

diff-jfk: record 104-10222-10042 - Page 1 - (diff between 2025 and 2023)

Highlighted changes between 2025/104-10222-10042.pdf and 2023/104-10222-10042.pdf

MAILED BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/MANUFACTURE: Bustos-Videla, C. Z.INCLUSIVE DATES: 14 Feb 1950 - 16 JAN 1978CUSTODIAL UNIT/LOCATION: Office of PersonnelROOM: SE 13DELETIONS, IF ANY: _____

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWSING OFFICIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

BUSTOSVIDELA C. Z.
SERIAL 477-069-243138
01/18/129

~~SECRET~~
(See Below)

REQUEST FOR PERSONNEL ACTION							DATE PREPARED 31 July 1973	
1. SERIAL NUMBER	2. NAME (Last-First-Middle) 007667 Bustos-Videla, Chapo							
3. NATURE OF PERSONNEL ACTION Reassignment			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 03 03 73			5. CATEGORY OF EMPLOYMENT Regular		
6. FUNDS		X V TO V G TO V	V TO G G TO G			7. PAY AND NSCA 42354525 0000		
8. ORGANIZATIONAL DESIGNATIONS DDO/NH Division FI Staff				9. LOCATION OF OFFICIAL STATION Washington, D.C.				
11. POSITION TITLE OPS Officer				12. POSITION NUMBER (13)		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LS, NC)		15. OCCUPATIONAL SERIES GS		16. GRADE AND MIP 0136.01		17. SALARY OR RATE 13 7 \$ 23642		
18. REMARKS Home Base: MI								
18A. SIGNATURE OF REQUESTING OFFICIAL H. R. Westgold C7N/Pers				DATE SIGNED 31 Jul 73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL R. L. Kerner P-2-73		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. GRADE	21. OFFICERS/ENLISTED	22. GRADE	23. GRADE	24. GRADE	25. GRADE	26. GRADE	
CODE 39 10	NO. DA. RS.	NUMBER ALPHABETIC 51100 WH 75013	CODE 1001	CODE 1001	CODE 1001	CODE 1001	CODE 1001	
27. ETD (PNTS)	28. GRADE	29. GRADE	30. GRADE DATA	31. GRADE DATA	32. GRADE DATA	33. GRADE DATA	34. GRADE DATA	
NO. DA. RS.	NUMBER SERIAL	NUMBER SERIAL	CODE	CODE	CODE	CODE	CODE	
35. VET. PREFERENCE	36. SER. COMP. DATE	37. SER. COMP. DATE	38. GRADE CARRIER	39. GRADE CARRIER	40. GRADE CARRIER	41. GRADE CARRIER	42. GRADE CARRIER	
CODE 3-NONE 2-3-10 2-10-10	MO. DA. RS.	MO. DA. RS.	CASH REG/TIME	CASH REG/TIME	CASH REG/TIME	CASH REG/TIME	CASH REG/TIME	
43. PREVIOUS OFFICER GOVERNMENT SERVICE	44. GRADE CARRIER	45. GRADE CARRIER	46. GRADE CARRIER	47. GRADE CARRIER	48. GRADE CARRIER	49. GRADE CARRIER	50. GRADE CARRIER	
CODE 3-10 PREVIOUS SERVICE 2-10 PREVIOUS SERVICE 2-PREVIOUS SERVICE (1011-1015) (1016-1020) 2-PREVIOUS SERVICE (1021-1025)	1-100	1-100	1-100	1-100	1-100	1-100	1-100	
51. POSITION CONTROL CERTIFICATION	52. O.P. APPROVAL					DATE APPROVED 8-1-73		
53. APPROVAL 100-1000-1000-1000-1000-1000-1000-1000								

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DX-34950 Rev 07-0322

EX-2
APR8

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EYES ONLY

17 JAN 1973

MEMORANDUM FOR: Chairman, GS-13 Evaluation Board

SUBJECT : Recommendation for Promotion to GS-14
Charlotte Bustos-Videla

1. It is recommended that Charlotte Bustos-Videla be promoted from GS-13 to GS-14.

2. The performance of this officer has been characterized for many years by all of her supervisors as consistently strong to outstanding. She has been able to establish herself as indispensable in each Headquarters Branch or Field Station assignment, usually functioning as the backbone of the unit to which assigned. Since return to Headquarters in September 1972 from her field assignment in Mexico, her performance has been entirely congruent with the thrust of the Field Station's enthusiasm over her ability, performance, attitude and growth potential. She is currently chief of the Cuban and CA Section of her branch, and has established once again her mastery over her assigned duties. She is the kind of sound, dependable, yet imaginative officer greatly appreciated by her supervisors. In short, she is a true professional who performs beyond her grade level.

3. In regard to her potential, she has served in the Agency since 1951, starting as a secretary/stenographer, and advancing brilliantly with each new challenge offered. She achieved professional status in 1953 and has spent the bulk of her time since then specializing in Latin American affairs, demonstrating total flexibility in assignments, a voracious appetite for work and a penchant for exceptionally precise and thorough production. A review of her career to date can lead to the conclusion that she has always risen successfully to each new professional challenge, and is still far from reaching her maximum capacities. While she has had little supervisory experience in the field, her supervisor was of the opinion that she is a "natural leader". This has been borne out in her performance in her current capacity as a Branch Section Chief, in which she has demonstrated exemplary supervisory ability. Notwithstanding her drive, aggressiveness and professional aplomb, she is a popular co-worker, is receptive to guidance and sensitive and responsive to the needs of her subordinates.

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EYES ONLY

~~SECRET~~

EYES ONLY

- 2 -

4. This employee has utilized her fluency in the Spanish language to maximum advantage in her work. Formal testing recently confirmed her high proficiency in that language. Coupled with a comprehensive training record and her invaluable experiences over a twenty year period, she has become particularly effective in Latin American operations and operational support, demonstrating excellence in each of several recognized specializations, including CI operations, functional support, reports and requirements, area support and varied covert action activities.

5. The officer's adaptability, high intelligence and mastery over her trade was of inestimable value to Mexico City Station, and over a five year period from 1967 to 1972, she functioned as the Station's internal troubleshooter. Her duties included the maintenance of watchlists, screening of travel documents, processing of raw technical take, target analysis, reports writing, operational support, handling of outside contract agents, and special assignments as the Chief of Station's Executive Assistant.

6. The employee is occasionally called upon by the Office of Training to administer specialized training, and she was chosen recently to attend the Mid-Career Course ending in December 1972. Meanwhile, her absence from her new job is felt sorely by the Branch. It is expected that her current assignment will last about two years.

7. In summary, we have here an exceptional officer who has been performing at the level of a GS-14 for some years; it is now time to promote her to that grade commensurate with her performance and which she so justly deserves.

Theodore G. Shackley
Theodore G. Shackley
Chief
Western Hemisphere Division

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EYES ONLY

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MEMORANDUM FOR: Chairman, QSI - Honor and Merit Awards Panel
SUBJECT : Request for Quality Step Increase (HR 20-37)
Mrs. Charlotte Bustos-Videla

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for Charlotte Bustos-Videla.
2. As noted in the attached fitness report, Subject's performance of her duties has been uniformly outstanding. In addition to her responsibilities in the Cuban section of the Mexico City Station, she has recently been made the executive assistant to the Chief of Station at Mexico City. In this job, she screens all incoming material for matters of interest to the Chief and Deputy Chief of Station. She also continues performing her past functions in the Cuban section for the Station.
3. Subject's present high quality of performance is typical of her performance since she entered the Agency in 1951. It is fully expected that this level of performance will be maintained.
4. Although the present Chief of Station was not the reviewing official on the attached fitness report, he has commented that he considered Subject an outstanding officer and has recommended that she be considered for a Quality Step Increase.

William V. Broe
William V. Broe
Chief
Western Hemisphere Division

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EYES ONLY
SECRET

16 MAR 1968

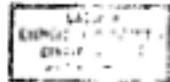
MEMORANDUM FOR: Secretary, CSCS Panel (Section A)

SUBJECT: Recommendation for Promotion to Grade GS-13
Charlotte Z. Bustos-Videla

1. The promotion of Charlotte Z. Bustos-Videla from GS-12 to GS-13 is hereby recommended.
2. This exceptional officer has now been performing at a senior level for several years and, while recognition through a Quality Step Increase was granted her last year, her sustained performance clearly exceeding the requirements of a GS-13 qualifies her for a promotion at this time. Subject is one of the outstanding women who have demonstrated their capacity for even further advancement within the Agency and will probably continue to advance in the future. The present recommendation is based on already demonstrated ability to operate at a senior level.
3. Subject is 36 years old and has been in grade as a GS-12 for the past five and one-half years.

R. W. [Signature]
Deamond Fitzgerald
Chief,
Western Hemisphere Division

EYES ONLY
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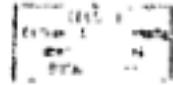
~~SECRET~~

18 DEC 1979

MEMORANDUM FOR: Charlotte Bustos-Videla
THROUGH : Chief, WH Division
SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Service.
2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

Thomas H. Karanassis
Deputy Director for Plans

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12 DEC 1969

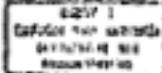
MEMORANDUM FOR: Head, Clandestine Service
Career Service

SUBJECT : Notification of Approval of
Quality Step Increase -
Charlotte Bustos-Videla

1. I am pleased to send to you the attached official notification of the approval of a second Quality Step Increase to be awarded to this employee. The previous Quality Step Increase was effective March 1964.
2. May I again ask that you arrange an appropriate ceremony for the presentation of this Quality Step Increase which is in recognition of her continuing excellent performance.


Robert S. Wattles
Director of Personnel

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-2-

SUBJECT: Request for Quality Step Increase (HR 90-37)
Mrs. Charlotte Bustos-Videla

APPROVAL RECOMMENDED:


Chairman, DDP-QSI Panel


Date

APPROVED:


for John J. Caldwell
Director of Personnel

12 Dec 1969

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SECRET

18 Oct 1968

REQUEST FOR PERSONNEL ACTION								DATE PREPARED					
1. SERIAL NUMBER	2. NAME (Last-First-Middle)							17 OCTOBER 1968					
007667	BUSTOS-VIDELA, ORLANDO Z.												
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT							
6. RANKS		7. PAY GRADE	8. PAY GRADE	MONTH	DAY	YEAR	REGULAR						
OF 10 Y		X OF 10 Y	OF 10 C	11	03	68							
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION				10. FINANCIAL ARRANGEMENTS NO CHARGEABLE		11. LEGAL AUTHORITY (Completed by Office of Personnel)							
				9135 0990									
12. POSITION TITLE OPS OFFICER				13. POSITION NUMBER (13)		14. POSITION NUMBER		15. CAREER SERVICE DESIGNATION					
				(13)		0418		D					
16. CLASSIFICATION SCHEDULE (GS, ECR, AM, J)			17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE						
GS			0136.01		13 4		S 158-19						
20. REMARKS X STAFF EMPLOYEE SPECIAL FROM: POSITION # 1528													
21. SIGNATURE OF APPROVING OFFICER Henry L. Berthold C/HU/Personnel				22. DATE SIGNED		23. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Loyd W. Library				24. DATE SIGNED 25.000			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
25. RATION	26. PAYGRADE	27. GRADE CODES	28. PAY GRADE	29. PAY GRADE	30. PAY GRADE	31. PAY GRADE	32. PAY GRADE	33. PAY GRADE	34. PAY GRADE	35. PAY GRADE	36. PAY GRADE		
25. RATION	26. PAYGRADE	27. GRADE CODES	28. PAY GRADE	29. PAY GRADE	30. PAY GRADE	31. PAY GRADE	32. PAY GRADE	33. PAY GRADE	34. PAY GRADE	35. PAY GRADE	36. PAY GRADE		
25. RATION	26. PAYGRADE	27. GRADE CODES	28. PAY GRADE	29. PAY GRADE	30. PAY GRADE	31. PAY GRADE	32. PAY GRADE	33. PAY GRADE	34. PAY GRADE	35. PAY GRADE	36. PAY GRADE		
25. RATION	26. PAYGRADE	27. GRADE CODES	28. PAY GRADE	29. PAY GRADE	30. PAY GRADE	31. PAY GRADE	32. PAY GRADE	33. PAY GRADE	34. PAY GRADE	35. PAY GRADE	36. PAY GRADE		
37. PAY GRADE CHANGES 1. 101-000 2. 101-000 3. 101-000 4. 101-000				38. PAY GRADE 101-000		39. PAY GRADE 101-000		40. PAY GRADE 101-000		41. PAY GRADE 101-000		42. PAY GRADE 101-000	
43. PAY GRADE CHANGES 1. 101-000 2. 101-000 3. 101-000 4. 101-000				45. PAY GRADE 101-000		46. PAY GRADE 101-000		47. PAY GRADE 101-000		48. PAY GRADE 101-000		49. PAY GRADE 101-000	
50. POSITION CONTROL DESIGNATION FOLIO 344-143 1. 101-000 2. 101-000 3. 101-000 4. 101-000													

52. FORM 1132 - 10-64-65 EDITION

SECRET

CASE NUMBER
100-000000000000000000

SECRET

10 Year Valid For

REQUEST FOR PERSONNEL ACTION								DATE PREPARED		
								13 OCTOBER 1967		
1. SERIAL NUMBER	2. NAME (Last-First-Middle)									
107667	BUSTOS VIDELA, CARLOS OTTO Z. 02-17-67									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT								4. EFFECTIVE DATE REQUESTED		
								MONTH	DAY	YEAR
								07	05	67
5. PAY GRADE								6. FINANCIAL ANALYST NO CHARGEABLE		
<input checked="" type="checkbox"/>		V TO Y	V TO C	8135 0990			7. LEGAL AUTHORITY (Explain by Office of Personnel)			
<input type="checkbox"/>		OF TO Y	OF TO C							
9. ORGANIZATIONAL DESIGNATIONS G DDP/WH S FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION								10. LOCATION OF OFFICER STATION MEXICO CITY, MEXICO		
11. POSITION TITLE OPS OFFICER								12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEME (GA, FR, etc.)				15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE				
GS				0136.01	XX 13 3	\$ 13,769				
18. REMARKS OPS OFFICER OCCUPYING INTEL ANALYST. X* STAFF EMPLOYEE ARE SPECIAL. EX CONCUR: H. L. Berthold CCS S. J. Sturge CCS Henry L. Berthold C/WI/Personnel										
19. SIGNATURE OF CHIEF OF STATION				DATE SIGNED	20. SIGNATURE OF CAREER SERVICE AGENT, THIS OFFICE				DATE SIGNED	
Henry L. Berthold C/WI/Personnel				17 Oct 67	R. M. J. Sturge				17 Oct 67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
21. REASON FOR ACTION	22. DATE OF ACTION	23. ACTION	24. APPROVAL	25. SIGN OF PAPER	26. DATE OF ISSUE	27. DATE OF END				
REF ID: A1234567890	1967-10-17	REASSIGNMENT	1967-10-17	1967-10-17	1967-10-17	1967-10-17				
28. NEW OFFICE	29. OLD OFFICE	30. REASSESS DATE	31. SEPARATION	32. SEPARATION/TRANSFER DATE	33. SECURITY	34. SECURITY	35. SECURITY	36. SECURITY	37. SECURITY	38. SECURITY
HQ, DA, 10.	10	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17
39. REASSESS DATE	40. NEW TERM DATE	41. LONG TERM OUT	42. OBLIGATE DATE	43. RELEASE DATE	44. HIGH SECURITY	45. LOW SECURITY	46. SECURITY	47. SECURITY	48. SECURITY	49. SECURITY
1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17	1967-10-17
50. PREVIOUS OFFICIAL APPROVALS				51. APPROVAL DATE	52. STATE OF DATA					
1. NO PREVIOUS APPROVAL 2. NO OFFICIAL APPROVAL 3. APPROVAL MADE ON THIS FORM 4. APPROVAL MADE ON FORM 1052				1967-10-17	53. APPROVAL DATE					
54. PREVIOUS CONTROL INFORMATION				55. APPROVAL DATE	56. APPROVAL DATE					
				1967-10-17	1967-10-17					

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23 June 1967

MEMORANDUM FOR: Central Cover Group

SUBJECT : Cover for Charlotte E. Bustos-Videla

1. Mrs. Charlotte E. Bustos-Videla is being transferred PCS to Mexico City in staff capacity. She will fill slot 1523.

2. Mrs. Bustos-Videla is traveling under Travel Order No. 39-68. (See copy attached) Her cover will be chmt of a dependent wife entering Mexico on the Visitante visa of her husband, Dr. Cesar Bustos-Videla, who is receiving a Visitante visa in connection with a teaching contract he has with the Las American University, Mexico City. The University is paying for the travel of Dr. Bustos-Videla only and for all documentation. The University also will provide no quarters or quarters allowance. Under the travel order Mrs. Bustos-Videla will receive mileage and ~~single per diem for the trip to Mexico City. Limited household effects will be sent, the remaining items (also limited) will be stored at Government expense.~~

3. The cover story to be used by Mrs. Bustos-Videla is ~~she will be in Mexico City for Army, USIA, Operations Group effective in July 1967. She will travel to Mexico with her husband, where she will meet friends and obtain local employment with the U.S. Embassy.~~

4. Actually, Mrs. Bustos-Videla will remain in pay status as a Staff Employee.

5. Due to the change in cover stories, it is requested that CGO/WC take appropriate steps to see that the salary received through 15 July 1967 be covered by an Army W-2, and that effective 15 July 1967, D.C. Income tax no longer be withheld, and all subsequent salary be covered by a National Department of State W-2. The salary government checks should continue to be deposited to the National Bank of Washington, Dupont Circle Branch, Account No. 3 000 36 0. She will receive no field allotment.

Robert D. Gaskins
Chief, Personnel

~~SECRET~~

SECRET
10 JULY 1967

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER		2. NAME (First, Middle)				10 JULY 1967	
007667		BUSTOS VIDELA, CHARLOTTE Z.					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						4. EFFECTIVE DATE REQUESTED	
						MONTH DAY YEAR 07 16 67	5. CATEGORY OF EMPLOYMENT REGULAR
6. RANKS OF 10 V		XXX	OF 10 O		7. FINANCIALS ANALYST NO CHARGES		
OF 10 V			OF 10 O		8. LEGAL AUTHORITY (Completed by Office of Personnel) §135 0990		
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION						10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO	
11. POSITION TITLE OPS OFFICER				(11)		12. POSITION NUMBER 1528	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEME (GS, E.O. IN 2)		15. OCCUPATIONAL SERIES GS 0136.01		16. GRADE AND STEP 13 3		17. SALARY OR RATE \$ 13,769	
18. REMARKS * OPS OFFICER OCCUPYING ANALYST POSITION FROM: DDP/WH/1/Pos. No. 1201 PRA IN ACCORDANCE WITH HR20-17d(b), NOT TO EXCEED TWO YEARS.							
19. APPROVALS 1. APPROVAL OF APPROVING OFFICER Robert D. Cashman /D/ 17 JUN 67 2. APPROVAL OF CAREER SERVICE APPROVING OFFICER Paul M. Yoder /D/ 17 JUN 67							
20. SPACE PROVIDED FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. APPROVING OFFICER NAME RANK GRADE NUMBER INITIALS	22. APPROVING OFFICER NAME RANK GRADE NUMBER INITIALS	23. APPROVING OFFICER NAME RANK GRADE NUMBER INITIALS	24. APPROVING OFFICER NAME RANK GRADE NUMBER INITIALS	25. APPROVING OFFICER NAME RANK GRADE NUMBER INITIALS	26. APPROVING OFFICER NAME RANK GRADE NUMBER INITIALS	27. APPROVING OFFICER NAME RANK GRADE NUMBER INITIALS	28. APPROVING OFFICER NAME RANK GRADE NUMBER INITIALS
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45. POSITION CONTROL CERTIFICATION C7-1467LJ				46. O.P. APPROVAL R. M. Yoder		DATE APPROVED 17 JUN 67	
29 JULY 1952 LSC APPROVED EDITION							
47. APPROVING OFFICER SIGNATURE Paul M. Yoder							
48. APPROVING OFFICER SIGNATURE John H. Johnson							

SECRET

17 JUN 1967

C. Rokas
SECRET

REQUEST FOR PERSONNEL ACTION								DATE PREPARED																																																																																																																						
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						3. DATE PREPARED																																																																																																																						
007667 ✓		BUSTOSVIDELA, C.Z. ✓						19 OCTOBER 1966																																																																																																																						
4. NATURE OF PERSONNEL ACTION PROMOTION								5. EFFECTIVE DATE REQUESTED																																																																																																																						
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8. ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 1 FI SECTION								9. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.																																																																																																																						
10. POSITION TITLE OPS OFFICER (13)								11. POSITION NUMBER	12. CAREER SERVICE DESIGNATION																																																																																																																					
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14. CLASSIFICATION SOURCE (A.S., E.R., WH)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP																																																																																																																						
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18. REMARKS FROM: GS-12/6 (\$12,822)																																																																																																																														
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1 SEP 1966

MEMORANDUM FOR: CSPS/A

SUBJECT : Recommendation for Promotion of
Charlotte Bustos-Videla

1. The promotion recommendation to GS-13 of Mrs. Charlotte Bustos-Videla is hereby submitted. Mrs. Bustos-Videla entered the Agency in August 1951 as a GS-5 and rapidly and deservedly rose to a GS-12 by 1959. She has now been almost seven years in grade and has been recommended for promotion to the CSPS/A by WH Division five times previously.

2. This outstanding officer has continued to perform at the exceptional level which has by now become her standard of performance. Her past four annual Fitness Reports have each given her an overall rating of outstanding. In this connection it is noteworthy that no two Fitness Reports were written by the same rating officer. She continues to occupy a GS-12 officer slot and her performance clearly continues to exceed the requirements for that position. She is considered to be one of the outstanding women who have demonstrated their capacity for further advancement within the Agency.

3. Mrs. Bustos-Videla not only continues to bring continuity to the Mexican Branch through her long experience on Mexican affairs, but consistently contributes to the smooth functioning of the Branch through her highly efficient organizational capabilities. She has been called upon to handle all manner of difficult desk problems. She invariably responds quickly, cheerfully, and effectively. She has been instrumental in on-the-job training of a number of officers, both for desk assignments and in preparation for field assignments. She has excellent rapport with innumerable persons in other areas and staffs, thus adding to the efficiency and speed with which she accomplishes her daily tasks. Her promotion at this time is urged.

William V. Broe
William V. Broe
Chief,
Western Hemisphere Division

Approved by CS Director
CHIEF, WHD
13 SEP 66

~~SECRET~~
(When Filled In)

11 August 1966

MEMORANDUM FOR: Charlotte L. Bustos-Villalba

THROUGH : Head of ^{C3} Career Service

SUBJECT : Notification of Non-eligibility for Designation as a Participant in the CIA Retirement and Disability System

1. As you may know, we are in the process of reviewing the employment history and current career field of all employees in the Agency to identify those who are eligible for designation as a participant in the new CIA Retirement and Disability System. In this process, the initial review of each case is made by the individual's Career Service. If the Head of his Career Service nominates him for participation in the System, this nomination is reviewed by the CIA Retirement Board which recommends final action to me. However, if the Head of the Career Service advises that the employee does not meet the basic requirements of HR 20-50 for participation, I have accepted this finding without further review by the CIA Retirement Board. This practice has been adopted in the interest of expediting this screening process so that those employees who are eligible to participate in the System may be designated participants as soon as possible.

2. In your case, the Head of your Career Service has advised me that you do not meet the requirements of HR 20-50 for designation as a participant and I have accordingly made the formal determination required by the regulation that you are not eligible for designation. From a review of your record it appears that the decision of your Career Service was based upon the fact that you do not have sufficient time prior to completing 15 years of service with the Agency in which you could complete a minimum of 60 months of qualifying service as required by regulation. My determination that you are not eligible at this time for designation in no way affects your current status under the Civil Service Retirement System, nor does it preclude re-consideration of your eligibility to participate in the CIA System if you should meet the requirements for designation in the future.

3. Should you desire further information concerning the requirements for designation as a participant in the CIA Retirement System, I suggest that you read paragraph e of HR 20-50 and paragraph 5 of the Employee Bulletin dated 30 July 1965, entitled "Public Law 88-643, The Central Intelligence Agency Retirement Act of 1964 for Certain Employees."

4. It is always possible that the records upon which the determination made in your case may have been incomplete or inaccurate regarding your actual employment history with the Agency. If, after studying the materials cited above, you have questions regarding the determination that you are not eligible to participate in the CIA Retirement System, please feel free to contact officials of your Career Service. They are familiar with the details of your case and will gladly discuss them with you. In addition, you may wish to discuss your case with the CIA Retirement Staff located in Room 205, Magazine Building (extension 2847). If such discussions do not resolve my questions you have regarding your eligibility, you may request that your case be formally considered by the CIA Retirement Board. However, this request must be made within 30 days of the date of this memorandum.


R. W. Schulz
Director of Personnel

~~SECRET~~

EIS CIV
S-1

1 MAR 1966

MEMORANDUM FOR: - Secretary, CS/CS Panel (Section A)

SUBJECT : Recommendation for Promotion to
Grade GS-13, Charlotte Z. Bustos-Videla

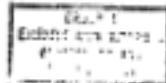
1. The promotion request from GS-12 to GS-13 on
Mrs. Bustos-Videla is hereby submitted.

2. This outstanding officer has continued to
perform at the exceptional level which has by now
become for her a standard of performance. She now
formally occupies a senior (GS-13) FI Officer slot in
the Mexican Branch and her performance clearly continues
to exceed the requirement for that position. She is
still considered to be one of the outstanding women who
have demonstrated their capacity for further advancement
within the Agency, independently, of the experience on
Mexican affairs acquired through continuity in her
present assignment.

3. The comments made in connection with the four
previous promotion recommendations continue to be
entirely applicable.

4. Subject is 37 years old and has been in grade
as a GS-12 for the past six years.

W. V. Broe
William V. Broe
Chief,
Western Hemisphere Division



EIS CIV
S-1

CC: 100
LSD UNIT
~~SECRET~~

9 SEP 1965

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)
SUBJECT : Recommendation for Promotion to
Grade GS-13, Charlotte Z. Bustos-Videla

1. The promotion request from GS-12 to GS-13 on
Mrs. Bustos-Videla is hereby resubmitted.

2. This outstanding officer has continued to
perform at the exceptional level which has by now
become for her a standard of performance. She now
formally occupies a senior (GS-13) FI Officer slot in
the Mexican Branch and her performance clearly continues
to exceed the requirement for that position. She is
still considered to be one of the outstanding women who
have demonstrated their capacity for further advancement
within the Agency, independently of the expertise on
Mexican affairs acquired through continuity in her
present assignment.

3. The comments made in connection with the
three previous promotion recommendations continue to
be entirely applicable.

4. Subject is 36 years old and has been in grade
as a GS-12 for the past six years.

W. V. Broe
William V. Broe
Chief,
Western Hemisphere Division

X
✓
✓
✓
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100-1000-1000

REQUEST FOR PERSONNEL ACTION						DATE PREPARED								
						28 JULY 1965								
1. SERIAL NUMBER	2. NAME (Last-First-Middle)													
007667	BUSTOS-VIDELA, CINDY													
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE REQUESTED								
REASSIGNMENT						MONTH DAY YEAR								
<table border="1"><tr><td>5. RANKS</td><td>XX</td><td>V TO V</td><td>V TO O</td></tr><tr><td></td><td>O TO V</td><td>O TO O</td><td></td></tr></table>						5. RANKS	XX	V TO V	V TO O		O TO V	O TO O		AUG 1 65
5. RANKS	XX	V TO V	V TO O											
	O TO V	O TO O												
6. ORGANIZATIONAL DESIGNATIONS						7. COST CENTER NO CHARGEABLE								
DDP/WH BRANCH 1 MEXICO SECTION 3rd Section						6235 0620								
8. LOCATION OF OFFICE STATION						9. CARRIER SERVICE DESIGNATION								
						WASHINGTON, D.C.								
10. POSITION TITLE			11. POSITION NUMBER	12. CARRIER SERVICE DESIGNATION										
OPS OFFICER			1201	D										
14. GRADE/CONVERSION SCHEDULE (G.C.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE										
GS		0136.01	12 4.5	\$ 41,815 11670										
18. REASON FROM: DDP/WH/MEXICO SECTION/1302/														
MRS. BUSTOS-VIDELA WILL REPLACE MR. RICHARD SCUTT WHO WILL BE REASSIGNED TO DDP/EE. TO BE EFFECTIVE 1 AUGUST 1965														
19. SIGNATURE OF CARRIER SERVICE APPROVALS														
BUSTOS-VIDELA CINDY D. CASIMAN C/SH/RERS			DATE SIGNED	19. SIGNATURE OF CARRIER SERVICE APPROVALS										
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59. POSITION CONTROL INFORMATION 110/65 110			60. O.P. APPROVAL			61. APPROVED 110/65 110								

4 SEP 1964

MEMORANDUM FOR: Secretary, CSCS (Panel A)

SUBJECT : Recommendation for Promotion to GS-13
Mrs. Charlotte Bustos-Videla.

1. The promotion to GS-13 of Mrs. Charlotte Bustos-Videla is recommended. Mrs. Bustos-Videla entered the Agency in August 1951 as a GS-5 and rapidly and deservedly rose to a GS-12 grade by 1959.

2. This recommendation is based on Mrs. Bustos-Videla's performance during the past three years as the senior assistant to the various chiefs of the Mexican desk/branch, who unanimously have found her to be extremely competent and reliable both in her routine assignments and special tasks occasionally levied on her, such as country studies, compilation of programs, requirement reviews, etc.

3. Mrs. Bustos-Videla has consistently responded with intelligence and clarity and has materially contributed to orderly imaginative administration of Headquarters support to a most active station. In the process, she has been instrumental in training on-the-job innumerable officers both for desk assignments and in preparation for field assignments.

4. For her outstanding performance she received a quality step increase in April 1964. This deserved recognition should now be followed up at this time by a promotion to the next grade in accordance with the consistently good performance at the GS-13 level over a prolonged period of time.

Desmond Fitzgerald
Desmond Fitzgerald
Chief
Western Hemisphere Division

CONFIDENTIAL

14 APR 1964

MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of Quality Step Increase -
Mrs. Charlotte Bustos-Videla

1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.

2. The salary increase accomplished by the award of a Quality Step Increase is important and tangible evidence of the esteem in which the employee so recognized is held. However, I believe the commendatory and incentive benefits of this award will be partially lost unless it is presented in an appropriate ceremony which will afford the individual recognition among co-workers and supervisory officials. Also, I believe such recognition serves to inspire other employees to aspire to earning such recognition.

3. May I ask, therefore, that you arrange to have this Quality Step Increase presented at an appropriate ceremony.

Emmett D. Echols
Emmett D. Echols
Director of Personnel

Planned in
a ceremony
4/24/64

CONFIDENTIAL

14-00000
SECRET

20 March 1964

MEMORANDUM FOR: DDP/OP

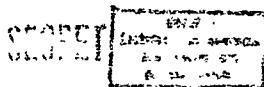
THROUGH : Chief, Clandestine Services Personnel Office
SUBJECT : Charlotte Z. Bustos-Videla -- Request for
Quality Step Increase

1. It is recommended that a Quality Step Increase for Mrs. Charlotte Z. Bustos-Videla be endorsed by you for the reasons presented in the attached memorandum prepared by the Chief, Western Hemisphere Division.

2. A review of Mrs. Bustos-Videla's official Personnel File strongly supports the statement of Colonel Kline. Without exception, the performance of this officer during her entire Agency employment has been identified by various and all supervisors as "Superior" and "Outstanding." Likewise, nothing in other records maintained by the Office of Personnel contradicts or modifies the impressive record made by Mrs. Bustos-Videla.

3. Testimony to the high regard which officials of WH Division view this officer's work is furnished by noting that Mrs. Bustos-Videla is the first female officer to be proposed for a QSI by WH and one of a total of but three officers nominated by that Division for the award since the QSI provision of the Federal Salary Reform Act of 1962 became effective in CIA approximately fifteen months ago.

John J. McCullagh
John J. McCullagh
Clandestine Services
Personnel Office



~~SECRET~~

6 March 1964

MEMORANDUM FOR: Deputy Director of Plans

ATTENTION : DDP/OP

**SUBJECT : Request for Quality Step Increase for
Charlotte Bustos-Videla**

1. On the basis of the information presented below, it is recommended that a quality step increase be approved for Charlotte Bustos-Videla.

2. As stated in the accompanying Fitness Report, Subject's performance of her duties has been uniformly outstanding. In addition to her responsibilities as the desk officer for Mexico PI and Operational Support Projects, she carries a heavy burden in the areas of administration, preparation of special reports and training of personnel. She frequently represents the Mexico Section in dealings with other elements of the Agency and acts for the Chief of Section in his absence. Subject's performance clearly exceeds the normal requirements of the assignment and of her present GS grade level.

3. Subject's present high quality of performance typifies her performance over a period of several years and it is fully expected that this level will be maintained.

4. Consideration was given to the granting of a Merit Award but the quality step increase seems more appropriate in this case. Subject has been passed over for promotion in the past and due to limitations as to

-2-

area of assignment, it is unlikely that a promotion to grade GS-13 can be obtained. The salary increase is therefore thought to be the most fitting reward for her outstanding service.

J.C. King
C. KING
C/WHD

CONCUR:

Frank McRae
TDP/OP

20 March 64
Date

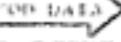
APPROVED:

John S. Dantes
Director of Personnel

24 MAR 64
Date

~~SECRET~~

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED
1. SERIAL NUMBER	2. NAME (Last-First-Middle)			15 November 1963
007667	BUSTOSVIDELA, C. Z.			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 163
5. FUNDS 	X Y TO X CP TO Y	Y TO CP CP TO CP	6. COST CENTER NO. CHARGEABLE 4235 1000 1000	7. CATEGORY OF EMPLOYMENT REGULAR
8. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO SECTION				9. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.
10. POSITION TITLE OPS OFFICER				11. POSITION NUMBER 0321
12. CLASSIFICATION SCHEDULE (GS, LS, WPS)		13. OCCUPATIONAL SERIES	14. GRADE AND STEP 12-4	15. SALARY OR RATE \$10,420
16. REMARKS FROM: DDP/WH/3/607/Mexico Sec/lqs				
Recorded by CSPD <i>[Signature]</i>				
17. SIGNATURE OF AUTHORITY OFFICIAL <i>[Signature]</i>		DATE SIGNED 11/16/63	18. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL <i>[Signature]</i>	
ROBERT T. D. GANTMAN - C/HM/PMS			DATE SIGNED	
19. APPROVAL BY THE CHIEF OF THE OFFICE OF PERSONNEL 				
20. POSITION CONTROL CLASSIFICATION <i>11-21-63 A/C</i>				

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15 March 1963

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)

SUBJECT: Recommendation for Promotion to Grade GS-13
Mrs. Charlotte Bustos-Videla

1. Mrs. Charlotte Bustos-Videla entered on duty with WH Division in August of 1951. She has served on a variety of desks covering South American as well as Mexican and Central American affairs. In each of her assignments she has demonstrated exceptional competence and devotion to duty.
2. Since December 1957 Mrs. Bustos has been assigned to the Mexican Desk and at present is Acting Chief. She is the soul and motor of that desk, managing many of its operations and supervising its staff, many of whom she has trained. She is past mistress of administrative procedure and the ease with which she obtains clearances, initiates plans and secures necessary approvals while handling the most complicated operational aspects of projects is phenomenal. Her work output is enormous and yet everything is done simply and modestly with a minimum of excess motion. She is an outstanding employee and should be deserving of recognition.
3. It is recommended that Mrs. Bustos be promoted to grade GS-13.

J. C. XEROX
Chief,
Western Hemisphere Division

Not Approved
Jane C

~~SECRET~~

~~SECRET~~

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		1 June 1961			
107667		BUSTOS-VIDELA, C. Z.					
3. NATURE OF PERSONNEL ACTION NAME CHANGE FROM-CHARLOTTE L. TENGNUO		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 66 11 16		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS ► <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHARGEABLE 1235 1000 1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO SECTION		10. LOCATION OF OFFICIAL STATION WASH., D. C.					
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER BA-607		13. PON CONTROL NO.	14. CAREER SERVICE DESIGNATION DI		
15. CLASSIFICATION SCHEDULE (GS, LS, PCS.) GS 12		16. OCCUPATIONAL SERIES 0136.01		17. GRADE AND STEP 12 -3-3-	18. SALARY OR RATE *8955- 9 2/3		
19. REMARKS By Marriage.							
20. SIGNATURE OF REQUESTING OFFICIAL <i>J. R. Barnes</i>				21. SIGNATURE OF ENCLERIC FOR APPROVING OFFICER <i>O. C. Deacon</i>			
22. STATEMENT FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
23. POSITION NUMBER 107667		24. OFFICE LOCATED 107667		25. WORKSITE 107667		26. WORKSITES 107667	
27. DATE EXPIRES 06-11-66		28. SPECIAL REFERENCE 107667		29. ESTIMATED WORKSITES PERIOD 06-11-66		30. STATUS 107667	
31. DATE 06-11-66		32. DATE 06-11-66		33. DATE 06-11-66		34. DATE 06-11-66	
35. APPROVAL O. C. Deacon 06-11-66		36. APPROVAL O. C. Deacon 06-11-66		37. APPROVAL O. C. Deacon 06-11-66		38. APPROVAL O. C. Deacon 06-11-66	
39. POSITION CONTROL CENTER NUMBER 107667		40. O.P. APPROVAL O. C. Deacon 06-11-66		41. APPROVAL O. C. Deacon 06-11-66		42. APPROVAL O. C. Deacon 06-11-66	

~~2-2-6-5-1~~

21 May 1961

MEMORANDUM FOR: WH/Personnel

SUBJECT: Change of Name

It is requested that all records in the Agency,
including the section which issues payroll checks, be changed
to reflect my married name: Charlotte Z. Bustos-Videla.
This change is effective immediately.

