

Assassination Records Review Board Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10070-10144
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

Released under the John F. Kennedy
Assassination Records Collection Act of
1992 (44 USC 2107 Note). Case#:NW/88326
Date: 09-01-2022

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 5

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

Number of Postponements: 3

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

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

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

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

PAYROLL AUTHORIZATION FORM

diff-jfk: record 180-10070-10144 - Page 3 - (diff between 2025 and 2022) - fresh pages only

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Rebecca A. Rife	12/31/78
Employee Social Security Number	Type of Action
JFK 192-34 (0781) 01	<input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input checked="" type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) <small>Specify Date</small>
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
- ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date January 2, 19 79

(Signature of Authorizing Official)

LOUIS STOKES

(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

(Type or print name of Authorizing Official)

CHAIRMAN

(Type or print name and title of above official)

(Title - If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

ID _____

Benefits _____

Monthly Annuity \$ _____ .00 as of _____

Payroll _____

(Revised August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initiated by the
authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Rebecca A. Rife	3/6/78
Employee Social Security Number	Type of Action
JEN 52-3440781 D	<input checked="" type="checkbox"/> Appointment
Employing Office or Committee/Subcommittee	<input type="checkbox"/> Salary Adjustment
Select Committee on Assassinations	<input type="checkbox"/> Title Change
	<input type="checkbox"/> Termination (At close of business on effective date)
	<input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____)
	Specify Date

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Secretary	13,500.00

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 879 of 95th Congress.
- ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date 3/6 19 78

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title - If Member, District and State)

(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

(Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

ID _____

Benefits _____

Monthly Annuity \$ _____ .00 as of _____

Payroll _____

Copy for Initiating Office or Committee

(Revised August 1, 1975)

1-P.M.

Congress of the United States

Employment Information Form

1. Name (Last, First, Middle) <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Mrs. and Address (Number, Street, City, State, and ZIP Code) Rife, Rebecca Anne 125 South Reynolds St., Apt. J-410 Alexandria, Va. 22304		10. Birth date (Month, Day, Year) 11/11/42 11. Home State Pennsylvania 12. Height Feet 5 Inches 6 1/2 13. Are you a United States citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Lowest acceptable annual salary in specific figures \$10,500 15. Number of dependents other than self 0 16. Weight 125 17. Social Security Number 092-34-0783	
2. Home phone (including Area Code) 370-6755 Friend Judy Sullivan 697-1173 3. Other phone (including Area Code) Leave messages		18. Skills <input checked="" type="checkbox"/> Typing 75-80 wpm. <input checked="" type="checkbox"/> Shorthand 85-90 wpm. (To be considered for positions involving typing or shorthand, applicants must undergo tests actually administered either by the Placement Office or by the U.S. Civil Service Commission. If the latter is used, attach Notice of Rating dated within the past 12 months.) <input type="checkbox"/> Office equipment (specify) _____ <input type="checkbox"/> Computer: <input type="checkbox"/> Terminal Operator, <input type="checkbox"/> Programmer, <input type="checkbox"/> Systems Analyst (State expertise with specific systems, languages, and components.)			
4. Kind of job you are applying for: Secretarial/Staff Assistant 5. Term of Employment: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Summer 6. Will you accept temporary employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7. Will you accept part-time employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. When will you be available? Immediately 9. Are you presently employed by the U.S. Senate, the U.S. House of Representatives, or other office of the Congress? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. List eligible ratings attained on U.S. Civil Service Commission examinations, titles of examinations and dates of ratings. Have been a G.S. 8 Social Worker. On Mid-Level Register and Clerk-Typist 20. Did you graduate from high school, or will you graduate within the next nine months? <input checked="" type="checkbox"/> Yes June 1960 <input type="checkbox"/> No Register Course emphasis: <input checked="" type="checkbox"/> Academic, <input type="checkbox"/> Business, <input type="checkbox"/> Other (specify) _____ 21. Training schools attended (for example, business, vocational, armed forces, or trade). Give for each the name and location of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificate, and any other pertinent data. Waynesboro Business School, Waynesboro, Pennsylvania - Attended during high school and studied typing and speed-writing.			
22. A. Name and location (City and State) of colleges or universities attended. Chatham College, Pgh., Pennsylvania		COURSES STUDIED Major: Psyc/Soc. Minor: _____ Semester: _____ Quarter: _____		CREDITS COMPLETED Semester: _____ Quarter: _____ Grade-Point Average on 4.0 Scale: 3.2 Rank in Class: Upper 1/2 Dates Attended From: 1960 To: 64 Type of Degree: B.A. Year of Degree: _____	
B. Chief undergraduate college subjects Strong liberal arts Many survey courses (including political science) Psychology/sociology major		C. Chief graduate college subjects Semester: _____ Quarter: _____ CREDITS COMPLETED Semester: _____ Quarter: _____		D. Special achievements and awards. (Provide all scholastic achievements and honors and show participation in extracurricular, civic, community and similar activities, and in professional and scientific societies.) Awarded full college scholarship from Fairchild Aircraft Corporation Hagerstown, Maryland	
23. Other languages. (Show proficiency in speaking, writing, and reading.) Some French		24. Dates of military service, if any. From: _____ To: _____ Branch: N.A. Rank: _____ Serial No.: _____			
Answer the following questions. (If you answer "Yes" to any of these questions, give all pertinent details in Item 28.)					
25. Have you been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law? (Omit all traffic violations and any offense committed prior to your 21st birthday which was finally adjudicated in juvenile court or under a Youth Offender Law.)					
26. While in the military service, were you convicted by general court-martial or discharged under other than honorable conditions?					
27. Does the U.S. Government employ in a civilian capacity any relative of yours (by blood or marriage)? (If your answer is "Yes," list in Item 28 for each relative: (1) full name; (2) relationship; and (3) department, agency, or office.)					
28. Space for detailed answers. Indicate item number to which answers apply.					
Item No. _____		Do Not Write In This Block 77 TEST RESULTS TYPING: 77 W.P.M. ON A 5 MINUTE TEST 91 W.P.M. 4 ERRORS) SHORTHAND: _____ W.P.M. ON A 3 MINUTE TEST OTHER TEST SCORES: _____ VERIFIED BY: QJ DATE: _____			