESS OF BOARD Evsville, Mason County, Kentucky	STREET AND NUMBER	CITY	STATE USA
IF DEFERRED, STATE REASON Yes, 1940-1947 Special Agent - FBI - US Dept of Justice			
SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN			
COUNTRY USA	SERVICE FBI-US D of J	SERVICE DATES 12/9/40	TO: 8/22/47
GRADE Special Agent	SERIAL NUMBER	TYPE OF DISCHARGE Voluntary Resignation	
LAST STATION Washington, D. C.	COMMANDING OFFICER		
REMARKS:			
SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT(USE ADDITIONAL SHEET IF NECESSARY)			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER R. H. King Construction Co.	JOB TITLE Laborer		
ADDRESS STREET AND NUMBER Danville, Indiana	CITY	STATE	KIND OF BUSINESS Bridge Construction
YOUR DUTIES AND SPECIALTY Construction Worker	NAME OF SUPERVISOR R. H. King		
DATES COVERED 5/26	FROM: TO: 9/26	SALARY \$10	PER week
REASONS FOR LEAVING Return to school			
EMPLOYER Danville Gazette	JOB TITLE Reporter & Printer		
ADDRESS STREET AND NUMBER Danville Indiana	CITY	STATE	KIND OF BUSINESS Newspaper
YOUR DUTIES AND SPECIALTY Editorial and Mechanical Work	NAME OF SUPERVISOR Alvin Hall, Editor		
DATES COVERED 1931	FROM: TO: 1933	SALARY \$10-\$15	PER week
REASONS FOR LEAVING To Enter University			
EMPLOYER Indiana University	JOB TITLE Publicity Writer		
ADDRESS STREET AND NUMBER Bloomington Indiana	CITY	STATE	KIND OF BUSINESS See above
YOUR DUTIES AND SPECIALTY Writing Athletic Publicity	NAME OF SUPERVISOR Various		
DATES COVERED Part time 1934	FROM: TO: 1935	SALARY \$10-(Aprox)	PER week
REASONS FOR LEAVING Voluntary Resignation			
EMPLOYER Self	JOB TITLE Attorney-at-law		
ADDRESS STREET AND NUMBER 210 Court Street Maysville Ky	CITY	STATE	KIND OF BUSINESS Practice of Law

PAGE 8

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)				
YOUR DUTIES AND SPECIALTY			NAME OF SUPERVISOR	
General Legal Practice			None	
DATES COVERED	FROM: 1937	TO: 1940	SALARY \$1500-\$2000	PER year
REASONS FOR LEAVING To enter FBI				
EMPLOYER Federal Bureau of Investigation			JOB TITLE: Special Agent & Supervisor	
ADDRESS	STREET AND NUMBER		CITY	STATE
Department of Justice Bldg. Washington, D. C.			KIND OF BUSINESS: Law enforcement and counter intelligence	
YOUR DUTIES AND SPECIALTY Counter-Intelligence				
DATES COVERED	FROM: 12/9/40	TO: 8/22/47	SALARY \$3200-\$7000	PER Annual
REASONS FOR LEAVING Voluntary Resignation				
EMPLOYER			JOB TITLE	
ADDRESS	STREET AND NUMBER		CITY	STATE
KIND OF BUSINESS				
YOUR DUTIES AND SPECIALTY				
NAME OF SUPERVISOR J. Edgar Hoover				
DATES COVERED	FROM:	TO:	SALARY	PER
REASONS FOR LEAVING				
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.				
DETAILS: Absolutely None				
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
D. P. Howell	Jersey Ridge Rd., Maysville,		Ky.	
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
B. F. Howell, Atty	Sycamore Bldg. Terra Haute		Indiana	
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
J. H. Finch, Sr.	Bank of Maysville Maysville,		Ky.	
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
Harry Stewart	Chief of Police PD Maysville,		Ky.	
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
H. L. Zeigler, Atty	Cochran Bldg. Maysville,		Ky.	
SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
A. H. Morrison	% C.I.O. Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
Matthew McNamee	U.S. District Court Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
J. A. Bennett, Lt. Col.	Andrews Field, Maryland			
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
L. Watson	Room 1734 Dept. of Justice Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER		CITY	STATE
SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)				
(CONTINUED TO PAGE 7)				

SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES AT YOUR LAST NORMAL ADDRESS						
NAME	ADDRESS	CITY	STATE			
Richard Trear	2627 39th St. N.W.	Washington	D. C.			
NAME	ADDRESS	CITY	STATE			
H. John Holberg	2629 39th St. N.W.	Washington	D. C.			
NAME	ADDRESS	CITY	STATE			
Richard Callahan	2629 39th St. N.W.	Washington	D. C.			
SECTION 16. MISCELLANEOUS						
DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
IF ANSWER IS "YES", EXPLAIN BELOW:						
DO YOU USE, OR HAVE YOU USED INTOXICANTS?						
In Moderation						
HAVE YOU EVER BEEN ARRESTED, IMPLICATED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE.						
NO						
HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
IF ANSWER IS "YES", GIVE DETAILS BELOW:						
HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:						
SECTION 17. FINANCIAL BACKGROUND						
ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.						
NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS						
People's Bank of Loring County, Flemingsburg, Kentucky						
State National Bank, Rayeville, Kentucky (Accidentally closed)						
HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:						
SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES						
NAME	ADDRESS	CITY	STATE			
People's Bank of Loring County	Flemingsburg,	Kentucky				
NAME	ADDRESS	CITY	STATE			
State National Bank	Maysville,	Kentucky				
NAME	ADDRESS	CITY	STATE			
J. Garfinkel & Co.	Washington, D. C.					
SECTION 19. RESIDENCES FOR PAST 22 YEARS						
FROM:	TO:	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
3/1942	Date	2627	39th St. N.W.	Washington	D. C.	
FROM:	TO:	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
2/1942	3/1942	Grace Court, Center Avenue		Pittsburgh	Pa.	
FROM:	TO:	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
1/31	2/1942	40-71 Albertaon Street		Flushing	L.O. H.Y.C. N.Y.	

(CONTINUED TO PAGE 8)

SECTION 23. GENERAL QUALIFICATIONS

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

Specialist in counter intelligence, operations, analysis, and evaluation

SECTION 24. SPORTS AND Hobbies

Fishing, hunting, firearms

SECTION 25. EMERGENCY ADDRESSEE

NAME <i>Mrs. Elizabeth M. Harvey</i>	RELATIONSHIP <i>wife</i>
ADDRESS <i>2027 39th Street N.W. Washington, D.C.</i>	CITY STATE COUNTRY TELEPHONE <i>OR 2214</i>

SECTION 26. INFORMATION AND FINAL COMMENTS

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

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

None

SECTION 27. CERTIFICATION

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

SIGNED AT

City _____ *State* _____

DATE

Witness

Signature of Applicant

~~SECRET~~

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
 Leg Res: Maysville, Kentucky

PARENTAGE: Father: Drenan R. Harvey Birth: 1886 Place: Danville, Indiana
 Mother: Sara Jewel King Harvey Birth: 1890 Place: Danville, Indiana

**RELATIVES
ABROAD:** None

EDUCATION: Wiley High School, Terre Haute, Indiana
 Dates: 1928 to 1931
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gasette - Newspaper, Danville, Indiana
 Dates: 1931 to 1933
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937
 Practice of Law, Maysville, Kentucky
 Dates: 1937 to 1940
 F.B.I., Special Agent
 Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

**MARITAL
STATUS:** Married to: Elisabeth Howe McIntire Harvey
 Birth: February 3, 1916 Place: Flemingsburg, Kentucky
 Dependents: None besides wife
 Father-in-Law: James Marvin McIntire, M.D.
 Birth: 1880 Place: Fleming County, Ky.
 Mother-in-Law: Nannie Rose McIntire - now deceased
 Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
 Washington, D. C. Tel: ORDway 2914

Emergency Addressees: Mrs. Elisabeth M. Harvey
 2627 - 39th St., N. W.
 Washington, D. C. Tel: ORDway 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
 Log Res: Maysville, Kentucky

PARENTAGE: Father: Deenan R. Harvey Birth: 1888 Place: Danville, Indiana
 Mother: Sara Jewel King Harvey Birth: 1890 Place: Danville, Indiana