Charlotte Bustos-Videla
Charlotte Z. Bustos-Videla
6/3/Mexico

~~2-2-6-5-1~~

JULY 1971
REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vat Prof.	5. Sex	6. CS - EOD
07667	ZEHRUNG CHARLOTTE			Mo. 01 Da. 12 Yr. 29	Non-Prof. 0 5 PI-1 10 PI-2	F 2	Mo. 00 Da. 27 Yr. 51
7. SCD	8. CSC Reim.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. <small>Bill, Proc, Sto</small>	
Mo. 04 Da. 02 Yr. 51	Yes - 1 No - 2	Code 1 50 USCA 403	Mo. Da. Yr.	Yes - 1 No - 2	Code Mo. 00 Da. 27 Yr. 51	Yes - 1 No - 2	Code 2

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code
DDP WH BRANCH 111 MEXICO SECTION		4613	WASH., D. C.		75013
16. Dept. - Field	17. Position Title	18. Position No.		19. Serv.	20. Occup. Series
DoD USAF Frgn - 12	XXXXXX OPS OFCR	BA-321		GS	0136.51
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
118-4	7750	DI	Mo. 04 Da. 110 Yr. 155	Mo. 04 Da. 106 Yr. 158	0235-1000-1000

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
PROMOTION	30	Mo. 16 Da. 11 Yr. 31	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designation	Code	32. Location Of Official Station	Station Code		
	4613		WH		
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series	
DoD USAF Frgn - 12	OPS OFCR	607 BA-321	GS	0136.01	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
12 L	8330	DI	Mo. 12 Da. 113 Yr. 159	Mo. 12 Da. 116 Yr. 160	0235-1000-1000

A. Requested By (Name And Title)	B. Request Approved By (Signature And Title)
P. C. Bowers WH Personnel Officer	
C. For Additional Information Call (Name & Telephone Ext.)	
John Washington 8242	

CLEARANCES

Classification	Signature	Date	Classification	Signature	Date	
A. Career Board	M. J. Bowers	11/1/71	B. Placement			
C. Pay Control	R. J. H. 12-11-59	E.	D. Security			
E. Classification		F. Approved By				
Remarks						

~~SECRET~~

16 July 1959

Ent. Director C/J

MEMORANDUM FOR: Secretary, CS/CS Panel (Section B)

SUBJECT: Recommendation for Promotion -
Miss Charlotte L. Zehrung

1. Miss Charlotte L. Zehrung entered on duty with CIA on 27 August 1951. She was assigned to the Mexican Section of WH Division, Branch III, in June 1957. During the past two years she has been the responsible Case Officer for several PI and CE Projects.

2. Miss Zehrung is a loyal and dedicated employee. She has displayed considerable initiative and has been able to carry out her duties with a minimum amount of support. She readily accepts responsibility and is a highly efficient worker who thinks clearly and logically. Her knowledge of Headquarters and Field procedures in addition to her ability to organize her work greatly facilitates the smooth functioning of the Mexican Desk. She has demonstrated a superior comprehension of the numerous and varied projects of the Mexico City Station which has contributed to the overall Headquarters support of the stations performance. Because of her sound understanding of operations and her outstanding capacity for work, Miss Zehrung has an excellent potential for assuming greater responsibilities.

3. In recognition of her outstanding performance it is recommended that Miss Zehrung be promoted to grade GS-12.

J.C. King
J. C. KING
Chief

Western Hemisphere Division

S.E.C.R.E.T

17 March 1973

MEMORANDUM FOR: Charlotte Lehrung

VIA : Chief, WH/3/Mexico

1. You have been selected by your division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your appointment is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the Clandestine Services objectives for your component.
2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and Index cards recommended for destruction by other members of your branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by DDP as that of an officially appointed Records Officer.
3. A series of meetings will be held in Room 1807, E Building to brief you and your colleagues on the details of your duties as Records Officer. You have been scheduled to attend the meeting to be held on Wednesday, 2 April 1973, 1300 - 1645 hours; if it is not possible for you to attend on the date designated, please call Extension 8325 to arrange for an alternate date. Please review the attached materials prior to this meeting.

Hugh T. Cunningham
HUGH T. CUNNINGHAM
DDP Records Policy Officer

Attachment

As stated

cc: Personnel Jacket of Addressee

S.E.C.R.E.T

~~SECRET~~Classify According
To Content.

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Yrs. Prev.	5. Sex	6. CS - EOD	
	ZHENG, Charlotte L.			Mo Do Yr	None 0 Code		Mo Do Yr	
				1 12 29	3 P 1 0	P		
7. SCD	8. CSC Refno			9. CSC Or Other Legal Authority	10. Agmt. Affidav.	11. FEGLI	12. LCD	13. CSC - Code & Co.
Mo Do Yr	Yes - 1 No - 2			Code	Mo Do Yr	Yes - 1 No - 2	Code	Mo Do Yr
	1							

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP/nH Branch III Mexico Section			Code	15. Location Of Official Station Washington, D.C.			Station Code
16. Dept.- Field Dept - X Code	17. Position Title Reprints Officer			18. Position No.	19. Serv.	20. Occup. Series 0132.4/	
11-A	22. Salary Or Rate \$ 6605-	23. SD DI	24. Date Of Grade 07/10/55	25. PSI Due 07/10/55	26. Appropriation Number 8-3500-20		

ACTION

27. Nature Of Action REASSIGNMENT	Code 56	28. Eff. Date 13/58	29. Type Of Employee REGULAR	Code D/	30. Separation Date
--------------------------------------	------------	------------------------	---------------------------------	------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP/nH Branch III Mexico Section	Code 4613	32. Location Of Official Station Washington, D.C.	Station Code 15013			
33. Dept.- Field Dept - X Code	34. Position Title T.O. (FI)			35. Position No.	36. Serv.	37. Occup. Series 0136.51
11-A	39. Salary Or Rate \$ 6609	40. SD DI	41. Date Of Grade 07/10/55	42. PSI Due 07/10/55	43. Appropriation Number 8-3500-20	

SOURCE OF REQUEST

A. Requested By (Name And Title) P.C. BOMBER nH/Junior Officer	C. Request Approved By (Signature And Title)
B. For Additional Information Call (Name & Telephone Ext.) JOHN HAMILTON X 6262	

CLEARANCES

A. Career Board	Signature C. G. C. 1000	Date 1/1/58	B. Pos. Control	Signature C. G. C. 1000	Date 1/1/58
C. Classification			D. Placement		
Remarks					

15013-610-100-100-58
15013-610-100-100-58

~~SECRET~~

Classify According
To Content.

REQUEST FOR PERSONNEL ACTION

8 Nov 1957

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vel. Prod.	5. Sex	6. CS - EOD
	ZEHMING, Charlotte			Mo Da Yr	None-0 Code		Mo Da Yr
7. SCD	8. CSC Retire			1 12 29	5. P.R. 0	F	
No Da Yr	9. CSC Or Other Legal Authority			10. Appt. Affidav.	11. FEGLI	12. LCD	13. Other
Yes - 1 Code No - 2				No Da Yr	Yes - 1 Code No - 2	No Da Yr	Yes - 1 Code No - 2
1							

PREVIOUS ASSIGNMENT

VOUCHERED

14. Organizational Designations DDP/MH Branch II Argentina Section			Code	15. Location Of Official Station Washington, D. C.			Station Code
16. Dept. - Field Dept - X Code	17. Position Title Reports Officer			18. Position No. BR-313	19. Serv	20. Occup. Series CS	0132.4A
Unitd. Fran -							
21. Grade & Step GS-11-2	22. Salary Or Rate \$ 6605.00	23. SD DI	24. Date Of Grade Mo Da Yr	25. PSI Due Mo Da Yr	26. Appropriation Number 8-3500-20		

ACTION

27. Nature Of Action Reassignment		Code 56	28. Eff. Date 12/01/59	29. Type Of Employee Regular		Code 01	30. Separation Date
--------------------------------------	--	------------	---------------------------	---------------------------------	--	------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP/MH Branch III Mexico Section			Code 7613	32. Location Of Official Station Washington, D.C.			Station Code 11-4A 26013
33. Dept. - Field Dept - X Code	34. Position Title Reports Officer			35. Position No. BR-72-01	36. Serv	37. Occup. Series CS	0132.4A
Unitd. Fran -							
38. Grade & Step GS-11-2	39. Salary Or Rate \$ 6605.00	40. SD DI	41. Date Of Grade Mo Da Yr	42. PSI Due Mo Da Yr	43. Appropriation Number 8-3500-20		

SOURCE OF REQUEST

A. Requested By (Name And Title) P.G. BOERS MH/Personnel Officer	C. Request Approved By (Signature And Title)
B. For Additional Information Call (Name & Telephone Ext.) H.G. HENTZAGE X 8242	

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Counter Board T	John G. Hentzage	11-11-57	B. Placard	John G. Hentzage	11-11-57
B. Pos. Control	KAL		E.		
C. Classification			F. Approved By	Robert F. Sherry	
Remarks					

~~SECRET~~

11524
4-57

100

SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPHIC PROFILE

SECRET

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

14-00000

Charlotte BUSTONS-VIDELA

LEFT HAND SIDE

(numbered top to bottom)

1. Admin and finance documents - March 1974 - Jan 1978
2. Admin and finance documents - May 1951 - April 1956
3. Bio profile (sanitized form in file)

Charlotte BUSTOS-VIDELA

RIGHT HAND SIDE FILE

(numbered top to bottom)

1. Personnel/cover - after 1973
2. "Actions" - Personnel actions - after 1973
3. "Actions" - Personnel Actions - Before 1957
4. "Fitness Reports" - May 1973 - Nov 1977
5. "Fitness Reports" prior to 1957
6. "Other" - admin material - after 1973
7. "Other"-admin material-prior to 1957
8. "Medical" - all medical material related to clearances
9. "PHS-SEC" - document related to cover legend

SECRET

CINCPAC SF 0300

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE	FILE NO.
			11 Sep 72	3190
TO: (check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION	SS NUMBER	069-24-3138
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER	007667
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER	RH 2040
ATTN:	Edmond A. Sullivan		X	ESTABLISHED
REF:	Form 1322 dated 5 May 72	OFFICIAL COVER		DISCONTINUED
SUBJECT	BUSTOS-VIDELA, Charlotte Z	UNIT	Joint Operations Group	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE Aug 62		EFFECTIVE DATE:		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)		SUBMIT FORM 3254 R-2 TO BE ISSUED, ERMB 20-73		
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. ERMB 20-73		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY, ERMB 20-73		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER, YRR 240-243		ERRA: CATEGORY I CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY, ERMB 240-243		SUBMIT FORM 2694 FOR DO NOT WRITE IN THE SPACES DO NOT WRITE IN THE SPACES		
<input checked="" type="checkbox"/> ERRA, CATEGORY I CATEGORY II XX <input checked="" type="checkbox"/> SUBMIT FORM 2694 FOR HOSPITALIZATION CARD				
REMARKS AND/OR COVER HISTORY				
Aug 51 - Aug 62 Hqs/OVERT Aug 62 - Jul 67 Hqs/DAC Jul 67 - Aug 72 Mex/Co/ State Sep 72 - Present Hqs/DAC				
				
CD/kas / CD				
DISTRIBUTION: AFPA 2 + 10 AFPA 2 - OPERATING COMPONENT AFPA 2 - DPA AFPA 2 - PTFEN/PC AFPA 2 - TIP AFPA 2 - SEC + TIP				
CHIEF, THE CHIEF COVER CONTROL OFFICER APPROVED				

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE
TO:	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	7 August 1962
(Check)		ESTABLISHED FOR
		(NEE: ZEHRLING)
ATTN:	CHIEF, OPERATING COMPONENT, WH	BUSTOSVIDELA, Charlotte Z.
	WH/SS Mr. Mullane	FILE NO.
REF:	Verbal Request for Cover, Form 1322 Dated 31 Jul 62	3190
MILITARY COVER BACKSTOP ESTABLISHED		ID CARD NO.
<u>U.S. Army Element, Joint Operations Group (8739)</u>		
<input checked="" type="checkbox"/> BLOCK RECORDS: <small>(OPMEMO 20-800-11)</small>		
<input type="checkbox"/> a. TEMPORARILY FOR ____ DAYS, EFFECTIVE _____.		
<input checked="" type="checkbox"/> b. CONTINUING, EFFECTIVE <u>7 August 1962</u> .		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. <small>(R 20-800-3)</small>		
<input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. <small>(R 20-661-1)</small>		
<input type="checkbox"/> SUBMIT FORM 1322 TO CHANGE AND PUBLISH THIS COVER. <small>(R 240-230)</small>		
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. <small>(R 240-230)</small>		
<input type="checkbox"/> REMARKS: <i>James J. T. [Signature]</i>		
<input type="checkbox"/> COPY TO CPO/OP		
43688		
<small>CG/SL</small> CHIEF, MILITARY COVER, CGO <small>DISTRIBUTION: 1 USAF, 1 PSD O.S., 1 AFDP, 1 CNET</small>		
<small>140-20-44</small>		

14-00000

THIS EMPLOYEE HAS BEEN IDENTIFIED AS
A C.I.A. EMPLOYEE FOR PURPOSES OF
WITHHOLDING STATE AND FEDERAL TAXES

DATE DESIGNATED JANUARY 03 1961

07667 CHARLOTTE L ZEHRUNG 235100010

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

DICS 07/21/73

1 SERIAL NUMBER	2 NAME (LAST FIRST MIDDLE)		
OC7657	BUSTOSVIDELA C Z		
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE
REASSIGNMENT			DD DA YY 07 01 73
5 FUNDS 	X V TO V	V TO O	6 FOR AND RXA
	O TO V	O TO O	7 OR OTHER LEGAL AUTHORITY 4235 6525 0000
8 ORGANIZATIONAL DESIGNATIONS ODD/WH DIVISION			10 LOCATION OF OFFICIAL STATION WASH., D.C.
11 POSITION TITLE OPS OFFICER			12 POSITION NUMBER 1294
14 CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15 OCCUPATIONAL SERIES 0136.01	16 GRADE AND STEP 13
17 SELECT OR RATE			
18 REMARKS			
SIGNATURE OR COUNTER SIGNATURE			
J. G. L. B. 1973			

SECRET

2 SEP 1973

"PAY ADJUSTMENT IN ACCORDANCE WITH S. L.S.C. 5307 AND EXECUTIVE ORDER
11691 PURSUANT TO AUTHORITY OF DCE AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND DCE DIRECTIVE DATED 28 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS: 07 JANUARY 1973

EFFECTIVE DATE OF PAY ADJUSTMENT CORRECTED FROM
7 JAN 1973 TO 1 OCT 1972 UNDER EXECUTIVE ORDER
11777, DATED 28 SEP 1972.

NAME	NEW SALARY
BUSTOSVIDELA C Z	\$23,642

SECRET

(When filled in)

NUP: 26 SEPT 72

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER:	2. NAME (LAST-FIRST-MIDDLE)		
007667	BUSTOSVIDELA C Z		
3. NATURE OF PERSONNEL ACTION:		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS		09 17 72	REGULAR
6. FUNDS	V TO V	V TO CF	7. PROFESSIONAL STATUS: Changeable
X	O TO V	O TO CF	8. CSC OR OTHER LEGAL AUTHORITY
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF CURRENT STATION	
DUP/WH DIVISION BRANCH 1 CA SECTION		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER		1244	O
14. GRADE AND PAY RATE		15. GRADE AND PAY RATE	16. SALARY OR RATE
W2		STANDARD	10 7
17. GRADE AND PAY RATE		18. GRADE AND PAY RATE	
W2 INFOT		EPT OF ARMY	

HOME BASE: WH

SPACE BELOW FOR FILE COPY USE BY THE OFFICE OF PERSONNEL

1. GRADE	2. PAY RATE	3. DATE OF PAY RATE	4. GRADE	5. PAY RATE	6. DATE OF PAY RATE
W2	STANDARD	10 7	W2	STANDARD	10 7
16 1 10 3000 1 W2	70013	1 10 1 12 25	16 1 10 3000 1 W2	70013	1 10 1 12 25
17. GRADE	18. PAY RATE	19. DATE OF PAY RATE	20. GRADE	21. PAY RATE	22. DATE OF PAY RATE
W2 INFOT	EPT OF ARMY		W2 INFOT	EPT OF ARMY	
19. GRADE AND PAY RATE					
20. GRADE AND PAY RATE					
21. GRADE AND PAY RATE					
22. GRADE AND PAY RATE					

5010-107
FBI - WASH. D.C.

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11537 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CBA ACT OF 1969, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	OPCH, FUNDS	GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667	51 620	CF GS 13 7	\$22,487

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS																		
007667	BUSTOSVIDELA C Z	51 620	CF																			
<table border="1"> <thead> <tr> <th colspan="2">6. OLD SALARY RATE</th> <th colspan="2">7. NEW SALARY RATE</th> <th colspan="2">8. TYPE ACTION</th> </tr> <tr> <th>Grade</th> <th>Step</th> <th>Salary</th> <th>Step</th> <th>Salary</th> <th>EFFECTIVE DATE</th> </tr> </thead> <tbody> <tr> <td>GS 13</td> <td>6</td> <td>\$20,721</td> <td>GS 13</td> <td>\$21,313</td> <td>10/17/71</td> </tr> </tbody> </table>					6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION		Grade	Step	Salary	Step	Salary	EFFECTIVE DATE	GS 13	6	\$20,721	GS 13	\$21,313	10/17/71
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION																		
Grade	Step	Salary	Step	Salary	EFFECTIVE DATE																	
GS 13	6	\$20,721	GS 13	\$21,313	10/17/71																	
CERTIFICATION AND AUTHENTICATION																						
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.																						
SIGNATURE			DATE																			
<input checked="" type="checkbox"/> NO EXCESSIVE WORK ✓ 9/11 <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD																						
APPROVED BY: <i>[Signature]</i> DATED AT: <i>10/13/71</i> PAY CHANGE NOTIFICATION																						

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11575 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 ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL ORGN, FUNDS GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667 51 620 CF GS 13 6	\$20,721

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-261 AND EXECUTIVE ORDER 11524 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 ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL ORGN, FUNDS GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667 51 620 CF GS 13 6	\$19,545

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL ORGN. FUNDS GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667 51 100 V GS 13 7	\$24,811

1. Serial No.	2. Name	3. Grade	4. Step	5. Old Salary Rate	6. New Salary Rate	7. Type Action
007667	BUSTOSVIDELA C Z	GS 13	6	\$24,811	\$26,620 CF	
8. Remarks and Authentication	QUALITY STEP INCREASE					
/s/ R S HATLIES	12 DECEMBER 1969					
PAY CHANGE NOTIFICATION						

G51

1 SERIAL NO.	2 NAME	3 ORGANIZATION	4 FUNDS	5 LWOP HOURS
007667	BUSTOSVIDELA C Z	51 620	CF	
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION
Grade	Step	Salary	Last Eff Date	Grade Step Salary Effective Date
GS 13	4	\$17,393	10/22/67	GS 13 5 \$17,920 10/19/69
CERTIFICATION AND AUTHENTICATION				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.				
SIGNATURE <i>Frank J. Sr. Rodriguez</i>	DATE 8/16/69/35			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD				
CLERKS INITIALS <i>RR</i> ADJUSTED BY <i>JFR</i>				
FORM 7-60 560 E Use previous editions		PAY CHANGE NOTIFICATION		

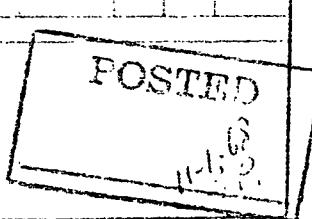
"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	CH-SPEC	SALARY
BUSTOSVIDELA C Z	007667	51 620	CF	GS 13 4	\$17,393

SECRET
(When Filled In)

FWO: 31 OCT 68

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
007667		BUSTOSVIDELA C Z							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT					MO DA YE 11 03 68	REGULAR			
6. FUNDS		V TO V		V TO CF	7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY		
			X	CF TO V	9135 NY590 0000		50 USC 403 J.		
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DOD/WH FOREIGN FIELD BRANCH MEXICO CITY, MEXICO STATION					MEXICO CITY, MEXICO				
11. POSITION TITLE					12. POSITION NUMBER	13. SERVICE DESIGNATION			
OPS OFFICER					0418	D			
14. CLASSIFICATION SCHEDULE (GS IB etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP	17. SALARY OR RATE			
GS			0136.01		13 4	15843			
18. REMARKS STAFF EMPLOYEE SPECIAL									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY Grade	21. OFFICE CODING		22. STATION CODE	23. INTEGERS CODE	24. HIRING CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF RATE
37	10	51620 Wh		45075	3	01 12 21	60 04 44	62 04 4	
28. FILE NUMBER		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. Correction / Correction in Data		33. SECURITY NO	34. SEX
MO DA YE			CSC CIA AIA NAME		COCB	TYPE	MO DA YE	REG NO	
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY		39. FED/STATE HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		MO DA	YE	NO CA RE		CAR 1234567890	COFF 1234567890	2. MAILED	HEALTH INS CO
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE		NO PREVIOUS SERVICE 1. NO PREV. SVC 2. PREV. IN SERVICE LESS THAN 3 yrs 3. PREV. IN SERVICE 3 yrs plus 1 yr		OPEN ENDED COFF		NO TAX EXEMPTIONS		NO TAX EXEMPT COFF	
SIGNATURE OR OTHER AUTHENTICATION									
									

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11613 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: 14 JULY 1968

NAME	SERIAL	GRN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BUSTOSVIDELA C Z	007667	51	620	CF GS 13 4	\$14,857	\$15,849

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

O/P

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)		
007667	BUSTOSVIDELA C Z		
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE
FUNDING			NO DA YR 07 11 1968
5. FUNDS	V TO V	V TO CF	6. Financial Analysis No. Chargeable
	C TO V	X	6135 (C-1000 BOOK)
7. ORGANIZATIONAL DESIGNATIONS			8. CATEGORY OF EMPLOYMENT
DUP/WI FOREIGN FIELD DISANCH. I MEXICO CITY, MEXICO STATION			REGULAR
9. POSITION TITLE			10. LOCATION OF OFFICIAL STATION
SPECIALIST			MEXICO CITY, MEXICO
11. POSITION NUMBER		12. SERVICE DESIGNATION	
13. CLASSIFICATION SCHEDULE (GS, TS, etc.)		14. GRADE AND STEP	
GS		TS GS 13	
15. OCCUPATIONAL SERIES		16. SALARY OR RATE	
GS		137.2	
17. REMARKS			
REASON FOR EMPLOYEE: 14 JULY 1968			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRITY CODE	24. RASH CODE	25. DATE OF BIRTH	26. DATE OF ENTR.	27. DATE OF EXIT
U7	15	51 620	51 620	3	1	1941-12-12	1968-07-14	1968-07-14
28. RIS EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/ANNUALIZATION DATA	33. SECURITY		
NO 44	10	1	1	1	1	602 NO		
CODE		CODE	CODE	DATA CODE	TYPE	NO	EX	IN
35. VET PREFERENCE		36. SERV. COMB. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEELTY/HEALTH INSURANCE	40. SOCIAL SECURITY NO		
CODE	0 00	00 00 00 00	00 00 00 00	CODE	CODE	0-MAILER/COUPLED/INS FORM		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA				
CODE	0 NO PREVIOUS SERVICE 1 NO CIVILIAN SERVICE 2 DRAFT IN SERVICE 3 DRAFT IN SPARE TIME 4 DRAFT IN SPARE TIME	CODE	JOHN EXCEP. CODE	NO TAX EXEMPTIONS CODE	NO EXCEP. CODE	NO EXCEP. CODE	NO EXCEP. CODE	

SIGNATURE OR OTHER AUTHENTICATION

POSTED

651

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS					
007667	BUSTOSVIDELA C 2	SI 620	CF						
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION					
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 13	3	\$13,769	10/23/66	GS 13	4	\$14,217	10/22/67		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE	DATE								
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS	S. O. C. H. I. L. L.				AUDITED BY				
FORM 766 560 E Use previous editions	PAY CHANGE NOTIFICATION				(4-31)				

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-246 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 ADJUSTMENT: 8 OCTOBER 1967

NAME: BUSTOSVIDELA C 2

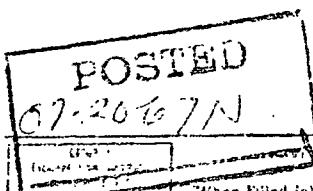
SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
007667	SI 620	CF	GS 13 3	\$13,769	\$14,217

SECRET
(When Filled In)

MAH: 18 JULY 67

NOTIFICATION OF PERSONNEL ACTION

OOF

1. SERIAL NUMBER	2. NAME (LAST-FIRST MIDDLE)					
007667	BUSTOSVIDELA C Z					
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE			
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			MO DA YR 07 16 67			
5. FUNDS ➤ V TO V X V TO CF CF TO V CF TO CF			6. CATEGORY OF EMPLOYMENT REGULAR			
7. FINANCIAL ANALYSIS NO. CHARGEABLE 8135 0390 0000			8. USC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION			10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO			
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 1528			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS			15. OCCUPATIONAL SERIES 0136.01			
16. GRADE AND STEP 13 3			17. SALARY OR RATE 13769			
18. REMARKS OPS OFFICER OCCUPYING INTEL ANALYST POSITION.						
PLACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE	20. EMPLOYEES CODE	21. OFFICE CODING NUMBERIC ALPHABETIC	22. STATION CODE	23. INTEGRITY CODE	24. HIRE CODE	25. DATE OF BIRTH MO DA YR 01 12 29
20	10	51620 WH	45075	3		
26. RIF EXPIRES MO DA YR 07 15 69	27. SPECIAL REFERENCES 1. GS 2. FIA 3. FIA 4. FIA 5. FIA 6. FIA 7. FIA	28. ATTACHMENT DATA CODE	29. SEPARATION DATA CODE	30. CONTRACT/CANCELLATION DATA CODE	31. LIFE	32. SECURITY 442 NO
						33. SECURITY 442 NO
34. VET PREFERENCE CODE	35. SERV. COMP. DATE MO DA YR	36. LONG COMP. DATE MO DA YR	37. CAREER CATEGORY CODE	38. FIGHT / HEALTH INSURANCE CODE	39. D. WALKER 1. YES 2. NO	40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	42. LEAVE CAT CODE	43. FEDERAL TAX DATA CODE	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		45. FORM EXEMPTED 1. YES 2. NO	46. FORM EXEMPTED 1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION						
 <i>67-20671J</i>						

SECRET
(When Filled In)

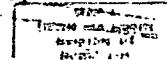
NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)		
007637	LST/SV/ICELA C J		
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE
PROMOTION			00 DA 00 1. 120100
6. FUNDS			5. CATEGORY OF EMPLOYMENT REGULAR
			7. COST CENTER NO. CHARGEABLE 7031 0000 0000
			8. CSC OR OTHER LEGAL AUTHORITY 30 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION
DDP, WA BRANCH I FI SECTION			WASH., D.C.
11. POSITION TITLE			12. POSITION NUMBER 1201
13. GRADE AND STEP			13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (SS, GS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13 3
17. SALARY OR RATE 13760			
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. PERIOD Code	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INITIATEE CODE	24. MEDIUM Code	25. DATE OF BIRTH Mo. Da. Yr.	26. DATE OF GRADE Mo. Da. Yr.	27. DATE OF LEI Mo. Da. Yr.
20. 12	1 000	0001	703100	1	1	120100	10 00 00	10 00 00
28. RETIREES		29. SPECIAL REFERENCE	30. RETIREMENT DATA TYPE	31. SEPARATION DATA CODE	32. CANCELLATION DATA TYPE	33. SECURITY REQ NO	34. SEC REQ NO	
NO 00 00		1 - GS 2 - IC 3 - NONE	1 - GS 2 - IC 3 - NONE	1 - GS 2 - IC 3 - NONE	1 - GS 2 - IC 3 - NONE			
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORIES	39. FISGI / HEALTH INSURANCE	40. SOCIAL SECURITY NO		
CODE 0 - NONE 1 - GS 2 - IC 3 - NONE		00 00 00	00 00 00	0000 0000	0 - WAIVED 1 - YES	HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA			
CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE LESS THAN 3 MONTHS 4 - BREAK IN SERVICE MORE THAN 3 MONTHS				NON-EXECUTED 1 - YES 2 - NO	NO TAX EXEMPTIONS 1 - YES 2 - NO	FORM EXECUTED 1 - YES 2 - NO	CODE NO TAX STATE CODE EXEMPT	

SIGNATURE OR OTHER AUTHENTICATION



"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."

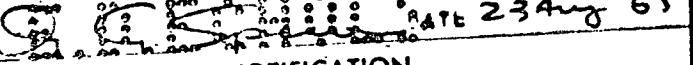
EFFECTIVE DATE OF PAY ADJUSTMENTS 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BUSTOS-VICELA C Z	907667	91 300	V	GS 12 6	\$12,025	\$12,459

"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
BUSTOS-VICELA C Z	907667	91 300	V	GS 12 6	\$12,459	\$12,822

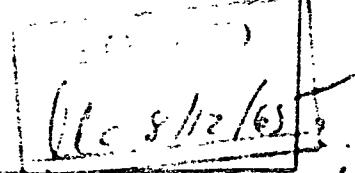
J07A67 : BUSTOSVIDELA C Z				NEW SALARY RATE				TYPE ACTION		
OLD SALARY RATE				New Salary Rate						
Grade	Step	Salary	Effective Date	Pay	10	Adv				
GS 12	5	\$11,670	10/13/65	GS 12	6	\$12,075	10/10/65			
REMARKS AND APPROVALS										
<input checked="" type="checkbox"/> NO EXCESS LWP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWCP STATUS AT END OF WAITING PERIOD CLERK'S INITIALS D.J. AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURES  PAY CHANGE NOTIFICATION										

Form 9-61 360 Obsolete Previous Edition

(4-61)

SECRET
(When Filled In)

NJM: 11 AUG 65

NOTIFICATION OF PERSONNEL ACTION												
OCF		NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)											
007667	BUSTOSVIDELA C Z											
3. NATURE OF PERSONNEL ACTION												
REASSIGNMENT												
4. FUND	X	V TO V	V TO CF	5. EFFECTIVE DATE		6. CATEGORY OF EMPLOYMENT						
FUND		CF TO V	CF TO CF	MO.	DA.	YR.	REGULAR		7. COST CENTER NO. CHARGEABLE			
8. CSC OR OTHER LEGAL AUTHORITY												
6235 0620 0000 50 USC 403 J												
9. ORGANIZATIONAL DESIGNATIONS												
DDP/WH BRANCH 1 FI SECTION												
WASH. D. C.												
10. LOCATION OF OFFICIAL STATION												
11. POSITION TITLE												
12. POSITION NUMBER												
13. SERVICE DESIGNATION												
14. CLASSIFICATION SCHEDULE (GS, LS, RS)												
15. OCCUPATIONAL SERIES												
16. GRADE AND STEP												
17. SALARY OR RATE												
GS 0136.01 12.5 11670												
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. PAYGRADE CODE	24. RATING CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES			
37	10	51300	WH	75013		1	01 12 29					
28. HIRE EXPIRES		29. SPECIFIC REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA			33. SECURITY REG NO	34. SEX		
NO	DA	YR		CSC	CODE	TYPE	NO	DA	YR	REG NO	SEX	
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE	38. CAREER CATEGORY	39. FED/HEALTH INSURANCE			40. SECURE SECURITY NO			
LONG	O-100%	NO	DA	YR	CAR. POS. CODE	CODE	O-WALKER	HEALTH INS. CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CASH FEDERAL TAX DATA		43. STATE TAX DATA								
CODE	1. NO PREVIOUS SERVICE	2. NO SERVICE IN SERVICE	3. BREAK IN SERVICE LESS THAN 3 mos	4. BREAK IN SERVICE MORE THAN 3 mos	CODE	FORM WASH 100-100-100	44. TAX EXEMPTIONS	45. TAX EXEMPTED	CODE	NO TAX EXEMPT		
						1-100	1-100	1-100		1-100		
SIGNATURE GS OTHER AUTHENTICATION												
												

SECRET

(When filled in)

NOTIFICATION OF PERSONNEL ACTION

OCS 05/27/65

1 SERIAL NUMBER 007667	2 NAME (LAST-FIRST-MIDDLE) RUSTOSVIDELA C Z		
3 NATURE OF PERSONNEL ACTION REASSIGNMENT		4 EFFECTIVE DATE MM DD YY 05 31 65	5 CATEGORY OF EMPLOYMENT
6 FUNDS X V TO V O TO V	V TO O O TO O	7 COST CENTER NO CHARGEABLE 5235 0620 0000	
8 ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION		9 LOCATION OF OFFICIAL STATION WASH, D. C.	
10 POSITION TITLE OPS OFFICER		11 POSITION NUMBER 1202	12 CAREER SERVICE DESIGNATION U
14 CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15 OCCUPATIONAL SERIES 0136.01	16 GRADE AND STEP 12	17 SALARY OR RATE
18 REMARKS			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 6-9-65 HT </div>			
SIGNATURE OR OTHER AUTHENTICATION			

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

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

GENERAL SCHEDULE RATES
Federal Employees Salary Act of 1964

007667

BUSTOS-VIDELA, C. Z.

\$2,600

OCC SALARY RATE

Grade	Step	Salary	Last ENR Date	NEW SALARY RATE				PER	LEI	REAS
				Grade	Step	Salary	Effective Date			
GS 12	5	\$30,970	10/13/63	GS 12	5	\$31,300	01/29/64			

REMARKS AND APPROVALS

QUALITY STEP INCREASE.

SIGNED:

B. D. ECHOES
MARCH 26, 1964

PAY CHANGE NOTIFICATION

Form 9-61 560

Obsolete Previous Edition

(4-61)

SECRET
(When Filled In)

MHC:5 DEC 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
007667		BUSTOSVIDELA C Z									
3. NATURE OF PERSONNEL ACTION											
REASSIGNMENT											
4. FUNDS		X		V TO V	V TO CF	5. EFFECTIVE DATE		6. CATEGORY OF EMPLOYMENT			
				CF TO V	CF TO CF	MO. DA. YR		REGULAR			
7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION		11. POSITION TITLE			
4235 1000 1000		50 USC 403 J		DDP WH BRANCH 3 MEXICO SECTION		WASH., D.C.		OPS OFFICER			
12. POSITION NUMBER		13. SERVICE DESIGNATION		14. CLASSIFICATION SCHEDULE (GS, LS, NC)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
0321		D		GS		0136.01		12 4		10420	
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. ENCL. CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE		24. Height CODE	
37		10		51400		WH		75013		25. DATE OF BIRTH	
26. DATE OF GRADE		27. DATE OF LEV.		28. DATE OF ENCL.		29. DATE OF INTEGRAL		30. DATE OF HEIGHT		31. DATE OF LEV.	
MO. DA. YR		MO. DA. YR		MO. DA. YR		MO. DA. YR		MO. DA. YR		MO. DA. YR	
32. DATE OF EXP. REFERENCE		33. SPECIAL REFERENCE		34. SEPARATION DATA		35. CORRECTION/CANCELLATION DATA		36. SECURITY DATA		37. SECURITY DATA	
MO. DA. YR		MO. DA. YR		MO. DA. YR		MO. DA. YR		MO. DA. YR		MO. DA. YR	
38. VET PREFERENCE		39. STAFF COMP. DATE		40. LONG COMP. DATE		41. CAREER CATEGORY		42. FEES / HEALTH INSURANCE		43. SOCIAL SECURITY NO.	
CODE		MO. DA. YR		MO. DA. YR		CODE		CODE		CODE	
44. PREVIOUS GOVERNMENT SERVICE DATA		45. STATE TAX DATA		46. FEDERAL TAX DATA		47. STATE TAX DATA		48. FEDERAL TAX DATA		49. STATE TAX DATA	
CODE		CODE		CODE		CODE		CODE		CODE	
50. SIGNATURE OR OTHER AUTHENTICATION											
FOLIO 20											

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-319 AND DCL
MEMORANDUM DATED 1 AUGUST 1962, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1963.

