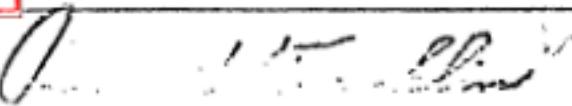


SECRET

1. PERSONAL DATA		B. BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946			
2. NAME (Last, First, Middle) SULLY, Robert Tyler		3. BORN IN DATE OF BIRTH 18 Jun 1925		4. CONCESSION & EXP. DATE 8 Mar 1949	
5. MARITAL STATUS Married		6. PARENTS OF BORN 1927 1952		7. US NATURALIZATION STATUS NA	
8. CHILDREN None		9. OTHER STATUS None		10. LAST 48 HR. ACT. DATES None	
11. CURRENT RESERVE: STATUS: None		12. GRADE None		13. ACTIVE DUTIES None	
14. ASSESSMENT DATE Jul 1947		15. PROFESSIONAL TEST DATE None		16. LANGUAGE ATTITUDE TEST DATE None	
17. HIGHEST EDUCATION 1943-1945 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Ritchie, Md - Aerial Photo Interpr 1945-47 Univ of Arizona - Bi Spanish, Political Science, History 1965-66 USDS (Corresp) Mod Supv Practice (See #18 below)					
18. FOREIGN LANGUAGE Ability: (Languages Proficiency Master, Data Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
19. FOREIGN SPONSORED TRAINING 1949 CI Ops 1965-66 Mod Supv Pract/USDA 1948 Admin Proc 1955 CI Ops 1971 Ops Trng/Defensive Driving 1948 Intel Orient 1962 Photo Ops 1972 Short Range Agent Contact 1949 Photo 1966 COS Sem 1973 Senior Seminar (Continued) 1949 Intel Orient 1968 Chall of Wl Com 1973 OA Ops Seminar					
20. EMPLOYMENT HISTORY SINCE 18 Sept 1945 (Department, Mission, Military Orders, and Principal Duties)					
EFFECTIVE DATE	POSITION, TITLE & OCCUPATIONAL CODE	GRADE	ORGANIZATION & ORGAN. TITLE (IF ANY)	LOCATION	
Mar 1948	I.O. (Trainee)	O132.06	CGO/Trainee Pool	Hq	
May 1948	"	O132.06	" " "	"	
Nov 1948	Reports Off	O132.58	CGO/Cps	"	
Dec 1949	I.O. Reports	O132.58	CGO/PDT/Venezuela Sta	Caracas	
Aug 1950	I.O. (Ops)	O132.06	" " "	"	
Jun 1952	Ops Off	O136.01	CGO/MI-1/Ecuador Sta/COS	Guayaquil	
Apr 1954	Area Ops Off	O136.01	CGP/MI-1/Ecuador Sta/COS	"	
Aug 1954	I.O. (PI)	O136.51	CGP/MI-3/Ch. Mexico Desk	Hq	
May 1956	Area Ops Off	O136.01	CGP/MI-3/Mexico Sta/COS	Mogales	
Feb 1957	" " "	O136.01	" " " " "	"	
Aug 1959	Instructor Ops	1711.50	OTR/Ops Sch/Fld Trng/Faculty	Isolation	
Dec 1961	" "	1711.50	OTR/US Field/Trng Ofc/Faculty	"	
Jan 1963	Ops Off	O135.01	DCR/TP-1/PI-CI Sec	Hq	
Apr 1963	" "	O136.01	CGP/MI-3/Mexico Sta	Mexico City	
Sep 1964	Chief of Station	O111.01	CGP/PI-2/Nicaragua Sta	Nicaragua	
Sep 1966	1970 Departed	O135.05	CGP/PI-2/Honduras Sta/COS	Tegucigalpa	
Sep 1970	" "	O135.05	" " " " "	"	
Oct 1972	" "	O135.01	CGP/MI-3/Br-2 (Cen Amer)	Hq	
Mar 1973	" "	O135.01	CGO/4th/Br-2 (Cent Amer)	"	
Dec 1973	" "	O135.01	CGP/PI-2/Plans Staff	"	
21. LAST REVIEWED	22. PROFILE REVIEWED BY	23. LIVING IN OR REVIEWED & VERIFIED BY EMPLOYEE	24. DATE		
20 Jan 1976	kmw (cn)	31 Aug 1959			

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			FILE NO.
X TO: (check)	X CHIEF, CONTROL DIVISION, OP	19 March 1973	73A
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	SS NUMBER 269-28-0199	EMPLOYEE NUMBER 055495
	X CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN: Chief Support Staff	OFFICIAL COVER	X ESTABLISHED	
REF: Form 1322 dated 12 Mar 73			DISCONTINUED
SUBJECT SHAW, Robert T.	UNIT	Department of State	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS <input checked="" type="checkbox"/> BASIC COVER PROVIDED EOD <input type="checkbox"/> EFFECTIVE DATE _____ <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOV OTHER (Specify) _____		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: SUBMIT FORM 3256 W-2 TO BE ISSUED. (MHP 30-223) SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (MHP 30-7) EAA: CATEGORY I CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (MHP 30-7) <input checked="" type="checkbox"/> SUBMIT FORM 3256 State W-2 TO BE ISSUED. (MHP 30-223) <input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (MHP 340-2*) <input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (MHP 340-2*)		DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/> EAA, CATEGORY I CATEGORY II X <input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AQE HOSPITALIZATION CARD		15 	
REMARKS AND/OR COVER HISTORY MAR 48-OCT 49 HQS/OVERT OCT 49-PEB 52 VENEZUELA/STATE/NOM FEB 52-MAY 52 HQS/OVERT MAY 52-JUL 54 ECUADOR/STATE-NOM JUL 54-MAY 56 HQS/OVERT 27 MAY 56-MAY 59 MEXICO/STATE INT MAY 59-MAY 61 HQS/STATE INT MAY 61-MAR 63 HQS/OVERT MAR 63-JUL 66 MEXICO/STATE INT JUL 66-JUL 70 NICARAGUA/STATE INT			
DISTRIBUTION: JUL 70-RUG 72-HONDURAS/ COPY 1 - CG 44 C/P STATE INT/AUG 72 COPY 2 - OPERATING COMPONENT 17 MAR 73 COPY 3 - DS/NSAC HQS/STATE INT COPY 4 - DLT/PR HQS/STATE INT COPY 5 - CCS-FIL 18 MAR 73-HQS/STATE NCM			

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE	FILE NO.																																		
<input checked="" type="checkbox"/> TO: REB-100	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	10 March 1973 734																																				
	<input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	REF NUMBER 265-23-7199																																				
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WIF	EMPLOYEE NUMBER 055305 ID CARD NUMBER																																				
ATTN: Chief Support Staff		<input checked="" type="checkbox"/> OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED																																			
REFS: Form 1322 dated 12 Mar 73			<input type="checkbox"/> DISCONTINUED																																			
SUBJECT: SHAW, Robert T.		UNIT: Department of State																																				
CHIEF ON THE GO FULL WHILE COVER IN EFFECT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS <table border="1" style="margin-top: 10px;"> <tr> <td><input checked="" type="checkbox"/> BASIC COVER PROVIDED</td> <td>EOD</td> </tr> <tr> <td><input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY</td> <td>OTHER (Specify)</td> </tr> </table> </td> <td style="width: 50%;"> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: SUBMIT FORM 3254 R-2 TO BE ISSUED. (FMR 20-113) </td> </tr> <tr> <td colspan="2"> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (FMR 20-73) </td> <td colspan="2"> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (FMR 20-73) </td> </tr> <tr> <td colspan="2"> SUBMIT FORM 3254 State R-2 TO BE ISSUED. (FMR 20-113) </td> <td colspan="2"> EAA: CATEGORY I CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS SUBMIT FORM 2688 FOR HOSPITALIZATION CARD. </td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: small;">DO NOT WRITE IN THIS BLOCK</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: small;">REMARKS AND OTHER NOTES WITHIN</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: small;">MAR 63-JUL 66-MEXICO/STATE INT</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: small;">DISTRIBUTION: COPY 1 - CO IN CP COPY 2 - OPERATING STAFF COPY 3 - DISPERSED COPY 4 - OUTPOST COPY 5 - CDS-FIL</td> </tr> </table>					<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS <table border="1" style="margin-top: 10px;"> <tr> <td><input checked="" type="checkbox"/> BASIC COVER PROVIDED</td> <td>EOD</td> </tr> <tr> <td><input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY</td> <td>OTHER (Specify)</td> </tr> </table>	<input checked="" type="checkbox"/> BASIC COVER PROVIDED	EOD	<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY	OTHER (Specify)	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: SUBMIT FORM 3254 R-2 TO BE ISSUED. (FMR 20-113)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (FMR 20-73)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (FMR 20-73)		SUBMIT FORM 3254 State R-2 TO BE ISSUED. (FMR 20-113)		EAA: CATEGORY I CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.		DO NOT WRITE IN THIS BLOCK					REMARKS AND OTHER NOTES WITHIN					MAR 63-JUL 66-MEXICO/STATE INT					DISTRIBUTION: COPY 1 - CO IN CP COPY 2 - OPERATING STAFF COPY 3 - DISPERSED COPY 4 - OUTPOST COPY 5 - CDS-FIL				
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS <table border="1" style="margin-top: 10px;"> <tr> <td><input checked="" type="checkbox"/> BASIC COVER PROVIDED</td> <td>EOD</td> </tr> <tr> <td><input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY</td> <td>OTHER (Specify)</td> </tr> </table>	<input checked="" type="checkbox"/> BASIC COVER PROVIDED	EOD	<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY	OTHER (Specify)	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: SUBMIT FORM 3254 R-2 TO BE ISSUED. (FMR 20-113)																																	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED	EOD																																					
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY	OTHER (Specify)																																					
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (FMR 20-73)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (FMR 20-73)																																				
SUBMIT FORM 3254 State R-2 TO BE ISSUED. (FMR 20-113)		EAA: CATEGORY I CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.																																				
DO NOT WRITE IN THIS BLOCK																																						
REMARKS AND OTHER NOTES WITHIN																																						
MAR 63-JUL 66-MEXICO/STATE INT																																						
DISTRIBUTION: COPY 1 - CO IN CP COPY 2 - OPERATING STAFF COPY 3 - DISPERSED COPY 4 - OUTPOST COPY 5 - CDS-FIL																																						

SECRET

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

O 15. Phe

		NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKUP		18 OCT 78	734
TO: <i>[Signature]</i>	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP		REF. NUMBER 268-28-0199	
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 055495	
	<input checked="" type="checkbox"/>	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IC		ID CARD NUMBER	
REF: FORM 1322 DATED 5 SEP 68		OFFICIAL COVER	ESTABLISHED <input checked="" type="checkbox"/> CANCELED <input type="checkbox"/>	CONTINUED	
STATUS	<input checked="" type="checkbox"/> STAFF	CONTRACT	SUBJECT	UNIT DEPARTMENT OF STATE	
SHAW, ROBERT T.		KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)		CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)			
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> EFFECTIVE DATE: EOD			
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <input type="checkbox"/> TST <input type="checkbox"/> OTHER (Specify) _____		FORM 3254 CTA W-2 TO BE ISSUED (CRW 20-73)			
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (CRW 20-73)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (CRW 20-73)			
FORM 3254 W-2 TO BE ISSUED. (CRW 20-22)		EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II <input type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS			
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (RE 268-28)		SUBMIT FORM 2688 FOR GEHA HOSPITALIZATION CARD			
SUBMIT FORM 1323 FOR TRANSFER OF COVER RESPONSIBILITY. (RE 268-28)		DO NOT WRITE IN THIS BLOCK			
EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/> SUBMIT FORM 2688 FOR HOSPITALIZATION CARD		DO NOT WRITE IN THIS BLOCK			
<p>REMARKS AND/OR COVER HISTORY</p> <p>MAR 48 - OCT 49 - HQS - OVERT OCT 49 - FEB 52 - VENEZUELA, CARACAS - STATE DESIGNEE FEB 52 - MAY 52 - HQS - OVERT MAY 52 - JULY 54 - ECUADOR - STATE DESIGNEE JULY 54 - MAY 56 - HQS - OVERT 17 MAY 56 - MAY 59 - MEXICO - STATE - INT. MAY 59 - MAY 61 - HQS - STATE - INT. MAY 61 - MAR 63 - HQS - OVERT MAR 63 - JULY 66 - MEXICO, MEXICO CITY - STATE - INT. JULY 66 - JULY 70 - NICARAGUA - STATE - INT.</p> <p>JUL 70-AUG 72-HONDURAS-STATE-INT. AUG 72-17 MAR 73-HQS-STATE-INT. 18 MAR 73-12 OCT 78-HQS-STATE NON 13 OCT 78 - HQS - OVERT BACK TO EOD</p>					
<small>DISTRIBUTION</small> COPY 1 - CHIEF OF CHIEF CONTROL COPY 2 - OPERATING COMPONENT COPY 3 - OWNED COPY 4 - DECODED COPY 5 - COMFILE		<i>[Signature]</i> <i>SM/DM</i> <i>[Signature]</i> <small>CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF</small>			
FORM 1551 1st PREVIOUS EDITION 4-77		SECRET UN-SIM		10, IMPACT CL. ST. 821964	113-20-431

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

SECRET

IFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		SAI	FILE NO.
		19 March 1973 734	
<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	ID NUMBER 268-28-0199	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
TO: Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF: Form 1322 dated 12 Mar 73		UNIT	
SUBJECT SHAW, Robert T.		Department of State	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OR OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EOD <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOT OTHER (Specify)		SUBMIT FORM 3254 W-2 TO BE ISSUED. (RRB 20-13)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RRB 20-13)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RRB 20-13)	
<input checked="" type="checkbox"/> SUBMIT FORM 3254 State W-2 TO BE ISSUED. (RRB 20-13)		EAA: CATEGORY I CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (RR 240-24)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD. DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (RR 240-24)			
<input checked="" type="checkbox"/> EAA: CATEGORY I CATEGORY II <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD			
<small>REMOVED 4/15/69 BY 210 HISTORY</small> MAR 48-OCT 49-HQS/OVERT OCT 49-PER 52-VENEZUELA/STATE/NOM PER 52-MAY 52-HQS/OVERT MAY 52-JUL 54-ECUADOR/STATE/NOM JUL 54-MAY 56-HQS/OVERT 17 MAY 56-MAY 59-MEXICO/STATE INT MAY 59-MAY 61-HQS/STATE INT MAY 61-MAR 63-HQS/OVERT MAR 63-JUL 66-MEXICO/STATE INT JUL 66-JUL 70-NICARAGUA/STATE INT <small>DISTRIBUTION: 1. HQS/STATE INT/AUG 72-HONDURAS/ COPY 1 - HQS/STATE INT/AUG 72- COPY 2 - OPERATING COMPANY 17 MAR 73- COPY 3 - CHIEF STAFF COPY 4 - CHIEF STAFF HQS/STATE INT COPY 5 - CHIEF STAFF 18 MAR 73-HQS/STATE NOM</small>			

17 MAR 73
R. L. [Signature]

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

140403 SHAW ROBERT T											
2. BEFORE OF PERSONNEL ACTION						3. EMPLOYEE DATA					
REASSESSMENT						1. 100 REGU AIR					
4. PAYDAYS		5. 100 E		6. 100 D		7. COST CENTER NO CHARGEABLE		8. 100 OR OTHER LEGAL AUTHORITY			
OF 100 E		X		OF 100 D		100 + 0		DG USC 410			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICE STATION					
DUP NM FOREIGN FIELD B-LEVEL 2 MANAGUA, NICARAGUA STATION						MANAGUA, NICARAGUA					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
CCNSU-AIR CF CCNSU-NIC						100		C			
CHIEF OF STATION											
14. CLASSIFICATION SCHEDULE (DL, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
FSR GS			0136.00			GS 2			16391 16675		
18. REMARKS MEXICO CITY, MEXICO											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Grade Code	21. OFFICE CODE		22. STATION CODE	23. INTERSTATE CODE	24. Month	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF GS		
37	10	51650 WH		52073	1	3	06/18/25				
28. PAY EXPRESS		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CONVERSION/CANCELLATION DATA		33. SECURITY REG. NO.	
NO. 00 10											
34. VET. PREFERENCE		35. SERV. COMP. DATE		36. LONG. COMP. DATE		37. CAREER CATEGORY		38. DISABILITY INSURANCE		40. SOCIAL SECURITY NO.	
CODE		00 10 00		00 00 10		CODE		0000 0000		00000000	
39. PREVIOUS GOVERNMENT SERVICE DATA		41. STATE TAX CODE		42. FEDERAL TAX DATA		43. STATE TAX DATA					
CODE		CODE		CODE		CODE					
0 - NO PREVIOUS SERVICE 1 - NO SERVICE IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YEARS 3 - BREAK IN SERVICE MORE THAN 3 YEARS											
SIGNATURE OR OTHER AUTHENTICATION											

POSTED

68-78068

100	100	100
100	100	100
100	100	100

(When)

FORM 1000
1-62 Use Previous Edition

SECRET

1. Employee	2. Grade	3. Pay Grade Number	4. GS PAY RATE		
035488 SHAW ROBERT T	00 090 CF				
5. OLD SALARY RATE		6. NEW SALARY RATE		7. PAY ACTION	
GS 14 4 310,675	12/08/64	GS 14 9 317,170	12/04/66		