**RELATIVES
ABROAD:** None

EDUCATION: Wiley High School, Terre Haute, Indiana
 Dates: 1928 to 1931
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
 Dates: 1931 to 1933
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937
 Practice of Law, Maysville, Kentucky
 Dates: 1937 to 1940
 F.B.I., Special Agent
 Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

**MARITAL
STATUS:** Married to: Elisabeth Howe McIntire Harvey
 Birth: February 3, 1916 Place: Flemingsburg, Kentucky
 Dependents: None besides wife
 Father-in-law: James Marvin McIntire, Sr.
 Birth: 1880 Place: Fleming County, Ky.
 Mother-in-law: Mannie Ross McIntire - now deceased
 Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
 Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elisabeth M. Harvey
 2627 - 39th St., N. W.
 Washington, D. C. Tel: ORdway 2914

SECRET

27 August 1967

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Reg: Mayeville, Kentucky

PARENTAGE: Father: Drenan R. Harvey
Birth: 1888 Place: Danville, Indiana
Mother: Sara Jewel King Harvey
Birth: 1890 Place: Danville, Indiana

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Mayeville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elisabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependants: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Mannie Rose McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:
2627 - 39th St., N. W.
Washington, D. C. Tel: ORDway 2914

Emergency Addressee: Mrs. Elisabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORDway 2914

SECRET

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
 Leg Rec: Mayfield, Kentucky

PARENTAGE: Father: Drenan R. Harvey Birth: 1888 Place: Danville, Indiana
 Mother: Sara Jewel King Harvey Birth: 1890 Place: Danville, Indiana

RELATIVES

ABROAD: None

EDUCATION:

Wiley High School, Terre Haute, Indiana
 Dates: 1928 to 1931
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937 LLB degree

EXPERIENCE:

Danville Gazette - Newspaper, Danville, Indiana
 Dates: 1931 to 1933
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937
 Practice of Law, Mayfield, Kentucky
 Dates: 1937 to 1940
 F.B.I., Special Agent
 Dates: 1940 to August 22, 1947

MILITARY:

None

TRAVEL:

Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS:

Married to: Elisabeth Howe McIntire Harvey
 Birth: February 3, 1916 Place: Flemingsburg, Kentucky
 Dependents: None besides wife
 Father-in-Law: James Marrin McIntire, Sr.
 Birth: 1880 Place: Fleming County, Ky.
 Mother-in-Law: Nannie Ross McIntire - now deceased
 Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
 Washington, D. C. Tel: ORDway 2914

Emergency Addressees: Mrs. Elisabeth M. Harvey
 2627 - 39th St., N. W.
 Washington, D. C. Tel: ORDway 2914

SECRET

CONFIDENTIAL

SECURITY OFFICE

Investigation Report

CONFIDENTIAL

Date: October 8, 1947

Number: 32814

Subject: HARVEY, William King

To: CPD (2)

1. Investigation directed by: RHC
2. Sources of information: OSO
3. Remarks

4. Recommendation:

SECURITY APPROVAL RECOMMENDED. THOUGH SUBJECT
REPLIED TO THE APPLICANT AS TO THE EXISTENCE OF DEROGATORY INFORMATION AT SOME
TIME PRIOR TO THE DATE OF THIS REPORT, NO DEROGATORY INFORMATION WAS DISCLOSED.
INTERVIEW WAIVED.
IF THE APPLICANT FAILS UPON DUTY WITHIN
30 DAYS FROM ABOVE DATE, THIS APPROVAL BECOMES
INVALID.

Burch notified of (orig) went to
his office today (orig) Oct. 9, 1947.
CC: Mr. Judson H. Lightsey

By RHC
Security Officer
ROBERT H. CUNNINGHAM

CONFIDENTIAL

CONFIDENTIAL

14-00000

MEMORANDUM

Re: William King Harvey

A complete and thorough investigation has been conducted on this employee and he was found suitable for employment in this agency.

SECRET
SECURITY INFORMATION

TO : Chief, Communications
FROM : Acting
Chief, Security Division
SUBJECT: RASVY, William King
32314

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets
the current requirements for cryptographic clearance and is approved for
such duties as of this date.

E. P. Geiss
E. P. Geiss

SECRET

14-00000

Personal & 3rd Agency Material