NAME	SERIAL	ORGN FUNDS	GR-ST	OLD SALARY	NEW SALARY
BUSTOSVIDELA C Z	007667	91 400	V	GS 12 4 \$30,420	GS 12 4 \$30,970

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours								
007667	BUSTOSVIDELA C Z	64 400	V								
5. OLD SALARY RATE		6. NEW SALARY RATE		7. TYPE ACTION							
Grade	Step	Salary	Last PW Date	Grade	Step	Salary	Effective Date	PSI	LW	ADJ.	
GS 12	3	\$30,195	10/14/62	GS 12	4	\$30,420	10/13/63				
8. Remarks and Authorization											
/ / NO EXCESS LWOP											
/ / IN PAY STATUS AT END OF WAITING PERIOD											
/ / LWOP STATUS AT END OF WAITING PERIOD											
CLESRS INITIALS AUDITED BY											
/ /											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE: <i>J. E. Childs</i> DATE: <i>10-13-63</i>											
PAY CHANGE NOTIFICATION											

14-00000
 IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW ^{47 - 793}^{AND}
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 16 OCTOBER 1962

NAME	SERIAL ORGN	FUND SOURCE	OLD	OLD	NEW	NEW	
			GR- ST	SALARY	GR- ST	SALARY	
BUSTOSVIDELA C Z	007667	A6400	V	12 2	8 9215	12 2	8 9790

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours							
007667	BUSTOSVIDELA C Z	64 400 V								
5. OLD SALARY RATE		6. NEW SALARY RATE								
Grade	Step	Salary	Low Eff Date	Grade	Step	Salary	Effective Date	PNU	LSD	ADJ
GS-12	2	8 9215	06/11/61	GS-12	3	8 9790	10/14/62			
7. Remarks and Authentication										
<input checked="" type="checkbox"/> 1. NO EXCESS LWOP <input checked="" type="checkbox"/> 2. IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> 3. LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: <i>J.W.H.</i> AUDITED BY <i>W/K</i>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>J.W.H.</i> DATE: 26-X-62										
PAY CHANGE NOTIFICATION										

SECRET
(When Filled In)

AFCS 11 AUG 61

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE) BUSTOS-VIDELA C Z BUSTOSVIDELA C Z				
3. NATURE OF PERSONNEL ACTION NAME CHANGE FROM* CHARLOTTE L. ZEBRUNG - CORRECTION**		4. EFFECTIVE DATE 06 12 61				
5. FUNDS X V TO V C TO V		6. COST CENTER NO. CHARGEABLE 2235 1000 1000				
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		8. CATEGORY OF EMPLOYMENT REGULAR				
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO SECTION		10. LOCATION OF OFFICIAL STATION WASH., D.C.				
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0607	13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, GS, GS)		15. OCCUPATIONAL SERIES GS 0136.01	16. GRADE AND STEP 12 2			
		17. SALARY OR RATE 9215				
18. REMARKS * BY MARRIAGE ON 18 MARCH 61. ** THIS ACTION CORRECTS SF 1150 EFF 12 JUNE 61 ITEM # 2, NAME, WHICH READ BUSTOSVIDELA C Z TO READ BUSTOS-VIDELA C Z, FOR PAYROLL PURPOSE ONLY.						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION: 20. Employ. CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRITY CODE	24. 25. 26. 27.		
				DATE OF BIRTH MM DD YY	DATE OF GRADE MM DD YY	DATE OF LEI MM DD YY
28. HIRE EXPIRES NO SA YY	29. SPECIAL REFERENCE 1. CSC 2. PICA 3. NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CSE/CC/CO/CANCELLATION DATA TYPE	33. SECURITY REQ MD EOD DATA	34. SEX
35. RET PREFERENCE CODE	36. SERV. COMP. DATE NO DA YY	37. LONG COMP. DATE NO SA YY	38. MIL. SERV. CREDIT/LIS 1 YES 2 NO	39. FEGLI / HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA CODE	44. STATE TAX DATA CODE			
1. NO PREVIOUS SERVICE 2. NO ANNUAL IN SERVICE 3. ADDRESS IS SAME AS LAST 4. ADDRESS IS DIFFERENT THAN LAST		45. EXECUTED CODE 1 YES 2 NO	46. TAX EXEMPTIONS CODE	47. EXECUTED CODE 1 YES 2 NO	48. NO TAX EXEMPT CODE	49. STATE CODE
SIGNATURE OR OTHER AUTHENTICATION <i>POSTED 08/22/61 JK</i>						

SECRET
(When Filled In)

AES: 12 JUNE 61

NOTIFICATION OF PERSONNEL ACTION

OFF								
1. SERIAL NUMBER 2. NAME (LAST-FIRST-MIDDLE) 007667 BUSTOSVIDELA C Z								
3. NATURE OF PERSONNEL ACTION NAME CHANGE FROM CHARLOTTE L. ZEHRUNG		4. EFFECTIVE DATE MO. DA. YE. 06 12 61	5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CP CP TO V <input type="checkbox"/> CP TO CP	7. COST CENTER NO. CHARGEABLE 8. CSC OR OTHER LEGAL AUTHORITY 1235 1000 1000 50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS DOP WH BRANCH 3 MEXICO SECTION		10. LOCATION OF OFFICIAL STATION WASH., D.C.						
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0607	13. CAREER-SERVICE-DISPOSITION D.					
14. CLASSIFICATION SCHEDULE (GS, WB, GK) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 2	17. SALARY OR RATE 9215					
18. REMARKS BY MARRIAGE. 18 MARCH 1961								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION 53	20. EMPLOYEE CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGEE CODE	24. MOBILITY CODE	25. DATE OF BIRTH MO. DA. YE. 01 12 29	26. DATE OF GRADE MO. DA. YE.	27. DATE OF LES MO. DA. YE.
28. SITE EXPIRES DA. YE.		29. SPECIAL REFERENCE 1. CSC 2. PICA 3. NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO. DA. YE.	33. SECURITY REG. NO. 34. SEX 35. EOD DATA		
36. VET. PREFERENCE 2. HOME 3. GIFT 4. NONE		37. SEAY. COMP. DATE MO. DA. YE.	38. LONG. COMP. DATE MO. DA. YE.	39. MIL. SERV. CREDITED 1. YES 2. NO	40. FECHI / HEALTH INSURANCE CODE	41. SOCIAL SECURITY NO. 0. WORKER 1. YES 2. NO		
42. PREVIOUS GOVERNMENT SERVICE DATA 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 12 MOS. 4. BREAK IN SERVICE MORE THAN 12 MOS.		43. LEAVE CAP CODE	FEDERAL TAX DATA 1. EXECUTED 2. NO			44. STATE TAX DATA 1. EXECUTED 2. NO	45. NO TAX EXEMPT 1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION								
POSTED 06/14/61 ZJK								

SECRET
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours							
107667	MURK S VILLETT ZEHRUNG CHARLOTTE	DCP/WH 3	V=20							
5. OLD SALARY RATE		6. NEW SALARY RATE								
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PDI	LBI	ADJ.
GS 12	1	\$ 8,955	12/13/69	12	2	\$ 9,215	08/11/69			
8. Remarks and Authorization										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD ECHOES <i>[Signature]</i> W.K.										
PAY CHANGE NOTIFICATION										

Form 560

Obsolete Previous Edition

SECRET

(4-64)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-560 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORG	GR-ST	OLD SALARY	NEW SALARY
DI	ZEHRUNG CHARLOTTE	107667	46 13	GS-12 1	\$ 8,330	\$ 8,955

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

PAS: 11 DEC 1959

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
107667	ZEHRUNQ CHARLOTTE	Mo. Da. Yr. 01 12 29	Non-0 5 Pt-1 10 Pt-2 0	F 2	Mo. Da. Yr. 08 27 51
7. SCD	8. CSC Refint.	9. CSC Or Other Legal Authority	10. April. Affidav.	11. REGLI	12. LCD
Mo. Da. Yr. 04 02 51	Yrs-1 No-2	Code 1 50 USCA 403	Mo. Da. Yr. Mo-1 No-2	Code 08 27	Mo. Da. Yr. Yrs-1 No-2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WH BRANCH 111 MEXICO SECTION	Code 4613	15. Location Of Official Station WASH., D. C.	Station Code 75013		
16. Dept. - Field Dept - 2 USAd - 4 Frgn - 6	17. Position Title Code 2 1.O. FI	18. Position No. 0521	19. Serv. 20. Occup. Series GS 0136.51		
21. Grade & Step 11 4	22. Salary Or Rate \$ 7750	23. SD D1	24. Date Of Grade Mo. Da. Yr. 04 10 55	25. PSI Due Mo. Da. Yr. 04 06 58	26. Appropriation Number 8 3500 20

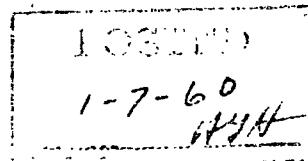
ACTION

27. Nature Of Action PROMOTION	Code 30	28. Eff. Date Mo. Da. Yr. 12 13 59	29. Type Of Employment REGULAR	Code 01	30. Separation Data
---------------------------------------	------------	--	-----------------------------------	------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DDP WH BRANCH 111 MEXICO SECTION	Code 4613	32. Location Of Official Station WASH., D.C.	Station Code 75013		
33. Dept. - Field Dept - 2 USAd - 4 Frgn - 6	34. Position Title Code 2 OPS CFCR	35. Position No. 0607	36. Serv. 37. Occup. Series GS 0136.01		
38. Grade & Step 12 1	39. Salary Or Rate \$ 8330	40. SD D1	41. Date Of Grade Mo. Da. Yr. 12 13 59	42. PSI Due Mo. Da. Yr. 06 11 61	43. Appropriation Number 0235 1000 1000

44. Remarks



SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME			3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT	
107667	ZEHUNG CHARLOTTE			DDP/WM 3	V-20	321	
6. OLD SALARY RATE			7. NEW SALARY RATE				
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE
GS 11	3	3 7,510	04 06 58	GS 11	4	3 7,750	10 04 59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER							
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IS PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IS LWOP STATUS AT END OF WAITING PERIOD				9. NUMBER OF HOURS LWOP			
				10. INITIALS OF CLERK	11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL							
12. TYPE OF ACTION				13. REMARKS			
<input type="checkbox"/> P.O.I. <input type="checkbox"/> L.O.I. <input type="checkbox"/> PAY ADJUSTMENT							
14. AUTHENTICATION <i>[Handwritten signatures and initials]</i>							
0 0				0 0			
PAY CHANGE NOTIFICATION <i>[Handwritten signature]</i>							

FORM
5-50560 OBSOLETE PREVIOUS EDITION
REPLACES FORM 5509 AND 5608.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

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

5. SER. #	NAME	SD	OLD SLOT	NEW SLOT	DATE
107667	ZEHUNG CHARLOTTE	DT	0521	321	04/28/59

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DSI

DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
ZEHRUNG CHARLOTTE	107667	GS-11-3	\$ 6,820	\$ 7,510

GORDON M. STEWART
1/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET

(WHEN FILLED IN)

1. IND. E. I. NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOWMENT			
107667	ZEHRUNG CHARLOTTE	OPD/SH	V-20				
6. OLD SALARY RATE		7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	EFFECTIVE DATE			
GS 11	2	\$ 6,805	10 07 58	GS 11 3 \$ 6,820 04 06 58			
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER							
9. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD			10. NUMBER OF HOURS LWOP 11. INITIALS OF CLERK 12. AUDITED BY				
TO BE COMPLETED BY THE OFFICE OF PERSONNEL							
12. PROJECTED SALARY RATE AND EFFECTIVE DATE			13. REMARKS				
GRADE	STEP	SALARY	MO	DA	YR		
14. AUTHENTICATION							
HOMMUS TROYER							
PERIODIC STEP INCREASE - AUTHENTICATION							

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

MCM 3 APRIL 58

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
107667	ZEHRLING CHARLOTTE			Mo. Da. Yr. 01 12 29	None-0 5 Pt-1 10 Pt-2	O F 2	Mo. Da. Yr. 08 27 51
7. SCD	B. CSC Recnt.	9. CSC Or Other Legal Authority			10. Apmt. Affidav.	11. FEGLI	12. LCD
Mo. Da. Yr. 04 02 51	Yes-1 No-2	Code 1	50 USCA 403			Mo. Da. Yr. 08 No-8	Code 2

PREVIOUS ASSIGNMENT

14. Organizational Designations			Code	15. Location Of Official Station			Station Code
DDP WH BRANCH 111 MEXICO SECTION			4613	WASH D C			75013
16. Dept. - Field	17. Position Title			18. Position No.	19. Serv.	20. Occup. Series	
Dept - 2 USMld - 4 Frqn - 6	Code 2	REPORTS OFF			0072.01	GS	0132.44
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number		
11 2	\$ 6605	D1	Mo. Da. Yr. 04 10 55	Mo. Da. Yr. 04 06 58	8 3500 20		

ACTION

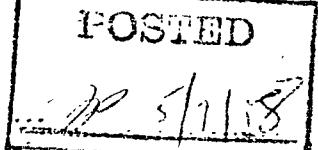
27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT	56	Mo. Da. Yr. 04 03 58	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations			Code	32. Location Of Official Station			Station Code
DDP WH BRANCH 111 MEXICO SECTION			4613	WASH D C			75013
33. Dept. - Field	34. Position Title			35. Position No.	36. Serv.	37. Occup. Series	
Dept - 2 USMld - 4 Frqn - 6	Code 2	I.O. FI			0521	GS	0136.51
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number		
11 2	\$ 6605	D1	Mo. Da. Yr. 04 10 55	Mo. Da. Yr. 04 06 58	8 3500 20		

44. Remarks

POSTED



SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

MYL

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vol. Prof.	5. Ser.	6. CS - COD
107667	ZEHRUNG CHARLOTTE			Mo. Da. Yr. 01 12 29	None-O 5 Pt-1 10 Pt-2	Code 0 F 2	Mo. Da. Yr. 08 27 51
7. SCD	8. CSC Retmt.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. <small>Other</small>	<small>Code</small>
Mo. Da. Yr. 04 02 51	Yes - 1 No - 2	Code 1 50 USCA 403 J	Mo. Da. Yr. Yes-1 No-2	Code 03 27 51	Mo. Da. Yr. Yes-1 No-2	Code 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code
DDP WH BRANCH 11 ARGENTINA SECTION			WASH D C		
16. Dept. - Field	17. Position Title		18. Position No.	19. Serv.	20. Occup. Series
Dept - 2 Ustd - 4 Frpn - 6	Code 2 2	REPORTS OFFICER	313	GS	0132.44
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
11 2	\$ 6605	DI	Mo. Da. Yr. 04 110 155	Mo. Da. Yr. 04 106 158	8 3500 20

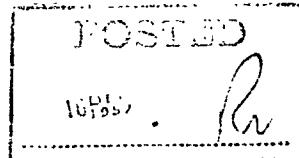
ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
REASSIGNMENT	56	Mo. Da. Yr. 12 01 57	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations		Code	32. Location Of Official Station		Station Code
DDP WH BRANCH 111 MEXICO SECTION		4613	WASH D C		75013
33. Dept. - Field	34. Position Title		35. Position No.	36. Serv.	37. Occup. Series
Dept - 2 Ustd - 4 Frpn - 6	Code 2 2	REPORTS OFF	0072,01	GS	0132.44
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
11 2	\$ 6605	DI	Mo. Da. Yr. 04 110 155	Mo. Da. Yr. 04 106 158	8 3500 20

44. Remarks



SECRET
CLASSIFICATION**FITNESS REPORT**

SECTION A		GENERAL INFORMATION							
1. EMPLOYEE NUMBER 007667	2. NAME (Last, first, middle) Bustos-Videla, Charlotte Z.	3. DATE OF BIRTH 12 Jan 29	4. SEX F	5. GRADE GS-13	6. SD D	7. OFFICIAL POSITION TITLE Operations Officer	8. OFF. DIV./OR. OF ASSIGNMENT DDO/WH/1	9. CURRENT STATION 10. HQ CO	
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT					
CAREER	RESERVE	CONTRACT	OTHER (SPEC.)	TEMPORARY	ANNUAL	REASSIGNMENT	SPECIAL		
13. REPORTING PERIOD (From-to) 1972 1 August 1972 - 30 April 1973				14. DATE REPORT DUE IN O.P. 1973 May 31					
SECTION B		QUALIFICATIONS UPDATE							
If QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.									
SECTION C		PERFORMANCE EVALUATION							
U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and 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 D.									
M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.									
P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.									
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		Functions as Chief of the WH/1/SA and Cuba Section, supervising one case officer, one IA and one secretary.							RATING LETTER S
SPECIFIC DUTY NO. 2		Analyzes all traffic pertaining to Branch and Station SA and Cuban Operations, performs all operational support, project actions, correspondence, coordination, memoranda and file maintenance.							RATING LETTER O
SPECIFIC DUTY NO. 3		Prepares studies, file analyses and special reports such as budget and program call and correspondence with the White House.							RATING LETTER O
SPECIFIC DUTY NO. 4									RATING LETTER
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 S	

CLASSIFICATION

SECTION D

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 C. If provides best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

In the 8 months during which she was under my supervision, Mrs. Bustos has performed in that same hard-working, highly-productive style which has become her trademark over the years. She understands the intelligence process from start to finish and is personally experienced with each step along the way, save the agent handling aspects. She excels in each phase of the work.

As chief of the Branch SA and Cuban activities section, she has once again demonstrated her mastery over her assigned duties. She is a sound, dependable, yet imaginative and energetic operations officer, whose performance leaves little to be desired. While she had had little previous supervisory experience, she has in this assignment demonstrated exemplary supervisory ability. Notwithstanding her drive, tenacity and attention to detail, she is a popular co-worker, is receptive to guidance and is sensitive to, and responsive to the needs of her subordinates.

In her performance of specific duty No. 2, she has brought to bear upon her daily duties her broad experience, high intelligence and good operational sense, functioning with practically no need of close supervision. It is comforting to know that an assignment given to this employee is always done promptly, professionally and cheerfully.

Her adaptability was demonstrated in her specific duty No. 3. Despite the press of normal daily activity, she was often called upon to produce "crash"

(continued)

SECTION E

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

21 May 1973

SIGNATURE OF EMPLOYEE

Evelyn J. Swider

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

8

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

21 May 1973

DC/WH/1

Raymond J. Swider

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL The rater has written an accurate and thorough evaluation of Mrs. Bustos. I concur without reservation in the ratings provided subject. She is an exceptional officer. Her ability to perform a variety of assignments in Headquarters and the Field has measured up to an outstanding record. Her work with subordinates clearly indicate she is a good supervisor. Mrs. Bustos performs all facets of her work in an exemplary manner and in my judgement rates in the upper percentile in the A Category.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

21 May 1973

C/WH/1

John C. Murray

CLASSIFICATION
SECRET

- 2 -

Narrative Comments (continued): (Charlotte Z. Bustos-Videla)

papers for the Branch because of her innate talents and established reliability. She never failed to impress her supervisor with her production, writing ability and energy. Her overall performance is clearly in excess of her grade level.

In terms of true cost and security-consciousness, she must also be considered very strong because she has a positive and aggressive attitude towards these subjects. It is with deep regret that the Branch parts with this employee who now moves up to the Division front office staff.

C-O-N-F-I-D-E-N-T-I-A-L

Covert Action Operations Seminar No. 2-73
35 hours, full time

Participant : Bustos-Videla, Charlotte Office : WH
Year of Birth: 1929 Service Designation: D
Grade : GS-13 No. of Students : 20
EDD Date : 08/51

COURSE OBJECTIVES, CONTENT AND METHODS

The objective of the Seminar is to give the participant a familiarization with the major fields of covert action. These are viewed as:

Political Operations, Including Propaganda;

Operations Against Priority Targets and Denied Areas.

("Priority targets" is taken to include Soviet Bloc, Chinese Communist, Cuban, and North Vietnamese officials and other personnel in third countries, and other designated targets)

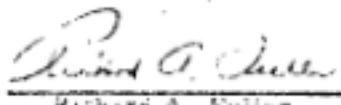
The Seminar includes a discussion of the "political animal" and an analytical look at the political personality.

The technique of instruction is one of talks by Operations Officers experienced in various specific kinds of operation, followed by questions and discussion. Participants are encouraged and expected to ask questions and engage in the discussions, drawing upon and relating their experience to that under discussion. One of the important values to be gained from the Seminar is this exchange of experience.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:


Richard A. Fuller
Chief Instructor

2/21/73
Date

C-O-N-F-I-D-E-N-T-I-A-L

CONFIDENTIAL

TRAINING REPORT

Midcareer Course No. 34

Student : Bustos-Videla, Charlotte Date : 11/5-12/22/72
Year of Birth: 1929 Office : WH/1
Grade : 13 Service Designation: D
No. of Students : 30

COURSE OBJECTIVES -- CONTENT AND METHODS

The Midcareer Course is designed to enable potential executive officers to develop and widen their understanding of management practices, of the Agency and the Intelligence Community, and of the Government's involvement in international affairs.

The Course consists of three major segments of varying lengths. The topics covered through lectures, seminars, group discussions and field trips are:

1. Effective managerial behavior as derived through study of the Managerial Grid.
2. The functions, relationships and problems of various Agency components and of members of the Intelligence Community.
3. Selected elements of national power and current developments in key international affairs.

ACHIEVEMENT RECORD

No evaluation of the student is made during the Course, and no final grade is given upon course completion.

FOR THE DIRECTOR OF TRAINING:

John C. Wright 22 Dec 1972
John C. Wright Date
Midcareer Course Chairman

Classified by: 17-1626
EX-2, APDCI,
WSISM

CONFIDENTIAL

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						007667	
SECTION A							
GENERAL							
1. NAME BuSTON-Videla, Charlotte Z.	(Last) BuSTON-Videla	(First) Charlotte	(Middle) Z.	2. DATE OF BIRTH 12 Jan 29	3. SEX F	4. GRADE GS-13	5. SU D
6. OFFICIAL POSITION/TITLE Operations Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1		8. CURRENT STATION Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT X CAREER RESERVE TEMPORARY			10. EMP (X) TYPE OF REPORT X INITIAL S REASSIGNMENT SUPERVISOR CAREER=PROVISIONAL (See Instructions - Section C) X ANNUAL S REASSIGNMENT EMPLOYEE SPECIAL (Specify) SPECIAL (Specify)				
11. DATE REPORT DUE IN O.P. 1 January - 31 July 1972			12. REPORTING PERIOD (From To) 1 January - 31 July 1972				
SECTION B							
PERFORMANCE EVALUATION							
U-Inadequate	Performance is unacceptable. A rating in this category requires immediate and 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.						
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.						
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.						
S-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 Prepares operational target studies on PBRUMEN officials and assists in the planning of operations against these targets.		RATING LETTER O					
SPECIFIC DUTY NO. 2 Screens all agent and technical reports dealing with PBRUMEN targets for operational and positive information and puts in retrievable form.		RATING LETTER S					
SPECIFIC DUTY NO. 3 Assists Case Officers in preparation of operational reports by doing all basic research such as tracing and file reviews and presents the results in exploitable form.		RATING LETTER O					
SPECIFIC DUTY NO. 4 Prepares draft intelligence reports from raw agent reports, technical operations and defector debriefings.		RATING LETTER O					
SPECIFIC DUTY NO. 5 OOA/DT&O Project Officer		RATING LETTER S					
SPECIFIC DUTY NO. 6 Management of the PBRUMEN section files.		RATING LETTER S					
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 one letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							
RATING LETTER S							

SECRET

(When Filled In)

SECTION C**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

In reviewing my previous fitness report and those of my predecessors, on this fine officer, I find myself hard put not to repeat what has been said so often before. She has been the backbone of this section and of those where she has worked previously. Her work has always shown excellent judgement and ingenuity. A self-starter with tremendous drive and discipline, the amount of work she has produced has been prodigious. An excellent team worker, she has never shirked when as so often happens - she is asked to take on additional work or work on a matter outside of her regular field. While forceful, she is diplomatic and tactful and is able to present suggestions and criticisms in a pleasant manner. She is one of the most dedicated persons I have met in the Organization, and exceptionally dependable. While, as a woman and a Specialist, she has had little opportunity to handle agents she has done very well with those we have given her to handle. She has showed great ability in the training of two transcribers and in the debriefing of two female agents and their husbands. This is in large part due to her in-depth knowledge of the targets this section is working on. The past few months have been difficult, requiring the complete reorganization of this Section and the termination of the majority of our assets. Under this stress, she has performed in her usual outstanding manner. Perhaps, even a little better. Her handling of a great deal of file work has been excellent, probably in part because she was the one who set it up and has maintained it in its present very good state.

(continued)

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

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

DATE

7 Aug 1972

SIGNATURE OF EMPLOYEE

/s/ Charlotte Z. Bustos-Videla

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

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

DATE

7 August 1972

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

Operations Officer

/s/ John M. Burke

3.**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Without any hesitation I concur with the outstanding ratings above. Subject is now up for rotation and we will miss her immensely. For years she has dedicated her entire time to her job which she has done so well. She has been creative, thorough and accurate. Although she has not had supervisory experience at this station, she has performed in a manner which clearly reflects that she would have no problem with supervising. A truly outstanding employee with growth potential.

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

7 Aug 1972

DCOS

/s/ George A. Felt

GEORGE A. FELT

SECRET

14-00000

SECRET

(CONTINUED)

SECTION C NARRATIVE COMMENTS

The one criticism of this Officer's work that I and others have made in the past still stands. She tries to do everything and somethings in this business just don't deserve the attention she gives them.

I have no personal knowledge of her supervisor abilities, but believe she is a natural leader.

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 007667			
SECTION A							
GENERAL							
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD			
Bustos-Videla, Charlotte Z.	12 Jan 29	F	GS-13	D			
6. OFFICIAL POSITION TITLE Operations Officer	7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1	8. CURRENT STATION Mexico City					
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See Instructions - Section C)			XX ANNUAL	REASSIGNMENT EMPLOYEE			
SPECIAL (Specify)			SPECIAL (Specify)				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From: To) January 1971 - December 1971				
SECTION B PERFORMANCE EVALUATION							
U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and 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.						
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.						
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.						
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	Prepares operational target studies on PBRUMEN officials and assists in the planning of operations against these targets.						RATING LETTER O
SPECIFIC DUTY NO. 2	Screens all raw reports dealing with PBRUMEN targets for operational and positive intelligence.						RATING LETTER S
SPECIFIC DUTY NO. 3	Conducts name checks, file reviews, prepares finished memos, cables, and dispatches. Assists Case Officers in preparation of operational reports.						RATING LETTER O
SPECIFIC DUTY NO. 4	Prepares draft intelligence reports from raw agent reports, technical operations and defector debriefings.						RATING LETTER O
SPECIFIC DUTY NO. 5	Handles miscellaneous special projects for the Station; screening and routing to all sections daily audio take; operational reporting and project responsibility for COA/D&TO project.						RATING LETTER S
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 pertinent 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 S	

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give 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. Monitors of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be considered if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: center;">Dec 27 8 55 AM</p> <p>This supervisor has worked with a variety of Intelligence Assistants. Many were good, but none compared with this Subject. She is the most thorough and fastest working IA I have met. Her capacity for hard work and long hours is prodigious. Her knowledge of operational matters is equal to that of most case officers. She has an operationally creative mind and has made many excellent suggestions for the improvement of the section's work. Additionally, her command of the Spanish language enhances all of the above abilities. This officer has found her very pleasant to work with. She has a unique ability to make constructive criticism in a tactful manner.</p> <p>If this Subject has a weakness, it was pointed out by the reviewing officer in the last fitness report when he said, "in her voracious appetite for all kinds of facts (she) can at times put undue emphasis on them, including factual minutiae as against equally important but more elusive subjective factors.</p> <p>Because of her outstanding performance and abilities the Subject will be given some activity handling agent personnel, during the forthcoming year.</p> <p>The Subject's continued fine performance since her last promotion merits special consideration by the Promotion Board.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1.		BY EMPLOYEE	
		I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT	
DATE	SIGNATURE OF EMPLOYEE		
9 December 1971	/s/ Charlotte Z. Bustos-Videla		
2.		BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1971	Ops Officer	/s/ John M. Burke	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur with the above ratings and comments. Subject performs all the tasks outlined above in a very professional and methodical manner. One does not even sense that the work is going on until the finished product is produced. It is always excellent. We count heavily on her thoughts and ideas in all operational studies and considerations. She is ops oriented and has an excellent bank of information to call on when necessary. She is pleasant and has the respect of her co-workers as well as her supervisors. Her abilities are varied and she can be counted on to perform extremely well regardless of assignment or target. We will be losing this fine officer soon and we will be hard put to find someone who will be able to replace her.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1971	Deputy Chief of Station	/s/ George A. Fill	

SECRET

SECRET
(Data Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 007667	
SECTION A GENERAL					
1. NAME BUSTOS-VIDELA, CHARLOTTE Z. (Middle)		2. DATE OF BIRTH 12 Jan. 29	3. SEX F	4. GRADE GS-13	5. SD D
6. OFFICIAL POSITION TITLE Operations Officer		7. OFF/BU/NR OF ASSIGNMENT DDP/WI/Br 1	8. CURRENT STATION Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISION ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 1 January - 31 December 1970		12. REPORTING PERIOD (From- To) 1 January - 31 December 1970			
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and 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>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>					
SPECIFIC DUTY NO. 1 Prepares operational target studies on PBRUMEN officials of interest and helps in the preparation of operational planning re target personnel.					RATING LETTER O
SPECIFIC DUTY NO. 2 Screens the raw reports from technical operations and agents for operationally useful information.					RATING LETTER O
SPECIFIC DUTY NO. 3 Provides operational and administrative support for station PBRUMEN activities. This includes name checks, file reviews, preparation of memos, cables and dispatches, and helps in the preparation of project reports, outlines, and renewals.					RATING LETTER O
SPECIFIC DUTY NO. 4 Supervises the handling of the station PBRUMEN watch-list and in general monitors travel of interest to and from PBRUMEN for our station, Headquarters and other stations.					RATING LETTER S
SPECIFIC DUTY NO. 5 Helps the station intelligence chief in the preparation of finished intelligence reports from a PBRUMEN refugee debriefing center (only part of the reporting period).					RATING LETTER S
SPECIFIC DUTY NO. 6 Handles miscellaneous special projects for the station in addition to her PBRUMEN duties (examples: organization of station watchlists during a presidential visit, screening certain raw reports for whole station, preparation of OOA/DIO project renewal).					RATING LETTER S
OVERALL PERFORMANCE IN CURRENT POSITION					
<p>Take into account everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>					
RATING LETTER O					

SECRET

(When Filled In)

SECTION C**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of such performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject worked most of April 1971 in the station PBRUMEN section. She was clearly outstanding in collating information from all sources during a recent intensified "PBRUMEN" month, determining as a result the overall pattern of the PBRUMEN mission here, spotting operational leads and updating target studies on all PBRUMEN officials as a result. Her final writeup regarding both new information obtained and the gaps that remain was thorough and useful.

Subject is extraordinarily rapid and efficient in researching for info, organizing files and other material and writing up any kind of resulting memo or dispatch. The same might be said perhaps of some other real pros in the IA field. However, in addition, Subject has a good, tough, operations-oriented mind and positively contributes ideas and suggestions re new operational techniques which the station has used profitably. Subject has natural managerial abilities as recently demonstrated in her organizing TDY help in a station-wide file and watchlist effort in connection with a presidential visit. Her Spanish is more than adequate for reading reports, and handling operational messages in that language. In sum, Subject is a tremendous station asset and would be extremely hard to replace without noting a serious loss in station efficiency.

-continued

SECTION D**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

5 March 1971

/s/ Charlotte P. Bustos-Videla

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

5 March 1971

Operations Officer

/s/ John Isaminger

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Although in my opinion there is an excessive use of "outstanding" by the rating officer, I am in accord with his narrative comments. Subject is definitely more than an IA and has performed as such when the station has required an individual with in-depth knowledge of station procedures, operational awareness combined with an ability to prepare studies in a short period of time. She's thorough, concise and rapid. One of our hardest workers and most dependable employees.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
25 March 1971	Deputy Chief of Station	/s/ George A. Fill

SECRET

SECTION C**NARRATIVE COMMENTS****-continued**

Three rather personalized comments might add meaning to this fitness report. Anyone, particularly a female, fitting the above description of efficiency and achievement can be, and often is a little overbearing and difficult to work with as a person. Subject, with all, is a pleasant personality who knows how to make her contributions and comments in a forthright but tactful manner. Secondly, and this one is a little hard to say, Subject in her voracious appetite for all kinds of facts can at times put undue emphasis on them including factual minutiae as against equally important but more elusive subjective factors. Thirdly, this rating officer has personally observed Subject only working on station premises at an office job, and frankly has no idea how she might function in outside operational work (cultivating people, **working under outside cover**).

~~SECRET//WCAT~~

MEMORANDUM FOR THE RECORD

CHARLOTTE BEAURE VIOLETA

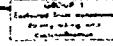
SUBJECT: Overall Outstanding Rating on [REDACTED]:
Method of Recognition

1. This memo is being written in accordance with paragraph three of Book Dispatch 5273 of 12 April 1966.
2. [REDACTED] was last granted a Quality Step Increase about a year ago in recognition of her very fine performance. It is a little early to repeat that kind of recognition even though it is a most logical and meaningful means to show recognition of her outstanding work.
3. Consideration should be given to an appropriate occasion in the fairly near future to grant another QSI to [REDACTED].

~~SECRET//WCAT~~

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 007667
SECTION A						
1. NAME BustoeVidela Charlotte Z			2. DATE OF BIRTH 12 Jan 29	3. SEX F	4. GRADE GS-13	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/Branch 1		8. CURRENT STATION Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT CAREER RESERVE TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			10. CHECK (X) TYPE OF REPORT INITIAL REASSIGNMENT SUPERVISOR ANNUAL REASSIGNMENT EMPLOYEE SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 28 February 1970			12. REPORTING PERIOD (From - To) 1 August 1969 - 31 December 1969			
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 Completo reorganization o^f Station files, including development of new procedures, revision of file categories, consolidation, purging and destruction.	RATING LETTER O					
SPECIFIC DUTY NO. 2 Provides overall guidance to Station and TDY personnel engaged in reorganization of Station files. Supervision of Secretary-Receptionist..	RATING LETTER S					
SPECIFIC DUTY NO. 3 Special assistance to COS/DCOS in revamping the paper flow within the Station and between the Station and other Government agencies.	RATING LETTER S					
SPECIFIC DUTY NO. 4 Preparation of special studies for the COS/DCOS concerning the effectiveness of Station paper handling procedures, personnel economies related thereto and the improvement of Station	RATING LETTER					
SPECIFIC DUTY NO. 5 utilization of manpower, space and funds as a result of the reorganization of Station Registry functions and personnel.	RATING LETTER S					
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 S



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel actions. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

In July 1969 Subject was transferred from the Cuba Section to the Station front office to serve as an executive assistant to the COS with special responsibility for ensuring that the paper flow of the Station remained under effective control during the period of transition resulting from the assignment here of several senior officers. This transition period necessitated or gave rise to a number of changes in the management and administrative areas of the Station. Subject's performance in this assignment under these circumstances was clearly outstanding. Her sound judgement, imagination and responsiveness to guidance not only contributed to maintaining the stability and momentum of the Station but also made possible an early effort to come to grips with many of the problems which an inflated Registry and a highly distinctive records system created for the new Station management team.

During the ensuing six month period, Subject has recommended and implemented a number of changes which have produced a more effective and less costly records system. Paper holdings have been reduced substantially, input has been reduced and now conforms to basic CS procedures and requirements. Personnel savings have been effected and supervisory responsibilities more clearly delineated.

To sum up, Subject has made and continues to make a major contribution in a singularly unsensational area of Station activity. Her advice is sought and appreciated not only by the COS and myself, but by other

(CONTINUED)

SECTION D

CERTIFICATION AND COMMENTS

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

15 January 1970

/s/ Charlotte Bustos-Videla

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

DATE

6 months

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

15 January 1970

DOOS

/s/ Paul V. Harwood

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL It would be difficult to overstate the contribution made by Subject to this Station during the past six month period, and I concur fully in the ratings and comments of the Rating Officer. I might add that Subject is one of the more versatile, conscientious and productive employees with whom I have worked in this organization, and that in addition to the administrative/management role outlined above, continued to provide valuable operational/analytical assistance to the Cuban and other operational sections of the Station. The initiative and imagination shown by Subject in the very complicated administrative management assignment have been particularly commendable and her complete familiarity with the country, the language, and the background of the Station has been invaluable during this period of change.

DATE

TYPED OR PRINTED NAME AND SIGNATURE

15 January 1970

COS

/s/ James B. Noland

SECRET

SECRET/RYBAT

- 2 -

SECTION C

NARRATIVE COMMENTS

CONTINUED

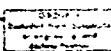
personnel who appreciate her personal and professional qualities.

Subject is aware that her current assignment is an unusual one and that she soon may have worked herself out of her current job. Since she speaks fluent Spanish, has a unique ability to get along with people and to get things done, there will be no problem in assigning her back into a position more closely supporting operations. Our operations are certain to benefit thereby.

SECRET/RYBAT

(Form Filled In)

FIR SS REPORT				EMPLOYEE SERIAL NUMBER 007667	
SECTION A					
GENERAL					
1. NAME BUSTOSVIDELA, Charlotte Z.		2. DATE OF BIRTH 12 Jan 29		3. SEX F	4. GRADE 13
5. OFFICIAL POSITION TITLE Ops Officer		6. OFF/ DIV. BN OF ASSIGNMENT DDP/WH/FF/1		7. CURRENT STATION Mexico City	
8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <small>CAREER=PROVISIONAL (See Instructions - Section C)</small>		9. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL		10. REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify): <small>(See Instructions - Section C)</small>		SPECIAL (Specify): <small>(See Instructions - Section C)</small>			
11. DATE REPORT DUE IN O.P. October 1969		12. REPORTING PERIOD (From - To) March to August 1969.			
SECTION B					
PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>					
SPECIFIC DUTY NO. 1 Until she was called to other duties in the front office of the Station, did analysis on PBRUNEN targets of Station interest, collated information and prepared studies. V/C40					RATING LETTER O
SPECIFIC DUTY NO. 2 Screened the raw product of several intelligence operations and processed intelligence and operational information in close cooperation with two full time senior outside transcribers whom she handled completely.					RATING LETTER O
SPECIFIC DUTY NO. 3 Handled the Station PBRUNEN watchlist and travel program, and reported travel information to MCIPM Stations and other customers.					RATING LETTER S
SPECIFIC DUTY NO. 4 Provided operational support (file checks, operational reviews, liaison memoranda, etc.) for various Station activities.					RATING LETTER S
SPECIFIC DUTY NO. 5 Contributed to the preparation of monthly summaries and project reporting (outlines, renewals, etc.)					RATING LETTER O
SPECIFIC DUTY NO. 6 Handled special projects for the Station in addition to her PBRUNEN duties.					RATING LETTER O
OVERALL PERFORMANCE IN CURRENT POSITION					
<small>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits and particular limitations or talents. Based on what you know about the employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement. This most accurately reflects his level of performance.</small>					RATING LETTER O



SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comments 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. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Subject's performance continued during the period under review to deserve high praise. Her enormous appetite for work, her attention to detail, her ability to absorb and digest enormous files and complicated cases, her professionalism and devotion to the duties entrusted to her really deserve the rating of outstanding. Subject speaks good Spanish, has considerable initiative, much experience in analytic work and a genuine talent for administrative work.</p> <p>In view of her past performance, her record at the Station and her potential, Subject who was recommended for promotion to the GS-14 level should be promoted as soon as possible.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
<p>1. BY EMPLOYEE I CERTIFY THAT I HAVE READ SECTIONS A, B, AND C OF THIS REPORT</p> <p>DATE: 1 August 1969 SIGNATURE OF EMPLOYEE: Charlotte Z. Bustosvidela (signed)</p>			
<p>2. BY SUPERVISOR MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</p> <p>DATE: 1 August 1969 OFFICIAL TITLE OF SUPERVISOR: Ops. Officer TYPED OR PRINTED NAME AND SIGNATURE: Francis Sherry (signed)</p>			
<p>3. BY REVIEWING OFFICIAL COMMENTS OF REVIEWING OFFICIAL:</p> <p>Subject is indeed an exceptional officer who is highly deserving of the foregoing ratings and related accolades. In her new role as executive assistant to the CUS she has been invaluable during the difficult and complicated transition from the old regime to the new, and the related reorganization of the Station. Her organizational abilities are unsurpassed by anyone known to the undersigned, and she certainly merits consideration for early promotion.</p>			
DATE: 1 August 1969	OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE: James B. Noland	

SECRET

SECRET

(Blank Filled In)

Reviewed by OP/PD/EAB

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				007667		
SECTION A						
GENERAL						
1. NAME Bustos-Videla, Charlotte			4. DATE OF BIRTH 12 Jan 1929	5. SEX F	6. GRADE GS-13	7. SD D
8. OFFICIAL POSITION TITLE Ops Officer			8. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1	9. CURRENT STATION Mexico City		
10. CHECK (X) TYPE OF APPOINTMENT XX CAREER <input checked="" type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			11. CHECK (X) TYPE OF REPORT XX INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify) CAREER-PROVISIONAL (See Instructions - Section C)			12. REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE
13. DATE REPORT DUE IN O.P.			14. REPORTING PERIOD (From - To) January 1968 - March 1969			
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 counselling, 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 Handles Station PBRUNEN watchlist and travel program and reports travel information to WOFIRM stations and other customers						RATING LETTER S
SPECIFIC DUTY NO. 2 Screens the raw product of several technical operations and processes intelligence and operational information in close cooperation with two full time senior transcribers whom she handles completely						RATING LETTER O
SPECIFIC DUTY NO. 3 Does analysis on targets of Station interest, collates information and prepares studies						RATING LETTER O
SPECIFIC DUTY NO. 4 Contributes to the preparation of monthly summaries and project reporting (outlines, renewals, etc.)						RATING LETTER O
SPECIFIC DUTY NO. 5 Provides operational support (file, checks, operational reviews, liaison memoranda, etc. for various Station activities						RATING LETTER S
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, responsibility, 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

SECRET

(When Filled In)

SECTION C**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial and supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If biography is needed to complete Section C attach a separate sheet of paper.