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

6 6

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

SIGNATURE OF
PRESIDENT OF THE UNITED STATES
PAY CHANGE NOTIFICATION

P

2-10040 - Page 23 - (diff between 2025 and 2023) - fresh pages only

Grade	Step	Salary	Last Pay Date	Grade	Step	Salary	Effective Date	Per	Per	Action
GS-14	2	\$33,370	12/07/62	GS-14	3	\$33,697	12/08/62	100	100	01
1. NO EXCESS LWDOP 1. IN PAY STATUS AT END OF WAITING PERIOD 1. LWDOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>[Signature]</i> AUDITED BY <i>[Signature]</i>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURES <i>[Signature]</i> DATE <i>[Signature]</i> P. B. C. HILL PAY CHANGE NOTIFICATION										
SECRET (When Filled In)										
ABM: 30 APR 63										
NOTIFICATION OF PERSONNEL ACTION										
ODF										
1. SERIAL NUMBER 2. NAME LAST-FIRST-MIDDLE 055495 SHAW ROBERT T.										
3. NATURE OF PERSONNEL ACTION										
REASSIGNMENT										
4. GRADE > 5. PAY RATE 6. PAY STEP <input checked="" type="checkbox"/> GS-14 <input checked="" type="checkbox"/> GS-15 <input checked="" type="checkbox"/> GS-16										
7. EFFECTIVE DATE 8. CATEGORY OF EMPLOYMENT 04-30-63 REGULAR										
9. GRADE/CLASS NO. CHARGEABLE 10. LAW OR OTHER LEGAL AUTHORITY 3135 5700 1000 50 USC NO3 J.										
11. ORGANIZATIONAL DESIGNATION										
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION										
12. POSITION TITLE										
CONSULAR OF CONSUL MC OPS OFFICER										
13. POSITION NUMBER 14. SERVICE DESIGNATION 0340 D										
15. CLASSIFICATION SCHEDULE (GS, ETC.) 16. OCCUPATIONAL SERIES FSR 0136,01										
17. GRADE AND STEP 18. SALARY OR RATE GS-14 11-1880 GS-15 13270										
19. REMARKS MEXICO CITY, MEXICO										
20. SIGNATURE OR OTHER AUTHENTICATION										
21. STATE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
22. OFFICE TO WHICH 100% CODE	23. SERVICE NUMBER	24. GRADE	25. PAY RATE	26. DATE OF BIRTH	27. DATE OF GRADE	28. SITE OF LEI				
37-10	64700 144	45075	1	3	06-19-25					
29. EDD EXPENSE	30. SPECIAL EXPENSES	31. REINSTATEMENT DATE	32. REINSTATEMENT/CANCELLATION DATE	33. SECURITY REF ID: 10	34. SECURITY REF ID: 11					
1	1	1	1	1	1					
35. VISA PREFERENCE	36. SEVY COMP DATE	37. CORSE COMP DATE	38. CAREER PATHWAY	39. FEES / HEALTH INSURANCE	40. SICKNESS MORTALITY %					
1	1	1	1	1	1					
41. PREVIOUS GOVERNMENT SERVICE DATA	42. STATE TAX	43. FEDERAL TAX DATA	44. STATE TAX DATA							
1	1	1	1							
SIGNATURE OR OTHER AUTHENTICATION										
POSTED <i>3/2/63</i>										

SECRET
(When filled in)

RZR: 29 MAR 63

QDF		NOTIFICATION OF PERSONNEL ACTION						
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)							
055495	SHAW ROBERT T							
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
INTEGRATION--DEPT OF STATE		03 27 63		REGULAR				
6. FUNDS	7. PAY	8. HRS	9. DTY	10. DUTY CODE NO. CHARGEABLE	11. LAW OR STATE LEGAL AUTHORITY			
			X	3135 5700 1000	50 USC 403 J			
12. ORGANIZATIONAL DESIGNATIONS				13. LOCATION OF OFFICIAL STATION				
DOP/MH BRANCH 3 MEXICO CITY, MEXICO STATION				MEXICO CITY, MEXICO				
14. POSITION TITLE		15. POSITION NUMBER		16. SERVICE NUMBER		17. SERVICE DESIGNATION		
CONSULAR OF, CONSUL AG OPS OFFICER		0418		0418		D		
18. CLASSIFICATION NUMBER/EX. CL. NO.		19. DEPARTMENT/AGENCY		20. GRADE/STEP		21. SALARY OR RATE		
FSR		ON 0		14 2		11880		
GS		0136.01				13270		
18. REMARKS SUBJECT IS TO BE PAID THE DIFFERENCE BETWEEN CIA SALARY OF \$13270 AND FSR SALARY OF \$11880 TO BE PAID BY DEPT. OF STATE AND ALLOWANCES IN ACCORDANCE THEREWITH. ALL SICK AND ALL HOURS ANNUAL LEAVE TO BE TRANSFERRED TO THE DEPT OF STATE. MARITAL STATUS: MARRIED DAUGHTER - DOB: 7/27/52, SONS- DOB: 9/10/55								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL (TWINS)								
22. ACTION DR. Deploy Date	23. OFFICE CODES	24. STATION CODE	25. INTEGRATE CODE	26. REG. GRS	27. DATE OF BIRTH	28. DATE OF GRADE	29. DATE OF LES	
55 10	64700 WH	45075	F	3	06 18 25			
30. RPT STATION	31. SPONSOR REFERENCE	32. REEMPLOY. DATA	33. SEPARATION DATA	34. CORRECTION/CANCELATION DATA	35. SECURITY			36. SEA BIS NO.
WH					EOD DATA			
37. VET PREFERENCE	38. SERV. COMP. DATE	39. 1965 COMP. DATE	40. CREDIT CATEGORIES	41. FEES / HEALTH INSURANCE	42. SOCIAL SECURITY NO.			
1-1000 2-1000 3-1000	WD 00 00	WD 00 00	CIA 0000 0000 0000 0000	W-1000				
43. PREVIOUS GOVERNMENT SERVICE DATA	44. 1965 EXP. DATE	45. FEDERAL TAX DATA	46. STATE TAX DATA					
1-1000 2-1000 3-1000 4-1000	0000	FORM ASSISTED CODE	NO. OF EXCEPTIONS	FORM ASSISTED	0000	10. TAX EXEMPT	STATE TAX CODE	
		1- YES	2- NO	1- YES	2- NO			
SIGNATURE OR OTHER AUTHENTICATION								
4/1/63 JK								
POSTED								
<i>4/1/63 JK</i>								

100-10222-10040

Use Previous Edition

29 MAR 63

SECRET

GAR 1
ISSUED BY AIR FORCE
COMPTC 100-10222-1004014-7112
(When filled in)

SECRET

1. NAME (Last, First, Middle)	2. DATE OF BIRTH	3. GRADE	
SEAN, ROBERT T.	27 AUGUST 1925	22-14 4	
4. OFFICE DIVISION: BRANCH (Indicate overseas station and entering cover if lateral assignment)	5. PRESENT POSITION	6. EMPLOYEE EXTENSION	
DDP/WB/MEXICO CITY STATION (ODACID)	CPS OFFICER/340	FIELD	
7. PROPOSED STATION MANAGUA, NICARAGUA	8. PROPOSED POSITION (Code, Number, grade) COS, CPS OFFICER/0141/03-00		
9. TYPE OF COVER AT NEW STATION DEPARTMENT OF STATE	10. ESTIMATED DATE OF DEPARTURE 1 JULY 1966	11. NO. OF DEPENDENTS TO ACCOMPANY 4	
12. NAME OF DEPENDENT TO ACCOMPANY	13. RELATIONSHIP	14. DATE OF BIRTH	15. GRADE
JANET L.	WIFE	APR 27	XX
BARBARA L.	DAUG	JUL 52	XX
RICHARD W.	SON	AUG 55	XX
THOMAS R.	SON	AUG 55	XX
16. COMMENTS SUBJECT AND DEPENDENTS WILL TAKE PHYSICALS IN THE FIELD IN ACCORDANCE WITH THE DEPARTMENT OF STATE REGULATIONS.			
17. DATE OF REQUEST 9 MAY 1966	18. APPROVING OFFICIAL Frank A. Lane WB/PBGS	19. ROOM NUMBER AND BUILDING CH-56, Reg.	20. EXTENSION 6525
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL			
<i>5 July 66</i> <i>724-617</i> <i>WSD 8104</i> <i>725 10 52 11 00</i>			

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

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

SECRET

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

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CONFIDENTIAL

18
Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave or government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee's emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last, First, Middle)	(First)	(Middle)	SOCIAL SECURITY NUMBER		
SHAW	ROBERT	TYLER			
RESIDENCE DATA					
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)				
FT. THOMAS, KENTUCKY	HOME LEADS RESIDENCE FALLS CHURCH, VIRGINIA				
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	TUCSON, ARIZONA				
MARITAL STATUS (Check one)					
SINGLE	<input checked="" type="checkbox"/> MARRIED	SEPARATED	DIVORCED	WIDOWED	ANNULLED
IF MARRIED, PLACE OF MARRIAGE	TUCSON, ARIZONA			DATE OF MARRIAGE 2 SEP 1946	
IF DIVORCED, PLACE OF DIVORCE DECREE				DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED				DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):					
B. MEMBERS OF FAMILY					
NAME OF SPOUSE	ADDRESS (City, State, Zip, Room, Floor, Suite, Building)	TELEPHONE NO.			
JANET LEE SHAW	415 LINDEN LANE, FALLS CHURCH	JE 2-0199			
NAME OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH		
BARBARA	SAME	F	27 JUL 1920		
RICHARD		M	10 SEP 1955		
THOMAS		M	10 SEP 1955		
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.			
GEN. F. P. SHAW	415 LINDEN LANE, FALLS CHURCH	JE 2-0199			
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.			
JANE S. SHAW	SAME				
WHAT MEMBER(S) OF YOUR FAMILY (If any), HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY: FATHER					
C. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
NAME (Mr., Mrs., Miss) (Last, First, Middle)	RELATIONSHIP				
MAT. GEN. FRANKLIN P. SHAW	FATHER				
HOME ADDRESS (Name, Street, City, Zone, State)	HOME TELEPHONE NUMBER				
415 LINDEN LANE, FALLS CHURCH, VA.	JE 2-0199				
BUSINESS ADDRESS (Name, Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION				
RETIRED				YES	<input checked="" type="checkbox"/>
			NO		
			YES	<input checked="" type="checkbox"/>	
			NO		
			YES	<input checked="" type="checkbox"/>	
			NO		
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No," give name and address of person, if any, who can make such decisions in case of emergency.)					
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No," explain why in Item 8.)					
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.					
DRAFTED OR RELEASED SIDE					
CURRENT RESIDENCE AND DEPENDENCY REPORT					

SECRETASD

Supplement to Staff Employee Personnel

Action **for Integration of** Robert T. Shaw
 Effective 27 March 1961

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

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

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

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

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

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

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

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

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

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

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

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY Luis Cenot
Personnel Office

ACCEPTED:

Orslaw

Robert T. Shaw

TELEPHONE REQUEST FOR RECORDS OR INFORMATION		DATE OF REQUEST	INITIALS
NATIONAL PERSONNEL RECORDS CENTER, TPSO 133 Minnehaha Street St. Louis, MO 63118	C-19	6-9-78	RBS
CAUTION: Computer will store		DATE OF BIRTH	
Former Federal Employee informed of Privacy Act Compliance requirements per instructions in NPPC-1007.43.		MONTH	DAY
		6	10
		YEAR	
		SOCIAL SECURITY NUMBER	
CURRENT NAME (Last, First, Middle)			

SHAW, ROBERT
NAME WHICH PREVIOUSLY EMPLOYED FEDERAL IS different than current name)

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

RECORDS OR INFORMATION REQUESTED:

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

RECORDS OR INFORMATION SENT

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

TELEPHONE:

X COMMERCIAL/PHONE

NAME OF CALLER:

MR. HENDRICKS

REMARKS:

CIA
 PERSONNEL OFFICE
 WASHINGTON, D.C.
 20505

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

GENERAL SERVICES ADMINISTRATION

GSA FORM 4895 (7-74) 2-1974

PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

SHAW, ROBERT 06-18-75
104-10222-10040

REQUEST FOR PERSONNEL ACTION

11-03
FM/FQ
APR 1970
MCT/PS/TRANS

PART I. REQUESTING OFFICE		REASON FOR REQUEST			
1 DATE OF REQUEST	2 POSITION NUMBER	3 GRADE	4 PAY RATE	5 DUTY STATION	6 SOCIAL SECURITY NO.
3/14/73		FS	MCT/CMD MCT/PHALT	539700 N	268-28-0199
7 PERIOD OF ACTION REQUESTED (1-1 PERSONNEL Action approved throughout duration)				8 PAY CODE	9 POSITION SNM 00641
10 POSITION (check exactly one):				11 POSITION LOCATED	
<input checked="" type="checkbox"/> VETERAN PREFERENCE 1- NO 2- 10 PT DISAB 3- 10 PT DISAB				12 TENURE CODE 10 RETIREMENT 1- GS 2- OTHER	
				13 SERVICE COMB. DATE 14 NO & yr OF GRADE 15 GRADE OR LEVEL 16 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
11 NATURE OF ACTION RESIGNATION				17 EFFECTIVE DATE (W/M) 03-17-73	
18 FROM POS NO.		POSITION TITLE	19 PAY RATE AND OCCUPATION CODE	20 GRADE OR LEVEL	21 SALARY
S-00000-00		FOREIGN SERVICE RESERVE OFFICER	FR-7072	03	pas L1
22 ORGANIZATION DESIGNATION					
MISCELLANEOUS ASSIGNMENTS					
23 TO POS NO.		POSITION TITLE	24 PAY RATE AND OCCUPATION CODE	25 GRADE	26 STEP
27 ORGANIZATION DESIGNATION					
28 DUTY STATION					
WASHINGTON, D. C.					
29 APPROPRIATION		30 POSITION OCCUPIED	31 APPROVALS POSITION	32 LOCATION CODE	
CWA 0113.0-1097-298600-000		1- COMPTIME SERVICE 2- FLEXTIME 3- FLEXCL	FROM TO 1- MONTHS 2- YEARS	814 830	
33 REASONS (check if applicable and enter additional reasons for request)					
REASON: PERSONAL - No additional information available.					
34 ADDRESS: 3715 Acosta Road Fairfax, Virginia 22030.					
35 REGISTERED BY		36 REQUEST APPROVED BY			
SIGNATURE CA/PS/EUR - Barbara B. Prather		SIGNATURE CA/FS/EUR - Charles R. Stout, Chief			
PART II. TO BE COMPLETED BY PERSONNEL OFFICE					
37 ELEMENTS	38 INITIAL SIGNATURE	39 DATE	40 REQUEST APPROVED DATE	41 APPROVALS	42 APPROVALS
43					
44 GRADE OR POS CONTROL	45 GRADE OR POS CONTROL	46 GRADE OR POS CONTROL	47 SUBJECT TO COMPLETION OF 1- TERM-ON-QUALITY-PERIOD COMMENCING	48 APPROVALS	49 APPROVALS
48 CLASSIFICATION	49 CLASSIFICATION	50 CLASSIFICATION	51 SERVICE COUNTING TOWARD CAREER TENURE FROM	52 APPROVALS	53 APPROVALS
53 EMPLOYMENT	54 EMPLOYMENT	55 EMPLOYMENT	56 SUCCESSOR POSITION- EMPLOYEE RETAINED IN THE COMPTIME SERVICE	57 APPROVALS	58 APPROVALS
57 APPROVALS	58 APPROVALS	59 APPROVALS	60 APPROVALS	61 APPROVALS	62 APPROVALS
63 APPROVED BY					

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION FORM ONLY - USE THIS FORM FOR RESIGNATION FROM EMPLOYMENT WITH THE DEPARTMENT OF STATE

REASON FOR TERMINATING POSITION

REASON

12.000.00 12.000.00

DEPARTMENT OF STATE

POSITION: ANALYST 5520
GRADE: GS-7, GS-8, GS-9

EMPLOYEE TERMINATES IN THE EXPECTATION OF OBTAINING EMPLOYMENT

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE

03/19/73

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS INCLUDING SALARY PAYERS AND BONDS TO THE FOLLOWING ADDRESS

Street _____ City _____ State _____ Zip _____

PART I. (Continued)

BY MAIL OR BY TELETYPE

3/19/73

SHAW, ROBERT T

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

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:

3715 ACOSTA ROAD
FAIRFAX, VIRGINIA 22030

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

Mall

12 1973 2 3 1 00

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:		
	<ul style="list-style-type: none"> • Read the back of the "Duplicate" carefully before you fill in the form. • Fill in BOTH COPIES of the form. Type or use ink. • Do not detach any part. 		
2	FILL IN THE IDENTIFYING INFORMATION BELOW [please print or type]:		
	NAME (First) (Middle) (Last)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
	SHAW ROBERT TYLER	JUNE 18, 25	268 28 0199
	EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)	
	STATE - FOREIGN SERVICE.	EMBASSY, MANAGUA	
3	MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):		
	Mark here _____ if you WANT BOTH optional and regular insurance	ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE <input checked="" type="checkbox"/> (A) <p>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.</p>	
	Mark here _____ if you DO NOT WANT OPTIONAL but do want regular insurance	DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE <input type="checkbox"/> (B) <p>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.</p>	
	Mark here _____ if you WANT NEITHER regular nor optional insurance	WAIVER OF LIFE INSURANCE COVERAGE <input type="checkbox"/> (C) <p>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.</p>	
4	SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.		
	SIGNATURE (if box A or C checked) <i>Robert Shaw</i> DATE <i>February 9, 1968</i>	FOR EMPLOYING OFFICE USE ONLY <small>(Official receiving date stamp)</small> <i>February 9, 1968</i> James J. Young, Acting Admin Officer American Embassy Managua, Nicaragua	