Subject's performance during the period of over one year under review continued to deserve the rating of Outstanding. Her major contributions during that period were in the fields of operational research and exploitation of information obtained through technical means. She was, during this period, given full responsibility for the handling of two full time senior transcribers including administrative matters. In view of the difficulty of recruiting target personnel the task of fully exploiting information obtained from technical sources is of great importance. Subject handled this task with her usual enormous capability for work, displaying initiative and great professionalism. She continued, in addition, to handle the other tasks listed in this report together with sensitive reporting sent by a separate channel, altogether a much heavier workload than is usually carried by one person. She was helped in this by her good knowledge of Spanish, a talent for administrative work, considerable analytic experience and great devotion to her work. Subject should be considered for promotion to the grade of GS-14 at the first opportune moment.

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**

3 April 69

Charlotte Bustos-Yidela /s/

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

19 months

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

3 April 69

Ops. Officer

Francis Sherry /s/

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

The reviewing officer fully agrees with the ratings and comments of the rating officer. Subject consistently performs her duties in an outstanding manner, bringing to her job truly exceptional qualities of intelligence, reliability, and good humor. She is one of the most valuable employees in the Station, and the recommendation for her promotion from GS-13 to GS-14 is fully and enthusiastically endorsed.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 April 69	COS,	Winston Scott /s/

SECRET

SF 1410-100-100

S-E-C-R-E-T

TRAINING REPORT

Soviet Bloc Operations Course No. 3
80 hours, full time

5 - 16 June 1967

Student : BUSTOS-VIDELA, Charlotte Office : DDP/WH
Year of Birth: 1929 Service Designation: D
Grade : GS-13 No. of Students : 34
EOD Date : August, 1951

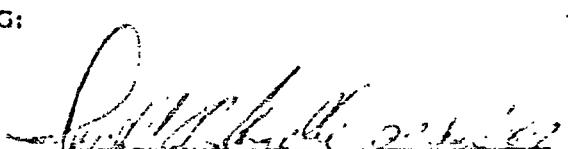
COURSE OBJECTIVES

To orient the student on the special nature of the Clandestine Services' Soviet Bloc target and to train him in the application of clandestine methods for collecting information on, assessing, and preparing recruitment operations against Soviet Bloc personalities.

ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:


Russell A. Lavigelle Date

Instructor, OTR

S-E-C-R-E-T

SECRET

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				007667	
SECTION A					
GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
Bustos-Videla, Charlotte			12 Jan 1929	F	GS-13 D
5. OFFICIAL POSITION TITLE			6. OFF/DIV/GR OF ASSIGNMENT	7. CURRENT STATION	
Ops Officer			DDP/WH/1	Mexico City	
8. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)			XXX ANNUAL	REASSIGNMENT EMPLOYEE	
SPECIAL (Specify)			SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From To)		
29 February 1968			August 1967 through January 1968		
SECTION B PERFORMANCE EVALUATION					
<p>W - Wash Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p>					
SPECIFIC DUTY NO. 1 Handles Station PBRUMEN program (maintains a watchlist, screens travel documents and reports travel information to WOFIRM stations and other interested customers).					RATING LETTER S
SPECIFIC DUTY NO. 2 Screens the raw product of technical operations and processes the intelligence and operational information.					RATING LETTER O
SPECIFIC DUTY NO. 3 Does analysis on targets of Station interest, pulling documents together, collating information and preparing studies.					RATING LETTER O
SPECIFIC DUTY NO. 4 Helps with the preparation of monthly summaries and project reporting (outlines, renewals etc.).					RATING LETTER O
SPECIFIC DUTY NO. 5 Provides operational support (file checks, operational reviews, liaison memoranda etc.) for various Station activities.					RATING LETTER S
OVERALL PERFORMANCE IN CURRENT POSITION					
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p>Reviewed by D.P./DAB</p>					RATING LETTER O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major job or duty, efficiency, duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Since her arrival at this Station, Subject's performance has truly been outstanding. She has, on her own initiative, reorganized many of the operational files and procedures of the PBRUMEN Section. She has made particularly useful exhaustive analyses of the documents concerning a number of Station targets not only per request of this Station but also on her own initiative. She has revamped the Section's travel program, curtailing the watchlist to more manageable size and expediting the reporting of travel information to the many customers for such information. Her thorough review of the take of several technical operations has increased their usefulness as well as emphasized their weaknesses.

Subject's natural born leadership, administrative, management, talent for administration, her initiative, sharp analytic mind and good knowledge of Spanish have greatly facilitated the operation of the PBRUMEN Section of this Station at a time of almost complete personnel change. She has not been directly involved with the actual running of operations both because she appears much better suited for the support type work intrusted to her and because she frankly would not have the time under present circumstances to do so. Subject is carrying the workload usually handled by more than one person.

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

16 Jan. 1968

/s/ Charlotte Bustos-Videla

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

5 months

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

16 Jan. 1968

Ops Officer

Francis Sherry

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The Reviewing Officer fully concurs in the evaluation of Subject by the Rating Officer. Subject consistently turns in a superior performance, whatever her task, and for a Station Chief the only problem she presents is to determine where best to assign her. She is a source of strength to her Section, has the knack of making herself irreplaceable.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
17 January 1968	Chief of Station	Winston D. Miller

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 007667			
SECTION A							
GENERAL							
1. NAME Bustosvidela, C.Z.		2. DATE OF BIRTH Jan 1929		3. SEX F	4. GRADE GS-13	5. RD D	
6. OFFICIAL POSITION TITLE Ops Officer		7. OFF/DIV/DR OF ASSIGNMENT DDP/WH/1		8. CURRENT STATION HQS			
9. CHECK IN THE TYPE OF APPOINTMENT XX CAREER RESERVE TEMPORARY <small>CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify)</small>				10. CHECK IN THE TYPE OF REPORT XX ANNUAL <small>INITIAL REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE SPECIAL (Specify)</small>			
11. DATE REPORT DUE IN G.P. 31 Jan 67		12. REPORTING PERIOD (From To) 1/66 - 12/66					
SECTION B							
PERFORMANCE EVALUATION							
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.						
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.						
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.						
S - Strong	Performance is characterized by exceptional proficiency.						
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Handles all aspects of 22 PI/CE/Support projects including project actions, logistical and financial support, requirements, guidance and review.							RATING LETTER S
SPECIFIC DUTY NO. 2 Handles all matters concerning the agents belonging to these projects including field agents, Contract, Career, and Staff Agents. This includes OA/CSA's, contracts, training, travel, cover and funding.							RATING LETTER O
SPECIFIC DUTY NO. 3 Prepares, or helps prepare, miscellaneous memoranda and studies, such as monthly PI achievements, operational program, budget exercises, responses to requests on operations or background info regarding Mexico.							RATING LETTER O
SPECIFIC DUTY NO. 4 Routes correspondence, supervises tickler system, maintains project, agent, and subject 201 files.							RATING LETTER S
SPECIFIC DUTY NO. 5 Branch records officer.							RATING LETTER S
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, permanent 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 S

OFFICE OF PERSONNEL

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS Feb 16 10-33 AM 1967

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

Subject has continued to perform during the period under review in the same highly competent manner which all who know her have come to expect of her. She continues to put forth her best efforts at all times. She is particularly to be commended for the manner in which she cheerfully accepts onerous tasks, usually with very short deadlines, and invariably comes up with a thoroughly prepared answer within the time allotted. She is efficient, she is fully knowledgeable and capable in her job, she has a friendly, warm, and pleasant personality, and is always ready to respond to her fellow workers with a helping hand. She has no supervisory responsibility per se, but is frequently called upon for guidance to new secretaries and case officers alike and is of real help in such cases. Subject is one of the strongest Headquarters case officers known to rater, and her overall performance certainly borders very closely on being evaluated Outstanding.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

5 Jan 1967

John H. V. Fisher

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

18

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

30 January 1967

DC/WH/1

J.H.V. Fisher

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An outstanding officer recognized as such and appreciated by all.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

31 January 1967

C/WH/1

W.J. Kaufman

SECRET

SECRET
(Other Rating Int)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 007667			
SECTION A							
				GENERAL			
1. NAME BUSTOSVIDELA, C. Z.		2. DATE OF BIRTH 12 Jan 29		3. SEX F		4. GRADE GS-12	
5. OFFICIAL POSITION TITLE Ops Officer		6. OFF/DIR/HR OF ASSIGNMENT DDP/WB/1		7. CURRENT STATION Headquarters			
8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <small>CAREER=PROVISIONAL (See Instructions - Section C)</small> <small>SPECIAL (Specify):</small>				9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <small>SPECIAL (Specify):</small>			
10. DATE REPORT DUE IN O.P. 1 January - 31 December 1965				11. REPORTING PERIOD (From - To) 1 January - 31 December 1965			
SECTION B							
PERFORMANCE EVALUATION							
<p>W - Back 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 Handles all aspects of 22 FI/CE/Support projects including project actions, logistical and financial support, requirements, guidance and review.							RATING LETTER O
SPECIFIC DUTY NO. 2 Handles all matters concerning the agents belonging to these projects including field agents, Contract, Career, and Staff Agents. This includes OA/CSA's, contracts, training, travel, cover and funding.							RATING LETTER O
SPECIFIC DUTY NO. 3 Prepares, or helps prepare, miscellaneous memoranda and studies, such as monthly FI achievements, operational program, budget exercises, responses to requests on operations or background info regarding Mexico.							RATING LETTER S
SPECIFIC DUTY NO. 4 Routes correspondence, supervises tickler system, maintains project, agent, and subject 201 files.							RATING LETTER S
SPECIFIC DUTY NO. 5 Branch records officer.							RATING LETTER S
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
25 JAN 1966							

SECRET

(When Filled In)

SECTION C	NARRATIVE COMMENTS	OFFICE OF PERSONNEL
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p> <p style="text-align: right;">JAN 23 12 33 PM '66</p> <p>Subject continues to render a superior performance. She is efficient, thoroughly knowledgeable, rapid in her work, well organized, and greatly facilitates the smooth functioning of the office. The quality of Subject's work has been recognized fully in previous fitness reports and in previous recommendations for promotion from GS-12 to 13. This high quality of work has continued throughout the period of this fitness report and Subject continues to merit promotion.</p>		
SECTION D	CERTIFICATION AND COMMENTS	
1.	BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 20 Jan 1966	SIGNATURE OF EMPLOYEE <i>J. H. V. Fisher</i>	
2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION FOUR	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 20 Jan. 1966	OFFICIAL TITLE OF SUPERVISOR DC/WH/1	TYPED OR PRINTED NAME AND SIGNATURE <i>J. H. V. Fisher</i>
3.	BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL		
<p>Reviewing Officer agrees with above report and endorses Subject's fitness for promotion.</p>		
DATE 20 Jan 1966	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/1	TYPED OR PRINTED NAME AND SIGNATURE <i>W. J. Kaufman</i>

SECRET

SECRET

(This Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 007667			
SECTION A					GENERAL			
1. NAME (Last) (First) (Middle)		GRADE	2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD	
Puentes-Videla, Charlotte		GS-12	11 Jan 1969		F	GS-12	D	
6. OFFICIAL POSITION/TITLE Ops Officer					7. OFFICER/LEADER OF ASSIGNMENT DUP/NSA		8. CURRENT STATION B-U.S.	
9. CHECK IN TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CARRIER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CARRIER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify)					10. CHECK IN TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P. 31 January 1966					12. REPORTING PERIOD (From To) 1 January 1965 - 31 December 1966			
SECTION B					PERFORMANCE EVALUATION			
<p>N - Needs 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 Handles all aspects of 21 FI/CE/Support projects including project actions, logistical support, requirements, guidance, reviews.					RATING LETTER O			
SPECIFIC DUTY NO. 2 Handle all matters concerning the agents belonging to these projects, including field agents, Contract, Career and Staff Agents. This includes OA/CSA's, contracts, training, PCS arrangements, cover, funding.					RATING LETTER O			
SPECIFIC DUTY NO. 3 Prepare, or help prepare, miscellaneous memoranda and studies, such as monthly FI achievements, Operational Program, responses to requests from the Senior Staffs on operations and on Mexico itself.					RATING LETTER O			
SPECIFIC DUTY NO. 4 Supervise one Intelligence Assistant in the maintenance of a desk tickler system and the agent and subject 201 files at the desk.					RATING LETTER O			
SPECIFIC DUTY NO. 5 Records Officer					RATING LETTER S			
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.								
4.3 RATING 23 MAR 1966					RATING LETTER O			

SECRET

(When Filled In)

SECTION C**NARRATIVE COMMENTS**

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

This exceptionally competent and productive officer continued to perform at a level well above that of the GS-13 slot she occupies. While a good deal of her tremendous effectiveness stems from experience, continuity on the job and her natural retentive memory, during the period under review she also demonstrated a flair for, and applied her talents to, the solution of relatively major and complex planning and managerial problems in the area of operational support to Mexico Station activities.

To the list of her previously abundantly acknowledged capacity for hard, effective work, talent for training on the job younger officers, diligence, and versatile ability, this rater would like to add a note of appreciation for her everpresent tactfulness and discretion. No weaknesses affecting her present assignment have been noted; she is very careful and realistic in planning for expenditure of funds.

This officer is separately being recommended for promotion to GS-13.

WH will review this fitness report with others during a special meeting scheduled periodically to consider suitable recommendation for outstanding performance.

SECTION D**CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 17 JUL 65	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDERR MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 8-17-65	OFFICIAL TITLE OF SUPERVISOR <i>A.G. Spera</i> DC/WH/1	TYPED OR PRINTED NAME AND SIGNATURE Alfonso Spera
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL <i>Conan</i>		
DATE 8-17-65	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/1	TYPED OR PRINTED NAME AND SIGNATURE <i>H.J. Kaufman</i> H.J. Kaufman

SECRET

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
SECTION A					GENERAL	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
BUSTOS-VIDELA, Charlotte Z.			12 Jan 1929	F	GS-12	D
6. OFFICIAL POSITION TITLE			7. OFFICER/ENR OF ASSIGNMENT	8. CURRENT STATION		
Operations Officer			DDP WH 3	Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)			X ANNUAL	REASSIGNMENT EMPLOYEE		
SPECIAL (Specify)			SPECIAL (Specify)			
11. DATE REPORT DUE IN G.P.			12. REPORTING PERIOD (From - To)			
31 January 1964			1 January 1963 - 31 December 1963			
SECTION B PERFORMANCE EVALUATION						
W - Hatch	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 Handle Project action, operational correspondence, support for 19 MI and OPs Support type projects, effecting proper coordination with senior staffs, other divisions, and offices.						RATING LETTER S
SPECIFIC DUTY NO. 2 Handle clearance actions, contracts, and administrative matters for agents falling under these projects, and for the entire desk in the absence of the Intell Analyst.						RATING LETTER O
SPECIFIC DUTY NO. 3 Prepare miscellaneous memoranda, budgets, and reports requested by Senior Staffs and Division officers from the Mexican desk on Mexican matters in general.						RATING LETTER S
SPECIFIC DUTY NO. 4 Supervise the clerical and administrative personnel on the desk (averaging 4) and in general see to the smooth functioning of the desk and the flow of paper.						RATING LETTER O
SPECIFIC DUTY NO. 5 Records Officer for WH/J/M						RATING LETTER O
SPECIFIC DUTY NO. 6 Assume the responsibilities of C/M/J/M when the Chief of the desk is absent, signing dispatches and cables, coordinating, and supervising 2 Reports Officers and 5 Case Officers.						RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER O
14 FEB 1964						

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Subject's performance during the rating period has been marked by general excellence. As indicated in Section B her supervision and direction of the Section's work relating to intel support, administration, preparation of special reports, training personnel, etc. is uniformly outstanding. The fact that these functions are handled in addition to her duties as the desk officer for the FI and Ops Support projects, which she performs with unusual competence, serves to illustrate her value to this Section. She has an exceptional ability independently to determine proper courses of action and to initiate action to carry them out. She has a profound understanding of the area operational program and contributions to it are imaginative and constructive.</p> <p>In the opinion of the rater Subject's performance compares favorably with any GS-13 desk officer within his experience and she performs occasionally at the GS-14 level. Moreover, she carries out her duties cheerfully, loyally and in close and amicable cooperation with her fellow employees at all levels.</p> <p>In those aspects of her duties which involve cost e.g. the review of operational projects, she has given close attention to the budgetary matters and has frequently suggested ways in which economies in the operations might be effected.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
<p>1. BY EMPLOYEE I CERTIFY THAT I HAVE READ SECTIONS A, B, AND C OF THIS REPORT DATE: 28 January 1964 SIGNATURE OF EMPLOYEE: <i>Marieelle J. Vazquez-Pedraza</i></p> <p>2. BY SUPERVISOR MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: DATE: 1-2-64 OFFICIAL TITLE OF SUPERVISOR: C/WH/3/Mexico TYPED OR PRINTED NAME AND SIGNATURE: <i>Bernard E. Reichhardt</i> <i>Bernard Reichhardt</i></p> <p>3. BY REVIEWING OFFICIAL COMMENTS OF REVIEWING OFFICIAL: I concur in the high rating given this employee. She is undoubtedly the ablest employee in this branch in the performance of her particular job.</p>			
DATE: 29 Jan 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL: C/WH/3	TYPED OR PRINTED NAME AND SIGNATURE: <i>John M. Shattock</i>	

SECRET

(When filled in)

REPORT ON TESTED AND PREDICTIVE ABILITY AND EXPERIENCE

John Doe (Name) Office (Office) Sex 37 September 1948 (Date of testing)

The category checked below is an interpretation of the scores made by the person named above on a battery of foreign language aptitude tests. The relationships between test performance and subsequent training performance of trainees in Agency language training courses are indicated by the graphs next to the aptitude categories. The graphs to the left are for women and the graphs to the right are for men. From these graphs you can read for each aptitude category the probability that a person in that category will perform in an Agency foreign language training course at an average or better-than-average level. For example, 22 per cent of the women who obtain an aptitude rating of "8" can be expected to be average or better in course performance, while 5 per cent of the men with ratings of "8" can be expected to be average or better in course performance. A man needs an aptitude rating of "6" to have about the same expectation of success in language training as a woman with a rating of "8". At the other end of the scale, 10 per cent of either men or women who obtain aptitude ratings of "2" can be expected to do average or better-than-average work in training. The differences in relationship are due to differences between men and women in both training performance and test scores. On the average women are somewhat higher on both.

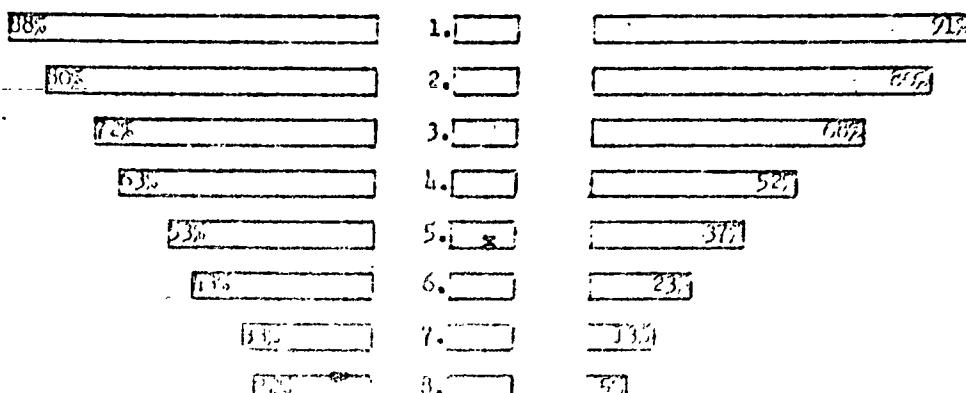
Percent of Women Whose Language Training Performance Is Expected to Be Average or Better than Average

100	80	60	40	20	0
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Aptitude Category

Percent of Men Whose Language Training Performance Is Expected to Be Average or Better than Average

0	20	40	60	80	100
---	----	----	----	----	-----



Since many things other than aptitudes enter into the determination of training course performance, in any class of students there will usually be some whose performance will be better than would be expected from their test scores, just as there will likely be some whose performance is poorer than expected. EXPERIENCE OF LEARNING, TEACHING LANGUAGE, and other factors should be considered in selecting people for language training and in interpreting language training results. For example, the number of languages previously studied or learned and the amount of academic and non-academic language-learning experience are factors not measured by the tests but are indicative of probable success in learning a foreign language. Whether such experience was in the same language as the one to be studied or in a different one is, of course, an additional relevant factor.

3 foreign languages have been studied or learned by this individual.

Months of Academic Training
High School College Other

Non-academic Experience (1 year or more)
Reading or Writing Speaking

18	54	32
----	----	----

no	no
----	----

This report may be shown to the individual concerned.

by EDWARD A. RUMMEL

U.S. GOVERNMENT PROPERTY

S E C R E T

TRAINING REPORT

RECORDS OFFICERS COURSE

30 April - 4 May 1962

Student : Charlotte Z. Bustos-Videla Office : WH/3
Year of Birth: 1929 Service Designation: D
Grade: GS-12 Number of Students: 34
EOD Date : Aug 1951

COURSE OBJECTIVES - CONTENT AND METHODS

This course, designed for present and prospective Records Officers, has four principal objectives.

1. To give an appreciation for the Agency's CS mission.
2. To describe the role that records play in the discharge by the Agency of the responsibilities inherent in the mission.
3. To emphasize the importance of records and proper records management in the successful performance of the stated mission.
4. To increase awareness of the inter-relationships between the CS mission and records; to sharpen judgement in the handling and disposition of records; and to improve performance of Records Officers.

The student is instructed through the media of lectures, directed reading, practical exercises and discussions.

ACHIEVEMENT RECORD

This is a certificate of attendance only; no attempt was made to evaluate student achievement in the course.

FOR THE DIRECTOR OF TRAINING:

Augustus F. Schermerhorn
Augustus F. Schermerhorn 24 July 1962
Chief Instructor Date

S E C R E T

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 607667	
SECTION A						
1. NAME Bustos-Videla, Charlotte			GENERAL			
2. DATE OF BIRTH 12 Jan 29			3. SEX F	4. GRADE GS-12	5. SD D	
6. OFFICIAL POSITION TITLE OPS OFFICER			7. OFF/DIV/BR OF ASSIGNMENT DDP WH 3			
8. CHECK (X) TYPE OF APPOINTMENT CAREER			9. CURRENT STATION ✓			
CAREER-PROVISIONAL (See Instructions - Section C)			10. CHECK (X) TYPE OF REPORT X ANNUAL			
SPECIAL (Specify):			REASSIGNMENT SUPERVISOR SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 31 January 1963			12. REPORTING PERIOD (From - To) 1 Jan - 30 Dec 62			
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	Supervises office staff of Mexico Desk in preparing correspondence, keeping files, carding, and training new personnel.					RATING LETTER O
SPECIFIC DUTY NO. 2	Desk Intelligence officer for important satellite and FI operations in Mexico, processing projects, handling operational correspondence, conducting liaison with other divisions.					RATING LETTER S
SPECIFIC DUTY NO. 3	Routing cables, dispatches for the entire Desk, supervising distribution of work.					RATING LETTER O
SPECIFIC DUTY NO. 4	Personally handling large number of clearances, project approvals, cable coordinations, and official negotiations on matters touching all aspects of the Desk's work.					RATING LETTER O
SPECIFIC DUTY NO. 5	Preparation of budget, special papers, surveys, and briefings.					RATING LETTER O
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER O
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 FEB 1963						

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give 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.</p> <p>This officer is the person chiefly responsible for the Mexico Desk's deserved reputation for excellence and efficiency. The complicated and never-ending tasks of project processing, clearances, tracing, and coordination are handled by her with blinding speed and unerring perfection. Procedural problems are there to be solved, and the solutions come with amazing rapidity. Operational problems are worked out thoroughly and conscientiously. No corners are cut and no principles are compromised.</p> <p>Never at a loss for an answer, this officer never shrinks from any assignment and instinctively wants to take over any vexing problem which is holding up progress. She is complete mistress of file and record resources and answers all queries within minutes. The most complex budgetary and planning projects are handled by her with deceptive ease.</p> <p>These qualities of rare efficiency and speed are coupled with an even rarer degree of amiability and cooperativeness. The work which proceeds under her at such a break-neck pace nonetheless goes on in an air of placidity and good humor. The large office staff is run without a trace of tension, jealousy, or friction. All of this is traceable to this officer's fine example and catalytic effect on her colleagues.</p> <p>Finely-educated, handling the Spanish language with fluency, and keeping up with current events in her area, this officer is a unique asset to our organization.</p>			
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		
26 February 1963	(Signature of employee)		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
26 February 1963	e/WH/3/MEXICO	(Signature of supervisor) John. M. Whitten	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
26 February 1963	AC/WH/3	(Signature of reviewing official) Forrest Shivers	

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE STANDBY KOCOM/1967 CSD 10/67	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. SOURCE	
EVANGEL-VIDELA Charlotte Z		12 January 1929	Female	12	
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT			
D	Operations Officer	DDP/RI/3/D. C.			
8. CAREER STAFF STATUS		9. TYPE OF REPORT			
NOT ELIGIBLE PENDING	MEMBER DECLINED	DEFERRED DENIED	INITIAL ANNUAL	REASSIGNMENT/SUPERVISOR REASSIGNMENT/EMPLOYER	
10. DATE REPORT DUE IN D.P. From 11 January 1967		11. REPORTING PERIOD To 1 Jan 67 - 31 Dec 67		SPECIAL (Specify)	
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	
SPECIFIC DUTY NO. 1 Responsible for Project renewals and other correspondence and action on 12 support type projects for Mexico City and Monterrey		RATING NO. 7	SPECIFIC DUTY NO. 4 Assist the Chief of the 13 desk in administration of office to ensure the smooth functioning of the desk. Includes distribution of work, 14 routine of pouches and cables, supervision of clerical staff of 4.		RATING NO. 6
SPECIFIC DUTY NO. 2 Handle miscellaneous admin support matters (requests for tech equip., studies, training guides, etc) for Mexico and Monterrey		RATING NO. 7	SPECIFIC DUTY NO. 5		RATING NO.
SPECIFIC DUTY NO. 3 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with 15 on financial problems		RATING NO. 6			RATING NO.
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance is many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 6
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Lesser possible degree		2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS		NOT APPLICABLE	NOT SERVED	RATING	
DOES THINGS DONE				1	2
RESOURCEFUL				3	4
ACCEPTS RESPONSIBILITIES				5	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					
DUTS HIS JOB WITHOUT STRONG SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE					
WRITES EFFECTIVELY					
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISPENSES IN ORGANIZING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

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

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

FEB 12 11 43 AM '62

This outstanding employee has maintained the high standard of performance set forth in the report of this supervisor [illegible]. Where possible, she has exceeded her earlier performance record. During the past year this office acquired considerable new personnel, which Subject trained in a highly capable manner to guarantee the smooth-functioning of the office. The undersigned hopes this employee will continue to serve this organization indefinitely notwithstanding her marriage during the past year.

SECTION F**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

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

DATE

23 January 1962

SIGNATURE OF EMPLOYEE

Charlotte J. Peter-Videla

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

24

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

3.

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

23 January 1962

OFFICIAL TITLE OF SUPERVISOR

Chief of Desk

TYPED OR PRINTED NAME AND SIGNATURE

John G. Nejm

John G. Nejm

4.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

6 Feb 1962

Chair

*Andrea L. Johnson***SECRET**

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER			
SECTION A GENERAL									
1. NAME (Last) (First) (Middle)	Zehring	Charlotte	2. DATE OF BIRTH	12 Jan. 1929	3. SEX	Female	4. GRADE	GS-12	
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE			7. OFFICER/OF ASSIGNMENT					
DI	Ops Officer			DIP/A/H/3/Mex/DC					
8. CAREER STAFF STATUS	9. TYPE OF REPORT								
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED		INITIAL	REASSIGNMENT/SUPERVISOR				
PENDING	DECLINED	DENIED		X ANNUAL	REASSIGNMENT/EMPLOYEE				
10. DATE REPORT DUE IN O.P.	11. REPORTING PERIOD			SPECIAL (Specify)					
31 January 1961	From	30 Sep. 59	To	31 Dec. 60					
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES									
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding			
SPECIFIC DUTY NO. 1 Responsible for Project renewals and other correspondence and action on <u>12</u> support-type projects for Mexico City and Monterrey				RATING NO.	SPECIFIC DUTY NO. 2 Assist the Chief of the Desk in administration of office to assure the smooth functioning of the desk. Includes distribution of work, routing			RATING NO.	
SPECIFIC DUTY NO. 3 Handle miscellaneous admin and support matters (requests for tech equip., studies, training guides, etc) for Mexico and Monterrey				RATING NO.	SPECIFIC DUTY NO. 4 Supervision of pouches and cables, supervision of clerical staff of 4.			RATING NO.	
SPECIFIC DUTY NO. 5 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with EID on HQs and field records problems.				RATING NO.	SPECIFIC DUTY NO. 6			RATING NO.	
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, give the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.							RATING NO.		
6									
SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS				HOT APPL CABLE SERVED	RATING				
GETS THINGS DONE					1	2	3	4	5
RESOURCEFUL									
ACCEPTS RESPONSIBILITIES									
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									
WORKS AND JOBS WITHOUT SECOND SUPPORT									
FACILITATES SMOOTH OPERATION OF HIS OFFICE									
WRITES EFFECTIVELY									
SECURITY CONSCIOUS									
THINKS CLEARLY									
DISCIPLINE IN ORGANIZING, MAINTAINING AND DISPOSING OF RECORDS									
OTHER (Specify)									
SEE SECTION C FOR INSTRUCTIONS									

SECRET
(When Filled In)

OFFICE OF PERSONNEL

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

MAIL ROOM

This is a truly outstanding employee with capabilities far beyond those required for her present position. She has an unusually keen mind, makes decisions that are correct without hesitation and carries out all actions promptly and efficiently. She is the supervisor of the office staff, who respect and admire her ability. In addition to her skill, she is possessed of a most pleasing disposition which ingratiates her with the other members of the staff. The years of experience she has had at the various jobs to be done at a country desk make her invaluable as a trainer and supervisor for new personnel. Her knowledge of Spanish has also been especially helpful at the Mexican Desk. This supervisor would be most pleased to have her serve with him on any future assignment.

SECTION F

CERTIFICATION AND COMMENTS

1.

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

DATE

31 December 1960

SIGNATURE OF EMPLOYEE

Julia G. Heyn

2.

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

12

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

3.

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

31 December 1960

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Book Chief, US/3/Mexico

John G. Heyn

John G. Heyn

BY REVIEWING OFFICIAL

4.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

5 Jan 1961

Chairman

Paul A. Helms

SECRET

SECRET
(When Filled In)143954
mvt
not yet

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
ZEHRUNG, Charlotte		12 Jan. 1929		Female	GS-11
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/GR OF ASSIGNMENT	
DI		I.O. (PI)		DDP/MH/III/Mari/DC	
8. CAREER STAFF STATUS		9. TYPE OF REPORT			
NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	<input type="checkbox"/> DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)	
31 October 1959		31 May 59 To 30 Sep 59			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
SPECIFIC DUTY NO. 1 Responsible C. Co. Officer for several RI and CE/CI Projects	RATING NO. 5/6	SPECIFIC DUTY NO. 4 Consults and coordinates with various legs on projects, incl. Station's Projects and actions	RATING NO. 6		
SPECIFIC DUTY NO. 2 Handles large volume of correspondence wit: Station in support of Operations	RATING NO. 6/7	SPECIFIC DUTY NO. 5 Prep res, reviews and coordinates memoranda	RATING NO. 6		
SPECIFIC DUTY NO. 3 Supervised maintenance of cost records and project files	RATING NO. 6/7	SPECIFIC DUTY NO. 6	RATING NO.		
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5/6
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS		NOT APPLICABLE	DOES NOT	RATING	
GETS THINGS DONE			X		
RESOURCEFUL					
ACCEPTS RESPONSIBILITIES					
CAN MAKE DECISIONS ON HIS OWN WHEN NEEDED AND BE					
DOES HIS JOB WITHOUT READING SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE					
WRITES EFFECTIVELY					
SECURITY CONCERN					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify)					
SPECIAL ATTENTION ON DEFICIENCIES					

~~SECRET~~

OFFICE

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

240 PH 159

MAIL ROOM

Please see previous fitness report. This employee was rated four months ago. There is no change in the rating; she has continued to give an outstanding performance.

SECTION F

CERTIFICATION AND COMMENTS

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

R. L. DeLauer
Robert R. DeLauer

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

26 months

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

3.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 30 DAYS

REPORT MADE WITHIN LAST 30 DAYS

OTHER (SPECIFY)

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

DATE

12 Oct 1963

C/I/P/III/Mexico

J. P. DeLauer

John P. DeLauer

BY REVIEWING OFFICIAL

I COULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I COULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I COULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

C/I/P/III

Robert R. DeLauer

Robert R. DeLauer

~~SECRET~~

SECRET
(When Filled In)

12 JULY 1959

ab

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
ZEHUNG, Charlotte L.		12 Jan 1929		F	11
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT	
DI		I.O. (FI)		DDP/WH/III/Mexico/DC	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
NOT ELIGIBLE	X MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	DENIED	X ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD			SPECIAL (Specify)
28 August 1958		From 28 August 1957 - To 31 May 59			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
SPECIFIC DUTY NO. 1 Responsible Case Officer for several SI and CE/CII Projects		RATING NO. 5/6	SPECIFIC DUTY NO. 4 Consults and coordinates with various HQS components regarding Station's Projects and Operations		RATING NO. 6
SPECIFIC DUTY NO. 2 Handles large volume of correspondence with Station in support of Operations		RATING NO. 6/7	SPECIFIC DUTY NO. 5 Prepares, reviews and coordinates memoranda		RATING NO. 6
SPECIFIC DUTY NO. 3 Supervises maintenance of desk records and project files		RATING NO. 6/7	SPECIFIC DUTY NO. 6		RATING NO.
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, positive personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5/6
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPL-CABLE	NOT OBS-SERVED	RATING
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
#PICTES EFFECTIVELY					X
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X
OTHER (Specify):					
SEE SECTION "E" ON REVERSE SIDE					

SECRET

(When Filled In)

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

JUL 21 251 PH '59

This employee is intelligent, loyal and dedicated to duty. She has an outstanding ability in getting her job assignments accomplished effectively and with a minimum of time and support. She readily accepts responsibility, is a highly efficient worker who thinks clearly and logically. Her knowledge of Headquarters and Field procedures plus her ability to organize her work greatly facilitates the smooth functioning of the Mexican Desk. She has demonstrated a superior comprehension of the numerous and varied projects of the Mexico City Station which has contributed to the overall Headquarters support of the Station's operations. Because of her sound understanding of operations and her outstanding capacity for work, Miss Zehrung has an excellent potential for assuming greater responsibilities. Additional training is dependent upon her future assignments.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

Jul 21 1959

John B. Brady

2. BY SUPERVISOR

MONTHS & EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

22 months

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (SPECIFY)

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

11 June 1959

C/WH/III/Mexico

John B. Brady

3. BY REVIEWING OFFICIAL

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

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

Jul 21 1959

C/WH/III

John B. Brady

SECRET

SECRET

(When Filled In)

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

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

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item 8, of Section A below.

SECTION A.**GENERAL**

1. NAME ZEHRUNG, Charlotte L.	(Last) (First) (Middle)	2. DATE OF BIRTH 12 Jan 1929	3. SEX F	4. SERVICE DESIGNATION DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/WH/II/DC/Argentina/MEXICO		6. OFFICIAL POSITION TITLE Reports Officer		
7. GRADE GS-11	8. DATE REPORT DUE IN OR 4 Nov 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 28 August 1956 - 27 August 1957		
10. TYPE OF REPORT (Check one) X ANNUAL	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)	
REASSIGNMENT-EMPLOYEE				

SECTION B.**CERTIFICATION**1. FOR THE RATER: THIS REPORT HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY
NOT:**A. CHECK (X) APPROPRIATE STATEMENTS:**

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

B. THIS DATE C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE
20 January 1958 John B. Brady John B. Brady C/WH/III/Mexico

E. FOR THE REVIEWING OFFICIAL RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH MAY LEAD TO A SETTING UP OF A STANDING OF THIS REPORT.

REVIEWED BY	DATE
R. N. Dahlgren	21 JAN 1958
APPROVED	
C/WH/III	

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL
21 January 1958 R. N. Dahlgren C/WH/III**SECTION C.****JOB PERFORMANCE EVALUATION****1. RATING ON GENERAL PERFORMANCE OF DUTIES**

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

6
INSIDE RATING NUMBER

1. DOES NOT PERFORM DUTIES ADQUATELY. HE IS INCOMPETENT.
2. HARLY INADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET
(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES		OFFICE																									
<p>DIRECTIONS</p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a separate duty (do not rate as supervisor those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others doing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>DUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	DUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	DUCTS INTERROGATIONS																									
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TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
SPECIFIC DUTY NO. 1 Supervises maintenance of desk records and project files.	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER	RATING NUMBER 6																								
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS																									
SPECIFIC DUTY NO. 2 Reviews and coordinates memoranda	3 - PERFORMS THIS DUTY ACCEPTABLY	8 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY	RATING NUMBER 6																								
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB																									
SPECIFIC DUTY NO. 3 Processes for dissemination reports from field stations	RATING NUMBER 7	SPECIFIC DUTY NO. 4 Extracts pertinent information from reports and statistics for the preparation of studies	RATING NUMBER 6																								
SPECIFIC DUTY NO. 5 Reviews and coordinates memoranda	RATING NUMBER 6	SPECIFIC DUTY NO. 5 Prepares cables and dispatches for the field	RATING NUMBER 6																								
SPECIFIC DUTY NO. 6 Supervises maintenance of country desk files	RATING NUMBER 5	SPECIFIC DUTY NO. 6 Supervises maintenance of country desk files	RATING NUMBER 6																								
3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE																											
<p>DIRECTIONS Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>This employee is a highly efficient worker who in accomplishing her job assignments has performed in a very outstanding manner. She has the ability to think clearly and logically and at all times exercises extreme good judgment. Her knowledge of his and field procedures constitutes a great asset and she has the facility for picking up loose ends and keeping an office smoothly running. She is willing to undertake any assignment that facilitates getting the job done and is entirely capable of seeing that the job is properly done. Her contribution to the job reflects conscientiousness, loyalty and devotion to duty far above the average.</p>																											
SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION																											
<p>DIRECTIONS Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY - WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO Warrant HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p>																											
<p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN FULLY</p>																											

SECRET

SECRET

Form Filled In

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CWS no later than 30 days after the due date indicated in Item E of Section "E" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
ZEHNRUNG, Charlotte	12 Jan 1929	F	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
DDP/WH/II/DC/Argentina/MEXICO		Reports Officer	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-11	4 Nov 1957	28 August 1956 - 27 August 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	X ANNUAL	REASSIGNMENT-EMPLOYEE	

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE
20 January 1958 John B. Brady C/WH/III/Mexico

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL
21 January 1958 R. N. Dahlgren C/WH/III

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

6

- 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 3 - MAKING PROGRESS - JUST NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
- 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
- 5 - WILL PROBABLY ADJUST QUICKLY TO NEWER RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
- 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
- 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION

RATING 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION

NUMBER 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP OF DOING THE BASIC JOB (either drivers, messengers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor).
3		A GROUP OF SUPERVISORS WHO ENJOY THE BASIC JOB (Second line supervisors)
2		A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
3		WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
2		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPONENT TEAM
		Other (Specify)

SECRET
(Open Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

7 months

JAN 24 - 2 09 PM '58

4. COMMENTS CONCERNING POTENTIAL

Her potential has a wide range. She has the ability to organize and direct a sizeable office of reports writers and to supervise the administrative operations for a large office. She has a distinct aptitude for operations and her potential in the field of operational support work as well as in the direct handling of operations is a good one.

SECTION H.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

None recommended at this time.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I.

DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE

CATEGORY NUMBER 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE

3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE

4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE

5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
5	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	1	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
5	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY EASILY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	5	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	5	26. IS SECURITY CONSCIOUS
3	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
5	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. GOES OUT OF WAY FOR STRONG AND PATIENTLY SUPERVISORY ACTION

SECRET

CONFIDENTIAL
(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

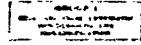
Charlotte E. Lister-Vaile
NAME
(Please Print)

Charlotte E. Lister-Vaile 5 January 1972
Signature Date

CONFIDENTIAL
(When filled in)

~~GROUP 1~~ Excluded from
automatic downgrading
and declassification.

SECRET <i>(When filled in)</i>	FILE PUNCHED BY									
REPORT OF SERVICE ABROAD										
TO: Office of Personnel, Control Division, Statistical Reporting Branch										
SERIAL NO.	NAME									
LAST <i>(Print)</i> 1-8 007667	FIRST 7-26 <i>Bustosvilele Charlotte Z</i>									
MIDDLE										
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. REFER TO OPI NO. 38, REVISED.										
PCS DATES OF SERVICE										
ARRIVAL D/S			DEPARTURE D/S			TYPE OF DATA		O/P USE ONLY	COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - CORRECTION	37	38 39	40-42	
						3 - CANCELLATION				
0 8 1 0 7 2			1		Mexico		4 5 0			
TDY DATES OF SERVICE										
ARRIVAL D/S			DEPARTURE D/S			TYPE OF DATA		O/P USE ONLY	AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION	37	38 39	40-42	
						4 - CANCELLATION				
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA										
SOURCE DOCUMENT AND CERTIFICATION										
TRAVEL VOUCHER			DISPATCH							
<input checked="" type="checkbox"/> CABLE			DUTY STATUS ON TIME AND ATTENDANCE REPORT							
OTHER (Specify)										
DOCUMENT IDENTIFICATION NO.			DOCUMENT DATE/PERIOD							
EN 680799			8/16/74							
REMARKS										
PREPARED BY		REPORT ANNOTATED ON CONTROLL DOCUMENT		ANGLE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED						
CCO		DATE		SIGNATURE						
C C L DIVISION, CTRB.		8/16/74		R						
EST DIVISION										
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER										



SECRET

OFF

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use separate copy if DSS) DATE (From Item 3-D) NAME OF SUPERVISOR (Leave) DATE (From Item 3-D)

Charlotte Z. Binston-Videla 8 Sep 1971 **John R. Norton** 8 Sep 1971

DATE RECEIVED AT HEADQUARTERS DISPATCH NUMBER DATE RECEIVED BY CARRIER SERVICE

15 September 1971 HMNT 11,086, 8 Sep 1971

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT CASE
12 Jan 29		Cuba/CI; GS-13	Mexico City	Nominal LNGOLD
6. DATE OF PCS ARRIVAL IN FIELD	7. REQUESTED DATE OF DEPARTURE	8. EXPECTED DATE OF FIRST CHECK-IN AT HQ	9. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
28 July 1967	9 Sept. 1972	-----	16 October (3 weeks H/L) (2 weeks A/L)	

10. NUMBER AND NAMES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

None

11. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:
 My husband is currently a professor in New York City, and I would very much appreciate an assignment in New York City so I may join him there. I would also agreeable to changing somewhat my departure date from Mexico if it would help in my accepting an opening in New York City. (My reason for requesting the two month extension is to insure my 5 years overseas duty so as to qualify for the organization's retirement plan.)

12. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmitted form).
 (also attach personal cover questionnaire in accordance with CSI-F 240-8)

- Analysis of personality and target data from raw and finished reports, preparation of target studies, and finished intelligence dissems.
- Operational reporting: cables, dispatches, projects, progress reports, etc.
- Handling of outside transcribers. (off and on).
- Records control and purge of Station files.
- Preparation of memos for other components of LNCUFF.
- General Ops support IA typo work.

13. TRAINING DESIRED
 INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

SECRET

III. PREFERENCE FOR NEXT ASSIGNMENT.

110. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

110. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, OR 3 (FOR 1st, 2nd, AND 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND TOUR 2 MONTHS AT CURRENT STATION TO 9 September (DATE)

2 BE ASSIGNED TO DC/WH/Pers FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, WH/WH OR OFFICE.

1ST CHOICE DC/WH/Pers 2ND CHOICE EUR 3RD CHOICE WMD

1 BE ASSIGNED TO DC/WH/Pers FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION

1ST CHOICE New York 2ND CHOICE Other 3RD CHOICE Other

3 RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Those of you who know her realize that I would hardly give up SCALETTI, even after five years on the job, without a fight, did not other reasons intervene. Her husband is working in New York now and so her remaining here any longer than needed for her to qualify for her retirement time, as she explains, is a needless hardship. (It would help us if you would confirm that time: is that the date needed for her to remain in order to qualify?) Please do your best to arrange

-continued

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Subject will be assigned as chief of the CA Section, WH/Branch

One. She is being notified via HMMS 7580.

DATE 9 Jun 72

TITLE DC/WH/Pers

SIGNATURE Jane Wurz

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATES: _____

TABLE NO. _____ DATES: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____
 (Signature)

SECRET

12. CONTINUED

an assignment in New York for her. She is such a valuable person that anyone who has worked with her would be glad to have her on the premises: so there is no need to try to "sell" her: it's just the question of whether the timing would be right, I should think.

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(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable 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. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
BUSTOS-VIDELA	Charlotte	Z	069-24-3138

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
Washington, D.C.	Washington, D.C.

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	HOME LEAVE RESIDENCE
Dayton, Ohio	Dayton, Ohio

2. MARITAL STATUS (Check one)					
SINGLE	<input checked="" type="checkbox"/> MARRIED	SEPARATED	DIVORCED	WIDOWED	ANNULLED

IF MARRIED, PLACE OF MARRIAGE	DATE OF MARRIAGE
Dayton, Ohio	March 18, 1961

IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
NA	NA

IF WIDOWED, PLACE SPOUSE DIED	DATE SPOUSE DIED
NA	NA

3. PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)					
NA					

4. MEMBERS OF FAMILY					
----------------------	--	--	--	--	--

NAME OF SPOUSE	ADDRESS (No., Street, City, State, Zip Code)	TELEPHONE NO.	MEXICO CITY
Cesar Bustos-Videla	Apartado Postal 6-940, Mexico 6, D.F. MEXICO	525-42-36	

NAME OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH
NA			

NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.	PR
Samuel D. Zehrung	425 Dayton Towers Dr, Dayton, Ohio	513-222-2350	

NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.	PS
Eazel Zehrung	Same	Same	

WHAT MEMBER(S) OF YOUR FAMILY, IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
---	--	--	--	--	--

NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP
Cesar Bustos-Videla	husband

HOME ADDRESS (No., Street, City, State, Zip Code)	HOME TELEPHONE NUMBER
See above	see above

BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION
Universidad de las Americas, Puebla, MEXICO	

IS THE INDIVIDUAL NAMED ABOVE SITTING ON YOUR AGENCY AFFILIATION? (If "No" give name and address of organization you believe you work for.)

YES	X
NO	

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES	X
NO	

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in Item 6.)

YES	X
NO	

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

b.

VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

All financial information is on file with our lawyer

Mr. John DAHLGREN
DAHLGREN DARNAGH & CLOSE
1000 Conn. Ave., N.W., Washington D.C.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? YES NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? YES NO

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

On file with lawyer listed above

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

YES NO. (If "Yes" give name(s) and address)

NA

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. (If "Yes", who possess the power of attorney?)

Believe the lawyer has this also

c. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	SIGNATURE
Elmwood	22 June 1970	Charles J. Sauer, Jr.

CONFIDENTIAL

CONFIDENTIAL
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.

Maryellen Duncanson

Signature

BUETUS Mabel, Charlotte

22 Dec 1970

Date

CONFIDENTIAL
(When Filled In)

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Last name only if SA)	DATE (from item 2-1)	NAME OF SUPERVISOR (First)	DATE (from item 2-2)
Charlotte Bustos-Videla	26 Jan. 70	Jaclyn B. Noland	26 Jan. 1970

DATE RECEIVED AT HEADQUARTERS DISPATCH NUMBER DATE RECEIVED BY CAREER SERVICES

2 Feb. 1970**HMMT-10102****10 APR
1970**

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
12 Jan 29		Exec Assistant, GS-11	MEXICO CITY Station	Tourist
6. DATE OF PCS ARRIVAL IN FIELD	7. REQUESTED DATE OF DEPARTURE	8. EXPECTED DATE OF FIRST CHECK-IN AT HQS	9. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
28 July 1967	16 Aug 1970	Will not go Hdqrs unless requested	26 Oct 1970	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

none

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Subject wishes to remain overseas for a minimum of two more years to complete her 5 years overseas requirement.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (See special note on frontsheet for info). (Also attach personal cover questionnaire in accordance with CGJ-F 300-4)

- During most of Subject's tour in Mexico she has been the Cuban IA. In this job she also handled some Cuban operational matters including two outside contract employees.
- During this period she also handled some sensitive projects for the CCS.
- During the last six months Subject has been Exec Asst to the COS/DCOS concentrating on file and administrative reorganization of the Station.
- Subject has had supervisory responsibility over one to three clerical/TUY staff for short periods.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

None



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

I enjoy both Administrative and Ops/IA work.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

3 EXTEND TOUR: 12 MONTHS AT CURRENT STATION TO Aug 1971 (DATE)

BE ASSIGNED TO HQDTS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

1. BE ASSIGNED TO ANOTHER FIELD STATION: INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE Paris 2ND CHOICE _____ 3RD CHOICE _____

2 RETURN TO MY CURRENT STATION for 2nd tour.

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Would not stand in Subject's way, were she to be fortunate enough to get a Paris assignment. However with her long Mexico background (both Hdqs and field) and her multiple talents she has been invaluable in the reorganization of this highly complicated Station under changed circumstances, will continue to be so during the next several years and to lose her would be like losing one's right arm. Therefore we strongly endorse either a second tour or an extension.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

WII Division recommends that subject return to Mexico City for a second tour.

DATE 11 Mar 70 TITLE C/Md/Pars SIGNATURE Harry L. Berthold

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

New tour in Mexico City

15. EMPLOYEE NOTIFIED BY DISPATCH REC'D 11 Mar 70 DATED 11 Mar 70

CABLE NO. _____ DATED _____

CAREER SERVICE REPRESENTATIVE: _____ SIGNATURE: _____ DATE: _____

SECRET

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(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable 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. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) BUSTOS-VIDELA	(First) CECILIO	(Middle) Z.	SOCIAL SECURITY NUMBER 668-24-3138
RESIDENCE DATA			
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY WASHINGTON DC.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) N.A.		
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE WASHINGTON DC.	HOME LEAVE RESIDENCE DAYTON, OHIO , <i>apprised by DPA</i>		
MARITAL STATUS (Check one)			
<input checked="" type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED
IF MARRIED, PLACE OF MARRIAGE DAYTON, OHIO			DATE OF MARRIAGE MARCH 18, 1961
IF DIVORCED, PLACE OF DIVORCE DECREE NA			DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED NA			DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
NA.			
MEMBERS OF FAMILY			
NAME OF SPOUSE CESAR BUSTOS-VIDELA	ADDRESS (No., Street, City, State, Zip Code) LAS AMERICAS UNIV., MEXICO CITY, MEXICO	TELEPHONE NO.	
NAME OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH
NAME OF YOUR FATHER (Or male guardian) JOSEPH D. ZEHKUNG	ADDRESS 1415 DIVISION TOWNS ROAD, DAYTON, OHIO	TELEPHONE NO.	
NAME OF YOUR MOTHER (Or female guardian) HAILEL J. ZEHKUNG	ADDRESS STAMFORD	TELEPHONE NO.	
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. My wife, my son, my family - I am received as of July 67.			
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) MRS. PFLAUMER	(Last-First-Middle) Mary Elizabeth (MILLIE)	RELATIONSHIP 513-7612	
HOME ADDRESS (No., Street, City, State, Zip Code) 576 LAKE FOREST DRIVE, DAY VILLAGE, OHIO 44140	HOME TELEPHONE NUMBER 316-871-0687		
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION		
IS THE INDIVIDUAL NAMED ABOVE HAVING OFFICE IN YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) They will not be used to make any contact.			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) Lawyer or wife or self if I need it. No one else may make decision for me.			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in Item 6.)			
The persons named in Item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

CONFIDENTIAL

(When Filled In)-

VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

The National Bank of Washington, Raymond Circle Branch, Washington D.C.
joint account with husband
Columbia Federal Savings & Loan Assoc., 5301. 15th Ave. N.W. D.C.
joint account with husband.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? YES NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? YES NO

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

Lawyer: John O. Dahlberg
Babylon, Barron & Close
1000 Vermont Ave., N.W.

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

YES NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. (If "Yes", who holds the power of attorney?)
for executing checks: The National Bank of Washington, D.C.

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	SIGNATURE
	June 28 1967	Elisabeth J. Foster, Sister

CONFIDENTIAL

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

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

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

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Bustos-Videla	Charlotte	Louise	January 12, 1929	069 24 3138
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
COT WES				

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

Mark here —
if you
WANT BOTH
optional and
regular
insurance

(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

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

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

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

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

Mark here —
if you
WANT NEITHER
regular nor
optional
insurance

(C)

WAIVER OF LIFE INSURANCE COVERAGE

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

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

SIGNATURE (do not print)

Charlotte J. Bustos-Videla

DATE

13 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

13 Feb 1968
83-1132-1-2711

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel File

SECRET

STANDARD FORM NO. 176-T
JANUARY 1968
(For use only until April 14, 1968)
GSA GEN. REG. NO. 27-121

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	LAST (Print)	FIRST	MIDDLE
1-0 007667	BUSTOS VIDELA	CHARLOTTE	Z

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. REFER TO OFI NO. 88, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE	CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39
0 7	2	8	6	7		1			

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE	CODE
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	X DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	
DOCUMENT IDENTIFICATION NO. FORM 764	DOCUMENT DATE/PERIOD 2 - 29 JULY 1967

REMARKS

ARRIVAL DATE REPORTED UNDER "OTHER REMARKS" ON DUTY STATUS REPORT.

PREPARED BY	X REPORT ANNOTATED AND CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
OCS		
C & L DIVISION, CTB&R	DATE	SIGNATURE
X C & T DIVISION	16 APR 1968	<i>27-11-17 Loury</i>
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER		

SECRET

OFFICIAL USE ONLY (451)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT AVOID USING LIGHT COLORED INKS

BIOGRAPHIC AND POSITION DATA				
1. EMP SER NO 007667	2. NAME (Last First Middle) BUSTOSVIDELA C J	3. SEX F	4. DATE OF BIRTH 01/12/29	5. SCHEDULE/GRADE/STEP GS - 13-C6
6. TO U	7. POSITION TITLE DPS OFFICER	8. OFFICE OF ASSIGNMENT WH	9. LOCATION (Country, City) MEXICO CITY, MEXICO	
AGENCY OVERSEAS SERVICE				
AREA	TYPE TOUR	FROM	TO	
MEXICO CITY STATION	1st tour 2nd tour	27 JULY 1967 1970	10 JUN 1970	
<div style="border: 1px solid black; padding: 10px;"> OVERSEAS DATA CASE DATE: INITIALS: S 20 JUL 1970 </div>				
EDUCATION				
DEGREE	MAJOR FIELD	COLLEGE	YEAR	
BACH	ECONOMICS, GENERAL	SYRACUSE UNIV NY	50	

SECRET

(When Filled In)

SECTION IX		MARITAL STATUS		
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried, SPECIFY)				
2. NAME OF SPOUSE <i>BENITO VIDELA</i>		First:	Middle: _____	
3. DATE OF BIRTH <i>Feb 27, 1922</i>		4. PLACE OF BIRTH (City State Country) <i>SAN JUAN ARGENTINA</i>		
5. OCCUPATION <i>PROFESSOR</i>		6. PRESENT EMPLOYER <i>UNIVERSIDAD DE LAS AMÉRICAS, MEXICO</i>		
7. CITIZENSHIP <i>USA (naturalized)</i>		8. FORMER CITIZENSHIPS, COUNTRY(IES) <i>Argentine</i>		
		9. DATE U.S. CITIZENSHIP ACQUIRED <i>1956</i>		
SECTION X DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
SECTION XI PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS				DATE OF MEMBERSHIP FROM _____ TO _____
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)			
DATE	SIGNATURE OF EMPLOYEE			
<i>22 June 1970</i>	<i>Charlene J. Bruster, Jr.</i>			

SECRET

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO. 2. NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST													
		A=ADD C=CHANGE D=DELETE	CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR						
BUSTOS-VIDELA, CHARLOTTE																	
5. LANGUAGE DATA AFTER TEST		6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION									
LAN. CODE	R	W	P	S	U	I/T	YEAR	10/17/72		01/12/29		13		NH			

NOTICE TO PERSON TESTED

10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN SPANISH (NEW WORLD) BL18
(NAME OF LANGUAGE)

READING	WRITING	PHONUNCIATION	SPEAKING	UNDERSTANDING	TEST RATINGS	Q = ZERO I = INTERMEDIATE S = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE
N	+	+	I+	H		

11. REMARKS "4" indicates no language competence. Speaking grade.	12. SIGNATURE RJF
CL BY 017470 EX-2 IMPDET WISMI	13. LD NUMBER 20723

FORM 1273 OBSOLETE PREVIOUS EDITIONS 110-451-~~SECRET~~ CONFIDENTIAL GROUP 1 - OP/QAB
11-64 1273 EDITIONS 110-451-~~SECRET~~ EXTRACTED FROM ATTACHED FORMS AND DECLASSIFIED
20-DIGITS MUST CONTAIN 20-DIGITS

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										

LANGUAGE CODING DATA - FORM 444C											
1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE								
<03	•	•	BASE CODE	R	W	P	S	U	T	I/YR	
5. DATE SUBMITTED	6. DATE OF BIRTH	WHEN FORM 444C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)									
MO DA YR	MO DA YR										

LANGUAGE PROFICIENCY TEST DATA													
1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA CODE (12-DIGITS)									
<05	•	•	C-A-D	BASE CODE	R	W	P	S	U	T	I/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	>									
BL18 N I H I H 4 72			10 17 72	BL18 I I H I I 4 67									

QUALIFICATIONS RECORD CHANGE												
1. ID	2. EMP/APPL NO	3. NAME	ENTER UNDER "TYPE" -									
<04	•	•	A = ADDITION TO RECORD C = CHANGE TO EXISTING RECORD D = DELETION OF DATA FROM EXISTING RECORD									
CODE # 1												
TYPE	BASE	1	2	3	YR	BASE	1	2	3	YR		
•	•	•	•	•	•	•	•	•	•	•		
•	•	•	•	•	•	•	•	•	•	•		
•	•	•	•	•	•	•	•	•	•	•		
•	•	•	•	•	•	•	•	•	•	•		
•	•	•	•	•	•	•	•	•	•	•		
•	•	•	•	•	•	•	•	•	•	•		
•	•	•	•	•	•	•	•	•	•	•		
•	•	•	•	•	•	•	•	•	•	•		

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST							
JF7667		RUSTOG-VIDELA, CHARLOTTE Z.		A=ADD C=CHANGE D=DELETE	CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR
5. LANGUAGE DATA AFTER TEST		6. DATE TESTED		7. DATE OF BIRTH		8. GRADE	9. OFFICE OR DIVISION						
LAN. CODE	R	W	P	S	U	I/T	YEAR						
		06/22/67		01/12/39		13	WH						
NOTICE TO PERSON TESTED													
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD) BL18</u> (NAME OF LANGUAGE) AND YOUR TEST SCORES ARE AS FOLLOWS:													
READING	WRITING	PRONUNCIATION	SPEAKING	UNDERSTANDING	TEST RATING	0 = ZERO 1 = INTERMEDIATE S = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE							
I	CODED	H	I	I									
11. REMARKS FOR QUALIFICATIONS DATE 25 AUG 1967													
12. SIGNATURE Kia													
13. LD NUMBER 14168													

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS

(10-45) SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

1 - OP/QAB

LANGUAGE PROFICIENCY TEST DATA													
1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST									
	JF7667	BL18	C-A-D	BASE CODE	R	W	P	S	U	T	YR		
<5	JF7667	BL18	C	BL18	H	I	H	H	N	4	6P		
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST									
BASE CODE	R	W	P	S	U	T	YR	M	D	YR	DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273 LANGUAGE PROFICIENCY AND AWARDS DATA, 2 OCT 1967		
BL18	1	1	H	1	1	4	67	06	22	67			

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

1962a

SECRETGROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

14-311

SECRET
(When Filled In)

1. PERSONNEL SERIAL NO (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. ID NO <i>L-121</i>
3. NAME (7-24) LAST <i>Calvano, Ciarolotto</i>	FIRST <i>John</i>	MIDDLE <i>Jr.</i>	4. OFFICE OR DIVISION <i>SP</i>	5. LANGUAGE <i>ENGLISH</i>	6. LANG CODE (25-37) <i>720</i>	
7. DATE OF TEST (40-51) <i>Aug. 11, 1964</i>	8. ANNIVERSARY DATE <i>Aug. 11, 1964</i>		9. GRADE <i>12</i>	10. DATE OF BIRTH <i>Sept. 12, 1929</i>		
11. REASON FOR TAKING TEST <input checked="" type="checkbox"/> APPLY FOR AWARD <input type="checkbox"/> ESTABLISH SKILL LEVEL		TEST SCORES				
		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)
13. ELIGIBILITY (39)		TYPE OF AWARD				
<input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> NA		ACHIEVEMENT (A) <input type="checkbox"/> MAINTENANCE (M)	ELEMENTARY (E) <input type="checkbox"/> INTERMEDIATE (I) <input type="checkbox"/> HIGH (H)	READING (R) <input type="checkbox"/> SPEAKING (S) <input type="checkbox"/> COMPREHENSIVE (C)	BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V) <input type="checkbox"/> D <input checked="" type="checkbox"/> V	
15. INELIGIBLE (REASONS)		16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ <input type="checkbox"/> (C) UC (40-43)				
		<div style="display: flex; justify-content: space-between;"> SIGNATURE DATE </div>				
REMARKS		17. I CERTIFY THAT FUNDS ARE AVAILABLE				
		<div style="display: flex; justify-content: space-between;"> OBIGATION REF. NO. CHARGE ALLOTMENT NO. </div>				
		<div style="display: flex; justify-content: space-between;"> SIGNATURE </div>				

FORM 1273
5-60OBSCURE PREVIOUS
EDITIONS**SECRET**

(13-43)

MRD COPY

SECRET

RHC

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in these entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete treatment than you have previously reported.</p>		
SECTION I GENERAL		
1. FULL NAME (Last-First-Middle) ZEHUNG, Charlotte L. 2. CURRENT ADDRESS (No., Street, City, Zone, State) 3817 Davis Place, N. W., Washington 3. PERMANENT ADDRESS (No., Street, City, Zone, State) 5536 South Dixie Highway, Dayton 9, Ohio 4. HOME TELEPHONE NUMBER EM 2-1618 5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE Ohio		
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. ZEHUNG, Samuel D. 2. RELATIONSHIP Father 3. HOME ADDRESS (No., Street, City, Zone, State, Country) 5536 South Dixie Highway, Dayton 9, Ohio 4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE 5536 South Dixie Highway, Dayton 9, Ohio. San Hao Gardens 5. HOME TELEPHONE NUMBER NO 2-3511 6. BUSINESS TELEPHONE NUMBER FO 3-3511 7. BUSINESS TELEPHONE EXTENSION None		
9. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.		
SECTION III MARITAL STATUS		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED 2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
<p>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date below for all previous marriages. If marriage is contemplated, provide same data for fiancé.</p>		
3. NAME (First) (F) (Middle) (M) (Last) (L) 4. DATE OF MARRIAGE PLACE OF MARRIAGE (City, State, Country) 5. ADDRESS OF SPOUSE BEFORE MARRIAGE 796 - Street, City, State, Country 6. LIVING Y DATE OF DEATH CAUSE OF DEATH 		
10. CURRENT ADDRESS (Give last address, if deceased)		
11. DATE OF BIRTH PLACE OF BIRTH (City, State, Country)		
12. IF BORN OUTSIDE U.S. DATE OF ENTRY PLACE OF ENTRY 		
13. CITIZENSHIP (Country) DATE ACQUIRED SOURCE OF ACQUISITION (Country) DATE ACQUIRED 11 July 1952		
14. OCCUPATION PRESENT EMPLOYER (Also give firm, employer, if spouse is deceased or unemployed; last two employers)		
15. EMPLOYER'S OR BUSINESS ADDRESS 5536 - Street, City, State, Country		
SECTION III CONTINUED ON PAGE 2		

SECRET

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 3

71. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR		
72. BRANCH OF SERVICE		73. COUNTRY WITH WHICH MILITARY SERVICE WAS RELATED
74. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN		
SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS		
1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP
3. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
4. CITIZENSHIP (Country)	5. FREQUENCY OF CONTACT	6. DATE OF LAST CONTACT
7. FULL NAME (Last-First-Middle)		8. RELATIONSHIP
9. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
10. CITIZENSHIP (Country)	11. FREQUENCY OF CONTACT	12. DATE OF LAST CONTACT
13. FULL NAME (Last-First-Middle)		14. RELATIONSHIP
15. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
16. CITIZENSHIP (Country)	17. FREQUENCY OF CONTACT	18. DATE OF LAST CONTACT
19. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		
SECTION V FINANCIAL STATUS		
20. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
22. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
23. IF YOU HAVE ANSWERED "YES" TO QUESTION 22 ABOVE, GIVE COMPLETE DETAILS.		
24. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.		
SECTION V CONTINUED TO PAGE 3		

SECRET

SECRET

(B)(6)(b) Dated 1/21/62

SECTION V. CONTINUED FROM PAGE 2

8. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Citizens Federal Savings & Loan Assn.	Dayton, Ohio
Riggs National Bank	Washington, D. C.

9. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

10. IF YOU HAVE ANSWERED "YES" TO QUESTION 9 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI

CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP	2. CITIZENSHIP ACQUIRED BY - CHECK ONE ONLY
US	<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify)
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (FIRST PAPER, ETC.)

SECTION VII

EDUCATION

1. CHECK THE HIGHEST LEVEL OF EDUCATION ATTAINED

LESS THAN HIGH SCHOOL GRADUATE	OVER TWO YEARS OF COLLEGE - NO DEGREE
HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	GRADUATE STUDY LEADING TO HIGHER DEGREE
TWO YEARS COLLEGE OR LESS	MASTER'S DEGREE
	DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTH HRS COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALTY SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	

4. MILITARY TRAINING (Full time or in specialized schools such as Deafacs, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT LISTED ABOVE

SECRET

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 4

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

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

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

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

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

1. INCLUSIVE DATES (From and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Aug 51 - 27 Apr 52	5	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	Secretary (Steno)	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Apr 52 - 27 Sept 53	7	DIP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Intell Officer (Rpts)	
6. DESCRIPTION OF DUTIES		

All duties of Reports Officer

1. INCLUSIVE DATES (From and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Sept 53 - 10 Apr 55	9	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
one to two	Reports Officer	
6. DESCRIPTION OF DUTIES		

Duties of Chief reports officer af

1. INCLUSIVE DATES (From and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
10 Apr 55 - June 1957	11	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
one - two	Chief Reports Officer	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 1957 - present	11	DDP/WH/III (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Reports Officer	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

SECRET
(When Filled In)

DEC 28 01 695 PH 57

SECTION XII		CHILDREN AND OTHER DEPENDENTS			
1. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.			2. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, stepparents, siblings, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN 18 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.		
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS					
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX	CITIZENSHIP	ADDRESS
					MAIL ROOM

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED	SIGNATURE OF EXECUTIVE
10-27-57	<i>Charles L. Johnson</i>

SECRET

SECRET
(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA					2. L.D.NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH		
Julie C. Charlotte		L1		E		Jan. 12, 1920		
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (20-33)		
Spanish		L1		Dec. 22, 1962		Apr. 2, 1967		
11. TEST PURPOSE		TEST SCORES					13. ELIGIBILITY (30)	
AWARD SKILL		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)	AWARDABLE A N	NOT AWARDABLE M
14. I CERTIFY THIS EMPLOYEE FOR AWARD								
SIGNATURE		DATE		15. TYPE OF AWARD				
				A-M	B-I-H	C	R-W-S	D-V
				Y	Y		Y	
16. AMOUNT OF AWARD		\$ 100.00		17. I CERTIFY THAT FUNDS ARE AVAILABLE				
				OBLIGATION REF. NO. SIGNATURE				
18. FEDERAL TAX DEDUCTION		\$		20. CHARGE ALLOTMENT NO. DATE				
19. STATE/DC TAX DEDUCTION		\$		22. EMPLOYEE PAYROLL NO.				
21. NET AMOUNT OF AWARD		\$		24. ALLOTMENT OF ASSIGNMENT				
23. FORWARD CHECK TO				25. CHECK NO. DATE				

FORM 4-58 1273 USE PREVIOUS EDITIONS

SECRET

(10-68) MRD COPY

SECRET
(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA					2. L.D.NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH		
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		H	R		X	Z		
14. I CERTIFY THIS EMPLOYEE FOR AWARD		DATE		15. TYPE OF AWARD				
SIGNATURE				A-M	B-I-H	C	R-W-S	D-V
				Y	Y		Y	
16. AMOUNT OF AWARD		\$ 100.00		17. I CERTIFY THAT FUNDS ARE AVAILABLE				
				OBLIGATION REF. NO. SIGNATURE				
18. FEDERAL TAX DEDUCTION		\$		20. CHARGE ALLOTMENT NO. DATE				
19. STATE/DC TAX DEDUCTION		\$		22. EMPLOYEE PAYROLL NO.				
21. NET AMOUNT OF AWARD		\$		24. ALLOTMENT OF ASSIGNMENT				
23. FORWARD CHECK TO		W.C. T. W.C. B.M. Hall		25. CHECK NO. DATE				

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(When Filled In)

(1-6)	LANGUAGE DATA RECORD		
PART I-GENERAL			
1. NAME (Last-First-Middle) (7-24)		2. DATE OF BIRTH (12-30)	
ZEHKUNG, Charlotte Louise		MONTH	DAY
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-36)	5.	
Spanish 720	APRIL 2 1957	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.			
(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.			
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.			
5. I HAVE NO READING ABILITY IN THE LANGUAGE.			
SECTION B. Writing (41)			
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.			
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.			
(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.			
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.			
5. I CANNOT WRITE IN THE LANGUAGE.			
SECTION C. Pronunciation (42)			
1. MY PRONUNCIATION IS NATIVE.			
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.			
(3) MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.			
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
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 IDIOMATICALLY 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.
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. 251115, 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	SIGNATURE
2 April 1957	<i>Charlotte E. Zehnay</i>
1463	(D)
	1657

HEADLINE: 19 Sept. 1952

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ZEHMUNG, Charlotte L.
 Name: Last, First Middle

C-1000

FC

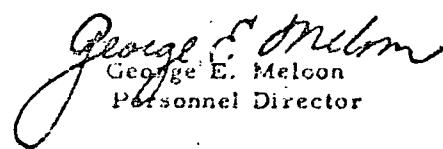
Q111111111
 DATE 10-8-52

TO: All C. I. A. Personnel

FROM: Personnel Director

SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.
2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.
3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.



George E. Melcon
 Personnel Director

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PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry)	2. NAME: (last) (first) (middle)			3. Office
7667	ZEHMING	Charlotte	Luisa	FI
4. Date of Birth 12 Jan. 1929	5. Sex: <input checked="" type="checkbox"/> female (2)	Martial Status <input type="checkbox"/> a	Nr. Dependents <input type="checkbox"/> 0	6. CIA Entry Date: August 1951
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) Marriage (3) Naturalization (4) Other(specify) Year U.S. citizenship acquired, if not by birth _____			

SEC. I. EDUCATION

1. Extent: (circle one)

- | | | |
|--|-------------------------------|---|
| 1. Less than high school | 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate | 5. Over two years, no degree | 9. Doctors degree |
| 3. Trade, Business or
Commercial school
graduate | ⑥ Bachelor degree | 7. Post-graduate study
(minimum 8 sem. hrs.) |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
Syracuse University	Econ.	Span.	9/46	1/50	4		B. A.	1/50	115
San Carlos University	Span.		7/48	9/49					5

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
Miami Jacobs Business College	5/50	12/50	7	typing and shorthand

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

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SEC. II. WORK EXPERIENCE

1. CIA Experience: State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>4/52</u>	To <u></u>	Tot. mos. <u>1</u>	Description of Duties: I have the responsibility of disseminating and routing all reports received from our station, take appropriate action on reports received from other agencies by forwarding this information to the field or supplying requested data. I inform the field of additional info at Headquarters on individuals and organizations as requested or as deemed necessary. I also maintain Duty Station, if overseas: two CE notebooks.
Grade <u>7</u>	Salary <u>31205.00</u>		
Office <u>PI/DH/Brazil</u>			
Position			
Title: <u>Intelligence Officer</u>			
Duty			
Title: <u>Reports Officer</u>			
From <u>12/51</u>	To <u>4/52</u>	Tot. mos. <u>3</u>	Description of Duties:
Grade <u>5</u>	Salary <u>33410.00</u>		Same as above with a Duty Station. I had less individual responsibility.
Office <u>PI/DH/Brazil</u>			
Position			
Title: <u>Intelligence Officer</u>			
Duty			
Title: <u>Reports Officer</u>			Duty Station, if overseas:
From <u>11/51</u>	To <u></u>	Tot. mos. <u>1</u>	Description of Duties:
Grade <u>5</u>	Salary <u>33410.00</u>		As a casuall I typed dispatches, memoranda, and disseminations for Branch III. I took a limited amount of shorthand.
Office <u>PI/EH/II</u>			
Position			
Title: <u>Secretary (Stenography)</u>			
Duty			
Title: <u></u>			Duty Station, if overseas:
From <u>9/51</u>	To <u></u>	Tot. mos. <u>1</u>	Description of Duties:
Grade <u>5</u>	Salary <u>33410.00</u>		I assembled disseminated reports.
Office <u>PC</u>			
Position			
Title: <u>Secretary (Stenography)</u>			
Duty			
Title: <u></u>			Duty Station, if overseas:

Two months in the pool attending classes w/ setting up filing system for Russian

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Index cards.

Security Information

SECRET**Security Information****SEC. II. WORK EXPERIENCE (CONT'D.)**

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From <u>4/71</u> To <u>2/71</u> Tot. mo's <u>1</u> Classification Grade(if in Federal Service) <u>3</u> Salary <u>\$2650.00</u> Number and Class of Employees Supervised: <u>none</u> Employer <u>Department of Interior</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position _____ <u>Statistical draftsman</u> Description of Duties: _____ <u>I did statistical drafting, cartography, marking of maps for the geographer, drafting of engineering drawings, etc.</u> Duty Station if overseas: _____
From <u>5/60</u> To <u>3/61</u> Tot. mo's <u>11</u> Classification Grade(if in Federal Service) <u>Salary 1.10 / hr.</u> Number and Class of Employees Supervised: <u>2 - 5 clerks</u> Employer <u>Gift Shoppe, Inc., Ogallala</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position _____ Description of Duties: <u>An as assistant to the executives I was responsible for purchasing stock for the gift shoppe and I assisted 2 clerks and greenhouse employees. I had full responsibility of the books and cash. I made reports on the business and acted as sales clerk for the shoppe.</u> Duty Station if overseas: <u>and at a landscaping business</u>
From <u>2/50</u> To <u>5/50</u> Tot. mo's <u>4</u> Classification Grade(if in Federal Service) <u>Salary \$200 / mo.</u> Number and Class of Employees Supervised: Employer <u>National Peanut Council</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position _____ <u>Assistant Bookkeeper</u> Description of Duties: _____ <u>I made monthly financial reports, had the responsibility of the books, did typing and other general office work.</u> Duty Station if overseas: _____
From <u>6/47</u> To <u>8/47</u> Tot. mo's <u>3</u> Classification Grade(if in Federal Service) <u>Salary</u> Number and Class of Employees Supervised: Employer <u>Frigidaire Co., Inc., Topeka</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position _____ Description of Duties: <u>I worked one month in the office of the Chemical laboratory and two months in the factory.</u> Duty Station if overseas: _____
From _____ To _____ Tot. mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____

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SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- | | | | |
|----|------------------------------|----|------------------------------|
| 01 | U.S. Secret Service | 24 | Air Force A-2 |
| 02 | Civil Police | 25 | Foreign Economic Admin. |
| 03 | Military Police | 26 | Counter Intelligence Corps |
| 04 | U.S. Border Patrol | 27 | Immigration & Naturalization |
| 05 | U.S. Narcotics Squad | 28 | Strategic Services Unit |
| 06 | FBI | 29 | Foreign Service, State Dept. |
| 07 | Criminal Investigation Div. | 30 | Central Intelligence Group |
| 21 | Office of Naval Intelligence | 31 | Armed Forces Security Agency |
| 22 | Office of War Information | 32 | Coordinator of Information |
| 23 | Army G-2 | 33 | Office of Facts & Figures |
| 20 | Office of Strategic Services | 34 | Board of Economic Warfare |
| | | 35 | Federal Communications Comm. |

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE

	COMPETENCE				HOW ACQUIRED			
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge	Native of Country	Prolonged Residence	Contact (Parents, etc.)
Spanish	X						X	X
French		X						X
Portuguese		X						X

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality.