ORIGINAL COPY—Retain in Official Personnel Folder

 STANDARD FORM NO. 1240
 EDITION 1962
 GSA GEN. REG. NO. 27, APR. 18, 1962
 GSA GEN. REG. NO. 27, APR. 18, 1962

Standard Form No. 38
Revised April 1959
U. S. Civil Service Commission
5. P. M. Chapter 21
G-5B

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

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

INFORMATION CONCERNING THE INSURED:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
SHAW	ROBERT	TYLER	JUNE 18, 1925
PLEASE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:			
<input checked="" type="checkbox"/> AN APPLICANT	<input type="checkbox"/> RETIRED OR AN APPLICANT FOR RETIREMENT	<input type="checkbox"/> RECEIVING FEDERAL EMPLOYEE COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS	IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEE COMPENSATION THAN GIVE YOUR LOCAL "SSA" # "X" NUMBER

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

DEPT. OF STATE **ARA** **WASH 25, D.C.**
(Department or agency) (Division) (Location—City and State)

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

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW	707 N CAMPBELL AVE. TUCSON, ARIZONA	WIFE	ALL

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

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

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

Robert T Shaw
(Signature of insured)

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

<i>Vincent J. O'Brien</i> (Signature of witness)	<i>Mary Ellen O'Brien</i> (Name and address)	<i>Felix Clark, Jr.</i> (Name, wife's name, and address)
<i>Vincent J. O'Brien</i> (Signature of witness)	<i>1009 E. 17th Street Tucson, Ariz.</i> (Name and address)	<i>1009 E. 17th Street Tucson, Ariz.</i> (Name, wife's name, and address)

PRINT OR TYPE NAME AND ADDRESS OF INSURED:

Robert T Shaw

907 Campbell Ave.
Tucson, Ariz.

THIS SPACE RESERVED FOR EXCECUTING AGENT

PER/END

Mar 27, 1963

(Indicate date and by whom completed)

**SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THIS FORM.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEE GROUP LIFE INSURANCE.**

Standard Form No. 1000
G-1 (Rev. 6-26-60)
100-1002

DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEEIMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

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

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

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

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

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

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

3-27-63

(Date of execution—month, day, year)

Robert T. Shaw

(Signature of employee)

WITNESSES TO SIGNATURE:

<i>Maddie Little</i> (Signature of witness)	<i>114 Ellen Ave. Elks Church, NC</i> (Name and address)
<i>Theresa Shae</i> (Signature of witness)	<i>200 S. 37 ave Ward 7 DC</i> (Name and address)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Robert T. Shaw
909 Campbell Ave.
Tucson, Arizona

THIS SPACE INDICATED FOR RECEIVING DATA
OF EMPLOYING AGENCY

PER/EMO

MAR 21 1963

(Delivery date and by whom certified)

THIS FORM IS FOR USE IN THE PAPER COPY OF THIS FORM. DUPLICATE WILL BE NOTED AND RETURNED.

Standard Form No. 2020 CHARTERED 1951 G-1000-1000		HEALTH BENEFITS REGISTRATION FORM PURSUANT TO THE PUBLIC HEALTH BENEFITS ACT OF 1950				FEDERAL EMPLOYEES' HEALTH BENEFITS ACT OF 1950	
PART A ALL WHO RESIDE WITH ME IN THIS PART.	1. Name _____ SHAW ROBERT T.	2. Date of birth _____ 19-09-1918	3. Date of birth _____ 19-09-1918	4. Month Day Year 6 18 25	5. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	7. Street address _____ POX 1447, WILLIAMSBURG, VA.	8. City and State _____ WILLIAMSBURG, VA.	9. Telephone number _____ (804) 229-1111	10. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	11. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<p>13. Are you covered by, or is there another insurance plan, other than the Health Benefits Act, which provides medical care benefits? If so, check all that apply.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>							
<p>14. Do you expect to receive any additional compensation or benefits from your employer under the Health Benefits Act? If so, check all that apply.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>							
PART B FILL IN THIS PART IF YOU WISH TO IN- CLUDE IN A HEALTH BENEFITS PLAN.	1. I elect to enroll in a health benefits plan as shown below. Authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)				OPTION (HIGH OR LOW) <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW		
	NAME OF PLAN _____	OPTION (HIGH OR LOW) <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW	OPTION (HIGH OR LOW) <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW	OPTION (HIGH OR LOW) <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW	OPTION (HIGH OR LOW) <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW	OPTION (HIGH OR LOW) <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW	OPTION (HIGH OR LOW) <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW
<p>2. In space below list all eligible family members, without exception. List your wife or boyfriend first, then your grown children (from under age 19, including legally adopted or foster, and stepchildren and illegitimate children who live with you in a regular permanent relationship), include those over 19 years of age if you have custody of them. If there are 19 or more people in your household, list one of each sex, up to a maximum of self-support. (Check to indicate a separate plan for a disabled child age 19 or over.)</p>							
NAME OF FAMILY MEMBER		DATE OF BIRTH (month, day, year)	NAME OF FAMILY MEMBER		DATE OF BIRTH (month, day, year)		
Wife or Husband		<input type="checkbox"/> 1			<input type="checkbox"/> 1		
		<input type="checkbox"/> 2			<input type="checkbox"/> 2		
		<input type="checkbox"/> 3			<input type="checkbox"/> 3		
		<input type="checkbox"/> 4			<input type="checkbox"/> 4		
		<input type="checkbox"/> 5			<input type="checkbox"/> 5		
<p>3. If you are a female (employee or dependent) does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If no, mark "NO". If "Yes," attach a detailed statement.)</p>							
<p>4. Please answer all questions in Part B, Questions 1, 2, and 3, and Part C, Questions 1, 2, and 3.</p>							
<p>1. I elected not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/></p> <p>2. The reason for my election is (Please use "X" to proper box):</p> <p><input type="checkbox"/> (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent.</p> <p><input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act.</p> <p><input type="checkbox"/> (c) Another reason _____</p>							
<p>5. Date of birth _____ 19-09-1918</p> <p>6. Date of birth _____ 19-09-1918</p> <p>7. Date of birth _____ 19-09-1918</p>							
<p>8. Date of birth _____ 19-09-1918</p> <p>9. Date of birth _____ 19-09-1918</p> <p>10. Date of birth _____ 19-09-1918</p>							
<p>11. I understand and acknowledge that:</p> <p>I am covered by the Health Benefits Act.</p> <p>I am not covered by the Health Benefits Act.</p> <p>I am covered by the Health Benefits Act.</p> <p>I am not covered by the Health Benefits Act.</p>							
<p>12. WARNING: Any intentional false statement in this application or willful misrepresentation concerning income or a statement of the fact that you have purchased for a sum of not more than \$10,000 or arrangements of not more than 8 years or less. (D.C. 1950, § 1003)</p>							
<p>13. SIGNATURE _____ Robert T. Shaw Jan 20, 1960</p>							
<p>14. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
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<p>195. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
<p>196. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
<p>197. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
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<p>202. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
<p>203. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
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<p>208. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
<p>209. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
<p>210. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
<p>211. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
<p>212. DATE OF EXPIRATION _____ JANUARY 20, 1960</p>							
<p							

Standard Form No. 1, 20-10 CHAPTER 5, E.O. 1286 5 GRD 1-10		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1978			DATE OF FORM 10-1-86	
		Print or Type in Block of First Name, Last Only. Add Surname in Last Name Column.			1. DATE OF BIRTH Month Day Year 19 18 25	
PART A ALL WHO REGISTER MUST FILE IN THIS PART.		SHAW ROBERT T. BOX 1147, WILLIAMSBURG, VA.			2. AM I EVER MARRIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		3. DO YOU WORK IN, OR WORK FOR, ANOTHER FEDERAL EMPLOYEE AND BY OR THROUGH HIM, A PERSON UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1978 (THROUGH THE ENROLLMENT OF ANOTHER UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT EMPLOYEE OR CONTRACTOR)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			4. MARITAL STATUS <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> DIVORCED	
		5. Do you expect to have dependents under age 19, including legally adopted children, and stepchildren, my husband's, wife's or another person's child, or a child of my own who is a dependent because of infirmity or disability? (Check all boxes that apply.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			6. INCOME \$4,000 <input type="checkbox"/> \$6,000 TO \$11,999 <input checked="" type="checkbox"/> \$12,000 OR OVER <input type="checkbox"/>	
PART B FILE IN THIS PART IF YOU WANT TO EN- ROLL IN A HEALTH BENEFITS PLAN.		7. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of plan you select.)			7. UNIFORM PAY RATE 100% OF PAY 100% OF PAY	
		NAME OF PLAN			UNIFORM PAY RATE 100% OF PAY 100% OF PAY	
		8. In space below list all of your family members without exception. List your wife or husband first. Then list unenrolled children under age 19, including legally adopted children, and stepchildren, my husband's, wife's or another person's child, or a child of my own who is a dependent because of infirmity or disability. Include other any unenrolled child over age 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)			8. NAMES OF FAMILY MEMBERS DATE OF BIRTH (Month, Day, Year)	
		Husband Wife or Husband			1. <input type="checkbox"/>	
					2. <input type="checkbox"/>	
					3. <input type="checkbox"/>	
					4. <input type="checkbox"/>	
					5. <input type="checkbox"/>	
PART C FILE IN THIS PART IF YOU WANT TO EN- ROLL IN A HEALTH BENEFITS PLAN.		9. If you are a female (employee or contractor)—does the family listed above include a husband whom is incapable of self- support by reason of mental or physical disability which can be expected to continue for more than one year? (Check YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO.)			9. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO	
		10. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>			11. The reason for my election is (Place in "A" in proper box). (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or partner. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason. <input type="checkbox"/>	
PART D FILE IN THIS PART IF YOU WANT TO CREATE YOUR REGISTRATION		12. I want to change my enrollment to: 13. Enclosed is my number of dependents: 14. Estimated total amount of premium charged 15. Date of birth of each patient: 16. Address 17. Date 18. State			12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 16. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 17. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 18. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PART E FILE IN THIS PART		19. SIGN AND ADDRESS OF ENROLLEE (SIGNED) ROBERT T. SHAW 1147 WILLIAMSBURG VA 23685			20. DATE RECEIVED BY FEDERAL OFFICE 1/11/87	
PART F TO BE COMPLETED BY AGENCY		21. DATE OF EXPIRATION 1/11/87			22. DATE OF EXPIRATION 1/11/87	
REMARKS FOR THE AGENCY AND AGENT.						

Standard Form No. 38
Revised 1954
U. S. Civil Service Commission
F. P. M. Chapter 23

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

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

INFORMATION CONCERNING THE INSURED:

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

SHAW

ROBERT

TYLER

JUNE 18, 1925

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

Dept. of State

FS

PER/POD

(Department or agency)

(Address)

(Address)

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

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

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

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

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

MARY M. HSIEH

R. T. Shaw

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

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

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

PRINT OR TYPE NAME AND ADDRESS OF DRAFTER

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

TYPE OR PRINT NAME FOR RECEIVING AGENCY

100-17-50

PER/POD

(Indicate date and by whom certified)

If this form is in duplicate, return both copies to the Office Director of your agency. Duplicate will be copied and retained. If this is an annotation, send both copies to the Office Director of your agency. Washington, D.C.—Duplicate will be copied and retained.

PAGE 9616

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

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

NEW NAME	SOC SEC NUMBER	URG-CD	PP	NR	PAT	OLD SALARY	NEW SALARY
SHAW ROBERT T	268280199	298600	FR	03	07	2802200	2946200

DEPARTMENT OF STATE PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TRAVEL				
Applicable Requirements: FAM 100 & FMA 1 510.4				
<p>The person herein authorized to perform official travel or Government service as indicated below, unless otherwise noted, all expenses and the amount in column 5 will be charged to the Government. Unless otherwise noted, amount of officer is authorized from station of origin to point of destination. All allowances are shown in Item 15.</p> <p>The regulations governing cost, allowances and charges of officers is contained in chapter 15 of the general regulations of the Department of State. Allowances are shown in Item 15.</p> <p>I. NAME, ADDRESS AND DUTY STATION</p> <p>SHAW, ROBERT T AMERICAN EMBASSY TECUCIGALPA, HONDURAS</p> <p>II. NEW POSITION NUMBER AND OCCUPATION CODE</p> <p>R-03 7072 ()</p> <p>III. FOREIGN SERVICE RESERVE OFFICER</p> <p>S-00000-02(P)</p> <p>IV. RECORDING CLASSIFICATION: The rating A through E must be shown on all documents issued under this authority and must appear on all checks, invoices, bills, etc.</p> <p>V. TRAVEL AUTHORITY</p> <p>1930113 2025 360799 298000 50-23</p> <p>VI. DUTY STATION OR DESTINATION</p> <p>TECUCIGALPA, HONDURAS 0113.0-2081 312601 2099</p> <p>VII. DURATION OF TRAVEL</p> <p>WASHINGTON, D.C. (CA)</p> <p>VIII. QUARTERS AVAILABILITY</p> <p>2 1 UNALLOCATED 3 UNAUTHORIZED 4 PROVIDED</p> <p>00000 13000 2</p> <p>VIII-A. ALLOWANCES FOR TRANSPORT AND FOR STORAGE OF HOLDING EFFECTS PER WEIGHT</p> <p>1 SHIPPED AIRMAIL 2 TOTAL ALLOWANCE</p> <p>000 000</p> <p>VIII-B. FOREIGN MOTOR VEHICLE</p> <p>3 TRAVEL AUTHORIZED 4 MEETS CRITERIA OF 6-7-68 REGS & SUBSECTION</p> <p>000 000</p> <p>VIII-C. NUMBER OF DEPENDENTS</p> <p>4 0 CHILDREN 1 SPOUSE 2 CHILDREN 3 OTHERS</p> <p>000 000</p> <p>VIII-D. ALLOWANCE FOR PERSONNEL TRAVEL AUTHORITY</p> <p>000 000</p> <p>VIII-E. ALLOWANCE FOR PERSONNEL TRAVEL AUTHORITY</p> <p>000 000</p> <p>IX. THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts.</p> <p>DO NOT USE FOR R. I., HOME LEAVE OR FIELD AMENDMENTS.</p> <p>X. SALARY</p> <p>DP & P.R. 000 0113.31027 728 10-15-72 DE</p> <p>XI. APPROVALS, SIGNATURES AND AUTHENTICATIONS</p> <p>107XXXXX</p> <p>XII. REMARKS</p> <p>REMOVAL OF EFFECTS FROM STORAGE AT TUCSON, ARIZONA AND TRANSFER. THE PERSONNEL AND EQUIPMENT EFFECTS OF THIS EMPLOYEE AND MEMBERS OF HIS FAMILY ARE ELIGIBLE FOR DUTY-FEEB PAYMENT UNLESS ITEM 517.20 OF THE TARIFF SCHEDULE OF THE U.S. REMOVAL OF EFFECTS FROM STORAGE AT BALTIMORE, MARYLAND WHERE STORED UNEEF T.A. 2-19203-0252 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. REMOVAL OF EFFECTS FROM STORAGE AT MEXICO CITY, MEXICO WHERE STORED UNEEF T.A. 2-95952-0011 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. AUTHORITY FOR STORAGE OF EFFECTS AT GOVERNMENT EXPENSE ISSUED PRIOR TO THE DATE OF THIS AUTHORIZATION WILL TERMINATE THREE MONTHS AFTER YOUR ARRIVAL AT STATION OF DESTINATION. TERM OF DUTY OF FOUR YEARS (SUBJECT TO THE NEEDS OF SERVICE). DEPENDENTS: W/JANET, D/BARBARA 7/27/52; S/RICHARD 9/30/55; S/THOMAS 9/10/55</p> <p>XIII. POLICY NUMBER X4. APPROVAL DATE X5. APPROVAL DATE BY COUNTRY</p> <p>08/72 10/72</p> <p>XIV. APPROVALS</p> <p>TECUCIGALPA/TUCSON, ARIZONA/ WASHINGTON, D.C.</p> <p>XV. APPROVALS</p> <p>CA/ES/QUB CUSTODIAL/REPAID</p> <p>XVI. APPROVALS</p> <p>07/17/72 GDS</p>				