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SEC. IV. AREA KNOWLEDGE.

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
South America	1 sem econ and mro.			x
Guatemala	7/43 to 8/48	x		
Mexico	7/46		x	

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Often
Typing	1. drafts	2.	60	1. Yes 2. x No
Shorthand	1. none	2.	70	1. Yes 2. x No
Shorthand System:	1. x Manual	2. Machine	3. Speedwriting.	

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. painting, skiing

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

SECRET**Security Information****SEC. VIII. PUBLICATIONS**

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

SEC. X. CIA TESTS

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken
typing, shorthand, general intelligence exam	8/1951
exam for reports officer	2/19 2

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour (2) 4 year Tour (3) Not interested

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

I feel I am best qualified for a reports or research position.

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SEC. XIV. MILITARY STATUS**1. Present Draft Status**

Have you registered under the Selective Service Act of 1948? Yes No.
If yes, indicate your present draft classification _____

2. Present Reserve or National Guard Status

Do you now have Reserve or National Guard Status Yes No.
If yes, complete the following.

1. National Guard

2. Air National Guard

3. Active Reserve Status (member of organized unit)

4. Inactive Reserve Status

Service _____ **Grade** _____ **Location** _____

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known _____

SEC. XV. CIA TRAINING

List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from)	Dates (to)	Hours
Orientation course		2-11 Jun 1972	9-12 AM

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

DATE 18 September 1972

SIGNATURE Charlotte S. Barnes



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STANDARD FORM 57-NOV. 1947 U. S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT	
<p>INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the administrative part regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.</p>			
ANNOUNCEMENT NO. 9	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR		
	2. OFFICER'S (as mentioned in examination announcement)		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only
	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) Washington, D. C.		4. DATE OF THIS APPLICATION
	5. MR. MRS. MISS Charlotte L. Zehrung		6. (First name) (Middle) (Maiden, if any) (Last)
	7. ADDRESS AND NUMBER OR R. D. NUMBER 1401 - 16th St., N. W.		8. CITY OR POST OFFICE (including postal zone) AND STATE Washington, D. C.
	9. LEGAL OR VOTING RESIDENCE (State) Ohio		10. OFFICE PHONE (101 HOME PHONE) RE 1820 X 732
	11. DATE OF BIRTH (month, day, year) 1-12-29		12. MARRIED <input checked="" type="checkbox"/> SINGLE
	13. PLACE OF BIRTH (city and state; if born outside U. S., name city and country) Dayton, Ohio		14. HEIGHT WITHOUT SHOES 5 FEET 8 INCHES
	15. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. WEIGHT 125 POUNDS
	(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE		INITIALS AND DATE
<p>17. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ You will not be considered for any position with a lower entrance salary.</p> <p>(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS</p> <p>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.</p> <p>(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY</p>			
<p>(d) CHECK IF YOU WILL ACCEPT APPOINTMENT IF OFFERED: <input type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES</p> <p>(e) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS</p>			
<p>18. (a) It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing offices of agencies to give you full credit in determining your qualifications. Use a separate sheet for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment experienced more than 18 months ago which is not pertinent to the work for which you are applying, or for unimportant in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent</p> <p>(b) Check if you have ever been employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position the name used.</p> <p>(c) If you have never been employed or are now unemployed, indicate this fact in the space provided below in "Present Position".</p>			
PRESENT POSITION			
DATE OF EMPLOYMENT (month, year) 4-51		EXACT TITLE OF YOUR PRESENT POSITION Statistical Draftsman	
FROM: Washington, D. C.		TO: PRESENT TIME	
PLACE OF EMPLOYMENT (City and State) Washington, D. C.		CLASSIFICATION CODE 3	
NAME AND ADDRESS OF FIRM, ORGANIZATION, OR PERSON, IF FEDERAL, NAME DEPARTMENT, BUREAU, OR ESTABLISHMENT, AND DIVISION Board of Geographical Names Department of Interior		CLASSIFICATION CRITERIA In Federal Service	
		SALARY OR FEES 2500 per yr.	
		STARTING: 1 PRESENT: 1 PER	
		NAME AND TITLE OF IMMEDIATE SUPERVISOR Mrs. Mildred Moorman	
		NAME OF BUSINESS OR ORGANIZATION (if not a Federal agency, manufacturer of books, etc.)	
		REASON FOR WISHING TO CHANGE EMPLOYMENT	
NUMBER AND KIND OF EMPLOYMENT EXPERIENCED BY YOU None		DESCRIPTION OF YOUR PAST WORK statistical drafting typing marking diacritics	

(CONTINUED ON NEXT PAGE)

SF-2 (Rev. 2)

16 CONTINUED				
(2) DATES OF EMPLOYMENT (month, year) FROM 5/50 TO 3/51		EXACT TITLE OF YOUR POSITION Bookkeeper-Clerk	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 1.00 FINAL \$ 1.10 PER hr PER hr
PLACE OF EMPLOYMENT (City and State) Dayton, Ohio		NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. Ray F. McKechnie		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) San Ree Gardens, R. R. 11 Dayton 9, Ohio		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of locks, etc.) Nursery and Gift Shoppe		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 2 - 6 clerks		REASON FOR LEAVING New Job		
DESCRIPTION OF YOUR WORK Bookkeeper Clerk Made reports on stock and ordered wholesale Made reports for the executives on the business, finances, etc.				
(3) DATES OF EMPLOYMENT (month, year) FROM 2/50 TO 5/50		EXACT TITLE OF YOUR POSITION Asst. Bookkeeper	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 200 FINAL \$ 200 PER PER mo
PLACE OF EMPLOYMENT (City and State) Washington, D. C.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. William F. Seals, Pres.		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) National Peanut Council 1111 Dupont Circle Blg. Washington, D. C.		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of locks, etc.) Trade Association		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none		REASON FOR LEAVING New Job		
DESCRIPTION OF YOUR WORK Bookkeeping Filing General office work Financial reports				
(4) DATES OF EMPLOYMENT (month, year) FROM 6/47 TO 8/47		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 1.00 FINAL \$ 1.00 PER PER
PLACE OF EMPLOYMENT (City and State) Dayton, Ohio		NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. Herbert Hauderman Personnel		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Frigidaire, Plant 2 Dayton 9, O.		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of locks, etc.) Manuf. of Frigidaires		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none		REASON FOR LEAVING return to college		
DESCRIPTION OF YOUR WORK Secretary in Chemical Lab. Worked in factory				

(5) DATES OF EMPLOYMENT (Month, year) FROM <u>TO</u>		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (U.S. GOVERNMENT SERVICE)	SALARY OR EARNINGS STARTING & FINAL	PER PER
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR				
NAME AND ADDRESS OF EMPLOYER (Name, organization, or person, if Federal, name department, Bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale job, insurance agency, manufacturer of tools, etc.)				
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING				
DESCRIPTION OF YOUR WORK						
<p>If more space required, use a continuation sheet (Standard Form No. 50) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of the envelope.</p> <p>17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, plus hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)</p>						
DATES FROM <u>TO</u>		LOCATION	DESCRIPTION OF TRAINING			
<p>18 EDUCATION (Circle highest grade completed):</p> <p>1 2 3 4 5 6 7 8 9 10 11 12</p> <p>MARK <input checked="" type="checkbox"/> TO THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF</p> <p><input checked="" type="checkbox"/> COLLEGE DEGREE <input type="checkbox"/> AMERICAN HIGH SCHOOL <input checked="" type="checkbox"/> FOREIGN HIGH SCHOOL</p> <p>(c) NAME AND LOCATION OF COLLEGE OR UNIVERSITY</p> <p>Syracuse Univ., Syracuse, N.Y. Econ. San Carlos Univ., Guatemala City Span. Miami Jacobs Business College, Stereo.</p> <p>(d) LIST OF COLLEGE UNDERGRADUATE DAYTON, OHIO SUBJECTS</p> <p>Economics... <u>30</u> Spanish... <u>23</u></p> <p>(e) OTHER TRAINERS SUCH AS IN-CATHOLIC, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMY POST GRADUATE INSTITUTE (NAME NAME AND PLACE OF SCHEDULED OR TAKEN) TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT</p> <p>(f) SUBJECTS TAUGHT IN TRADE OR PROFESSION</p> <p>READING SPEAKING UNDERSTANDING</p> <p>ENGLISH SPANISH FRENCH GERMAN</p> <p>Spanish... <u>X</u> <u>X</u> <u>X</u> French... <u>X</u> <u>X</u> <u>X</u></p> <p>20 IF YOU HAVE TRAVELED OVERSEAS IN ANY FOREIGN COUNTRY INDICATE NUMBER OF COUNTRIES (COUNTRIES AND LENGTH OF TIME SPENT THERE AND IF REASON OF TRAVEL IS A. MILITARY SERVICE, BUSINESS, EDUCATIONAL, RECREATIONAL)</p> <p>Guatemala 7/18-8/48 Education Travel</p> <p>21 LIST ANY SPECIAL TRADES OR CERTIFICATES YOU HAVE EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (SUCH AS pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE</p> <p>22 LIST ANY TRADES OR CERTIFICATES YOU HAVE EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (SUCH AS pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)</p> <p>23 GIVE ANY SPECIAL TRADES OR CERTIFICATES NOT COVERED ELSEWHERE IN THIS APPLICATION SUCH AS <input type="checkbox"/> DRAFTER <input type="checkbox"/> ENGINEER <input type="checkbox"/> POLITICAL SCIENTIST <input type="checkbox"/> PUBLIC RELATIONS EXPERT <input type="checkbox"/> MEMBER IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. <input type="checkbox"/> HONORS AND FEELINGS RECEIVED</p> <p>APPROVED BY: <u>John W. Morris</u> DATE: <u>6/20/50</u> APPROVED BY: <u>Postmaster</u> DATE: <u>6/20/50</u></p>						

24 REFERENCES. List three persons living in the United States or 7 overseas 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. Give the full names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION		
1. Mr. John Lewis	Oakwood High School, Dayton 9, O.	Principal		
2. Miss Theodosia Moran	Cazenovia R. D. 2, N. Y.	Teacher		
3. Mr. Harry Schwartz	Univ. of Syracuse, Syracuse, N. Y.	Professor		
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES NO		
25. MAY INQUIRY OF MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.	X	26. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY?	X	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X	27. DO YOU HAVE THE UNITED STATES GOVERNMENT EMPLOYED IN A CIVILIAN CAPACITY AS A RELATIVE OF YOURSELF, BROTHER OR MARRIED WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?	X	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	X	28. IF YOUR ANSWER IS "Yes," GIVE DETAILS IN ITEM 39 FOR EACH SUCH RELATIVE (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment.		
28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	X	SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE		
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	X	A. If you are claiming preference as a PRACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veterans Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN, not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if disputed, you will be required to submit to the appointing officer, prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		
If your answer to question 27, 28, or 29 above is "yes," state in Item 19 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.		YES NO		
30. SINCE YOUR LAST BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, IMPELLED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR COMMITTED, FIRED OR IMPRISONED OR PLACED ON PROBATION OR HAD YOU EVER BEEN ORDERED TO POSTURE BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)?		X	29. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	
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 applicable, your fingerprints will be taken.			(b) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	
31. HAVE YOU EVER BEEN DISCHARGED FROM ACTIVE DUTY OR UNSATISFACTORILY SERVED FROM ANY POSITION?		X	(c) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.			(d) DATE OF ENTRY OR ENTRIES INTO SERVICE DATE OF SEPARATION OR SEPARATIONS	
32. HAVE YOU EVER BEEN DRAINED BY THE U.S. CIVIL SERVICE COMMISSION FOR FAILING TO PASS THE EXAMINATION OR CERTIFYING CIVIL SERVICE APPOINTMENT?		X	30. (a) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE AND RECEIVED ONE OR MORE MEDALS, BADGES, RIBBONS, ETC., FOR BRAVERY OR EXCELLENCE AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	
If your answer is "Yes," give date of and reasons for such disbarment in Item 39.			(b) ARE YOU A DISABLED VETERAN? If so, and you have not listed your disability in answer to Item 29, explain in Item 39 below.	
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?		X	(c) ARE YOU A VETERAN WHO HAS NOT REMARRIED?	
If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.			(d) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE AND INVESTIGATION?	
34. DO YOU RECEIVE AN AMBIDITY FROM THE UNITED STATES OR PHOTOCOPY OF YOUR MILITARY GOVERNMENT UNDER THE RETIREMENT ACT OR ANY PENSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?		X	THIS SPACE FOR USE OF APPOINTING OFFICER ONLY The information contained in the answers to Question 29 above has been verified by comparison with the discharge certificate on _____, 19_____. Agency: _____ Title: _____	
35. SPACE FOR TAKING NOTES TO OTHER QUESTIONS (Indicate Item Number to which answers apply)				
ITEM NO.				
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If more space is required, use the same title as this page. Write on back sheet your name, address, date of birth, and examination title. Attach to made of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

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.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: *Charles T. Schaefer*

Print Name: *Charles T. Schaefer* Date: *10-10-43*
Type, initial & sign, and affix seal. If female, give full name and sign name as "Mrs. Mary L. (Signature)"

As of 5 July, 1951, Subject's
Washington address is

3817 Davis place, N.W.
Phone - Ordway 1618

PERSONAL HISTORY STATEMENT

- Instructions:**
1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
 2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? yes
(Yes or No)

Sec. 1. PERSONAL BACKGROUND

Telephone:
Office RE 1820.
Ext. 4691.
Home NO 5450.

A. FULL NAME Mrs. Charlotte Louise Zehrung
(Last, First Middle)
AKK (Initials)

PRESENT ADDRESS 1401-16th St., N.W., Washington, D.C., USA
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS San Rae Gardena, Dayton, Ohio, RR 11, USA
(St. and Number) (City) (State) (Country)

B. NICKNAME Sherri WHAT OTHER NAMES HAVE YOU USED? none

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? started to use it at school

HOW LONG? 5 yrs IF A LEGAL CHANGE, GIVE PARTICULARS

(Name) (By what authority)

C. DATE OF BIRTH 1/12/29 PLACE OF BIRTH Dayton, Ohio, USA
(City) (State) (Country)

D. PRESENT CITIZENSHIP USA BY BIRTH? yes BY MARRIAGE? no

BY NATURALIZATION CERTIFICATE NO. no ISSUED BY
(Date) (Court)

AT City (State) (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? no (Yes or No) (Country)

HELD BETWEEN WHAT DATES? TO ANY OTHER NATIONALITY? (Country)

GIVE PARTICULARS

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? no GIVE PARTICULARS:

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? _____

PORT OF ENTRY? ON PASSPORT OF WHAT COUNTRY? _____

LAST U. S. VISA (Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE	22	SEX	F	HEIGHT	5' 8"	WEIGHT	125
EYES	blue	HAIR	brown	COMPLEXION	med.	SCARS	none
BUILD	slender	OTHER DISTINGUISHING FEATURES					

SEC. 3. MARITAL STATUSA. SINGLE MARRIED DIVORCED WIDOWED

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE (First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE

HIS (OR HER) ADDRESS BEFORE MARRIAGE (St. and Number) (City) (State) (Country)

LIVING OR DECLASED DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS (St. and Number) (City) (State) (Country)

DATE OF BIRTH PLACE OF BIRTH (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

CITIZENSHIP WHEN ACQUIRED? WHERE? (City) (State) (Country)

OCCUPATION LAST EMPLOYER

EMPLOYER'S OR BUSINESS ADDRESS (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM TO BRANCH OF SERVICE (Date) (Date)

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents): none

1. NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS	(St. and Number) (City) (State) (Country)
2. NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS	(St. and Number) (City) (State) (Country)
2. NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS	(St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Samuel Danford Zehrung
 (First) (Middle) (Last)

LIVING OR DECEASED living DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH 1/23/1892 PLACE OF BIRTH Roseville, Ohio USA
 (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

CITIZENSHIP USA WHEN ACQUIRED? birth WHERE? (City) (State) (Country)

OCCUPATION Landscape Architect LAST EMPLOYER own employer - over 20 yrs.

EMPLOYER'S OR OWN BUSINESS ADDRESS San Rae Gardens, Dayton 9, Ohio USA
 (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM TO BRANCH OF SERVICE

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Hazel Charlotte Jackson Zehrung
 (First) (Middle) (Last)

LIVING OR DECEASED living DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH 10/17/1896 PLACE OF BIRTH Montague, Michigan USA

CITIZENSHIP USA WHEN ACQUIRED? birth WHERE? (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

(4)

OCCUPATION housewife LAST EMPLOYER Detroit Board of Education 1929
 EMPLOYER'S OR OWN BUSINESS ADDRESS (St. and Number) (City) (State) (Country)
 MILITARY SERVICE FROM TO BRANCH OF SERVICE
 COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters):

1. FULL NAME Nancy Zehrung AGE 21
 PRESENT ADDRESS Verity Hall, Middletown Hospital, Middletown, Ohio, USA
 2. FULL NAME Dorothy Jon Zehrung AGE 17
 PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA
 3. FULL NAME Mary Elizabeth Zehrung AGE 16
 PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA
 4. FULL NAME AGE
 PRESENT ADDRESS
 5. FULL NAME AGE
 PRESENT ADDRESS

SEC. 8. FATHER-IN-LAW

FULL NAME
 LIVING OR DECEASED DATE OF DECEASE CAUSE
 PRESENT, OR LAST, ADDRESS (St. and Number) (City) (State) (Country)
 DATE OF BIRTH PLACE OF BIRTH
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY
 CITIZENSHIP WHEN ACQUIRED? WHERE? (City) (State) (Country)
 OCCUPATION LAST EMPLOYER

SEC. 9. MOTHER-IN-LAW

FULL NAME (First) (Middle) (Last)
 LIVING OR DECEASED DATE OF DECEASE CAUSE
 PRESENT, OR LAST, ADDRESS (St. and Number) (City) (State) (Country)
 DATE OF BIRTH PLACE OF BIRTH
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY
 CITIZENSHIP WHEN ACQUIRED? WHERE? (City) (State) (Country)
 OCCUPATION LAST EMPLOYER

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME Col. Paul Zehrung RELATIONSHIP cousin AGE 38
 CITIZENSHIP USA ADDRESS HI USA FE, APO 633 Post Master
(St. and Number) (City) (State) (Country)
 2. NAME distant relatives in Sweden RELATIONSHIP AGE
 Grandparents on Mother's side came from Sweden
 CITIZENSHIP ADDRESS (St. and Number) (City) (State) (Country)
 3. NAME RELATIONSHIP AGE
 CITIZENSHIP ADDRESS (St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME Col. Paul Zehrung RELATIONSHIP cousin AGE 38
 CITIZENSHIP USA ADDRESS HI USA FE, APO 633 Post Master
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Director of Maintenance HI USA FE
 2. NAME Major Jack Macklin RELATIONSHIP cousin AGE 31
 CITIZENSHIP USA ADDRESS Washington, D. C. USA
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Pentagon, Washington, D. C.
 3. NAME Mrs. Elsie Dickert RELATIONSHIP Aunt AGE 55
 CITIZENSHIP USA ADDRESS 814 N. 29th St., Billings, Mont. USA
(St. and Number) (City) (State) (Country)
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Social work - Dent. of Interior
 located in Montana

(6)

SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR: Administrative position with Latin America, Economist, Statistician, or temporarily as a Stenographer.

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,100
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY
FREQUENTLY , CONSTANTLY

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C.
ANYWHERE IN THE UNITED STATES , OUTSIDE THE UNITED STATES

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:

SEC. 13. EDUCATION

ELEMENTARY SCHOOL West Carrollton ADDRESS West Carrollton, O. USA
(City) (State) (Country)

DATES ATTENDED 1933 - 1944 GRADUATE? Yes

HIGH SCHOOL Oakwood High School ADDRESS Dayton 9, Ohio USA
(City) (State) (Country)

DATES ATTENDED 1944 - 1946 GRADUATE? Yes

COLLEGE Syracuse University ADDRESS Syracuse, New York USA
(City) (State) (Country)

MAJOR AND SPECIALTY Economics & Spanish YEARS COMPLETED 4

DATES ATTENDED 1946 - 1950 DEGREE BA

COLLEGE Universidad de San Carlos ADDRESS Guatemala City, Guatemala C.A.
(City) (State) (Country)

MAJOR AND SPECIALTY Spanish YEARS COMPLETED 5 credits

DATES ATTENDED summer 1948 DEGREE none given

CHIEF UNDERGRADUATE COLLEGE SUBJECTS economics - statistics

Spanish grammar - literature

CHIEF GRADUATE COLLEGE SUBJECTS

SEC. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE none

(Country)	(Service)	(Rank)	(Dates of Service)
(Last Station)	(Serial Number)		(Type of Discharge)

REMARKS:

SELECTIVE SERVICE BOARD NUMBER ADDRESS

IF DEFERRED GIVE REASON

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS

SEC. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM 4/51 TO CLASSIFICATION GRADE 3
(IF IN FEDERAL SERVICE)EMPLOYING FIRM OR AGENCY Board of Geographic Names
Interior Bldg.ADDRESS 2 & 18th Sts., N. W., Washington, D. C. USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS NAME OF SUPERVISOR Mrs. Mildred Noorman

TITLE OF JOB Statistical Draftsman SALARY \$ 2,000.00 PER YR.

YOUR DUTIES drawing, drafting, typing

REASONS FOR LEAVING better position more in my interests

FROM 5/50 TO 4/51 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY San Kee Gardens, Inc.

ADDRESS Box 240 Dayton 9, R. R. 11 Ohio USA
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS NURSERY NAME OF SUPERVISOR Ray McKeonie

TITLE OF JOB clerk SALARY \$ 1.10 PER hr.

YOUR DUTIES bookkeeping, piping, cleaning, making financial
reports, ordering wholesale, making floral arrangements

REASONS FOR LEAVING to take a job more in line with my training

(8)

FROM 2/50 TO 5/50 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY National Peanut Council

ADDRESS 1111 Dupont Circle Building, Washington, D. C. USA
(Street and Number) (City) (State) (Country)

KIND OF BUSINESS Trade Assoc. NAME OF SUPERVISOR Mr. William E. Seals

TITLE OF JOB Asst. Bookkeeper SALARY \$ 200 PER Mo.

YOUR DUTIES bookkeeping, filing, general office work, financial reports

REASONS FOR LEAVING return home to help my father in his business

FROM 6/47 TO 8/47 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Frigidaire, General Motors

ADDRESS Plant #2 Dayton 9, Ohio USA
(Street and Number) (City) (State) (Country)

KIND OF BUSINESS manuf. NAME OF SUPERVISOR Mr. Herbert Haldeman

TITLE OF JOB SALARY \$ PER

YOUR DUTIES office work in the chemical laboratories
work in the factory proper

REASONS FOR LEAVING return to college

FROM 4-48 TO 5-48 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Grants 5/10 Store

ADDRESS Syracuse, New York USA
(Street and Number) (City) (State) (Country)

KIND OF BUSINESS 35079 NAME OF SUPERVISOR

TITLE OF JOB clerk SALARY \$ PER

YOUR DUTIES waited on customers in the flower department

REASONS FOR LEAVING just a part-time temporary position for Easter

10-2020-1

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

NO

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE Spanish SPEAK fluent READ fluent WRITE fluent

LANGUAGE French SPEAK slight READ fair WRITE fair

LANGUAGE SPEAK READ WRITE

B. LIST ALL SPORTS AND Hobbies WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Art-drawing, painting, crafts, studied at school - good

Swimming, good; Reading; Knitting, good; Basketball, fair;
tennis, fair

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

I have spent a summer in Guatemala, living with a Guatemalan family, learning the life and ways of a Spanish family and city.

I have quite a complete knowledge of the florist business from helping my father over a period of about 8 years.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

calculator

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ... 60. SHORTHAND . 70 .

(10)

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.

NO

IF YES, INDICATE KIND OF LICENSE AND STATE

FIRST LIC. OR CERTIFICATE (YR) LATEST LIC. OR CERTIFICATE (YR)

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

3-I did a lot of extemp and declamation work in public speaking contests in high school. I am a member of the National Forensic League.

4-I received a partial scholarship from Chapel at Syracuse University.

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

NO

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

NO

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. John Lewis	BUS. ADD. Oakwood High School	Dayton	Ohio
	RES. ADD. NA		
2. Mr. Herbert Holderman	BUS. ADD. Frigidaire, Plant 2	Dayton 9	Ohio
	RES. ADD. 11 Winding Way	Dayton 9	Ohio
3. Mr. Albert F. Kuhl, M.D.	BUS. ADD. Harries Bldg.	Dayton	Ohio
	RES. ADD. NA		
4. Mr. George Pohlmeyer	BUS. ADD. NA		
	RES. ADD. 96 Winding Way	Dayton	Ohio
5. Miss Katherine Smith	BUS. ADD. NA		
	RES. ADD. 59 Wilshire	Dayton 9	Ohio

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Miss Theodosia Moran	BUS. ADD. NA		
	RES. ADD. R. R. 2	Gazanovia	N. Y.
2. Mrs. Ed Eastin	BUS. ADD. San Rae Gardens	Dayton 9	Ohio
	RES. ADD. Pease Ave., West Carrollton		Ohio
3. Miss Betty Hollis	BUS. ADD. Arlington Annex	Arlington	Va.
	RES. ADD. 1401-16th St., N. W.	Washington DC	
4. Mr. Harry Schwartz	BUS. ADD. N.Y. of Syracuse	Syracuse	N. Y.
	RES. ADD. NA		
5. Mr. Walter Bohm	BUS. ADD. Winter's National bank	Dayton	O.
	RES. ADD. 259 Greenmont Blvd.	Dayton 9	O.

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. Ray E. McKechnie	BUS. ADD. San Rae Gardens	Dayton 9	Ohio
	RES. ADD. same	R. R. 11	
School neighbors	2. Miss Sheila Dewey	BUS. ADD. NA	
		RES. ADD. Box 303	Spencer, N. Y.
neighbors	3. Miss Marilyn Morris	BUS. ADD. NA	
		RES. ADD. 811 Abbott St.	HIGHLAND PARK ILL.

SEC. 21. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?... YES... IF NOT, STATE SOURCES OF OTHER INCOME...

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS
West Carrollton Bank-West Carrollton, Ohio

Washington Loan and Trust Co., Washington, D. C.

(12)

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? no
 GIVE PARTICULARS, INCLUDING COURT:

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME Meredian Hill Hotel ADDRESS 2601-16th St., NW Washington DC
 (St. and Number) (City) (State)
2. NAME Krs. Blick ADDRESS 1401-16th St., NW Washington DC
 (St. and Number) (City) (State)
3. NAME Delta Gamma Sorority ADDRESS 901 Walnut Ave., Syracuse NY.
 (St. and Number) (City) (State)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM <u>4-1-51</u>	TO <u>Present</u>	1401-16th St., N.W., Washington, D.C., USA
(St. and number)	(City)	(State)
FROM <u>5-50</u>	TO <u>4-51</u>	San Rae Gardens, Dayton 9, Ohio, USA
(St. and number)	(City)	(State)
FROM <u>2-50</u>	TO <u>5-50</u>	2601-16th St., NW Washington, D.C., USA
(St. and number)	(City)	(State)
FROM <u>9-48</u>	TO <u>2-50</u>	901 Walnut Ave., Syracuse, N. Y., USA
(St. and number)	(City)	(State)
FROM <u>9-46</u>	TO <u>9-48</u>	two cottages of Syracuse Univ., Syracuse
(St. and number)	(City)	(State)
FROM <u>7-48</u>	TO <u>8-48</u>	9 C.P. # 30 Guatemala City, Guatemala
(St. and number)	(City)	(State)
FROM time before this	TO San Rae Gardens, Dayton 9, Ohio	USA
(St. and number)	(City)	(State)
FROM	TO	(St. and Number) (City) (State) (Country)

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

- A. FROM 7-46 TO --- Mexico City, Mexico tourist
 (City or nation) (Country) (Purpose)
- FROM 7-48 TO 8-48 Guatemala City, Guatemala student
 (City or nation) (Country) (Purpose)
- FROM
- FROM
- FROM

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Delta Gamma - Rho 901 Walnut Ave., Syracuse, N. Y., USA
 (Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: 1947-50 active - 1950 to present inactive
2. Spanish Club Syracuse Univ., Syracuse, N. Y., USA
 (Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: 1947 - 8 - 9
3. Economics Club Syracuse Univ., Syracuse, N. Y., USA
 (Name and Chapter) (St. and Number) (City) (State) (Country)
 DATES OF MEMBERSHIP: 1948 - 9 - 50
4. Westminster Presbyterian Church - Dayton 9, Ohio USA
5. Brownies - Grade School - West Carrollton, Ohio USA

10. Girl Scouts - High School - West Carrollton, Ohio USA
 11. Hennepin Co - Westminster Presbyterian Church - Dayton 9, O. U. USA
 12. Alumni Association of Syracuse Univ., Syracuse, N. Y. USA
 13. International Relations Club - Syracuse Univ., Syracuse, N.Y. USA
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1946-7-8-9

14. 2nd & 1st Cabinet - Chapel - Syracuse Univ., Syracuse, N.Y. USA
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1948-9

15. National Forensic League - Oakwood High School, Dayton 9, O. USA
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1945-6 active

16. Sigma Theta Phi - Dayton 9, Ohio USA high school sorority
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1945-6

SEC. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

NO

IF "YES," EXPLAIN:

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? YES IF SO, TO WHAT
 an occasional drink at dinners and parties
 EXTENT?

C. 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 OFFENSE AND DISPOSITION OF CASE?

NO

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

NSA & DIA; Atomic Energy Commission; Council of
 Economic Advisors; Board of Geographic Names

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Board of Geographic Names 4-1-51

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Samuel D. Zehrung RELATIONSHIP father

ADDRESS San Rae Gardons, R. R. 11 Dayton 9, Ohio USA
(Street and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

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."

NO

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Washington, D.C. DATE May 25, 1951
(City and State)

Betty L. Bellair (Witness) Charlotte L. Zehrung (Signature of relative)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

See. 11 - Mr. Jim Lohrung, Sr. Uncle 61

USA 1210 Wilson Dr., Dayton, Ohio USA

Mechanical Engineer - Wright Air Field,

Dayton, Ohio

CONFIDENTIAL
SECURITY APPROVAL

Date: 16 Oct. 1951

*file
recd*

TO: Chief, Covert Personnel Division

Your Reference: L2419

FROM: Chief, Security Division

Case Number: 56840

SUBJECT: ZEHRUNG, Charlotte Louise

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

*m.v.
25 Oct
100
Rec'd.
10/18
P. O. Box 100
C. V. BROADLEY*

CONFIDENTIAL

1DT-73

~~SECRET~~

CONFIDENTIAL

INTEROFFICE MEMORANDUM

Date: 4 August 1951

TO: Chief, Covert Personnel Division
 FROM: Chief, Security Division
 SUBJECT: ZEHRUNG, Charlotte Louise 56840

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: D Street Pool

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

Mr. Miller
Mr. Gandy

C. V. Bradley
 C. V. BROADLEY

CPM

CONFIDENTIAL

DEPARTMENT
OF
INTERIOR

1-208

UNITED STATES DEPARTMENT OF THE INTERIOR
DIVISION OF PERSONNEL, INSPECTION AND MANAGEMENT
WASHINGTON, D.C.

Re: Miss Charlotte L. Lehming
Sun Ray Gardens, Room 11
Dayton 9, Ohio

Date of Action

Journal

0000 0000 0000 0000
0000 0000 0000 0000
0000 0000 0000 0000

Permanent

OFFICE OF
OTHER LEGAL AUTHORITY
CS Certificate No.
B-2580 dated 1/16/51
C.S. Reg. R.115

Appointment

Regular

Date of Birth	Local Residence
1/12/29	Ohio

Sex	Race
M	W

VETERAN'S PRECEDENCE

Yes	No <input checked="" type="checkbox"/>
LAST STATUS CHANGE OR APPOINTMENT	

From	To
------	----

Effective	
-----------	--

NATURE OF POSITION	
--------------------	--

Yes <input checked="" type="checkbox"/>	Add. Identical
---	----------------

Name Martha E. Reid	
SS# 163-138-3-804	

SPECIAL REQUIREMENT	
---------------------	--

DATE THIS REPORT PREPARED	
2/14/51	

ADMINISTRATIVE AUTHORITY FOR ACTION	
Departmental Officers	

1. <input type="checkbox"/> Promised
2. <input type="checkbox"/> Recommended
3. <input type="checkbox"/> Approved
4. <input type="checkbox"/> Disapproved
5. <input type="checkbox"/> Referred
6. <input type="checkbox"/> Other
7. <input type="checkbox"/> Pending
8. <input type="checkbox"/> Pending Approval

APPROVAL APPROVAL

Effective Date: April 2, 1951

(This document is a copy)

Position	From	To
Grade and Salary		Statistical Draftsman GS-3, \$2650.00 per annum (GS-1533-3-504)
Bureau		Office of the Secretary
Branch		Division of Geography
Headquarters		Washington, D. C.
Departmental or Field		Departmental

O. I. - Martha E. Reid

This appointment is subject to a trial period of one year.

Subject to investigation.

Under this appointment you will be covered by the National Social Security System.

(SAC) THOMAS H. TELLIER

Martha E. Reid
Martha E. Reid
Chief, Administrative Branch
Personal Officer
Supervisory Personnel
Office of the Secretary

Appropriation Title: 1433960000 Working Fund, Interior, Board of Land Appeals, January, 1951.

JUSTIFICATION: (Give a detailed or external reason for the action recommended.)

Miss Lehming has been selected for appointment from Civil Service Certificate Registry.

Her Civil Service papers, medical certificate, and Form 75 for pre-employment loyalty check are attached.

Attachment(s).

Social Security No. 069-24-3138

BUREAU NOTIFICATION COPY

STANDARD FORM 50 (7-54) (2)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1948

UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF THE SECRETARY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE	
Mary Charlotte L. Fahrung	1/18/39			
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		
(To except Excepted Appointee Separation with Central Intelligence Agency)	8/26/61			
FROM	TO			
statistical Draftsman (GS-1853-3-503)	8. POSITION TITLE			
GS-3, \$2650.00 per annum	9. SERVICE, GRADE, SALARY			
Office of the Secretary Division of Geography Research Branch	10. ORGANIZATIONAL DESIGNATIONS			
Washington, D. C.	11. HEADQUARTERS			
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. REMARKS				
<p>Any leave remaining to your credit will be transferred. Separated without reemployment rights.</p>				
Signature _____ Date _____ MAILING OR OTHER AUTHENTICATION _____				
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION		
NAME	17. RANK	18. POINT	19. PAY	20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
		DATA	REG	21. DATE OF OATH (ACCESIONS ONLY)
X	19. APPROPRIATION FROM TO	DATA	REG	22. LEGAL RESIDENCE D.C. (claimed)
SEX	18. APPROPRIATION FROM TO	DATA	REG	
19. APPROPRIATION FROM TO	DATA	REG	20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	21. DATE OF OATH (ACCESIONS ONLY)
22. LEGAL RESIDENCE D.C. (claimed)				

4. PERSONNEL FOLDER COPY

Give this card to the
APPOINTMENT CLERK
NAME
MRS. L. Zehrung
223718
1. FIRST
Charlotte L. Zehrung
POSITION TITLE
2. Statistical Draftsman
3. DATE OF BIRTH 1/29/29 HAS AN APPOINTMENT ON _____ AT _____ A.M.
AT THE SERVICE CHECKED BELOW. 4. PHOTOFLUOROGRAM 6. OB-GYN 12. RADIOLGY 14. NUTRITION
5. MEDICAL EXAMINATION 7. PHYS. MED. 13. HOSP-VAC. 15. MENTAL HEALTH
8. LABORATORY 10. SURGICAL 16. DENTAL 18. DERMATOLOGY
9. MEDICAL 11. PEDIATRIC 17. EMT.
19. OTHER (Specify) _____
20. CLINIC REGISTRATION NO. 21. NAME OF DOCTOR
STANISLAVSKY & CO., INC.
F. D. N. CHARTERED
MEDICAL APPOINTMENT AND REPORT
223718

STANDARD FORM 61 (REVISED APRIL 1940)
PROMULGATED BY CIVIL SERVICE COMMISSION
CHAPTER 11 OF FEDERAL PERSONNEL MANUAL

APPOINTMENT AFFIDAVITS

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

Intended Office of Secretary Washington, D.C.
(Department or agency) Geography (Bureau or division) (Place of employment)

I, Charles L. Zehnay, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. 52, dated February, 1950, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

Charles L. Zehnay
(Signature of Appointee)

Subscribed and sworn before me this 21 day of April, A. D. 1951

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

[SEAL] Act of June 26, 1943 Edel S. Covell
Sec. 206 Signature of officer
Clerk, Division of Geography Title

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

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

1401 16th St., N.W. - Washington, D.C.

2. (A) DATE OF BIRTH

1/12/28

(B) PLACE OF BIRTH (city or town and State or country)

Dayton, O. U.S.A.

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY

Samuel D. Zehring

(B) RELATIONSHIP

Father

(C) STREET AND NUMBER, CITY AND STATE

Box 100, Gordon's R.R. 11

(D) TELEPHONE NO.

WA 5851

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATION- SHIP	MAR- RIED (Check one)	SINGLE (Check one)
		1.....			
		2.....			
		3.....			
		4.....			
		5.....			
		6.....			
		7.....			
		8.....			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X"
IN PROPER COLUMN

YES

NO

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

ITEM NO. WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

B. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?

X.....

B. ARE YOU AN OFFICIAL, OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

X.....

If your answer is "Yes", give details in Item 10.

X.....

C. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY DIVISION OF OTHER COMPENSATION PAYMENT PLAN OR AGREEMENT?

X.....

If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary separation or separation after 3 years active, amount of retirement pay, and under what retirement act, and rating if retired from military or naval service.

X.....

D. HAVE YOU BEEN DISCHARGED, DISMISSED, OR UNSATISFACTION SERVICE FROM ANY POSITION?

X.....

If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case.

X.....

E. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SENTENCED IN COURT AS A DEFENDANT OR CONVICTED OR FORFEITED FOR A FEDERAL CRIMINAL OR CIVIL VIOLATION? HAS THE COURT EVER BEEN ORDERED TO LEVY OR HAIL OR GARNISH FOR THE PAYMENT OF ANY LAW POLICE OR GOVERNMENT CRIMINAL (EXCLUDING MUNICIPAL) VIOLATIONS FOR WHICH THE DEFENDANT OR CONVICTED WAS IMPOSED?

X.....

If your answer is "Yes", list all such cases under Item 10, 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

X.....

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointment to be made is in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, stability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) Identity of appointee -- The appointee's signature and handwriting are to be compared with the signature on other pertinent papers. The place of residence may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) Age -- If definite age limits have been established for the position, it should be determined that applicant is not outside the range for appointment. Until such determination is made, the appointment may not be consummated.

(3) Citizenship -- The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) Appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointing officer should not be congnizant until evidence has been secured from the certifying office of the Civil Service Commission.

(4) Members of Family -- Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probation or permanent appointment in the competitive service, no other member of such family is eligible for probation or permanent appointment in the competitive service. The above items of permanent service to veterans preference are not subject to this regulation. The above items of permanent service do not apply to terms of appointment or contract. To obtain rules may be referred to the appropriate office of the Civil Service Commission for decision.



J. S. SCHAFFER, PERSONNEL OFFICE 16-25160-1



UNITED STATES GOVERNMENT OF THE INTERIOR
DIVISION OF PERSONNEL SUPERVISION AND MANAGEMENT
WASHINGTON, D.C.

Date of Action

Journal

Re: Miss Charlotte L. Kehrung
San Rae Gardens, R.R. 11
Dayton 9, Ohio

Permanent

CIVIL SERVICE
OTHER LEGAL AUTHORITY
CS Certificate No.
H-2580 dated 1/16/51
C.S. Reg. 2.115

Appropriation:

Regular

Date of Birth	Local Residence
1/12/29	Ohio

Sex	Race
F	W

VETERAN'S PREFERENCE	
----------------------	--

Yes	No <input checked="" type="checkbox"/>
-----	--

LAST STATUS CHANGE OR APPOINTMENT	
From	To

Effective	
-----------	--

Employing NATURE OF POSITION	
---------------------------------	--

Vice <input checked="" type="checkbox"/> Add. Identical

Name Martha E. Reid GS-1533-3-504 Recallation New

Other Name SELECT TO RETIREMENT

Date this ACTION INITIATED 2/11/51

ADMINISTRATIVE AUTHORITY FOR ACTION Recommending Officer
--

Director

Assistant Director

Bureau

Division of Personnel

Organization Section

Recruiting Division

Training Division

Pay Division

Allocations Bureau

715 Allocation Approval

63-1533-3-504

INDEFINITE APPOINTMENT

Effective Date:

(Indefinite)

	From	To
Position		Statistical Draftsman
Grade and Salary		GS-3, \$2650.00 per annum (GS-1533-3-504)
Bureau		Office of the Secretary
Branch		Division of Geography
Headquarters		Research Branch Washington, D. C.
Departmental or Field		Departmental

O. I. - Martha E. Reid

This appointment is subject to a trial period of one year.

Subject to investigation.

Under this appointment you will be covered by the National Social Security System.

OFFICE OF PERSONNEL
1951

FEB 15 1951

R.S.W.

(SGD) THOMAS H. TELLIER

Signed Permanent

Appropriation Title: U.1533-3-504 Working Fund, Interior, Board on Geographic Names, Sundry, 1951.

JUSTIFICATION: (Give the specific enough reason for the action taken.)

Miss Kehrung has been selected for appointment from Civil Service Certificate H-2580.

Her Civil Service papers, medical certificate, and Form 65 for pre-appointment loyalty check are attached.

Attachments.

146 rev. 3/15/51
Pre-apt. Loyalty Check
OK'd.

DEPARTMENTAL ACTION COPY

STANDARD FORM 63 <i>Printed or Type August 4, 1950 Civil Service Commission (Chapter 12, E.O. 11)</i>		REQUEST FOR LOYALTY DATA ON APPLICANTS AND APPOINTEES																																																			
		THIS FORM TO BE USED ONLY FOR APPLICANTS AND APPOINTEES WHICH RECORD CHECKS AND INQUIRIES ARE CONDUCTED BY CIVIL SERVICE COMMISSION (PART I—EXECUTIVE ORDER 11035)																																																			
		CASE SERIAL NO. (W.R.C. only)																																																			
TO: The following information is furnished for identification purposes on the person named below. Kindly furnish a report on any loyalty information contained in your files. (The fingerprints of this person are attached.) 																																																					
1. FULL NAME (initials and abbreviations of full name are not acceptable). Zehnring		(Surname) Charlotte	(Given name) Louise																																																		
2. ALIASES AND NICKNAMES Sherri		3. DATE OF THIS REQUEST 2/14/51																																																			
4. SPECIAL NUMBERS KNOWN TO REQUESTING AGENCY (FBI number or FBI file number, pension number, Army or Navy serial number, woman's certificate of identification, alias registration number, Social security number, etc. Specify which) Social Security No. 069-24-3138																																																					
5. PLACE OF BIRTH Dayton, Ohio		6. DATE OF BIRTH Jan. 12, 1929	7. TITLE OF POSITION Statistical Draftsman SESNS (Division of Geography)																																																		
8. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	9. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	10. IF MARRIED, GIVE SPOUSE'S FULL NAME, AND DATE AND PLACE OF BIRTH None																																																			
11. DATE OF APPOINTMENT APPL	12. TYPE OF APPOINTMENT <input checked="" type="checkbox"/> EXCEPTED <input type="checkbox"/> TEMPORARY <small>(Check one. If Civil Service or other legal authority)</small>	13. PERIOD OF SERVICE <small>(Check one. If Civil Service or other legal authority)</small>																																																			
14. ORGANIZATIONS WITH WHICH AFFILIATED; OTHER THAN RELIGIOUS OR POLITICAL ORGANIZATIONS OR THOSE WHICH SHOW RELIGIOUS OR POLITICAL AFFILIATIONS Delta Gamma Sorority																																																					
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18. THIS SPACE RESERVED FOR RETURN REPORT TO AGENCY WHERE NO DISCRIMINATORY INFORMATION IS DEVELOPED		19. NAME AND ADDRESS OF REQUESTING AGENCY Personnel Officer Office of the Secretary Department of the Interior Washington 25, D. C.																																																			

UNITED STATES CIVIL SERVICE COMMISSION DIRECTOR FOURTH U. S. CIVIL SERVICE REGION TEMPORARY BUILDING "B" 3RD & JEFFERSON DRIVE, S. W. WASHINGTON, D. C. PREAPPOINTMENT LOYALTY CHECK MAR 15 1951 PRELIMINARY REPORT OF CLEARANCE ON INITIAL CHECKS		1. CASE SPECIAL NUMBER 4-51-F-10000 S-100 2. DATE OF THIS REPORT 3/14/51 3. PROPOSED POSITION PERSONAL AND CONFIDENTIAL APRIL 4. COMPETITIVE 5. EXCEPTED 4/15/51
A. NAME (Last, first, middle) <u>Zimring, Charlotte Louise (aka: Sherrif)</u>		7. DATE OF BIRTH 1/12/29
B. PROPOSED POSITION, ORGANIZATIONAL DESIGNATION, AND PLACE OF EMPLOYMENT <u>Statistical Draftsman, Port. of Int. Off. of Sec'y, DC</u>		
<p>Preappointment loyalty check has been made on the above applicant for a 'sensitive' position, pursuant to Chapter 42 of the Federal Personnel Manual. This check revealed no derogatory information regarding this person's loyalty.</p> <p>No further papers are required if the proposed action is the appointment of a person employed by another agency and you have determined from the losing agency that the appointee or incumbent check has been completed.</p> <p>For any other type of appointment action, please submit to this office within three working days after the appointee enters on duty (1) application, (2) file covering any investigation or inquiry conducted by your agency on a preappointment basis, and (3) Standard Form 87 (fingerprint chart) unless fingerprint search has already been made as shown by item 9A below.</p>		
9A. FINGERPRINT SEARCH HAS BEEN COMPLETED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK. <input checked="" type="checkbox"/> B. FINGERPRINTS WERE NOT SUBMITTED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK. <input checked="" type="checkbox"/> C. FINGERPRINTS WERE UNCLASSIFIABLE. YOU MAY EITHER (1) MAKE THE APPOINTMENT AT ONCE AND SEND REPRINTS WITH THE OTHER REQUIRED PAPERS, OR (2) WITHHOLD APPOINTMENT AND SUBMIT REPORTS SEPARATELY FOR COMPLETION OF FINGERPRINT SEARCH BEFORE YOU DECIDE WHETHER TO APPOINT. UNCLASSIFIABLE FINGERPRINTS <input type="checkbox"/> ARE ATTACHED. <input type="checkbox"/> WILL BE FORWARDED ON RECEIPT FROM OUR CENTRAL OFFICE.		
<p>Please use the copy of this notice for your transmittal or reply. Space has been provided on the back for your convenience. A reply is required, even though it may not be necessary to transmit forms in this case.</p> <p><i>M. McElroy</i> REGIONAL DIRECTOR</p>		

TO: DIRECTOR, U. S. CIVIL SERVICE REGION		
1. Forms attached as requested. Proposed personnel action effected <u>April 9, 1951</u>		
2. Forms not submitted because proposed personnel action dropped from consideration.		
3. Forms not submitted because this is an appointment without break in service of a person who was employed by another agency and it has been determined from the Official Personnel Folder of the losing agency that the appointee or incumbent check has been completed.		
4. Reprints on Standard Form 87 attached. Decision regarding appointment will not be made until the results of the FBI fingerprint search have been received.		
REMARKS: <i>Forms 57 and 87 attached.</i>		
<p style="text-align: center;">APPROVED AND FORWARDED</p> <p style="text-align: center;">(S. S.) R. T. SMITH</p>		
DATE	SIGNATURE OF APPOINTING OFFICER	OFFICIAL TITLE
April 9, 1951	(S. S.) R. T. SMITH	Personnel Officer, Office of the Secretary, Dept. of Interior.

OPTIONAL FORM NO. 5 DECEMBER 1957 CIVIL SERVICE COMMISSION (SUPERSEDES GRC FORM 1020)		AGENCY AND ADDRESS (Street, City, and State) Miss Mathilda C. Heusser Chief, Administrative Branch Division of Geography Dept. of the Interior Washington 25, D. C.	
INQUIRY AS TO AVAILABILITY		Return this form to →	
Miss Charlotte L. Zehrung San Rae Gardens, RR11 Dayton 9, Ohio		DATE Jan. 30, 1951	
		CERTIFICATE H-2580	
		POSITION Statistical Draftsman, GS-3	
		SALARY \$2650 p.a.	
		LOCATION Washington, D. C.	
		TYPE OF APPOINTMENT: Indefinite <input type="checkbox"/> PROBATIONAL <input type="checkbox"/> TEMPORARY FOR	
<p>(Please correct address if different from above.)</p> <p>This office is considering you among others for the employment described. Please fill out the "Availability Statement" below, indicating whether you would accept this position if offered, and return the entire sheet to this office. Appointment would be subject to the Civil Service requirements described on the back of this letter. Whether you are available or not, please reply within 3 days in order that one of those who are available may be selected as promptly as possible to fill the vacancy.</p> <p>Failure to reply to this inquiry will result in the removal of your name from the register of eligibles until such time as you request restoration and furnish the information asked for in the statement below.</p> <p>THIS IS A LETTER OF INQUIRY AND NOT AN OFFER OF EMPLOYMENT. If selected, you will be notified and given further instructions.</p> <p>Other information:</p>			
<p>Sincerely yours,</p> <p><i>Mathilda C. Heusser</i></p> <p>Chief, Admin. Branch</p>			
<p>AVAILABILITY STATEMENT</p> <p>(Check one) <input checked="" type="checkbox"/> I am available and wish to be considered for the position described above. I can report for duty within 10 days after notification. I am now employed by <i>San Rae Gardens</i> at <i>Dayton 9, Ohio</i>.</p> <p><input type="checkbox"/> I do not wish to be considered for the position described above. I am giving my reasons on the other side of this form.</p> <p><input type="checkbox"/> I request that my name be removed from the active list of eligibles until I report that I am available for appointment.</p> <p><input checked="" type="checkbox"/> Consider me available for other appointments, subject to the following conditions: The position must pay at least \$...2,650... per (year, month, day, or hour). I am willing to work: <input checked="" type="checkbox"/> In Washington, D. C.; <input type="checkbox"/> Anywhere in the U. S.; <input type="checkbox"/> Outside the U. S. I will accept appointment in the following locations only:</p> <p>I will accept short-term appointment for: <input type="checkbox"/> 1 to 3 months; <input type="checkbox"/> 3 to 6 months; <input checked="" type="checkbox"/> 6 to 12 months.</p> <p><i>Feb - 2-1951</i> <i>Charlotte L. Zehrung</i> (Date) <i>(Signature)</i></p>			

STANDARD FORM 78
JULY 1948
FEDERAL PERSONNEL
MANUAL CHAPTER VI

UNITED STATES CIVIL SERVICE COMMISSION
CERTIFICATE OF MEDICAL EXAMINATION

(Applicant must supply information below to heavy line)
(Type write, or Print in Ink)

1. MR. MRS. MISS	(FIRST NAME) Charlotte	(MIDDLE INITIAL) L.	(LAST) Zehrung	2. DATE OF BIRTH July 18, 1889	3. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
4. ADDRESS 511 E. W. Avenue, Dayton 3, Ohio				5. TITLE OF POSITION Statistical Draftsman	
6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED Office of the Secretary Interior - Division of Geography				7. LOCATION Washington, D. C.	
8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:					
9. (A) HAVE YOU ANY PHYSICAL DEFECT OR DISABILITY WHATSOEVER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE DETAILS:					

(B) DOES THE VETERANS ADMINISTRATION RECOGNIZE SERVICE-CONNECTED DISABILITY IN YOUR CASE? YES NO
(C) HAVE YOU EVER RECEIVED DISABILITY RETIREMENT FROM THE U. S. CIVIL SERVICE COMMISSION? YES NO

Sign your name in INK as it appears on your application in the presence of the physician for purpose of identification. **Charlotte L. Zehrung**

DOCTOR: All questions on both sides of this certificate and on the lower half of the attached Health Qualification Placement Record must be answered. Before beginning the examination refer to items 9 and 10 on the Health Qualification Placement Record so that you will have knowledge of the physical requirements of the position to which the applicant is to be appointed. Sign both this certificate and the Health Qualification Placement Record.

1. HEIGHT: 6 FEET 8 INCHES WEIGHT 100 POUNDS

2. EYES: 20 20
(A) DISTANT VISION (SNELLEN): WITHOUT GLASSES: RIGHT 20 LEFT 20 WITH GLASSES, IF WORN: RIGHT 20 LEFT 20

(B) WHAT IS THE LONGEST AND SHORTEST DISTANCE AT WHICH THE FOLLOWING SPECIMEN OF JAEGER NO. 2 TYPE CAN BE READ BY THE APPLICANT? TEST EACH EYE SEPARATELY.

employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 29 and June 18, 1924 (Executive Order, September 4, 1924).

WITHOUT GLASSES:

R. 21 IN. TO 25 IN.

WITH GLASSES, IF USED:

R. 21 IN. TO 28 IN.

L. 21 IN. TO 25 IN.

L. 21 IN. TO 28 IN.

(C) EVIDENCE OF DISEASE OR INJURY: RIGHT RIGHT LEFT LEFT

(D) COLOR VISION: IN COLOR VISION NORMAL WHEN ISHIHARA OR OTHER COLOR PLATE TEST IS USED? YES NO

IF NOT, CAN APPLICANT PASS LANTERN, YARN OR OTHER COMPARABLE TEST? YES NO

2. EARS: (CONSIDER DENOMINATORS INDICATED HERE AS NORMAL. RECORD AS NUMERATORS THE GREATEST DISTANCE HEARD) ORDINARY CONVERSATION: RIGHT EAR 20 FT. LEFT EAR 20 FT. EVIDENCE OF DISEASE OR INJURY: RIGHT EAR 20 FT. LEFT EAR 20 FT.

4. NOSE Natural	5. PARA NASAL SINUS Natural	6. MOUTH AND THROAT Natural
7. GASTRO-INTESTINAL Natural	(A) HISTORY OF PEPTIC ULCER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," IS ULCER: <input type="checkbox"/> ACTIVE <input type="checkbox"/> QUIESCENT <input type="checkbox"/> HEALED HOW LONG? _____ DATE OF LAST X-RAY _____ SYMPTOMS PRESENT, IF ANY (Severity, frequency, etc.): TREATMENT (List space under "Remarks" if needed):	

8. METACRIC DISORDERS (INDICATE ANY ABNORMALITY OF THE FOLLOWING GLANDS BY A CHECK IN THE APPROPRIATE BOX, AND EXPLAIN UNDER "REMARKS.")

THYROID

PANCREAS

PITUITARY

OVARIAN

9. HEART AND BLOOD VESSELS		(A) BLOOD PRESSURE: MM. HG SYSTOLIC <u>124</u> DIASTOLIC <u>78</u>
(B) IS ORGANIC HEART DISEASE PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(C) IF ORGANIC HEART DISEASE IS PRESENT, IS IT FULLY COMPENSATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
(D) PULSE RATE: SITTING <u>68</u> IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED) <u>74</u> TWO MINUTES AFTER EXERCISE <u>65</u> CARDIAC RESERVE <u>Good.</u>		(E) (GOOD, FAIR, OR POOR)
10. LUNGS: RIGHT <u>Normal</u> LEFT <u>Normal</u>		
HISTORY OF TUBERCULOSIS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," HOW LONG HAS THE DISEASE BEEN ARRESTED?		
IF THERE IS HISTORY OF TUBERCULOSIS, IS ANY TYPE OF COLLAPSE THERAPY BEING RECEIVED AT PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE FULL DETAILS UNDER "REMARKS." IS MEDICAL SUPERVISION NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF X-RAY IS MADE, GIVE REPORT UNDER "REMARKS.")		
11. HERNIA: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," NAME VARIETY: INGUINAL, VENTRAL, FEMORAL, POST-OPERATIVE, ETC. IF PRESENT, IS IT SUPPORTED BY A WELL-FITTING TRUSS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. VARICOSE VEINS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE LOCATION AND DEGREE		
13. FEET: IS FLAT FOOT PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE DEGREE OF IMPAIRMENT OF FUNCTION (NONE, SLIGHT, MODERATE, SEVERE)		
14. DEFORMITIES, ATROPHIES, AND OTHER ABNORMALITIES, DISEASE NOT INCLUDED ABOVE <u>None</u>		
15. SCARS OF SERIOUS INJURY OR DISEASE <u>None</u>		
16. NERVOUS SYSTEM: (A) INCLUDE SYMPTOMS AND FULL HISTORY OF ANY MENTAL, NERVOUS, OR EMOTIONAL ABNORMALITY (USE ADDITIONAL SHEETS IF NECESSARY) <u>None</u>		
(B) HAS APPLICANT EVER BEEN HOSPITALIZED OR TREATED FOR A MENTAL ILLNESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) WHERE (NAME AND LOCATION OF HOSPITAL): (D) DATE OR DATES OF HOSPITALIZATION: (E) DESCRIBE ANY RESIDUALS OF PREVIOUS MENTAL OR NERVOUS ILLNESS: (F) ANY HISTORY OF EPILEPSY OR FAINTING SPELLS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF SO, GIVE DETAILS UNDER "REMARKS" BELOW		
17. EVIDENCE OR HISTORY OF VENEREAL DISEASE. IF BLOOD SEROLOGY OR OTHER LABORATORY EXAMINATIONS ARE MADE, GIVE DETAILS UNDER "REMARKS." <u>None</u>		
18. URINALYSIS (IF INDICATED): SP. GR. <u>1.020</u> ALBUMEN <u>+</u> SUGAR <u>-</u> CASTS <u>-</u> BLOOD <u>-</u> PUS <u>-</u>		
I HAVE FOUND THE APPLICANT ABNORMAL UNDER THE FOLLOWING HEADINGS:		
REMARKS: <i>Good physical condition. Normal state of health.</i>		
19. SIGNATURE OF PHYSICIAN OR EXAMINER <i>Albert F. Kuhl</i>	NAME TYPED OR PRINTED Albert F. Kuhl, M.D.	DATE 2/8/51
20. ADDRESS OF EXAMINING PHYSICIAN (Type or printed) 916 Harries Bldg. Dayton 2, Ohio		21. DO YOU HAVE FEDERAL DESIGNATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, SPECIFY
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FEE BASIS

HEALTH QUALIFICATION PLACEMENT RECORD

(This section is comparable to Standard Form 90 promulgated March 1948 by Bureau of the Budget Circular A-24)

1. MR. MRS. MISS	(FIRST NAME) GIRALDINE	(MIDDLE INITIAL) A.	(LAST) GOULDING	2. DATE OF BIRTH January 18, 1939	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
4. ADDRESS 501 N.W. 5th Street, Dayton 5, Ohio				5. TITLE OF POSITION Statistical Draftsman	
6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED Office of the Secretary Interior - Division of Geography				7. LOCATION Washington, D. C.	
8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:					

TO BE COMPLETED BY APPOINTING OFFICER: Sections 9 and 10

(A) BRIEF OUTLINE OF WHAT WORKER DOES

For the physician's use, set down in brief and simple terms what the employee does on the job, including environmental details such as stairs to climb, distance to rest-room / facilities, cafeteria, work-shift, etc. (Use Section 9 below.)

(B) PHYSICAL DEMANDS OF THE POSITION

In Section 10 below encircle the number of those factors which are essential to the duties of the position for which this applicant is being considered. The blank spaces may be used for special factors not listed.

9. TITLE OF POSITION AND OUTLINE OF WHAT WORKER DOES IN THIS POSITION (Adapt one of dictionary of occupational titles as guide, as applicable)

Statistical Draftsman - To assist in the performance of drafting, lettering and incidental statistical clerical work in the preparation and revision of index maps, showing the location of approved and disapproved names and the extent of features to which names apply; charts, graphs and other illustrative materials in connection with the functions of the Research Branch and for administrative purposes.

TO BE COMPLETED BY EXAMINING PHYSICIAN: Sections 10, 11, 12, 13, 14, and 15

INSTRUCTIONS: The items circled below indicate the physical requirements of the position for which this individual is being considered. Indicate the individual's physical capacities for this position by placing an X in the appropriate column opposite the numbers encircled. If the individual has any other physical limitations

relating to physical requirements not encircled or not covered by this form, indicate these under "Remarks" on the reverse side. Whenever PARTIAL capacity has been indicated, explain under "Remarks," giving specific quantities.

10. PHYSICAL REQUIREMENTS

ENVIRONMENTAL FACTORS

	CAPACITY				CAPACITY		
	FULL	PARTIAL	None		FULL	PARTIAL	None
1. OUTDOOR				18. WORKING AROUND MACHINERY WITH MOVING PARTS			
2. OUTSIDE AND INSIDE				19. MINIMAL DRIVING OR VEHICLES			
3. EXCESSIVE HEAT				20. WORKING ON LADDERS OR SCAFFOLDING			
4. EXCESSIVE COLD				21. WORKING BELOW GROUND			
5. EXCESSIVE HUMIDITY				22. UNUSUAL FATIGUE FACTORS (Speed?)			
6. EXCESSIVE DAMPNESS OR CHILLING				23. WORKING WITH HANDS IN WATER			
7. DRY ATMOSPHERIC CONDITIONS				24. EXPLOSIVES			
8. EXCESSIVE NOISE, INTERMITTENT				25. VIBRATION			
9. CONSTANT NOISE				26. WORKING CLOSELY WITH OTHERS			
10. DUST				27. WORK ALONE			
11. SPILLS, ASPIRATORS, ETC.				28. PROTRACTED OR IRREGULAR HOURS OF WORK			
12. FLAMES, SHOCK, OR CASES				29. SPECIAL FACTORS (Speed?)			
13. SOLVENTS (Inhalation or skin)							
14. GREASES AND OILS							
15. RADIANT ENERGY							
16. ELECTRICAL ENERGY							
17. SUPPORT OF UNLEVEL WALKING SURFACES							

STANDARD FORM 57-NOV-1967
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office **any other forms required by the announcement.** Notify the office with which you file this application of any change in your address.

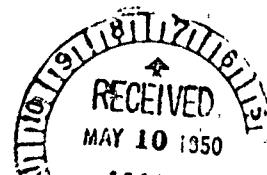
APPLICATION NO. U 180 ANNOUNCEMENT 306603	NAME OF EXAMINER OR KIND OF POSITION APPLIED FOR <i>Secretary, Director</i> <small>(OPTIONAL) (As mentioned in examination announcement)</small>		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only				
	PLACE OF EMPLOYMENT APPLIED FOR (City and State) <i>Washington, D.C.</i>		DATE OF THIS APPLICATION <i>Feb. 16, 1960</i>				
	3. (a) (i) (Last name) (Middle) (Maiden, if any) (Last) <i>MISS Charlotte Louise Tschirng</i>						
	4. (a) STREET AND NUMBER OR R.D. NUMBER <i>San Rae Gardens</i>						
	5. (b) CITY OR POST OFFICE (including postal zone) AND STATE <i>Dayton, Ohio</i>						
	6. (c) LEGAL OR VOTING RESIDENCE (State) <i>Ohio</i>		(d) OFFICE PHONE		(e) HOME PHONE		
	7. DATE OF BIRTH (month, day, year) <i>January 12, 1929</i>		16. (f) MARRIED. <input checked="" type="checkbox"/> SINGLE				
	8. PLACE OF BIRTH (city and State; if born outside U.S., name city and country) <i>Dayton, Ohio</i>						
	12. (g) MALE <input checked="" type="checkbox"/> FEMALE		13. (h) HEIGHT WITHOUT SHOES: <i>5 FEET ... 8 INCHES</i>		(i) WEIGHT: <i>132 POUNDS</i>		
	14. (j) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>(k) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE</small>						
15. (l) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? <small>You will not be considered for any position with a lower entrance salary.</small>		(m) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: <input checked="" type="checkbox"/> IN WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES					
(n) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT, IF OFFERED, FOR <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS		(o) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS <small>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probationary appointment.</small>					
(p) IF YOU ARE WILLING TO TRAVEL, SPECIFY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY							
16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail so that the Civil Service Commission and the appointing officers of agencies can give you full credit in determining your qualifications. Use a separate sheet if necessary for each position. Start with your present position and go back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence:							
		(a) If you were ever employed in any position under a name different from that shown in Item 3 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."					
(1) PRESENT POSITION							
DATES OF EMPLOYMENT (month, year) <small>FROM</small> <small>TO PRESENT TIME</small>		EXACT TITLE OF YOUR PRESENT POSITION		CLASSIFICATION GRADE (if in Federal Service)		STARTING \$	PER PER
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR					
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale firm, insurance agency, manufacture of tanks, etc.)					
NUMBER AND KIND OF EMPLOYER'S SIGNATURES HELD BY YOU		REASON FOR DESIRING TO CHANGE EMPLOYMENT					
DESCRIPTION OF YOUR WORK							

(CONTINUED ON NEXT PAGE)

14-00000-9

<small>* CONTINUED</small> <small>(2) DATES OF EMPLOYMENT (month, year)</small> From <u>June '48</u> To <u>Sept '49</u> <small>PLACE OF EMPLOYMENT (city and State)</small> <u>Dayton, Ohio - Son Rae Gerdens</u>				<small>EXACT TITLE OF YOUR POSITION</small> <u>Clerk</u>	<small>CLASSIFICATION GRADE (if in Federal service)</small> <small>NAME AND TITLE OF IMMEDIATE SUPERVISOR</small> <u>Ray F McKechnie</u>	<small>SALARY OR EARNINGS STARTING \$ FINAL \$</small> <small>PER PER</small>
					<small>NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)</small> <u>Dayton, Ohio - Son Rae Gerdens</u>	<small>KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of trucks, etc.)</small> <u>Gift shop</u>
					<small>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</small> <u>none</u>	<small>REASON FOR LEAVING</small> <u>return to school</u>
					<small>DESCRIPTION OF YOUR WORK</small> <u>clerked in store in charge of books</u>	
<small>(3) DATES OF EMPLOYMENT (month, year)</small> From <u>June '47</u> To <u>Sept '47</u> <small>PLACE OF EMPLOYMENT (city and State)</small> <u>Dayton, Ohio - Frigidaire</u>				<small>EXACT TITLE OF YOUR POSITION</small> 	<small>CLASSIFICATION GRADE (if in Federal service)</small> <small>NAME AND TITLE OF IMMEDIATE SUPERVISOR</small> <u>Frigidaire - Dayton, O.</u>	<small>SALARY OR EARNINGS STARTING \$ FINAL \$</small> <small>PER PER</small>
					<small>KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of trucks, etc.)</small> <u>manufacture of Frigidaires</u>	
					<small>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</small> <u>none</u>	<small>REASON FOR LEAVING</small> <u>return to school</u>
					<small>DESCRIPTION OF YOUR WORK</small> <u>worked on assembly line worked in office of chemical laboratory</u>	
<small>(4) DATES OF EMPLOYMENT (month, year)</small> From <u>to</u> <small>PLACE OF EMPLOYMENT (city and State)</small> <u>Dayton, Ohio - Frigidaire</u>				<small>EXACT TITLE OF YOUR POSITION</small> 	<small>CLASSIFICATION GRADE (if in Federal service)</small> <small>NAME AND TITLE OF IMMEDIATE SUPERVISOR</small> <u>Frigidaire - Dayton, O.</u>	<small>SALARY OR EARNINGS STARTING \$ FINAL \$</small> <small>PER PER</small>
					<small>KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of trucks, etc.)</small> <u>manufacture of Frigidaires</u>	
					<small>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</small> 	<small>REASON FOR LEAVING</small>
					<small>DESCRIPTION OF YOUR WORK</small> 	

00023. MAY 11 1950

2001-16th St., N.W.
Washington, D.C.
May 9, 1950.U.S. Civil Service Commission
Washington, D.C.

Dear Sir:

I send in material for the
unpublished years for a Statistical
Draftsmen, the announcement
number of which is 130.

I have moved since the
date I sent in my paper. Would
you please make the necessary
changes so I will receive
material at my new address as my
new address.

My old address was:

J. F. Zehring
2001 - 16th St., N.W.
Washington, D.C.

My new address is:

A. San Rae Garden
Dayton 4, Ohio R.R. #11

Thank you very much.

Sincerely,

Charlotte A. Zehring

**UNITED STATES CIVIL SERVICE COMMISSION
RATING SHEET—RATING PROCEDURE NO. III.**
(Handbook X-105)

NAME OF APPLICANT <i>Charlotte L. Febrino</i>		PREFERENCE <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> NONE	APPLICATION NO.
POSITION TITLE <i>Statistical Drafter</i>		POSITION TITLE <i>do</i>	
ANNOUNCEMENT NO. <i>U-130</i>	QUALIFYING EXPERIENCE <i>GRADE GS-3</i>	ANNOUNCEMENT NO.	QUALIFYING EXPERIENCE <i>GRADE GS-2</i>
BASIC RATING <i>85</i>	BASIC RATING <i>90</i>	ADDITIONAL POINTS <i>2</i>	ADDITIONAL POINTS <i>4</i>
EARNED RATING <i>87</i>	EARNED RATING <i>94</i>	VETERANS' PREFERENCE	VETERANS' PREFERENCE
FINAL RATING	FINAL RATING	EXAMINER <i>R.H.C.</i>	EXAMINER <i>R.H.C.</i>
REVIEWER	DATE <i>5-18-50</i>	REVIEWER	DATE <i>5-18-50</i>
COMMENTS:			
POSITION TITLE		POSITION TITLE	
ANNOUNCEMENT NO.	QUALIFYING EXPERIENCE <i>GRADE</i>	ANNOUNCEMENT NO.	QUALIFYING EXPERIENCE <i>GRADE</i>
BASIC RATING	BASIC RATING	ADDITIONAL POINTS	ADDITIONAL POINTS
ADDITIONAL POINTS	ADDITIONAL POINTS	EARNED RATING	EARNED RATING
EARNED RATING	EARNED RATING	VETERANS' PREFERENCE	VETERANS' PREFERENCE
FINAL RATING	FINAL RATING	EXAMINER	EXAMINER
EXAMINER	DATE	REVIEWER	DATE
REVIEWER	DATE	REVIEWER	DATE
COMMENTS:			

Education to be Substituted
for Experience

High School

2 years	Mechanical Drawing
2 years	Art
1½ years	Algebra
1 year	Geometry
½ year	Trigonometry

College

1 year	4 credits hrs. from Expression (3rd)
1 year	6 credits hrs. Statistics 2 hrs. per week lectures 1½ hrs./week Laboratory

Form 13
February 1946Form approved
Bureau Number 60-RUOUNITED STATES CIVIL SERVICE COMMISSION
PROOF OF RESIDENCE

Application for appointment in the appointed departmental service must be unanswered by a particular showing legal or voting residence in the State or Territory claimed for at least one year next preceding the date of making application. Therefore, if you desire employment in the appointed departmental service, the following questions must be answered, and the first and Officer's Certificate of Proof of Residence signed or executed. Failure to submit this form, properly executed, with your application may result in loss of consideration for appointment in the appointed service. Applicants who now hold permanent positions in the appointed departmental service are not required to have the Officer's Certificate of Residence executed, and should write on it "Am in the appointed service."

1. (Last name) (Middle) (Maiden, if any) (Last)		2. Name of examination	
Mr. <u>Zehring, Charlotte, b.</u> Mrs. Miss		<u>Statistical Draftsman</u>	
3. Street and number, or A.P.O. R.D. number <u>2601 16th St. N.W.</u> <u>725</u>		4. Place and date of oral examination (if any)	
Post office (including postal zone) and State <u>Washington, D.C.</u>		From <u>Dec. 1 1944</u> to <u>Feb. 1, 1945</u> (Year) (Month) (Yr.) (Month) (Yr.)	
5. (a) In what State or Territory do you have Legal residence <u>Ohio</u> or Voting residence <u>From Jan 1944 to Feb 1, 1945</u> (Month) (Yr.) (Month) (Yr.)		(a) In what county do you have Legal residence <u>Montgomery</u> or Voting residence <u>From Dec 1 1944 to Feb 1, 1945</u> (Month) (Yr.) (Month) (Yr.)	
6. If during the past year you have not resided continuously in the State or Territory in which you claim legal or voting residence, or are not now actually living in such State or Territory, indicate in the following blanks the dates of absence, and location and occupations during such absences:		7. (a) Date left (Month Year) (b) Date returned (Month Year) (c) Location during absence (City and State) (d) Occupation	
Sept. 14 44		Dec. 1 44 <u>McGraw-Hill, N.Y.</u> Student	
Jan. 15 45		Washington, D.C. typist, telephone op.	
8. If you are under 21 years of age, fill in the following blanks:			
(a) Legal residence of parent or guardian State <u>Ohio</u> Is he a voter in that State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No County <u>Montgomery</u> From <u>10</u> (Month) <u>19</u> (Year) to <u>10</u> (Month) <u>19</u> (Year)		(b) Length of such residence City or town <u>Montgomery</u> County <u>Montgomery</u> State <u>Ohio</u>	
(c) Present post office address of parent or guardian			
9. If you are a married woman, fill in the following blanks:			
(a) Date of marriage State <u>Ohio</u> Is he a voter in that State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No County <u>Montgomery</u> From <u>10</u> (Month) <u>19</u> (Year) to <u>10</u> (Month) <u>19</u> (Year)		(b) Legal residence of husband State <u>Ohio</u> Is he a voter in that State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No County <u>Montgomery</u> From <u>10</u> (Month) <u>19</u> (Year) to <u>10</u> (Month) <u>19</u> (Year)	
JURAT (OR OATH)			
<p>This Jurat (or oath) must be executed before a Notary Public, the Secretary of a United States civil service board, or in India, or other officer authorized to administer oaths for general purposes, before whom the applicant must appear in person.</p> <p>I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief.</p> <p>If female, prefix "Miss" or "Mrs." and if married, use your own given name, as "Mrs. Mary L. Doe".</p>			
<p>Signature of applicant <u>Charlotte L. Zehring</u> (Sign your name in ink, use pen, pencil, ink, or typewriter, and not eraser)</p> <p>Notary Public, <u>Clarence H. Blows</u>, State of <u>Ohio</u>, <u>Montgomery</u>, <u>Notary Public</u>, <u>13th day of February 1945</u> My commission expires March 31, 1946 (Official seal)</p>			
OFFICER'S CERTIFICATE OF RESIDENCE			
<p>Instructions —If the applicant's claim is based on legal residence, the certificate must be executed by a Notary Public, county, municipal, or police court clerk, mayor, justice of the peace, or other officer in the county or city in which the applicant claims residence. If the claim is based on voting residence alone, a certificate must be executed by the registrar of voters or other officer of the Board of Elections. In either case, the officer must be an actual resident and officer in the city or county claimed by the applicant, and the certificate must bear his official seal, or, in lieu thereof, certification of his official character by the proper officer under official seal.</p> <p>The applicant is not required to appear in person before the officer who executes this certificate, but the officer should satisfy himself from credible and competent evidence as to facts to which he certifies.</p>			
<p>I, <u>Notary</u>, of the county of <u>Montgomery</u>, and State (or Territory) of <u>Ohio</u>, (Official designation) do hereby certify that <u>Charlotte L. Zehring</u>, the applicant who certifies the above in connection with a civil service examination, is now a <u>Legal</u> voter, residing in the town of <u>Montgomery</u>, and State (or Territory) <u>Ohio</u>, and has been such resident for <u>21</u> years <u>1</u> months next preceding the date hereof. Dated at <u>West Carrollton</u>, county of <u>Montgomery</u>, and State (or Territory) <u>Ohio</u>, <u>14th</u> day of <u>February</u> <u>50</u></p>			
<p>[OFFICIAL SEAL] My commission expires July 19 1952 (Signature of officer)</p>			
<p>The Official seal must not be omitted. If erasure or correction is made in the "Officer's Certificate," certification must be made on margin by the officer who executes the certificate, showing such correction.</p>			

Index Number \Rightarrow Retail Cost of all Foods and of Four
Selected Commodities 1925 = 100 FORM 1

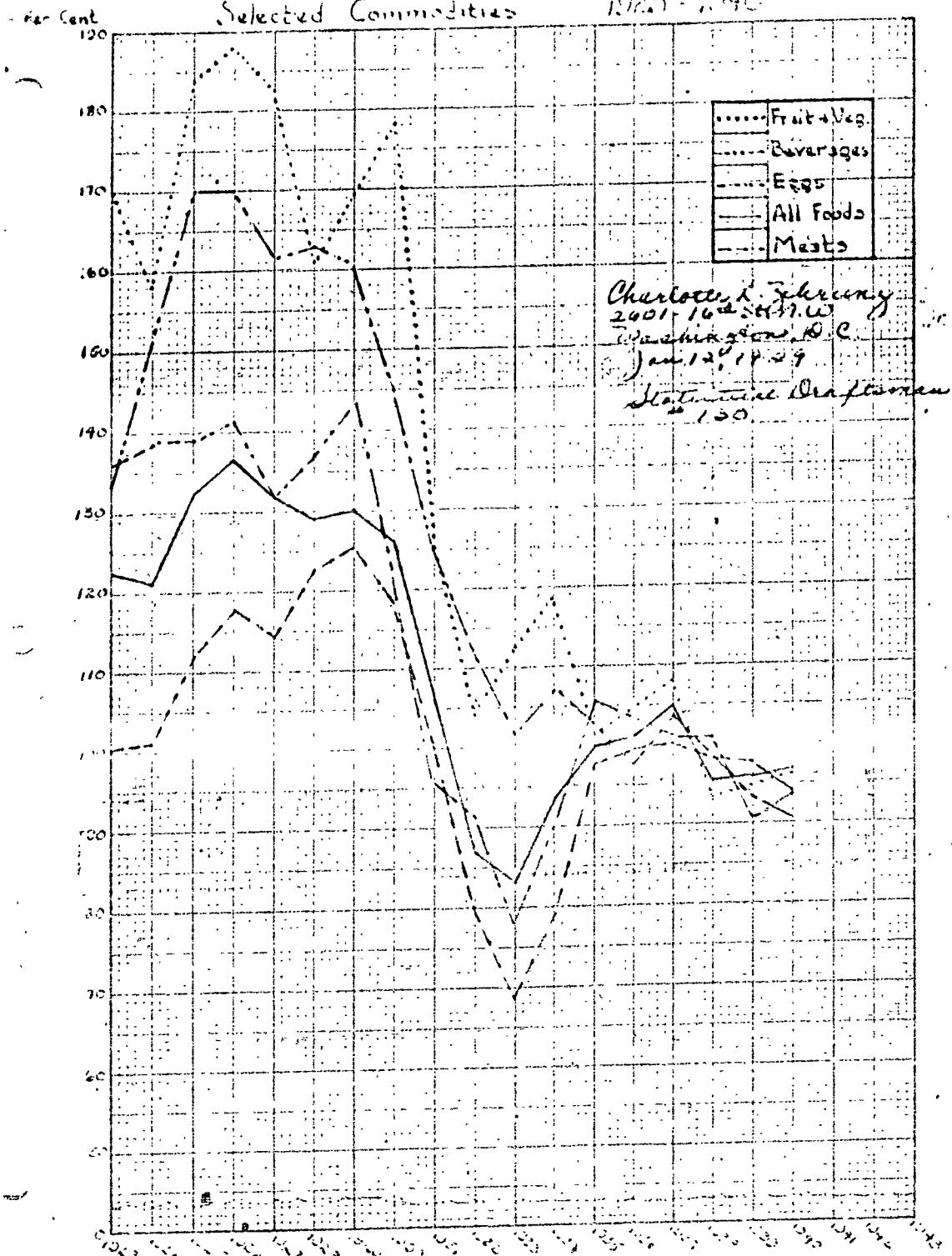
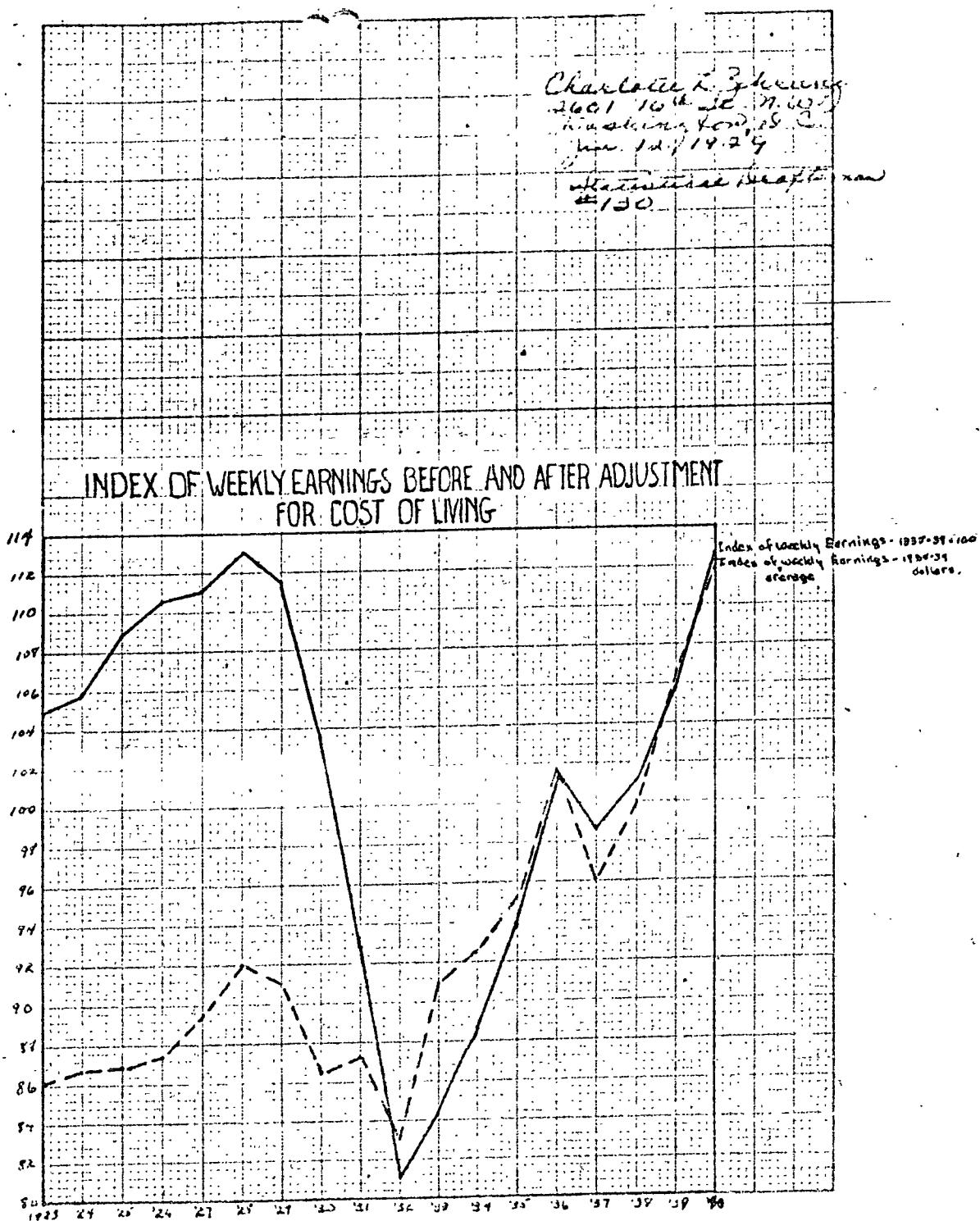
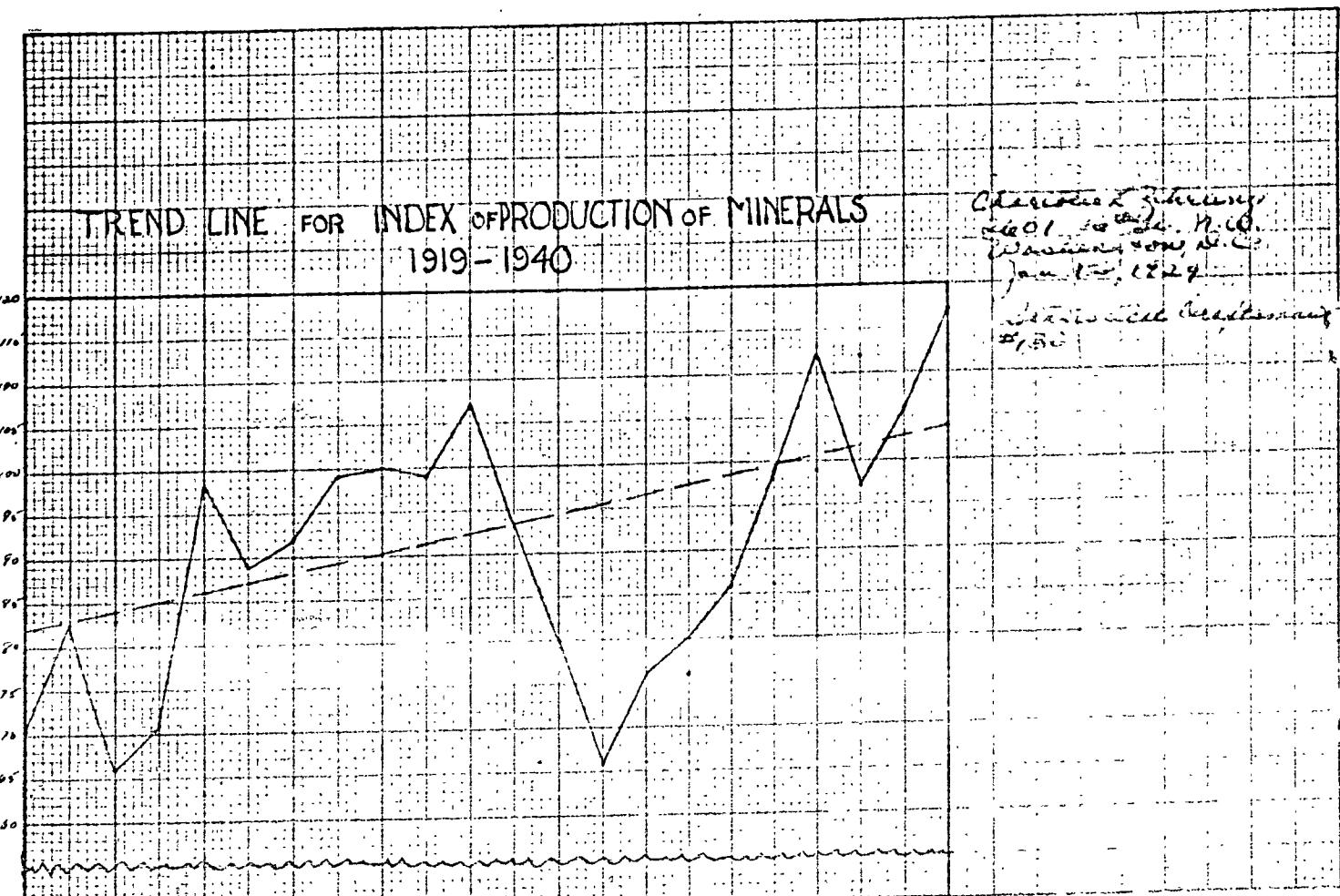


FIGURE 1

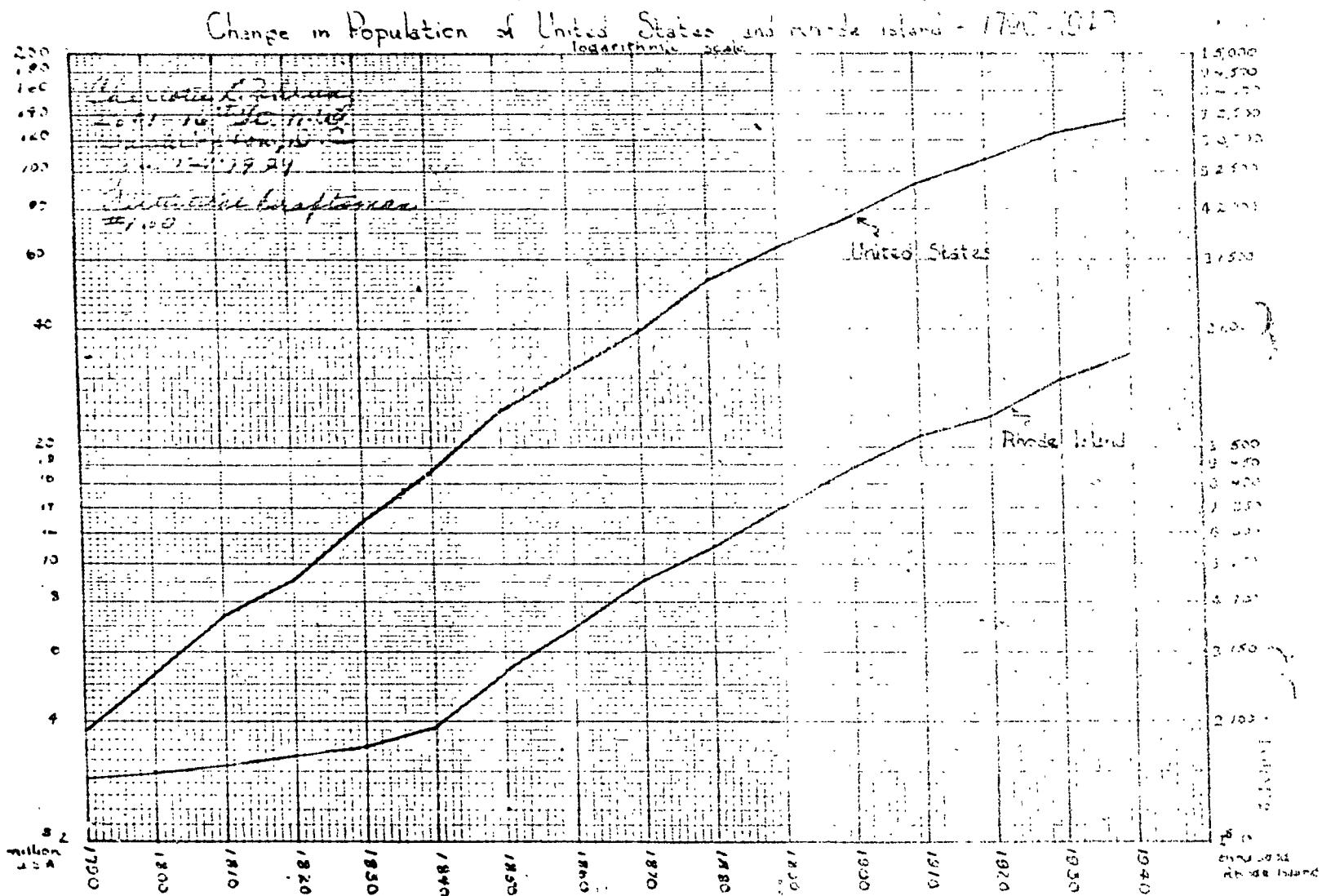




x = 6 mo.
origin 1929-1930.

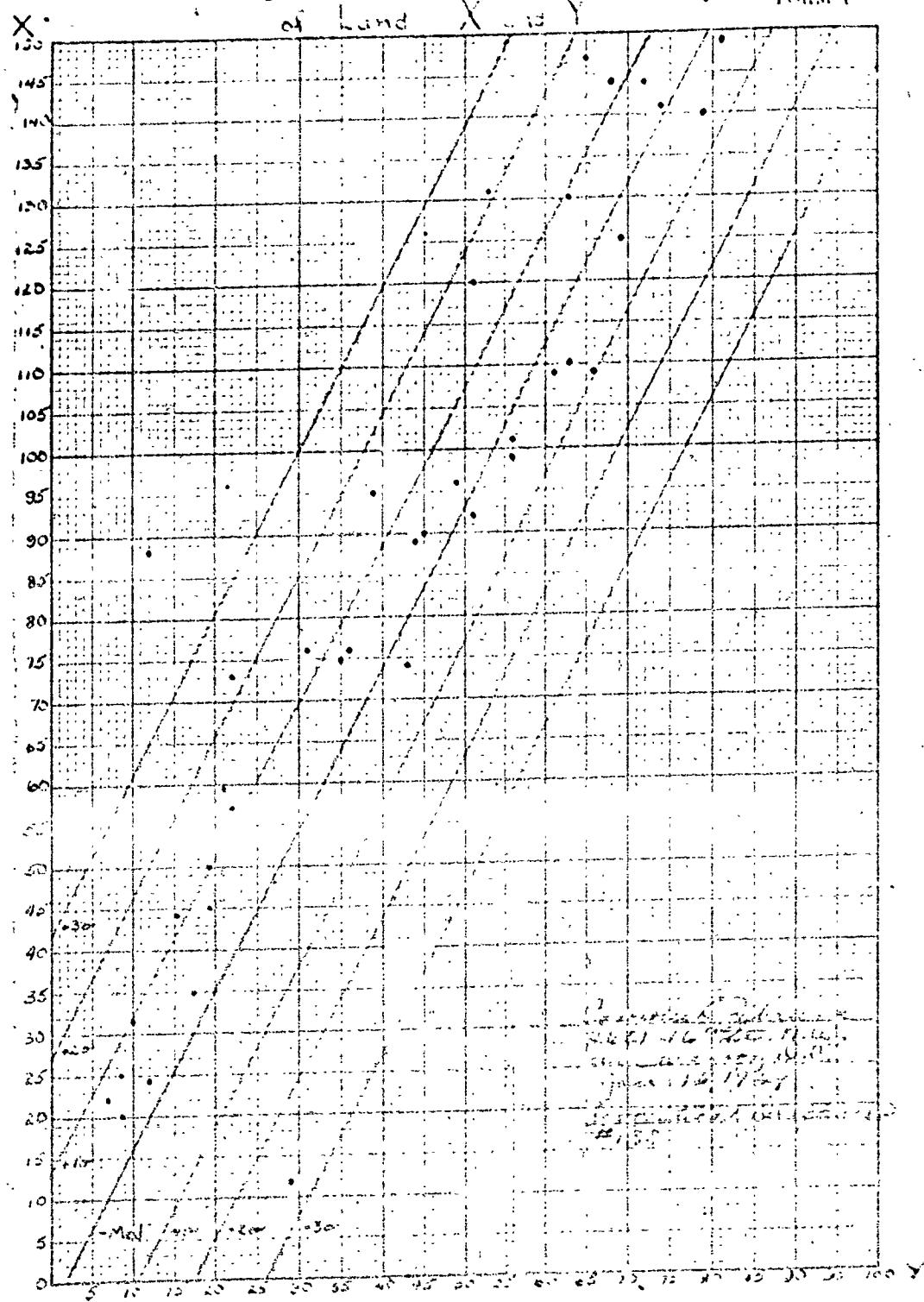
Classical business
cycle, 1929-1930.
January, 1929.

Industrial recessionary
cycle, 1930.

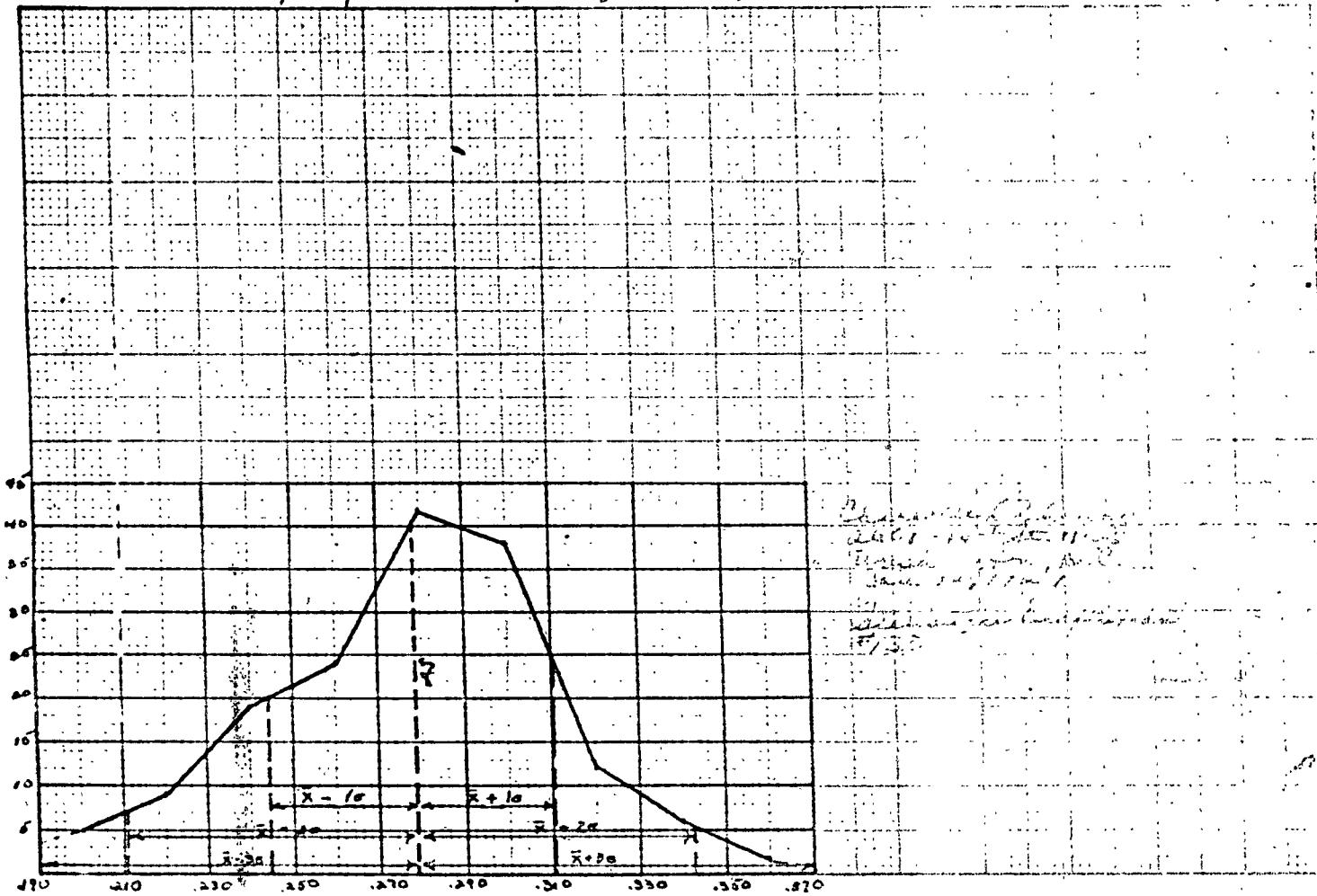


Scatter Diagram of Relationship Between value
of Land X is Y

FORM I

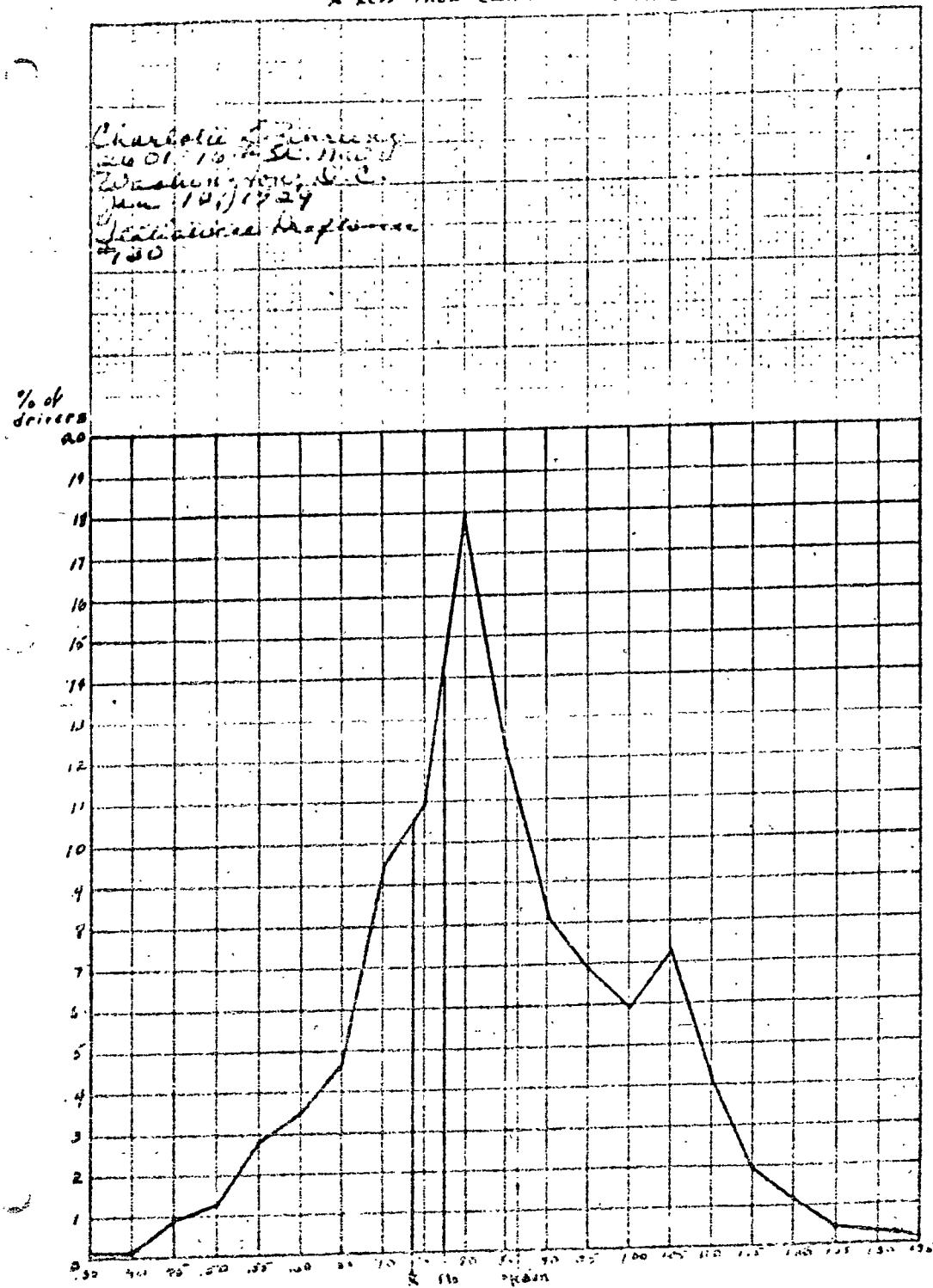


Frequency Distribution of Batting Records of 157 Regular American and National Leagues, 1946



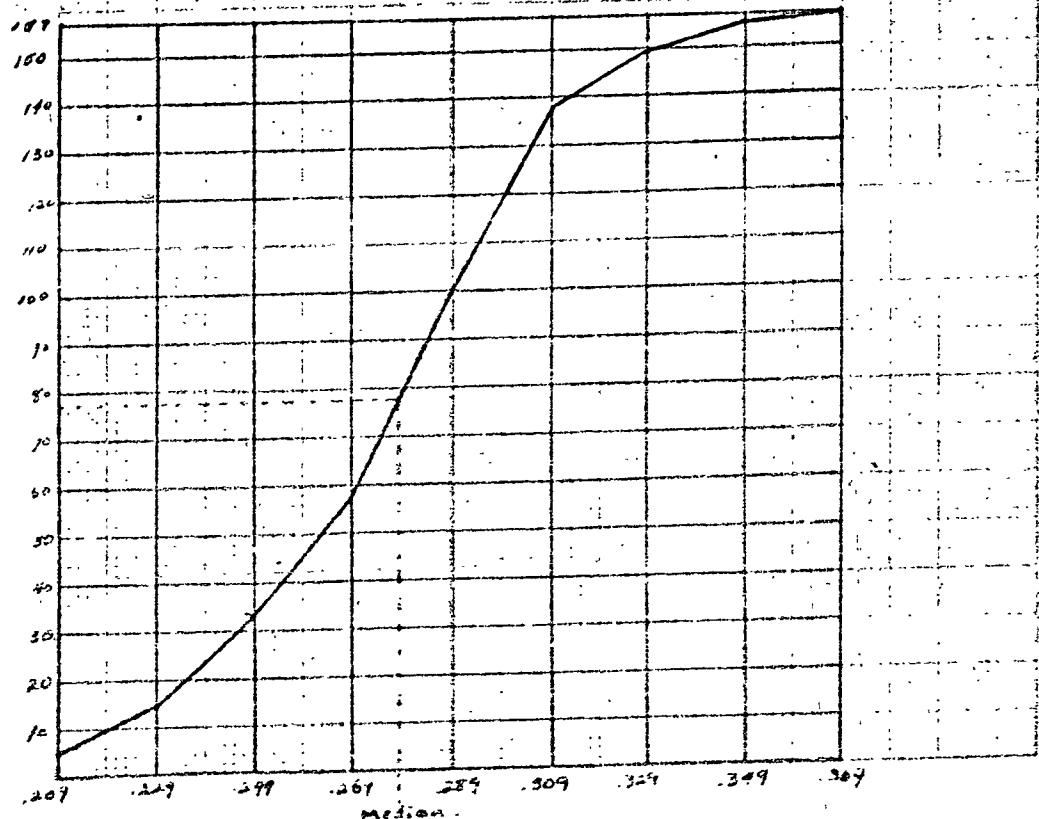
Cumulative Distribution of Hourly Rate & Wages of
 1% of Union Motor-Track Drivers - June 1, 1940

10131



Cumulative Distribution of Batting Averages 1940
of American and Men's Leagues - 151 Major League
Bucking Sisters Average or less than

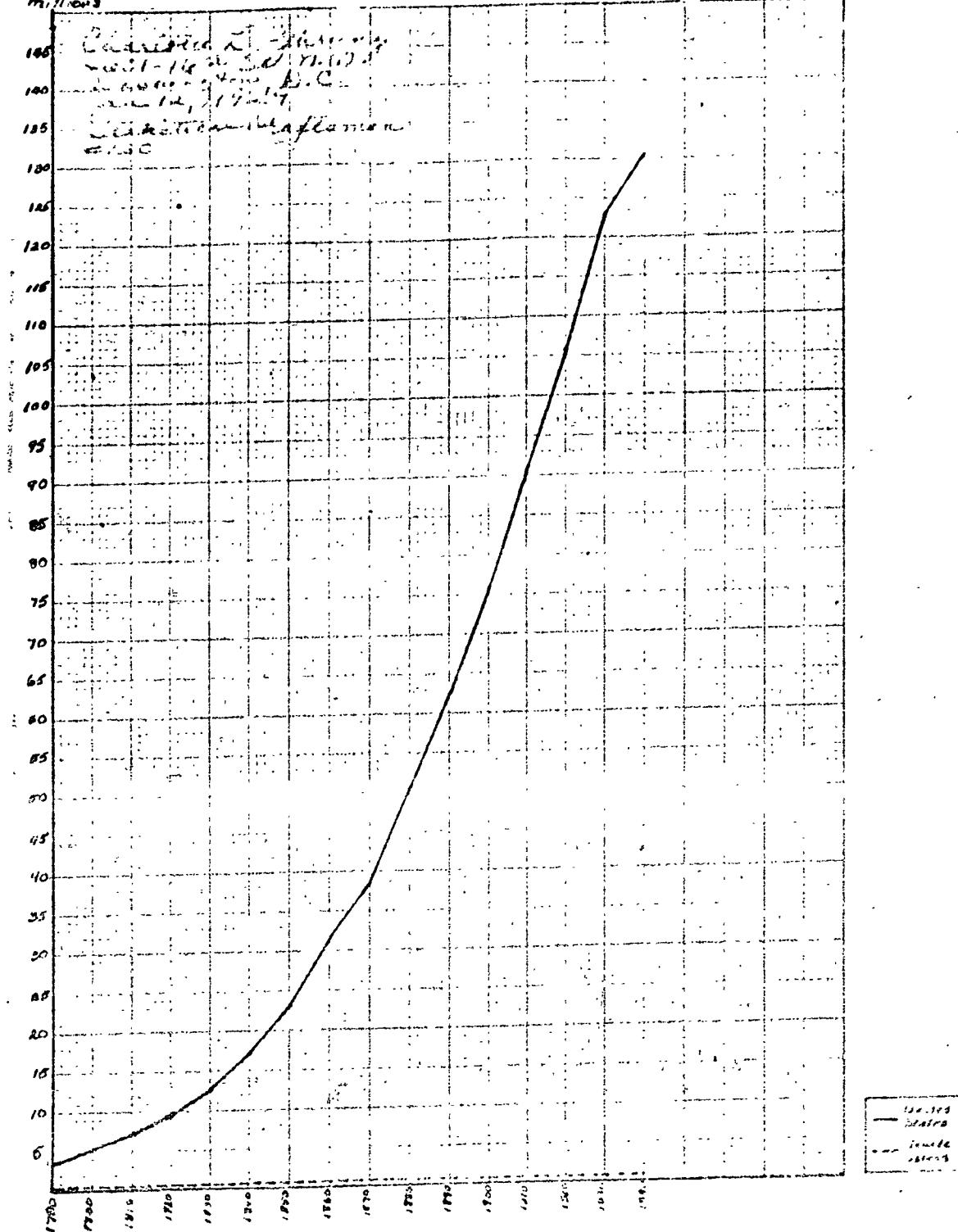
Charlotte L. Schramm
26-01-16 cat. # 17-237
Tetrahymena
Jan 12, 1927
Herpeticæ bestiana
#130



Population of Continental United States and Rhode Island
1790-1940

FORM 1

millions



5 DATES OF EMPLOYMENT (month year) FROM _____ TO _____		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GROUP (if in Federal)	SALARY OR EARNINGS STARTING \$ _____ FINAL \$ _____	PER HRS PER																																																								
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERIOR																																																												
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, State department, bureau or establishment, and division)		KIND OF BUSINESS OR CORPORATION (e.g., wholesale silk, insurance agency, manufacturer of books, etc.)																																																												
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING																																																												
DESCRIPTION OF YOUR WORK																																																														
<p>If more space is required, use a continuation sheet (Standard Form No. 38) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.</p> <p>12. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist you in any special service work you attended is especially important. (Extra pages may be used to give full descriptions.)</p> <table border="1"> <thead> <tr> <th>DATES</th> <th>FROM</th> <th>TO</th> <th>LOCATION</th> <th colspan="3">DESCRIPTION OF TRAINING</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td colspan="3"></td></tr> </tbody> </table>							DATES	FROM	TO	LOCATION	DESCRIPTION OF TRAINING																																																			
DATES	FROM	TO	LOCATION	DESCRIPTION OF TRAINING																																																										
13 EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12		(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED																																																												
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORIAL COMPLETION OF		(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED																																																												
<input checked="" type="checkbox"/> ELEMENTARY SCHOOL <input checked="" type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL																																																														
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY		MAJOR AND SPECIALTY	DATES ATTENDED	YEARS COMPLETED	DEGREES CONFERRED	SEMINAR HOURS CREDIT																																																								
Syracuse University, Economics Dept 1946-50		BA	FROM 1946 TO 1950	DAY NIGHT	DATE	160 HRS CREDIT																																																								
(D) LIST YOUR COLLEGE AND GRADUATE COLLEGE SUBJECTS		MINOR SUBJECTS	LIST YOUR COLLEGE AND GRADUATE COLLEGE SUBJECTS																																																											
(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE, (GIVE NAME AND LOCATION OF ACTION) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT		SUBJECTS STUDIED DATES ATTENDED YEARS COMPLETED																																																												
(F) LANGUAGE SKILL		RATING	SPANISH	UNIVERSITY	COLLEGE	HIGH SCHOOL																																																								
Spanish _____		+	-	-	-	-																																																								
French _____		+	-	-	-	-																																																								
<p>14 IF YOU HAVE EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO GIVE NAME OF LICENCE AND STATE FIRST LICENCE OR CERTIFICATE ISSUED</p> <p>LATEST LICENCE OR CERTIFICATE ISSUED</p> <p>15 GIVE ANY MEDICAL DISABILITIES, DISEASES, OR DEFECTS WHICH ARE NOT COVERED IN YOUR APPLICATION SUCH AS (1) EYES (2) HEARING (3) DENTITION (4) DEFORMITIES (5) DISEASES (6) PREGNANCY (7) PATENTS OR INVENTIONS (8) PRACTICE OF MEDICINE OR SURGERY (9) RELATIONSHIP EXPERIENCE (10) DISEASES OF THE MOUTH OR SCIENTIFIC KNOWLEDGE (11) HABITS AND PECULIARITIES RELATED</p>																																																														
<p>16 LIST ANY SPECIAL SKILLS YOU HAVE AND MACHINES YOU CAN USE TO TYPE (TYPE OR PRINT) FOR USE IN YOUR TEST PAPER SHORT ANSWERING OR WRITING COMPUTER KEYBOARD, IBM PUNCH-TURNER LATHE, SCIENTIFIC OR PROFESSIONAL EQUIPMENT</p> <p>calculator</p> <p>APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 55</p>																																																														

24 REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your character, habits and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).		(Give complete current address, including street and number)		BUSINESS OR TRADE, TRADES BUSINESS OR OCCUPATION	
FULL NAME					
Mr. Harry Schwartz		113 Remsen Ave., Brooklyn, teacher			
Miss Theodosia Moran		Casanovia, N.Y. R.D. #2		teacher personnel	
Mr. Herbert Hauldren		11 Windling Way, Dayton, O. Frisbee			
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN					
25 MAY INDIVIDUAL BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS ETC?					
26 ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?					
27 ARE YOU NOW OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?					
28 ARE YOU NOW OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?					
29 ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOGATING OR APPROVING THE COMMISISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?					
If your answer to question 27, 28, or 29 above is "yes," state in Item 31 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.					
30 SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR CRIMINAL PLEA, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF AN LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$15 OR LESS WAS IMPOSED).					
If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If applicable, your fingerprints will be taken.					
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.					
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? If your answer is "Yes," give dates of and reasons for such disbarment in Item 39.					
33. HAVE YOU ANY PHYSICAL HANDICAP, ILLNESS OR OTHER DISABILITY WHICH IS NOT CONSIDERED AS A HINDRANCE TO WORK? If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for this job.					
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY PENSION ACT OR ANY PAYMENT OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give complete details in Item 39.					
35. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. (Indicate item numbers to which answers apply.)					
ITEM NO.		ITEM NO.		ITEM NO.	
If space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.					
Before signing this application check back over it to make sure that you have answered ALL questions correctly.					
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.					
False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).					
* * * SIGNATURE OF APPLICANT <i>Charles L. Schwartz</i>					
(Sign your name in INK (one given name, middle initial, and surname). If female, prefix Miss or Mrs. and if married use your own given name as "Mrs. Edna L. Doe")					

If no stamp is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination route. Attach to inside this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.
I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge
and I do so in good faith.

* SIGNATURE OF APPLICANT *Charles L. Johnson*
(Sign your name in INK (one given name, middle initial, and surname). If female, add suffix.)