PAGE 464

FEDERAL ACT OF 1970, PL 92-210, DDC-22, 1971, FE, DR 11637 EFF 1-9-72

PREPARED ON 01/10/72

DATA AS OF 01/09/72

NAME	SINC SEC NUMBER	PP	PSI	CIO	OLD SALARY	NEW SALARY
SHARPE THOMAS J	051378447	FS	07	162	1003300	1048300
SHAUNNESSY THOMAS H	157C32254	GS	11	124	1514800	1597300
SHAW EILEEN G	437747846	GS	05	022	693470	711900
SHAW BASIL	C87C39063	GS	13	102	1835300	1934200
SHAW C GRANT	387246074	FR	02	002	3257200	3438200
SHAW CHARLES H	543146550	FS	05	042	1247200	1315900
SHAW DAVID C	115246671	FO	04	002	1776100	1873700
SHAW ELLEN J	387043790	GS	09	154	1291800	1362200
SHAW JOHN R	247464829	FS	05	042	1140400	1203100
SHAW OLIVIA C	589146879	FS	05	162	1086700	1146400
SHAW SUSAN MTH	265260199	FR	03	002	2656300	2802200
SHAY GERTRUDE E	47660437	GS	06	162	772700	819300
SHAY SHARON K	311348828	FS	05	153	1282900	1351500
SHEA BEANNIE P	166365892	FS	08	262	874000	922100
SHEA JAMES F	214505254	FS	08	702	622600	647900
SHEA JAMES R	045141085	FO	04	CCC	2131100	2248700
SHEA JOHN J	123267050	ST	00	CCC	2817900	2967800
SHEA LINDYL A	126164630	FR	03	002	2434900	2568800
SHEA MARIC T	021366236	GG	09	152	1001900	1141400
SHEA TERENCE J	57872530	GS	03	132	552400	582800
	037180477	BU	03	002	2582500	2724400

FPMR 41 CFR
550-1.1042DEPARTMENT OF STATE
PAY ROLL CHANGE-SLIP

268280199

NAME	EMPLOYEE NO.	POSITION NO.	ACCT. AUTHORITY & PURPOSE	EXECUTIVE RATE	STATE OF PAY
SHAW, ROBERT T	539700	FSR 53	11100 2161	17-11-71	REGULAR
		EMPLOYEE NO.	DATE OF PAYMENT SERV. & GRADE RATE	REGULAR SALARY RATE	
			<input type="checkbox"/> Other Step Increase		
			<input type="checkbox"/> Pay Adjustment		

SWOP DATA BASE IN SUPPORTING STATE PAYMENT FOR DURING FEDERAL PERIOD
 IN CREDIT UNION TOTAL SAVINGS Check available for increase of above salary
 IN PAY STATUS AT END OF PAYING PERIOD
 IN UNDER PAY STATUS AT END OF PAYING PERIOD

Reason of Change

Performance rating is satisfactory or better

JOHN H BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

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

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

RECORD COUNT = 1

FORM DS-1032
11-69
Revised 10-10-69
GSA GEN. REG. NO. 10-10-69

REF ID: A11888

NOTIFICATION OF PERSONNEL ACTION

PS

SHAW, ROBERT T. MR.	539700M	06-18-25	268-28-0199
2	(3) 06	08-28-48	0
		05-65	

APPOINTMENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF THE USA		11-20-70	SEC. 524 OF THE P.S. ACT
DEPARTMENT OF STATE, WASHINGTON, D. C. 20520			
INTERNATIONAL RELATIONS OFFICER GENERAL - CONSUL			

00-068 INTERNATIONAL RELATIONS D2 OFFICER GENERAL D2 1ST SECRETARY-CONSUL	(PR-5510)	03 001	(pa\$24,368) P
DEPARTMENT OF STATE, WASHINGTON, D. C. 20520			

TEGUCIGALPA, HONDURAS	918000430
0113.0-2081-312601-000 - 09720972	2
REMARKS	

NOMINATED: 09-28-70. CONFIRMED: 11-20-70. ATTESTED: 11-20-70.

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

FEGLI COVERAGE REGULAR AND OPTIONAL.

EXECUTE BY 61.

DATE OF APPROVAL: 11-20-70 APPROVING OFFICER: 11-20-70

DATE OF SIGNATURE: 11-20-70 SIGNING OFFICER: 11-20-70

ST-01 DEPARTMENT OF STATE

SEARCHED INDEXED SERIALIZED FILED

2 PERSONNEL FOLDER

SEARCHED INDEXED SERIALIZED FILED
11-20-70 11-20-70 11-20-70

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (If not in same office, check or mark)		FMS/PC 11-24-70 AFM/TW																															
1. DATE OF REPORTED	2. REPORTING OFFICE	3. TELETYPE NUMBER	4. NAME OF OFFICE																														
6/22/70		TE 8000	AGB T & RL/3310																														
5. NAME (LAST, FIRST, MIDDLE)		6. MO. IND. MDS	7. EMPLOYEE NO. & DLT																														
SHAW, ROBERT T.		HR.	539700 M 06/18/25																														
8. NAME OF ACTING POLITICAL OFFICER (Name of diplomatic representative designated and his position)		9. POSITION																															
		DIPLOMATIC																															
10. POSITION (Type(s) intended, existing, ultimate and)		11. POSITION LOCATED																															
		1. Domestic (check) 2. Federal 3. Abroad																															
<table border="1"> <tr> <td>1. ST. LIAISON OFFICER</td> <td>2. DEPUTY CHIEF</td> <td>3. CHIEF OF STAFF</td> <td>4. CHIEF OF STAFF</td> <td>5. CHIEF OF STAFF</td> <td>6. CHIEF OF STAFF</td> </tr> <tr> <td>1-C</td> <td>2-C</td> <td>3-C</td> <td>4-C</td> <td>5-C</td> <td>6-C</td> </tr> <tr> <td>1-D</td> <td>2-D</td> <td>3-D</td> <td>4-D</td> <td>5-D</td> <td>6-D</td> </tr> <tr> <td>1-E</td> <td>2-E</td> <td>3-E</td> <td>4-E</td> <td>5-E</td> <td>6-E</td> </tr> <tr> <td>1-F</td> <td>2-F</td> <td>3-F</td> <td>4-F</td> <td>5-F</td> <td>6-F</td> </tr> </table>		1. ST. LIAISON OFFICER	2. DEPUTY CHIEF	3. CHIEF OF STAFF	4. CHIEF OF STAFF	5. CHIEF OF STAFF	6. CHIEF OF STAFF	1-C	2-C	3-C	4-C	5-C	6-C	1-D	2-D	3-D	4-D	5-D	6-D	1-E	2-E	3-E	4-E	5-E	6-E	1-F	2-F	3-F	4-F	5-F	6-F	7. SERVICE LEVEL DATE 8. PERSONAL HANDicap CODE 9. MO. RD & TN OF GRADE 10. GRADE AND PAY	
1. ST. LIAISON OFFICER	2. DEPUTY CHIEF	3. CHIEF OF STAFF	4. CHIEF OF STAFF	5. CHIEF OF STAFF	6. CHIEF OF STAFF																												
1-C	2-C	3-C	4-C	5-C	6-C																												
1-D	2-D	3-D	4-D	5-D	6-D																												
1-E	2-E	3-E	4-E	5-E	6-E																												
1-F	2-F	3-F	4-F	5-F	6-F																												
12. USE OF ACTING REQUEST FOR APPOINTMENT AS AMBASSY SECRETARY IN THE DIPLOMATIC SERVICE OF U.S.A.		13. EFFECTIVE DATE (AND PAY) 14. DIPLOMATIC SERVICE OR OTHER LEGAL AUTHORITY 11-20-70 Sec. 534 of the T.S. Act																															
15. FROM POG NO. 1-036 16. POSITION TITLE INTERNATIONAL RELATIONS OFFICER POLITICAL OFFICER		17. GRADE OR LEVEL CONSUL FR-5390 -03 18. SALARY 322-392																															
19. ORGANIZATION DESIGNATION																																	
A. CINI 1000-068 International Relations Officer POLITICAL OFFICER		20. GRADE 5510 21. SALARY \$24,368 22. PAY PERIOD 001																															
D2 1ST SECRETARY - CONSUL		23. PAY PERIOD 03																															
24. ORGANIZATION DESIGNATION																																	
TELEGUGUAPR																																	

EFFECTIVE DATE OF TRANSFER: 9/6/70

See for

REPORTS TO BE COMPLETED BY DESIGNATED OFFICERS

PAGE 10 TO BE COMPLETED BY PERSONNEL OFFICE

TITLE & RANK - BLMGROVES		File # 1473
<input type="checkbox"/> MEMBER OF ASSOCIATION <input checked="" type="checkbox"/> TEAM FRICTIONARY PERIODIC CONVERSATION <input type="checkbox"/> SERVICE PROVIDING PERSONNEL PERIODIC NAME <input type="checkbox"/> SERVICE PROVIDING PERSONNEL PERIODIC NAME <input type="checkbox"/> SERVICE PROVIDING PERSONNEL PERIODIC NAME		
10-1-1975		

TITLE & RANK - BLGROVES *file 2/24/74*

ABA : LA : POD : MEA : bhs 6/22/78

DEPARTMENT OF STATE PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TRAVEL					
Applicable Regulations: 6 FAM 100 & FM-1 510.4					
Travelers are hereby authorized to perform official travel at Government expense as indicated below. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 13.					
1. NAME, ADDRESS AND DIPLOMATIC TITLE		2. EMPLOYEE NUMBER		3. AUTHORIZATION NUMBER	
SHAW, ROBERT T. AMERICAN EMBASSY MANAGUA, NICARAGUA		539700		0-64968	
CONSUL *1ST SECRETARY (WHEN CONFIRMED)		4. SOCIAL SECURITY NUMBER		5. AUTHORIZATION DATE	
POLITICAL OFFICER		268-28-0199		JUN. 24, 1970	
6. NEW POSITION NUMBER AND OCCUPATION CODE		6. CLASS		7. DO NOT START TRAVEL PRIOR TO:	
POLITICAL OFFICER		R-03		JUL. 9, 1970	
8. ACCOUNTING CLASSIFICATION: The coding (A through E) must be shown on all documents issued under this authority and must appear on all receipts, invoices, bills, etc.		9. 5550 ()		10-025 (P)	
9. 10. RANK		11. OBLIGATION NUMBER		12. ORGANIZATION CODE	
11000113		2025		312601	
13. HOME STATION OF ORIGIN		14. HOME LOCATION CODE		15. FUNCTION	
MANAGUA, NICARAGUA		313001		51-24	
16. STATION OF DESTINATION		17. FOREIGN MOTOR VEHICLE		18. MEETS CRITERIA OF 6 FAM 105.8, SUBSECTION	
TEGUCIGALPA, HONDURAS		19. SHIPMENT AUTHORIZED		19. TOTAL NUMBER OF NON TRAVEL DAYS AUTHORIZED, EXCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND AMENDMENTS	
20. QUARTERS AVAILABILITY		21. EXCESS BAGGAGE (For air travel)		22. CONVICTION WORKDAYS / 23. TRAINED CALENDAR DAYS / 24. TDF CALENDAR DAYS	
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED		22. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT		23. YES / 24. NO	
25. NUMBER OF DEPENDENTS		24. UNITED SHIPMENT		25. TOTAL ALLOWANCE	
A. ADULTS B. CHILDREN C. Under 2		26. 04500		27. 13000	
4 0 0		28. EXCESS BAGGAGE (For air travel)		29. 000	
29. 000		30. 05		31. 000	
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.					
32. SALARY pa \$ 24,368		33. BUDGET APPROPRIATION AND BUDGET ITEM 0113.0-2021		34. DURATION OF ACTION AND EFFECTIVE DATE 727 09/06/70 DA	
35. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS 09/20/72 06250					
<p>Leave at Government expense at Tucson, Arizona and transfer. Approximately five (05) workdays consultation authorized in the Department after home leave. Tour of duty of two years followed by home leave and transfer (subject to needs of the service). "ONLY AFTER OFFICIAL NOTIFICATION FROM THE DEPARTMENT THAT OFFICER HAS BEEN COMMISSIONED AS A SECRETARY IN THE DIPLOMATIC SERVICE (3 FAM 615.3)</p>					
<p>DEPENDENTS: WIFE-JANET DAU-BARBARA LEE SON-RICHARD W. SON-THOMAS R.</p>					
36. ITIN (Old post) 09/70		37. ITIN (New post) 09/70		38. AUTHORIZING OFFICER	
39. APPROVED BY: 40. APPROVED BY: A. OFFICE ARA/LA/FCD B. OFFICE MEASHE C. APPROVAL DATE 09/05/70					

PAGE 89

GENERAL SCHEDULING PAY RATE PT 50-2216 DEC 27, 1960

PURCHASED BY DEPT OF STATE
DATA AS OF 06/01/70

NAME	EMPLOYEE NUMBER	GRADE	RATE	PERIOD	REGULAR SALARY	NEW SALARY	
	NUMBER	NUMBER	PERIOD	PLAN	PERIOD	PERIOD	
SHEP KAY R	534017	107105142	GS	11	062	12103	12810
SHARP ERIN D YOUNG	534024	476605701	FS	09	190	7004	7519
SHARPE RICHARD G	534125	185262275	FS	05	051	10745	11432
SHARPE THOMAS J	534132	053224442	FS	04	252	8239	8734
SHAUGHNESSY THOMAS H	534200	157032264	GS	11	131	13103	13890
SHAW CHARLES M	534200	543345540	FS	05	051	10745	11432
SHAW C GRANT	534310	187246074	FR	02	000	27354	28495
SHAW DAVID G	534325	115244717	FO	05	000	14132	14980
SHAW ELLEN J	534400	362091700	GS	09	161	11184	11855
SHAW JEAN ANN	534438	045204185	FS	09	120	6568	6951
SHAW JOHNSON	534445	167462223	FS	05	170	9388	9951
SHAW JOHN F	534503	477165944	FO	02	000	26841	31612
SHAW JOHN P	534525	570207044	FO	01	001	31705	33609
SHAW LAUREN A HUNN	534635	577307848	GS	04	CCC	5522	5853
SHAW OLIVER C	534645	480349879	FS	06	170	9104	9649
SHAW ROBERT T	534700	258280162	FS	03	080	22332	23672
SHAY BRYANNE E	534800	313348828	FS	05	161	11419	12104
SHAY SHARON K	534806	146765992	FS	09	029	5865	7276
SHEA DIANNE E	534848	218505250	FS	08	210	6865	7276
SHEA JAMES F	540000	054141085	FO	04	000	18447	19555
SHEA JOHN J	540100	124164630	FR	03	000	20361	21584
SHEA LAUREL M	540103	021346215	GS	07	160	7864	8368
SHEA TIMOTHY F	540105	022305644	FS	08	110	7552	8005
SHEA TRINITY J	540107	037135177	GS	14	071	20385	21408
SHEAFFER MELVIN H	540108	204305699	GS	05	041	10489	11096
SHEAGREN BARBARA JU	540108	169249122	FS	04	041	11318	11995

PERSONNEL TRANSACTION REGISTER		
EMPLOYEE	PREPARED ON 07/23/69 PERIOD ENDING 07/18/69	
ACTION	DATA NAME	DATA ELEMENTS
SECTION 01		
	EMPLOYEE NUMBER	535700
	SSN /C COCE	
	SEC-SEC NUMBER	568-28-6166
	NEW PAY PLAN	PR
	NEW GRADE	C2
	NEW SALARY	22132
* ERROR	PST PAY PERIOD	C0C
	FCRP CTL COCE	
	NAT ACTION CODE	902
	PUBLIC LAW PAY INCREASE	
	EFFECTIVE DATE	07/13/69

FORM 05-1962
MAY 1962
Revised 10-19-62
GSA GEN. REG. NO. 2, JULY 1962

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

PB

14. RANK (CAPS - LAST FIRST INITIAL)

15. GRADE/WSRS

16. EMPLOYEE NO. & SFX

17. BIRTH DATE - MM DD YY

18. SOCSEC SECURITY NO.

SHAW, ROBERT T. MR.

539700M

06-18-25

268-28-0199

19. GRADE

(3) 06

08-28-48

0

20. GRADE

1

05-65

12. TYPE OF ACTION

13. EFFECTIVE DATE

14. FROM (NAME AND OTHER LEGAL AUTHORITY)

760 EXTENSION OF LIMITED APPOINTMENT

03-27-68

SEC. 522.3, P.L. 724 79TH CONGRESS AS AMENDED

15. FROM POSITION TITLE AND NUMBER

16. PAY PLAN AND OCCUPATION CODE

17. GRADE

18. SALARY

19. NAME AND LOCATION OF EMPLOYING OFFICE

DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

20. TO POSITION TITLE AND NUMBER

POLITICAL OFFICER
ATTACHE
CONSUL

21. PAY PLAN AND OCCUPATION CODE

22. GRADE

23. SALARY

24. GRADE AND LOCATION OF EMPLOYING OFFICE

DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

25. DUTY STATION (NAME AND CITY)
MANAGUA, NICARAGUA26. LOCATION CODE
917000665

27. APPROVAL NUMBER

28. POSITION DESIRED
1. CURRENT POSITION29. APPROVED POSITION
1. REPORTS TO
2. ASSISTANT TO

30. STATE

31. PERIOD FOR WHICH APPOINTMENT IS MADE

A. SUBJECT TO COMPLETION OR
B. SUBJECT TO CERTAIN TERM OR DURATION
C. SUBJECT TO CERTAIN TERM OR DURATION

32. LENGTH OF SERVICE PERIOD AS INDICATED

CHECK IF APPLICABLE

D. TERM APPOINTMENT OF A MONTH OR LESS

This form is issued by the Department of State, 44 CFR, Title 44, Chapter I, Subtitle B, Part 101, Subpart B, Appendix A, Form 05-1962, Revision 10-19-62, and is required by the Foreign Service Act of 1980, Pub. L. No. 96-294, § 101, 94 Stat. 382, and is issued under authority of the Secretary of State, in accordance with the provisions of the Freedom of Information Act, 5 U.S.C., § 552, and is available to the public under the provisions of the Freedom of Information Act, 5 U.S.C., § 552.

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

33. DATE OF APPOINTMENT (MM DD YY)

34. SIGNATURE OF APPROVING OFFICER AND TITLE

35. DATE WHEN APPOINTMENT TERMINATES (MM DD YY)

36. DATE

SIGNING OFFICE NO. 2058

37. APPROVING OFFICER'S SIGNATURE

2 PERSONNEL FOLDER

MI 3-5
P

100 100 100

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (State or Office except those on Navy form)

1. DATE OF REQUEST 2/23/68	2. NUMBER EFFECTIVE DATE	3. REQUEST NUMBER	5. SERVICE GRADE FS	7. PAY GRADE, ARA TRANS 1 PM/FCS 2/66 2 LEAVE & RET 3/27	9. APPROVED FJ
1. NAME (CAPS) and Title SHAW, ROBERT T. MR.	2. MESS NO.	3. EMPLOYEE NO. & GRADE 539700 N	4. BIRTH DATE	5. SOCIAL SECURITY NO.	
			6. REF CODE	7. POSITION SALARIED	

11. POSITION (Leave blank unless applicable)			12. POSITION INCARCERATED 13. VETERAN PREFERENCE 1 - NO 2 - YES 3 - NO PT 4 - NO PT CAMP		
14. NATURE OF ACTION 1/60 EXTENSION FOR LIMITED APPOINTMENT			15. EFFECTIVE DATE - IN P.M. 3/27/68		
16. FROM POS NO 1-067			17. POSITION TITLE POLITICAL OFFICER		
18. ORGANIZATION DESIGNATION MANAGUA			19. PAY GRADE AND DECORATION CODE PR-5550		
			20. GRADE OR LEVEL 03		
			21. SALARY \$16,941		

22. TO POS NO 1-067	23. POSITION TITLE POLITICAL OFFICER ATTACHE - CONSUL	24. PAY GRADE AND DECORATION CODE PR-5550	25. GRADE OR LEVEL 03	26. SALARY \$17,714	27. DUTY STATION MANAGUA
28. ORGANIZATION DESIGNATION Nicaragua					
29. APPROVAL SIGNATURE W. R. Shaw					
30. APPROVAL DATE 3/27/68					

Limited appointment effective 3-27-68
 is hereby extended for a period not to exceed five years or needs of employee whichever is less.
 services man whichever is less.
 NTE 3-26-73

ACTIVE 3/27/68

SIGNATURE
MEASLY, ARA:MGT:SOP

SIGNATURE
ROBERWIN, ARA:MGT:SOP

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

1. APPROVAL 3/5	2. APPROVAL SIGNATURE W. R. Shaw	3. APPROVAL DATE 3/27/68
4. APPROVAL COMMENTS		
5. APPROVAL ACTION		
6. APPROVAL DATE		
7. APPROVAL SIGNATURE		
8. APPROVED BY		

APPOINTMENT NOT FIVE YEARS OR NEEDS
EXCEED FIVE YEARS OR NEEDS OF EMPLOYEE WHICHEVER IS LESS. NTE 3/26/73.

SUBJECT TO COMPLETION
OF
YEAR PRIOR TO WHICH PERIOD COMMENCING
QUALITY COUNTING THRESHOLD POINTS REACHED
SUCCESSION POSITION: EMPLOYEE RETAINED IN THE COMPLETION SERVICE
SUCCESSION SIGN REASON CODE & CHECK APPROPRIATE BOXES

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

2-28 JPK-f

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

REQUEST FOR PERSONNEL ACTION

Form DA 1000
1-68
Replaces DA Form 1000, approved 10
1964, and DA Form 1000, 1-64.

PART I. REQUESTING OFFICE

(Indicate office or agency other than the Requesting Office)

1A DATE OF REQUEST

7/5/66

1B REQUESTING OFFICE

7/5/66

1C REQUEST NO. 266

1D SERVICE NUMBER

7/5/66

1E GRADE

7/5/66

1F PAY PLAN

7/5/66

1G PAY RATE

7/5/66

1H PAY PERIOD

7/5/66

1I PAYMENT DATE

7/5/66

1J PAYMENT NUMBER

7/5/66

1K PAYMENT DATE

7/5/66

1L PAYMENT NUMBER

7/5/66

1M PAYMENT DATE

7/5/66

1N PAYMENT NUMBER

7/5/66

1O PAYMENT DATE

7/5/66

1P PAYMENT NUMBER

7/5/66

1Q PAYMENT DATE

7/5/66

1R PAYMENT NUMBER

7/5/66

1S PAYMENT DATE

7/5/66

1T PAYMENT NUMBER

7/5/66

1U PAYMENT DATE

7/5/66

1V PAYMENT NUMBER

7/5/66

1W PAYMENT DATE

7/5/66

1X PAYMENT NUMBER

7/5/66

1Y PAYMENT DATE

7/5/66

1Z PAYMENT NUMBER

7/5/66

1AA PAYMENT DATE

7/5/66

1AB PAYMENT NUMBER

7/5/66

1AC PAYMENT DATE

7/5/66

1AD PAYMENT NUMBER

7/5/66

1AE PAYMENT DATE

7/5/66

1AF PAYMENT NUMBER

7/5/66

1AG PAYMENT DATE

7/5/66

1AH PAYMENT NUMBER

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1AI PAYMENT DATE

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1AY PAYMENT DATE

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1AZ PAYMENT NUMBER

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1BA PAYMENT DATE

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1BB PAYMENT NUMBER

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1BM PAYMENT DATE

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1BU PAYMENT DATE

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1BV PAYMENT NUMBER

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1BW PAYMENT DATE

7/5/66

1BX PAYMENT NUMBER

7/5/66

1BY PAYMENT DATE

7/5/66

1BZ PAYMENT NUMBER

7/5/66

1CA PAYMENT DATE

7/5/66

1CB PAYMENT NUMBER

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1CC PAYMENT DATE

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1CD PAYMENT NUMBER

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1CE PAYMENT DATE

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1CL PAYMENT NUMBER

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1CM PAYMENT DATE

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1CN PAYMENT NUMBER

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1CO PAYMENT DATE

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1CP PAYMENT NUMBER

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1CQ PAYMENT DATE

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1CR PAYMENT NUMBER

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1CS PAYMENT DATE

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1CT PAYMENT NUMBER

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1CU PAYMENT DATE

7/5/66

1CV PAYMENT NUMBER

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1CW PAYMENT DATE

7/5/66

1CX PAYMENT NUMBER

7/5/66

1CY PAYMENT DATE

7/5/66

1CZ PAYMENT NUMBER

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1DA PAYMENT DATE

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1DB PAYMENT NUMBER

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1DC PAYMENT DATE

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1DD PAYMENT NUMBER

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1DF PAYMENT NUMBER

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1DG PAYMENT DATE

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1DH PAYMENT NUMBER

7/5/66

1DI PAYMENT DATE

7/5/66

1DJ PAYMENT NUMBER

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1DK PAYMENT DATE

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1DL PAYMENT NUMBER

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1DM PAYMENT DATE

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1DP PAYMENT NUMBER

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1DS PAYMENT DATE

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1DU PAYMENT DATE

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1DV PAYMENT NUMBER

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1DX PAYMENT NUMBER

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1DY PAYMENT DATE

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1EC PAYMENT DATE

7/5/66

1ED PAYMENT NUMBER

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1EF PAYMENT DATE

7/5/66

1EG PAYMENT NUMBER

7/5/66

1EH PAYMENT DATE

7/5/66

1EI PAYMENT NUMBER

7/5/66

1EQ PAYMENT DATE

7/5/66

1ER PAYMENT NUMBER

7/5/66

1EV PAYMENT DATE

7/5/66

1EW PAYMENT NUMBER

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1EW PAYMENT NUMBER

7/5/66

1EW PAYMENT DATE

7/5/66

1EW PAYMENT NUMBER

7/5/66

1EW PAYMENT DATE

7/5/66

FPM 05-1032

Replaces 05-1032 effective
10-1-68, 10-1-69, 10-1-70

JULY 1968 EDITION

NOTIFICATION OF PERSONNEL ACTION

S-1
F3

1. NAME (LAST FIRST MIDDLE)

SHAW, ROBERT T. MR.

2. EMPLOYEE NUMBER

539700M

3. BIRTHDATE (MM DD YY)

06-18-25

4. SOCIAL SECURITY NO.

268-28-0199

5. GRADE AND PAY RATE CODE

2
1. NO.
2. PAY
3. GRADE
4. PAY RATE CODE

6. GRADE AND PAY RATE CODE

(3)
1. NO.
2. PAY
3. GRADE
4. PAY RATE CODE

7. GRADE AND PAY RATE CODE

06
1. NO.
2. PAY
3. GRADE
4. PAY RATE CODE

8. GRADE AND PAY RATE CODE

0
1. NO.
2. PAY
3. GRADE
4. PAY RATE CODE

10. NATURE OF ACTION

702 PROMOTION

11. EFFECTIVE DATE

05-26-65

12. OTHER SERVICE OR OTHER LEGAL AUTHORITY

13. FROM POSITION TITLE AND NUMBER

14. FROM GRADE AND PAY RATE CODE

15. GRADE

16. SALARY

PR-

04

(pa\$13,335)

18. NAME AND LOCATION OF EMPLOYING OFFICE

DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

20. TO POSITION TITLE AND NUMBER

3-229**CONSULAR OFFICER**

21. PAY RATING AND OCCUPATION CODE

(PR-03011)

22. GRADE

03

23. SALARY

(pa\$14,860) 1

24. GRADE AND PAY RATE CODE

V CONSUL

DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

26. DUTY STATION

MEXICO, D.F., MEXICO

28. ID NUMBER

915300595

27. AUTHORIZATION

29. POSITION OCCUPIED

30. APPROVED POSITION

0113.0-2081-312801-000 08680865

2

3

4

5

31. REMARKS

a. SUBJECT TO DEMOTION OR REASSIGNMENT UPON APPROVAL OF THIS FORM

b. SERVICE CAPITAL TOWARD CAREER OR INVESTMENT TENURE

32. DATE OF APPROVAL AND SIGNATURE

33. APPROVAL DATE AND SIGNATURE

34. APPROVAL DATE AND SIGNATURE

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Form DS-1032

GSA GEN. REG. NO. 10
MAY 1964 EDITION
GSA GEN. REG. NO. 10-10

JULY 1964 EDITION

NOTIFICATION OF PERSONNEL ACTION

SERIAL

PS

1 NAME (LAST-FIRST-MIDDLE)	2 EMPLOYEE NO.	3 SERVICE DATE	4 SOCIAL SECURITY NO.
SHAW, ROBERT T., JR.	539700M	06-18-25	268-28-0199
2 GRADE	6 SENIORITY	7 SERVICE FROM DATE	8 DIVISION NUMBER
(3)	0	08-28-48	0
9 RETIREMENT	10 PAY RATE	11 PAY RATE IN GRADE	12 PAY RATE
			03-63

13 DURATION OF ACTION

980 GRANTING OF CONSULAR TITLE

CODE

15 FROM POSITION TITLE AND NUMBER
CONSULAR OFFICER

16 NAME AND LOCATION OF EMPLOYING OFFICE

DEPARTMENT OF STATE, WASHINGTON 25, D.C.

20 TO POSITION TITLE AND NUMBER
3-229 CONSULAR OFFICER

21 GRADE

21 POSITION AND OCCUPATION CODE

(PR-3011)

PO

22 GRADE

(04)

06

23 SALARY

(pa\$11,880)-1

15

24 NAME AND LOCATION OF EMPLOYING OFFICE

DEPARTMENT OF STATE, WASHINGTON 25, D.C.

25 DUTY STATION OR CONSIGNEE
MEXICO CITY, D.F., MEXICO26 LOCATION CODE
915300595

27 APPROVAL SIGNATURE

AJ -A-2081- 312801-32 A78

28 POSITION ACCUMULATED

1. CARRIED OVER

2. EXPIRED

3. INCREASED

4. DECREASED

29 APPROVAL POSITION

NAME

GRADE

STEP

30 NUMBER

31 APPROVAL SIGNATURE

This document is subject to regular replacement. Any grafting, regrading or adjustment may be referred to the Director of Personnel and Training of the United States Civil Service Commission or the Director of Civil Service Training or to the Director of Civil Service Training of the Department of State.

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

NOMINATED: 08-26-63.

CONFIRMED: 09-09-63.

ATTESTED: 09-10-63.

EXECUTE SF-61A.

APPOINTED BY THE PRESIDENT **A5 CONSUL OF THE USA 09-10-63.**

32 DATE OF APPOINTMENT AGREED

33 DATE OF APPOINTMENT AGREED

34 APPROVAL SIGNATURE

35 DATE

SUBMITTING OFFICE NO. 2951

36 DEPARTMENT

CHP

2 PERSONNEL FOLDER

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

Form DS-1000
Rev. 6-1961
Approved by the Secretary of State
16 CFR Part 1000, Subpart C

REQUEST FOR PERSONNEL ACTION

P-5

PART I. REQUESTING OFFICE			
6 DATE OF REQUEST	8 APPROVAL DATE	10 GRADE OR RANK	12 POSITION
2/26/63	ASAP	FJ	100% AREA 7448 FEB 16 1963
11 NAME AND TITLE		13 PAY RATE	
SIJAN, ROBERT T.		MR. 53970 M 06/16/25 270-28-0079	
14 GRADE OR RANK REQUESTED		15 PAY RATE	
16 POSITION		17 GRADE OR RANK	
18 PAY RATE		19 GRADE OR RANK	

21 VETERAN PREFERENCE		23 PAY RATE		25 PAY RATE CODE		27 GRADE OR RANK	
1 NO 2 YES	3 10% DRAF 4 10% OVER	5 10% OTHER	6 10% OTHER	7 NO 8 YES 9 NO 10 YES 11 NO 12 NO 13 NO 14 NO 15 NO 16 NO 17 NO 18 NO 19 NO 20 NO 21 NO 22 NO 23 NO 24 NO 25 NO 26 NO 27 NO 28 NO 29 NO 30 NO 31 NO 32 NO 33 NO 34 NO 35 NO 36 NO 37 NO 38 NO 39 NO 40 NO 41 NO 42 NO 43 NO 44 NO 45 NO 46 NO 47 NO 48 NO 49 NO 50 NO 51 NO 52 NO 53 NO 54 NO 55 NO 56 NO 57 NO 58 NO 59 NO 60 NO 61 NO 62 NO 63 NO 64 NO 65 NO 66 NO 67 NO 68 NO 69 NO 70 NO 71 NO 72 NO 73 NO 74 NO 75 NO 76 NO 77 NO 78 NO 79 NO 80 NO 81 NO 82 NO 83 NO 84 NO 85 NO 86 NO 87 NO 88 NO 89 NO 90 NO 91 NO 92 NO 93 NO 94 NO 95 NO 96 NO 97 NO 98 NO 99 NO 100 NO 101 NO 102 NO 103 NO 104 NO 105 NO 106 NO 107 NO 108 NO 109 NO 110 NO 111 NO 112 NO 113 NO 114 NO 115 NO 116 NO 117 NO 118 NO 119 NO 120 NO 121 NO 122 NO 123 NO 124 NO 125 NO 126 NO 127 NO 128 NO 129 NO 130 NO 131 NO 132 NO 133 NO 134 NO 135 NO 136 NO 137 NO 138 NO 139 NO 140 NO 141 NO 142 NO 143 NO 144 NO 145 NO 146 NO 147 NO 148 NO 149 NO 150 NO 151 NO 152 NO 153 NO 154 NO 155 NO 156 NO 157 NO 158 NO 159 NO 160 NO 161 NO 162 NO 163 NO 164 NO 165 NO 166 NO 167 NO 168 NO 169 NO 170 NO 171 NO 172 NO 173 NO 174 NO 175 NO 176 NO 177 NO 178 NO 179 NO 180 NO 181 NO 182 NO 183 NO 184 NO 185 NO 186 NO 187 NO 188 NO 189 NO 190 NO 191 NO 192 NO 193 NO 194 NO 195 NO 196 NO 197 NO 198 NO 199 NO 200 NO 201 NO 202 NO 203 NO 204 NO 205 NO 206 NO 207 NO 208 NO 209 NO 210 NO 211 NO 212 NO 213 NO 214 NO 215 NO 216 NO 217 NO 218 NO 219 NO 220 NO 221 NO 222 NO 223 NO 224 NO 225 NO 226 NO 227 NO 228 NO 229 NO 230 NO 231 NO 232 NO 233 NO 234 NO 235 NO 236 NO 237 NO 238 NO 239 NO 240 NO 241 NO 242 NO 243 NO 244 NO 245 NO 246 NO 247 NO 248 NO 249 NO 250 NO 251 NO 252 NO 253 NO 254 NO 255 NO 256 NO 257 NO 258 NO 259 NO 260 NO 261 NO 262 NO 263 NO 264 NO 265 NO 266 NO 267 NO 268 NO 269 NO 270 NO 271 NO 272 NO 273 NO 274 NO 275 NO 276 NO 277 NO 278 NO 279 NO 280 NO 281 NO 282 NO 283 NO 284 NO 285 NO 286 NO 287 NO 288 NO 289 NO 290 NO 291 NO 292 NO 293 NO 294 NO 295 NO 296 NO 297 NO 298 NO 299 NO 300 NO 301 NO 302 NO 303 NO 304 NO 305 NO 306 NO 307 NO 308 NO 309 NO 310 NO 311 NO 312 NO 313 NO 314 NO 315 NO 316 NO 317 NO 318 NO 319 NO 320 NO 321 NO 322 NO 323 NO 324 NO 325 NO 326 NO 327 NO 328 NO 329 NO 330 NO 331 NO 332 NO 333 NO 334 NO 335 NO 336 NO 337 NO 338 NO 339 NO 340 NO 341 NO 342 NO 343 NO 344 NO 345 NO 346 NO 347 NO 348 NO 349 NO 350 NO 351 NO 352 NO 353 NO 354 NO 355 NO 356 NO 357 NO 358 NO 359 NO 360 NO 361 NO 362 NO 363 NO 364 NO 365 NO 366 NO 367 NO 368 NO 369 NO 370 NO 371 NO 372 NO 373 NO 374 NO 375 NO 376 NO 377 NO 378 NO 379 NO 380 NO 381 NO 382 NO 383 NO 384 NO 385 NO 386 NO 387 NO 388 NO 389 NO 390 NO 391 NO 392 NO 393 NO 394 NO 395 NO 396 NO 397 NO 398 NO 399 NO 400 NO 401 NO 402 NO 403 NO 404 NO 405 NO 406 NO 407 NO 408 NO 409 NO 410 NO 411 NO 412 NO 413 NO 414 NO 415 NO 416 NO 417 NO 418 NO 419 NO 420 NO 421 NO 422 NO 423 NO 424 NO 425 NO 426 NO 427 NO 428 NO 429 NO 430 NO 431 NO 432 NO 433 NO 434 NO 435 NO 436 NO 437 NO 438 NO 439 NO 440 NO 441 NO 442 NO 443 NO 444 NO 445 NO 446 NO 447 NO 448 NO 449 NO 450 NO 451 NO 452 NO 453 NO 454 NO 455 NO 456 NO 457 NO 458 NO 459 NO 460 NO 461 NO 462 NO 463 NO 464 NO 465 NO 466 NO 467 NO 468 NO 469 NO 470 NO 471 NO 472 NO 473 NO 474 NO 475 NO 476 NO 477 NO 478 NO 479 NO 480 NO 481 NO 482 NO 483 NO 484 NO 485 NO 486 NO 487 NO 488 NO 489 NO 490 NO 491 NO 492 NO 493 NO 494 NO 495 NO 496 NO 497 NO 498 NO 499 NO 500 NO 501 NO 502 NO 503 NO 504 NO 505 NO 506 NO 507 NO 508 NO 509 NO 510 NO 511 NO 512 NO 513 NO 514 NO 515 NO 516 NO 517 NO 518 NO 519 NO 520 NO 521 NO 522 NO 523 NO 524 NO 525 NO 526 NO 527 NO 528 NO 529 NO 530 NO 531 NO 532 NO 533 NO 534 NO 535 NO 536 NO 537 NO 538 NO 539 NO 540 NO 541 NO 542 NO 543 NO 544 NO 545 NO 546 NO 547 NO 548 NO 549 NO 550 NO 551 NO 552 NO 553 NO 554 NO 555 NO 556 NO 557 NO 558 NO 559 NO 560 NO 561 NO 562 NO 563 NO 564 NO 565 NO 566 NO 567 NO 568 NO 569 NO 570 NO 571 NO 572 NO 573 NO 574 NO 575 NO 576 NO 577 NO 578 NO 579 NO 580 NO 581 NO 582 NO 583 NO 584 NO 585 NO 586 NO 587 NO 588 NO 589 NO 590 NO 591 NO 592 NO 593 NO 594 NO 595 NO 596 NO 597 NO 598 NO 599 NO 600 NO 601 NO 602 NO 603 NO 604 NO 605 NO 606 NO 607 NO 608 NO 609 NO 610 NO 611 NO 612 NO 613 NO 614 NO 615 NO 616 NO 617 NO 618 NO 619 NO 620 NO 621 NO 622 NO 623 NO 624 NO 625 NO 626 NO 627 NO 628 NO 629 NO 630 NO 631 NO 632 NO 633 NO 634 NO 635 NO 636 NO 637 NO 638 NO 639 NO 640 NO 641 NO 642 NO 643 NO 644 NO 645 NO 646 NO 647 NO 648 NO 649 NO 650 NO 651 NO 652 NO 653 NO 654 NO 655 NO 656 NO 657 NO 658 NO 659 NO 660 NO 661 NO 662 NO 663 NO 664 NO 665 NO 666 NO 667 NO 668 NO 669 NO 670 NO 671 NO 672 NO 673 NO 674 NO 675 NO 676 NO 677 NO 678 NO 679 NO 680 NO 681 NO 682 NO 683 NO 684 NO 685 NO 686 NO 687 NO 688 NO 689 NO 690 NO 691 NO 692 NO 693 NO 694 NO 695 NO 696 NO 697 NO 698 NO 699 NO 700 NO 701 NO 702 NO 703 NO 704 NO 705 NO 706 NO 707 NO 708 NO 709 NO 710 NO 711 NO 712 NO 713 NO 714 NO 715 NO 716 NO 717 NO 718 NO 719 NO 720 NO 721 NO 722 NO 723 NO 724 NO 725 NO 726 NO 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20 TITLE NO 3-229	21 POSITION Consular Officer Consul	22 PAY RATE AND GRADE OR LEVEL FBR 3011 O-6 FQ 0-6	23 PAY RATE (p.a. \$11,890) 15
24 ORGANIZATION DESIGNATION Mexico City Mexico		25 APPROVED 1 JUN 1961	26 APPROVED POSITION 915300595
27 APPROVAL CONTRIBUTOR 1 JUN 1961		28 APPROVAL POSITION	DATE
29 APPROVAL APPOINTED BY THE PRESIDENT AS CONSUL OF THE U. S. A. 09-10-63.			

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

STANDARD FORM NO. 8a
Revised June 1950
APPROVED BY
CONF. GEN. U. S.
MARCH 20, 1957
U. S. CIVIL SERVICE COMMISSION
F. R. M. CHARTERMAN

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

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

I, Robert Tyler Shaw _____ Arizona _____
(Name in full) (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert Tyler Shaw
(Signature of affiant)

Robert T. Shaw
(Signature of attorney)

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

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

Ronald E. Smith
(Signature of officer)

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

Department of State
(Department of agency)

Foreign Service
(Character of employment)

Mexico City
(Place of employment)

Consular Officer - FSB-4
(Position to which appointed)

EX-3-27-63
(Date of commission or appointment)

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

50-1040-8 U. S. GOVERNMENT PRINTING OFFICE

REQUEST FOR PERSONNEL ACTION									
PART I. REQUESTING OFFICE									
DATE OF REQUEST		APPROVED DATE		REQUEST NUMBER		PRESERVE		REASON FOR REQUEST	
2/26/63		ASAP				FS		PURCHASED BY SHAW, ROBERT T.	
NAME (Last, First, Middle Initial)		MR. MRS. MISS		EMPLOYEE NUMBER		BIRTH DATE		SOCIAL SECURITY NO.	
SHAW, ROBERT T.		MR.		539700		06/17/25		262-28-0199	
TYPE OF ACTION REQUESTED (Check appropriate box or boxes requested)									
POSITION (Check boxes that apply)									
1. VETERAN PREFERENCE		2. 10-P. TERM		3. 10-P. OTHER		4. TENURE CODE		5. PHYSICAL HANDICAP CODE	
1-NO 2-S PT		3-10 P. TERM 4-10-P. COMP		5-10-P. OTHER		3 G		0	
6. FUGI		7. COVERED		8. INVALID		9. RETIREMENT		10. DISCHARGE	
7/1		X		X		X		X	
11. NATURE OF ACTION		12. POSITION TITLE		13. EFFECTIVE DATE		14. GRADE OR LEVEL		15. SALARY	
Retired CSR Appointment - limited		Consular Officer Consult (when confirmed)		3-21-63		03-63		\$11,680	
16. FROM POS. NO.		17. POSITION TITLE		18. DECORATION		19. GRADE OR LEVEL		20. SALARY	
3-229		Consular Officer Consult (when confirmed)		FR-3011		04		(p.s. \$11,680)	
21. ORGANIZATION DESIGNATION		22. GRADE		23. SALARY		24. SIGNED			
Z		F6		15					

25 DIVISION
D.F.
Mexico

915300595

Falls Church, Virginia to Mexico City. Authorize shipment of effects from Falls Church, Virginia and Williamsburg, Virginia to Mexico City. Authorize shipment of unaccompanied baggage from Falls Church, Virginia and/or Williamsburg, Virginia to Mexico City. Appointment limited to 5 years, or need of employee's services, whichever is less. See separate DD FORM for Granting of Consular Title.

1953-54 Period - Pierre N. Graham, Chief Inspector; PLAINES - Louis C. Johnson.

• 100% RECYCLED PAPER • 100% POST-CONSUMER FIBER • 100% PRE-CONSUMER FIBER

James Karras - Berger 1983
PSD-2 Untitled 1983

PER/PCD/AB/AM/MS/2/20/03 APR 8 CM

<p style="text-align: center;">1000 SEP-74 5-2-93</p> <p style="text-align: center;">DEPARTMENT OF STATE</p> <p style="text-align: center;">SUPPLEMENT TO STANDARD FORM 57</p> <p>If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.</p>		<p style="text-align: center;">Budget Bureau No. 42-8001-4 Approved October 20, 1950 GSA GEN. REG. NO. 14</p> <p style="text-align: center;">Robert Tyler Shaw</p> <p style="text-align: center;">b. ADDRESS 3000 N. Oakland Street Arlington 7, Virginia</p>	
<p>a. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:</p> <p><input checked="" type="checkbox"/> Foreign service only <input type="checkbox"/> Departmental only <input type="checkbox"/> Foreign service and departmental</p>			
<p>b. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)</p> <p>3000 N. Oakland Street, Arlington 7, Virginia</p>			
<p>c. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 22 on Form 57).</p>			
<p>d. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>e. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no (Give details, if answer is yes to a. or b.)</p>			
<p>f. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.</p>			
<p>g. IF APPOINTED FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (Exclusive of overseas allowances) \$ Per Year</p>			
<p>h. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD? None</p>			
<p>i. a. FULL NAME OF SPOUSE (if wife, give maiden name)</p> <p>Janet Lee Ruggles Shaw</p>		<p>b. DATE OF BIRTH</p> <p>12 April 1927</p>	<p>c. PLACE OF BIRTH (City, State or Province, and Country)</p> <p>Three Rivers, Michigan</p>
<p>d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?</p>		<p>e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE</p>	
<p>f. b. RANK OF CIVILIAN</p> <p>Maj. Gen. Franklin P. Shaw</p>		<p>g. c. DATE OF BIRTH</p> <p>12 April 1927</p>	<p>h. d. RESTRICTED FROM OVERSEAS</p> <p><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>
<p>Jean Lee Ruggles Shaw</p>		<p>Wife</p> <p>12 April 1927</p>	<p><input checked="" type="checkbox"/></p>
<p>Barbara Lee Shaw</p>		<p>Daughter</p> <p>27 July 1952</p>	<p><input checked="" type="checkbox"/></p>
<p>Richard Wilson Shaw</p>		<p>Son</p> <p>10 September 1955</p>	<p><input checked="" type="checkbox"/></p>
<p>Thomas Ruggles Shaw</p>		<p>Son</p> <p>10 September 1955</p>	<p><input checked="" type="checkbox"/></p>
<p>g. e. PRESENT ADDRESS</p> <p>Maj. Gen. Franklin P. Shaw</p>		<p>f. g. PLACE OF BIRTH</p> <p>Ewell & Battle Site, Monksville, Newport, Kentucky</p>	
<p>h. i. PRESENT ADDRESS</p> <p>Mary Inez Skoos Shaw</p>		<p>j. k. PLACE OF BIRTH</p> <p>Klambethtown, Ky.</p>	
<p>l. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER LIVE IN THE UNITED STATES? (Check below)</p> <p>747-18</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>m. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR BEEN AN EXAMINEE FOR A POSITION WITH THE DEPARTMENT OF STATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes" give date, nature of position applied for, and date of examination taken, if any.</p> <p>Ambt. Attaché, PSS-9, Caracas, Venezuela, 1949-52</p> <p>Vice Counsel, PSS-9, Guayaquil, Ecuador, 1952-54.</p>			

FORM DSF-34 5-5-57			PAGE 2
18. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES			
NAME	RELATIONSHIP	ADDRESS	
[Redacted]	Brother	Tokyo, Japan	
19. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:			
A. BUSINESS			
B. EMPLOYMENT			
20. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED IF "NO," STATE INFORMATION REQUESTED BELOW:			
NAME OF CREDITOR		AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED
21. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES			
D. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.			
22. PRESENT MILITARY STATUS			
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION			
B. DO YOU HAVE A MILITARY RESERVE STATUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, STATE BELOW, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS			
LIST DECORATIONS (EXCLUSIVE OF SERVICE MEDALS), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES			
23. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES. IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.			
24. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFERITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (Repeat names listed in Item 24, Form 57 and add two additional references.)			
FULL NAME	RESIDENCE ADDRESS (Give complete current address, including street and number)		BUSINESS OR OCCUPATION
Norman Armour	c/o Dept. of State		Retired, FSO
Paul C. Button	c/p Dept. of State		FSO/Dept.
Raymond G. Leddy	c/o Dept. of State		FSO/Dept.
Gen. Douglas MacArthur	Remington Rand, N.Y.C.		Corp. President
Major Gen. R. G. Harmon	Dept. of AirForce		Judge Advocate
25. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM <input checked="" type="checkbox"/> Yes		26. SOCIAL SECURITY NUMBER, IF ANY 260-28-0149	
27. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service Employment, state in Item 39 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.			
DATE 10 February 1956	SIGNATURE <i>Robert G. Shaw</i>	STATE -CIV. ADMINISTRATION, D.C.	

STANDARD FORM 37
REVISED MARCH 1961
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

F-101063
SF-103

APPLICATION NO. ANNOUNCEMENT NO. DO NOT WRITE IN THIS SPACE	1. Kind of position applied for, or name of examination		Arizona State 701		DEFINITE WRITING IN THIS BLOCK For Use of Examining Officer Only <input type="checkbox"/> Agept. <input type="checkbox"/> Married <input type="checkbox"/> Exempt Register <input type="checkbox"/> Nonagept. <input type="checkbox"/> Single <input type="checkbox"/> Nonexempt Specifications: <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/> 11. <input type="checkbox"/> 12. <input type="checkbox"/> 13. <input type="checkbox"/> 14. <input type="checkbox"/> 15. <input type="checkbox"/> 16. <input type="checkbox"/> 17. <input type="checkbox"/> 18. <input type="checkbox"/> 19. <input type="checkbox"/> 20. <input type="checkbox"/> 21. <input type="checkbox"/> 22. <input 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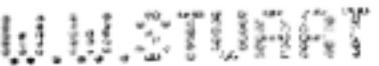
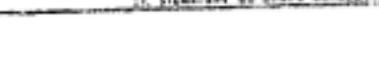
FORM DS-1031 (Exception to SF-52 supplied by CSC and B of B April 27, 1960)		REQUEST NO.	SERVICE	POSITION	GRADE
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		DATE OF REQUEST	FS	WFO	5
			LV	111	5
			TRANS	111	5
1. NAME Mr. Robert T. CHAM		2. DATE OF BIRTH	3. GENDER	4. MARITAL STATUS	5. SELECTIVE SERVICE NUMBER
		06-18-25	MALE	UNMARRIED	21111111111111111111
		6. SOCIAL SECURITY NO.	7. VA	8. STATE OF BIRTH	10. MARCH PAYROLL STATUS
		000-00-0000	ADULTS	AL	11. 1ST PAYROLL
12. NATIONALITY		13. DEPARTMENT/AGENCY/COMMISSION	14. CHILDREN	15. ADULTS	16. 2ND PAYROLL
17. NATURE OF ACTION Resignation for Personal Reasons Without Prejudice		18. EFFECTIVE DATE C.O.B.	19. R.R. CODE	20. AMOUNT/HOURS	21. POSITION ID
		MONTH DAY YEAR 000 05-12-61	S	0-000 2-000 3-000	22. POSITION IS IN THE HIRING TIME PAY RATE
23. LEGAL AUTHORITY		24. FULL-TIME PAY RATE	25. POSITION IS IN THE HIRING TIME PAY RATE	26. POSITION IS IN THE HIRING TIME PAY RATE	
FROM - Foreign Service Reserve Officer 2333 FSR-04-44-\$10,945-0-0000-000		27. POSITION TITLE	28. POSITION IS IN THE HIRING TIME PAY RATE	29. POSITION IS IN THE HIRING TIME PAY RATE	
Department - Group I-C		30. GRADE	31. GRADE	32. GRADE	
33. DATE BORN		34. MO. YR. GRADE	35. ALIGNMENT	36. RETIREMENT	37. PAYROLL CODE
02-59		Ag	1A-7026	1	05-12-61
38. DATE ASSIGNED		39. C.G.C. CODE	40. F.S. SALARY	41. MONTH & YEAR OF GRADE	42. POSITION IS IN THE HIRING TIME PAY RATE
			5	43. MONTH & YEAR OF GRADE	
TO -		44. FULL-TIME PAY RATE	45. POSITION IS IN THE HIRING TIME PAY RATE	46. POSITION IS IN THE HIRING TIME PAY RATE	
		47. GRADE	48. GRADE	49. GRADE	
50. DATE ASSIGNED		51. C.G.C. CODE	52. F.S. SALARY	53. MONTH & YEAR OF GRADE	54. POSITION IS IN THE HIRING TIME PAY RATE
FDS		44-000	50-000	51-000	52-000
DATA		45-000	51-000	52-000	53-000
55. REQUESTED BY <i>P. J. Chayes</i> NAME & TITLE		56. REQUEST APPROVED BY <i>J. J. O'Leary</i> NAME & TITLE	57. REQUEST APPROVED BY <i>J. J. O'Leary</i> NAME & TITLE		
58. APPROVAL BY 1. CLASSIFICATION		59. APPROVAL BY 2. APPROVAL BY TRAVEL REQUEST	60. APPROVAL BY 3. APPROVAL BY FUND'S AVAILABLE	61. APPROVAL BY 4. APPROVAL BY FUND'S AVAILABLE	
62. APPROVAL BY 5. APPROVAL BY TRAVEL REQUEST		63. APPROVAL BY 6. APPROVAL BY FUND'S AVAILABLE	64. APPROVAL BY 7. APPROVAL BY FUND'S AVAILABLE		
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254. APPROVAL BY 197. APPROVAL BY TRAVEL REQUEST		255. APPROVAL BY 198. APPROVAL BY FUND'S AVAILABLE	256. APPROVAL BY 199. APPROVAL BY FUND'S AVAILABLE		
257. APPROVAL BY 200. APPROVAL BY TRAVEL REQUEST		258. APPROVAL BY 201. APPROVAL BY FUND'S AVAILABLE	259. APPROVAL BY 202. APPROVAL BY FUND'S AVAILABLE		
260. APPROVAL BY 203. APPROVAL BY TRAVEL REQUEST		261. APPROVAL BY 204. APPROVAL BY FUND'S AVAILABLE	262. APPROVAL BY 205. APPROVAL BY FUND'S AVAILABLE		
263. APPROVAL BY 206. APPROVAL BY TRAVEL REQUEST		264. APPROVAL BY 207. APPROVAL BY FUND'S AVAILABLE	265. APPROVAL BY 208. APPROVAL BY FUND'S AVAILABLE		
266. APPROVAL BY 209. APPROVAL BY TRAVEL REQUEST		267. APPROVAL BY 210. APPROVAL BY FUND'S AVAILABLE	268. APPROVAL BY 211. APPROVAL BY FUND'S AVAILABLE		
269. APPROVAL BY 212. APPROVAL BY TRAVEL REQUEST		270. APPROVAL BY 213. APPROVAL BY FUND'S AVAILABLE	271. APPROVAL BY 214. APPROVAL BY FUND'S AVAILABLE		
272. APPROVAL BY 215. APPROVAL BY TRAVEL REQUEST		273. APPROVAL BY 216. APPROVAL BY FUND'S AVAILABLE	274. APPROVAL BY 217. APPROVAL BY FUND'S AVAILABLE		
275. APPROVAL BY 218. APPROVAL BY TRAVEL REQUEST		276. APPROVAL BY 219. APPROVAL BY FUND'S AVAILABLE	277. APPROVAL BY 220. APPROVAL BY FUND'S AVAILABLE		
278. APPROVAL BY 221. APPROVAL BY TRAVEL REQUEST		279. APPROVAL BY 222. APPROVAL BY FUND'S AVAILABLE	280. APPROVAL BY 223. APPROVAL BY FUND'S AVAILABLE		
281. APPROVAL BY 224. APPROVAL BY TRAVEL REQUEST		282. APPROVAL BY 225. APPROVAL BY FUND'S AVAILABLE	283. APPROVAL BY 226. APPROVAL BY FUND'S AVAILABLE		
284. APPROVAL BY 227. APPROVAL BY TRAVEL REQUEST		285. APPROVAL BY 228. APPROVAL BY FUND'S AVAILABLE	286. APPROVAL BY 229. APPROVAL BY FUND'S AVAILABLE		
287. APPROVAL BY 230. APPROVAL BY TRAVEL REQUEST		288. APPROVAL BY 231. APPROVAL BY FUND'S AVAILABLE	289. APPROVAL BY 232. APPROVAL BY FUND'S AVAILABLE		
290. APPROVAL BY 233. APPROVAL BY TRAVEL REQUEST		291. APPROVAL BY 234. APPROVAL BY FUND'S AVAILABLE	292. APPROVAL BY 235. APPROVAL BY FUND'S AVAILABLE		
293. APPROVAL BY 236. APPROVAL BY TRAVEL REQUEST		294. APPROVAL BY 237. APPROVAL BY FUND'S AVAILABLE	295. APPROVAL BY 238. APPROVAL BY FUND'S AVAILABLE		
296. APPROVAL BY 239. APPROVAL BY TRAVEL REQUEST		297. APPROVAL BY 240. APPROVAL BY FUND'S AVAILABLE	298. APPROVAL BY 241. APPROVAL BY FUND'S AVAILABLE		
299. APPROVAL BY 242. APPROVAL BY TRAVEL REQUEST		300. APPROVAL BY 243. APPROVAL BY FUND'S AVAILABLE	301. APPROVAL BY 244. APPROVAL BY FUND'S AVAILABLE		
302. APPROVAL BY 245. APPROVAL BY TRAVEL REQUEST		303. APPROVAL BY 246. APPROVAL BY FUND'S AVAILABLE	304. APPROVAL BY 247. APPROVAL BY FUND'S AVAILABLE		
305. APPROVAL BY 248. APPROVAL BY TRAVEL REQUEST		306. APPROVAL BY 249. APPROVAL BY FUND'S AVAILABLE	307. APPROVAL BY 250. APPROVAL BY FUND'S AVAILABLE		
308. APPROVAL BY 251. APPROVAL BY TRAVEL REQUEST		309. APPROVAL BY 252. APPROVAL BY FUND'S AVAILABLE	310. APPROVAL BY 253. APPROVAL BY FUND'S AVAILABLE		
311. APPROVAL BY 254. APPROVAL BY TRAVEL REQUEST		312. APPROVAL BY 255. APPROVAL BY FUND'S AVAILABLE	313. APPROVAL BY 256. APPROVAL BY FUND'S AVAILABLE		
314. APPROVAL BY 257. APPROVAL BY TRAVEL REQUEST		315. APPROVAL BY 258. APPROVAL BY FUND'S AVAILABLE	316. APPROVAL BY 259. APPROVAL BY FUND'S AVAILABLE		
317. APPROVAL BY 260. APPROVAL BY TRAVEL REQUEST		318. APPROVAL BY 261. APPROVAL BY FUND'S AVAILABLE	319. APPROVAL BY 262. APPROVAL BY FUND'S AVAILABLE		
320. APPROVAL BY 263. APPROVAL BY TRAVEL REQUEST		321. APPROVAL BY 264. APPROVAL BY FUND'S AVAILABLE	322. APPROVAL BY 265. APPROVAL BY FUND'S AVAILABLE		
323. APPROVAL BY 266. APPROVAL BY TRAVEL REQUEST		324. APPROVAL BY 267. APPROVAL BY FUND'S AVAILABLE	325. APPROVAL BY 268. APPROVAL BY FUND'S AVAILABLE		
326. APPROVAL BY 269. APPROVAL BY TRAVEL REQUEST		327. APPROVAL BY 270. APPROVAL BY FUND'S AVAILABLE	328. APPROVAL BY 271. APPROVAL BY FUND'S AVAILABLE		
329. APPROVAL BY 272. APPROVAL BY TRAVEL REQUEST		330. APPROVAL BY 273. APPROVAL BY FUND'S AVAILABLE	331. APPROVAL BY 274. APPROVAL BY FUND'S AVAILABLE		
332. APPROVAL BY 275. APPROVAL BY TRAVEL REQUEST		333. APPROVAL BY 276. APPROVAL BY FUND'S AVAILABLE	334. APPROVAL BY 277. APPROVAL BY FUND'S AVAILABLE		
335. APPROVAL BY 278. APPROVAL BY TRAVEL REQUEST		336. APPROVAL BY 279. APPROVAL BY FUND'S AVAILABLE	337. APPROVAL BY 280. APPROVAL BY FUND'S AVAILABLE		
338. APPROVAL BY 281. APPROVAL BY TRAVEL REQUEST		339. APPROVAL BY 282. APPROVAL BY FUND'S AVAILABLE	340. APPROVAL BY 283. APPROVAL BY FUND'S AVAILABLE		
341. APPROVAL BY 284. APPROVAL BY TRAVEL REQUEST		342. APPROVAL BY 285. APPROVAL BY FUND'S AVAILABLE	343. APPROVAL BY 286. APPROVAL BY FUND'S AVAILABLE		
344. APPROVAL BY 287. APPROVAL BY TRAVEL REQUEST		345. APPROVAL BY 288. APPROVAL BY FUND'S AVAILABLE	346. APPROVAL BY 289. APPROVAL BY FUND'S AVAILABLE		
347. APPROVAL BY 290. APPROVAL BY TRAVEL REQUEST		348. APPROVAL BY 291. APPROVAL BY FUND'S AVAILABLE	349. APPROVAL BY 292. APPROVAL BY FUND'S AVAILABLE		
350. APPROVAL BY 293. APPROVAL BY TRAVEL REQUEST		351. APPROVAL BY 294. APPROVAL BY FUND'S AVAILABLE	352. APPROVAL BY 295. APPROVAL BY FUND'S AVAILABLE		
353. APPROVAL BY 296. APPROVAL BY TRAVEL REQUEST		354. APPROVAL BY 297. APPROVAL BY FUND'S AVAILABLE	355. APPROVAL BY 298. APPROVAL BY FUND'S AVAILABLE		
356. APPROVAL BY 299. APPROVAL BY TRAVEL REQUEST		357. APPROVAL BY 300. APPROVAL BY FUND'S AVAILABLE	358. APPROVAL BY 301. APPROVAL BY FUND'S AVAILABLE		
359. APPROVAL BY 302. APPROVAL BY TRAVEL REQUEST		360. APPROVAL BY 303. APPROVAL BY FUND'S AVAILABLE	361. APPROVAL BY 304. APPROVAL BY FUND'S AVAILABLE		
362. APPROVAL BY 305. APPROVAL BY TRAVEL REQUEST		363. APPROVAL BY 306. APPROVAL BY FUND'S AVAILABLE	364. APPROVAL BY 307. APPROVAL BY FUND'S AVAILABLE		
365. APPROVAL BY 308. APPROVAL BY TRAVEL REQUEST		366. APPROVAL BY 309. APPROVAL BY FUND'S AVAILABLE	367. APPROVAL BY 310. APPROVAL BY FUND'S AVAILABLE		
368. APPROVAL BY 311. APPROVAL BY TRAVEL REQUEST		369. APPROVAL BY 312. APPROVAL BY FUND'S AVAILABLE	370. APPROVAL BY 313. APPROVAL BY FUND'S AVAILABLE		
371. APPROVAL BY 314. APPROVAL BY TRAVEL REQUEST		372. APPROVAL BY 315. APPROVAL BY FUND'S AVAILABLE	373. APPROVAL BY 316. APPROVAL BY FUND'S AVAILABLE		
374. APPROVAL BY 317. APPROVAL BY TRAVEL REQUEST		375. APPROVAL BY 318. APPROVAL BY FUND'S AVAILABLE	376. APPROVAL BY 319. APPROVAL BY FUND'S AVAILABLE		
377. APPROVAL BY 320. APPROVAL BY TRAVEL REQUEST		378. APPROVAL BY 321. APPROVAL BY FUND'S AVAILABLE			

Form DS-1022
Revised 10-29-58
Approved by the
Secretary of the Interior
May 1951

DEPARTMENT OF STATE

Washington, D. C.

NOTIFICATION OF PERSONNEL ACTION

A1950		<input checked="" type="checkbox"/> FTS <input type="checkbox"/> DPLA
Mr. Robert T. Shaw <i>This is to notify you of the following action affecting your employment:</i> B. NATURE OF ACTION (Use standard nomenclature) <u>Transfer</u>		1. DATE OF ACTION 6-18-59 2. JOURNAL OR ACTION NO. 3. DATE PSR-54 7-21-59
4. EFFECTIVE DATE 7-26-59		5. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
FROM: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Political Officer 1-1011-009 Consul PSR-4 </div> Mogales		TO: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Foreign Service Reserve Officer </div>
6. POSITION TITLE Diplomatic or Consular Title		
7. GRADE, SERIES NO. GRADE SALARY PSR-4 \$9900		8. POSITION CLASSIFICATION ACTION PSR-4 \$9900
9. ORGANIZATIONAL DESIGNATION Post		10. HEADQUARTERS Department
11. DEPARTMENTAL REGULAR <input type="checkbox"/> Regular <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		12. DEPARTMENTAL REGULAR <input type="checkbox"/> Regular <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US
13. VETERANS PREFERENCE <input type="checkbox"/> VFP <input type="checkbox"/> Regular <input type="checkbox"/> Regular <input type="checkbox"/> Non-US		14. POSITION CLASSIFICATION ACTION MGR-1000 L. A. MAJ Group I-C
15. SEA 15-59		16. APPROPRIATION 16-59 17. REVENUE EXP- GRADE OA-4011 X! OSC <input type="checkbox"/> H OA-3025 <input type="checkbox"/> M <input type="checkbox"/> W
		18. DATE OF APPOINTMENT AND REASSIGNMENT (Administrative Order) 18-59
		19. LEGAL REBELLION <input type="checkbox"/> Clerical <input type="checkbox"/> Previous <input type="checkbox"/> Clerical <input type="checkbox"/> Previous
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.		
21. SIGNATURE BY STAFF MEMBER/CHIEF 		
22. APPROVAL BY SUPERVISOR 		
23. APPROVAL BY CHIEF 		
24. APPROVAL BY SECRETARY 		
25. APPROVAL BY CHIEF OF STAFF 		
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Form DS-1011 Exemption to SF-12 Approved by the Bureau of the Budget Mar 1956				ROUTING	To: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WROS <input type="checkbox"/> ARA <input type="checkbox"/> AAB <input type="checkbox"/>	From: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> TRANS <input type="checkbox"/> SI <input type="checkbox"/>	SERVICE <input checked="" type="checkbox"/> DPL
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION				DATE OF ACTION		REQUEST NO.	DATE OF REQUEST
a. Name (Mr., Mrs., Ms., Our given name, initial (s), and surname) Mr. Robert T. BRAW				6-18-55			3-26-59
b. NATURE OF ACTION REQUESTED				c. DATE OF ACTION		d. REQUEST NO.	e. DATE OF REQUEST
a. PERSONNEL (Specify whether appointment, promotion, reposition, etc.) Direct Transfer to the Department (DT-#11)				e. EFFECTIVE DATE		f. PROPOSED <input checked="" type="checkbox"/> TBR <input type="checkbox"/> APPROVED <i>7-26-59</i>	g. C.S. OR OTHER LEGAL AUTHORITY
b. POSITION (Specify whether establish, change grade or title, etc.)							
PROPOSED Political Officer 1-1011-009 Consul <i>PER-4 39900 DS-1032 Journalized Bogaled Date 7/29/59</i>				POSITION TITLE AND NUMBER Diplomatic or Consular Title b. SCHEDULE, SERIES NO., GRADE, SALARY c. ORGANIZATIONAL DESIGNATIONS FBI d. HEADQUARTERS e. DS CATEGORY FSS Category		PROPOSED Foreign Service Reserve Officer PER-4 \$9900 Department g. FIELD <input type="checkbox"/> DEPARTMENTAL h. REGULAR <input type="checkbox"/> ASSISTANT i. VETERAN PREFERENCE NAME S-PP. 10-25 DISCH. DATE j. FULL STAFFING ALLOCATION FROM: TO: k. NEW l. APPROPRIATION FROM: SA-4011 TO: SA-3025 m. RETIREMENT COVERAGE EDUC <input type="checkbox"/> FB <input type="checkbox"/> PICA <input type="checkbox"/> HONR n. MARITAL STATUS EXMARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED o. REQUEST APPROVED BY <i>T. Judd, Asst. Chief, PER/PDD</i> Signature and title p. CLEARANCES INITIAL OR SIGNATURE DATE q. APPROVALS CLEARANCES INITIAL OR SIGNATURE DATE r. CLEARANCE OR POS. CONTROL REPLACEMENT OR INFO s. CLASSIFICATION APPROVED BY DATE REMARKS	
TRAVEL AUTHORIZATION a. TRAVELER'S NAME b. APPROVALS c. SIGNATURE d. TOTAL e. O. DATE F. O. NO.				ROUTE OF TRANSPORTATION AND DATE OF DEPARTURE OR ARRIVAL UNDER DT W:Janet D:Parham 7/52 R:Richard 9/55 S:Thomas 9/55 G:SHIPS H:SIGNATURE I:TOTAL J:O. DATE K:O. NO.		PERIOD Bogaled L:ROUTE OF TRANSPORTATION M:SHIPS N:SHIPMENT OF EFFECTS O:FROM: <i>Bogaled</i> P:TO: <i>Washington, DC</i>	
REMARKS Authorize travel and full shipment of effects as indicated. <i>ETD 5/30 EDD 7/15/59</i>							
PER-1 POD:WROS:ma 7-16-59							

Form 10-1002
Excepted to SF-50
Approved by the
Secretary of the Budget
Mar. 1958

DEPARTMENT OF STATE
WASHINGTON 25, D.C.

NOTIFICATION OF PERSONNEL ACTION

52 REV. 2

A1950

PMS PMSL

1. NAME (Mr., Miss, Mrs., Dr., etc., plus middle, unusual and unusual)		2. DATE OF BIRTH	3. JOURNAL OF ACTION NO.	4. DATE
Mr. Robert T. Shaw		6-18-25	PS -107	2-19-59
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (Use standard terminology)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		2-22-59		
FROM		TO		
PSR-5 \$8965		B. POSITION TITLE Diplomatic or Consular Title Political Officer Consul	C. SCHEDULE, SERIES SD, GRADE, SALARY PSR-4 \$9900	
		D. ORGANIZATIONAL DESIGNATION Post Nogales		
E. RESIDENCE <input type="checkbox"/> FIELD <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		F. DS CATEGORY PS Category	G. FIELD <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	H. DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US
I. VETERAN'S PREFERENCE None <input type="checkbox"/> 10-PONT <input type="checkbox"/> REGULAR <input type="checkbox"/> REGULAR				
J. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL				
K. SEE 9A-4011		L. APPROPRIATION PSM	M. RETIREMENT PAY GRADE ICSC	N. DATE OF APPROV. HEAD OFFICE (Movement Only) <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 STATE
O. THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION OR THE DEPARTMENT.				
P. PERSONNEL FOLDERS 1. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 2. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 3. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 4. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 5. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 6. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 7. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 8. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 9. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 10. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 11. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 12. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 13. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 14. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 15. <input type="checkbox"/> 1958 <input type="checkbox"/> 1968 16. <input type="checkbox"/> 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DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION							
I. NAME (Mr.-Mrs.-Ms.-One given name, initial (s), and surname) Mr. Robert T. SHAW		II. DATE OF BIRTH 6-18-25		III. REQUEST NO. 3-26-59		IV. DATE OF REQUEST 3-26-59	
B. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, reposition, etc.) Direct Transfer to the Department (DT-11)		C. EFFECTIVE DATE 7-26-59		D. PROPOSED TITLE Foreign Service Reserve Officer		E. C.O. OR OTHER LEGAL AUTHORITY Legal Authority	
B. POSITION (Specify whether establish, change grade or title, etc.)		F. APPROVED 7-26-59					
PRO-Political Officer 1-1011-009 Consul <i>PSR-4 500000 Alized</i> <i>DS-1031-10040 Bogales Date 1/26/59</i> <input type="checkbox"/> OMBLE <input type="checkbox"/> REGULAR <i>By - DT-11</i>		G. POSITION TITLE AND NUMBER Diplomatic or Consular Title		H. SCHEDULE, SERVICE REGULAR I. ORGANIZATIONAL DESIGNATIONS Post Headquarters		J. FIELD K. DEPARTMENT L. DEPARTMENTAL M. REGULAR N. RESERVE	
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Form DS-1832
Effective to 30-68
Approved by the
Secretary of the Budget
May 1964

DEPARTMENT OF STATE
WASHINGTON 25, D.C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

A1950

1. NAME - Mr. Robert T. Shaw, Consular Agent and Consul

2. DATE OF BIRTH

6-18-25

3. SERIAL OR ACTION NO.

PS -107

FA DPL

Mr. Robert T. Shaw

4. DATE

2-19-59

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)

6. EFFECTIVE DATE

2-22-59

7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY

Promotion

FROM:

TO:

FSR-5 \$8965

Political Officer
Consul

FSR-4 \$9900

8. POSITION TITLE

Diplomatic or Consular Staff

9. SCHEDULE, SERIES
OR GRADE,
SALARY

10. ORGANIZATIONAL
DESIGNATIONS

11. HEADQUARTERS

12. DS CATEGORY

13. POSITION CLASSIFICATION ACTION

FIELD
 Regular
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 Non-US

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 Non-US

13. VETERANS PREFERENCE

14. APPROVALS

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1760000 例題解説書

PERSONNEL FOLIO

Form DS-1022
Edition 10-56
Amended by 10-56
Revised 10-56
Rev. 10-56

DEPARTMENT OF STATE
WASHINGTON, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE
 GS DPL

1. NAME (Mr.-Miss-Mrs-Other given name, middle initial and surname) MR. Robert T. Shaw	2. DATE OF BIRTH 6-18-35	3. JOURNAL OR ACTION NO. 73-49	4. DATE 8-12-57		
This is to notify you of the following action affecting your employment:					
5. NATURE OF ACTION (Use standard nomenclature) Change of Consular Title	6. EFFECTIVE DATE 8-5-57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
FROM:		TO:			
Political Officer Vice Consul	Diplomatic or Consular Title	Political Officer Consul			
	8. SCHEDULE, SERIES GS GRADE, SALARY	FSR-5	\$7900 7900		
	9. ORGANIZATIONAL DESIGNATION FBI	Regales			
10. HEADQUARTERS	11. GS CATEGORY PS Category	12. FIELD <input type="checkbox"/> Regular <input type="checkbox"/> Student <input type="checkbox"/> GS-13	13. DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Student <input type="checkbox"/> GS-13		
13. VETERAN'S PREFERENCE REGT/SEPT REGT Non-Veteran		14. POSITION CLASSIFICATION ACTION 1-1011-009			
		GEN	SIZE	L	TOTAL
15. 16. APPROVALS MR. 8A-5011		17. APPROVAL SIGNATURE EX-6504 15	18. APPROVAL SIGNATURE EX-6504 15	19. APPROVAL SIGNATURE EX-6504 15	20. APPROVAL SIGNATURE EX-6504 15
16. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.					

Consignor: **7-3-57**
Confirmor: **8-5-57**
Attestor: **8-5-57**

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

L.L. COULES

PRINTING AUTHORIZED BY DS-1022

PERSONNEL POLICY

Form DS-1031 (Revised to 8-17) Approved by the Bureau of the Budget May 1956											
DEPARTMENT OF REQUEST FOR PERSONNEL ACTION											
1. NAME (Mr., Miss Mrs., One place name, middle initial, and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-13-25									
3. NATURE OF ACTION REQUESTED Appointment (Specify diplomatic assignment, term, date, rank, pay grade, etc.) Attainment of another Commission		4. REQUEST NO. 5-29-57									
5. POSITION (Specify whether established, change grade or new, etc.) Political Officer Vice Consul <i>PSR-5 52650 \$7900</i>		6. EFFECTIVE DATE 8-5-57									
7. PRESENT POSITION Norales <i>Y-1057</i>		8. POSITION TITLE <small>SAC NUMBER</small> Diplomatic or Com- mercial Title Political Officer Consul <i>Mobilia 6/57</i>									
9. RANK, GRADE, <small>REGULAR</small> <small>RESERVE</small>		10. SALARY <small>REGULAR</small> <small>RESERVE</small>									
11. ORGANIZATIONAL <small>REGULAR</small> <small>RESERVE</small>		12. REASONABLE <small>REGULAR</small> <small>RESERVE</small>									
13. PSS CATEGORY <small>REGULAR</small> <small>RESERVE</small>		14. PSS CATEGORY <small>REGULAR</small> <small>RESERVE</small>									
15. VETERAN PERFORMANCE <table border="1"> <tr> <td>15-A</td> <td>15-B</td> </tr> <tr> <td>DISMISSED</td> <td></td> </tr> </table>				15-A	15-B	DISMISSED					
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16-A	16-B	16-C	16-D								
17. APPROVAL FORM To: <i>PA-3011</i>											
18. DATE OF APPROVAL <i>6/5/57</i>											
19. AUTHORITY <small>REGULAR</small> <small>RESERVE</small>											
20. MARITAL STATUS <small>REGULAR</small> <small>RESERVE</small>											
21. REQUEST APPROVED BY Signature and title <i>S. A. Johnson Jr.</i> SKAfecht, Asst. Chief, PPSI/PW											
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REMARKS: I am pleased to certify to the accuracy Notarial <i>7-2-57</i> Confidential <i>7-2-57</i> Attested <i>John L. Gandy</i> Appointment by the President as Counsel of the USA 8-5-57 Special Agent in Charge PPSI-124											
REQUEST FOR TRAVEL AUTHORIZATION											
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26. PURPOSE <small>REGULAR</small> <small>RESERVE</small>											
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STANDARD FORM 38
15 MAY 1948
FORM APPROVED BY THE CHIEF OF STAFF, U.S.
ARMED FORCES, JUNE 15, 1950
U. S. GOVERNMENT PRINTING OFFICE: 1950
G. P. M. CHAPTER 14

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

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

126 AUG 21 /4 ID 25

A. OATH OF OFFICE

PERSONNEL FILES

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert Tyler Shaw

(Type name of affiant)

R. Shaw

(Signature of affiant)

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

at Nogales, Sonora, Mexico

(City)

(State)

Chas. H. Kinney

CHAS. H. KINNEY

Consul of the United States of America

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

Department of State

Foreign Service

Nogales, Sonora, Mexico

Vice Consul

July 21, 1950

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

FPM-1000 Edition 10-56 Approved by the Secretary of the United States of America Rev. 1956		DEPARTMENT OF STATE WASHINGTON 25, D. C.	
NOTIFICATION OF PERSONNEL ACTION			
		SF-10 <input checked="" type="checkbox"/> PPS <input type="checkbox"/> PPL	
1. NAME (Mr., Miss, Mrs., One given name, middle initial and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.
Mr. Robert T. Shaw		6-18-25	P-148
This is to notify you of the following action affecting your employment:		4. DATE	
5. NATURE OF ACTION (Use standard terminology)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Granting of Consular Title		7-21-56	TDS
7. POSITION TITLE		Political Officer Vice Consul	
8. SCHEDULE, SERIES NO., GRADE, SALARY		PSR-4 \$7,490	
9. ORGANIZATIONAL DESIGNATIONS		Mogales	
10. HEADQUARTERS			
11. DEPARTMENTAL REGULAR RESIDENT Non-US		12. FIELD REGULAR RESIDENT Non-US	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION	
ARMED FORCES X		REG VICE F. A. REAL X	
15. SALARY APPROVAL FROM X 18-3011		16. PAYMENT CERTIFICATE X <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> CSC <input type="checkbox"/> none	
17. DATE OF APPROVAL MAY 1956			
18. LEGAL REVIEWER X			
19. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.			
20. Initiated: 7-17-56. Confirmed: 7-21-56. Attested: 7-21-56.			
Execute SF-61a in accordance with 1 FPM IV 126 as Vice Consul of the USA.			
SF-10 <input checked="" type="checkbox"/> PPS <input type="checkbox"/> PPL			
21. SIGNATURE OR OTHER IDENTIFICATION			

Form DS-1032 - Revision to 20-12 Approved by the Bureau of the Budget May 1954 DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION				PER/EM 4-27 AAB 5-31 ARA 4/30 TRANS PER-Green	SERVICE X EXP. <input type="checkbox"/> MTS
1. NAME - Name, title, rank, other name, initials, and surname Mr. Robert T. SHAW		2. DATE OF BIRTH 6-18-25	3. REQUEST NO. 7-21-56	4. DATE OF ACTION 4-27-56	
5. DEPARTMENT OF ACTION (NUMBER) A. PERSONNEL (Identify whether appointment, promotion, reversion, etc.) Granting of Consular Title B. POSITION (Identify whether political, consular, diplomatic, etc.)		6. EFFECTIVE DATE ASAP 7-21-56		7. CL. OR OTHER USAG, RETIREMENT	
Political Officer <i>(Vice Consul then confirmed)</i>		Political Officer <i>Vice Consul</i>			
DG-1032 - Journalized Date 7-2-56 By SP 4-27-56		PSR-4 \$7490 <i>Sh. 50% / 11/11/56</i>			
13. FIELD <input type="checkbox"/> FIELD <input type="checkbox"/> PROFESSIONAL		14. POSITION CLASSIFICATION ACTION 15. POSITION TITLE AND NUMBER Diplomatic or Consular Title 16. RANK/ GRADE, SERIES NO., GRADE, SALARY 17. ORGANIZATIONAL DESIGNATIONS Post 18. HEADQUARTERS 19. COUNTRY FSS Germany		16. POSITION CLASSIFICATION ACTION 17. POSITION TITLE AND NUMBER Negales 18. FIELD <input type="checkbox"/> FIELD <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> RETIREMENT	
20. RETIREMENT PREFERENCE 21. APPROPRIATION 22. CLEARANCE 23. SIGNATURE 24. APPROVAL 25. CLASSIFICATION 26. REMARKS		20. RETIREMENT PREFERENCE 21. APPROPRIATION 22. CLEARANCE 23. SIGNATURE 24. APPROVAL 25. CLASSIFICATION 26. REMARKS		20. RETIREMENT PREFERENCE 21. APPROPRIATION 22. CLEARANCE 23. SIGNATURE 24. APPROVAL 25. CLASSIFICATION 26. REMARKS	
27. TRAVEL AUTHORIZATION 28. COMMENTS		29. APPROVAL 30. APPROVAL 31. APPROVAL 32. APPROVAL 33. APPROVAL 34. APPROVAL 35. APPROVAL 36. APPROVAL 37. APPROVAL 38. APPROVAL 39. APPROVAL 40. APPROVAL 41. APPROVAL 42. APPROVAL 43. APPROVAL 44. APPROVAL 45. APPROVAL 46. APPROVAL 47. APPROVAL 48. APPROVAL 49. APPROVAL 50. APPROVAL 51. APPROVAL 52. APPROVAL 53. APPROVAL 54. APPROVAL 55. APPROVAL 56. APPROVAL 57. APPROVAL 58. APPROVAL 59. APPROVAL 60. APPROVAL 61. APPROVAL 62. APPROVAL 63. APPROVAL 64. APPROVAL 65. APPROVAL 66. APPROVAL 67. APPROVAL 68. APPROVAL 69. APPROVAL 70. APPROVAL 71. APPROVAL 72. APPROVAL 73. APPROVAL 74. APPROVAL 75. APPROVAL 76. APPROVAL 77. APPROVAL 78. APPROVAL 79. APPROVAL 80. APPROVAL 81. APPROVAL 82. APPROVAL 83. APPROVAL 84. APPROVAL 85. APPROVAL 86. APPROVAL 87. APPROVAL 88. APPROVAL 89. APPROVAL 90. APPROVAL 91. APPROVAL 92. APPROVAL 93. APPROVAL 94. APPROVAL 95. APPROVAL 96. APPROVAL 97. APPROVAL 98. APPROVAL 99. APPROVAL 100. APPROVAL 101. APPROVAL 102. 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STANDARD FORM 31a
DRAFT OF THE REPORT
FORM APPROVED BY THE COMPT. GEN. U. S.
APRIL 1943
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER A4

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 31a and 31b)

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

Virginia
(State)

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Robert T. Shaw
(Type or print name of affiant)

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

at Washington, D.C.
(City)

(Signature of officer)

Sec. 206, Act June 26, 1943
(Date)

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

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

RECORDED — U. S. GOVERNMENT PRINTING OFFICE

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

DEPARTMENT OF STATE
WASHINGTON D. C. U. S.

NOTIFICATION OF PERSONNEL ACTION

SEARCHED

INDEXED

FILED

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

<p>New DS-1030 Revision 10-32 Approved by the Bureau of the Budget May 1954</p> <p align="center">DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION</p>				SERVICE																																													
<p>1. NAME (Mr., Mrs., Miss, other given name, initials), and surname Mrs. Robert T. SHAW</p> <p>2. NATURE OF ACTION REQUESTED</p> <p>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Limited Appointment Section 522.1</p> <p>B. POSITION (Specify whether established, change grade or rate, etc.)</p>		<p>PER/EM 11/2 ARA 9/30 PRR-G-600</p> <p>6-18-25</p>	<p>AAB 5-3 TRANS</p>	<p>EE PL. <input type="checkbox"/> AFL</p> <p>4. DATE OF REQUEST 6-27-56</p> <p>5. C. OR OTHER LEGAL AUTHORITY</p>																																													
		<p>5. POSITION TITLE AND NUMBER <i>Diplomatic or Consular Title</i></p> <p>6. SCHEDULE, GRADES OR, GRADE - SALARY</p> <p>7. ORGANIZATIONAL DESIGNATIONS <i>Paid</i></p> <p>8. HEADQUARTERS</p> <p>9. DEPARTMENT <i>FES Category</i></p>	<p>"Political Officer</p> <p><i>(Vice Consul when confirmed)</i></p>	<p>FSR-4 \$7490 APP- an exceptio- 5/15/56</p>																																													
<p><input type="checkbox"/> FIELD <input type="checkbox"/> REGULAR</p> <p><input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> RESIDENT</p>		<p><input type="checkbox"/> FIELD <input type="checkbox"/> REGULAR</p> <p><input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> RESIDENT</p>	<p>NOGALES</p>	<p>10. VETERAN PREFERENCE <i>10-PF</i></p> <p>11. APPROPRIATION FROM: M PA 6A-8011</p> <p>12. RESERVE STATUS <i>None</i></p> <p>13. REQUESTED <i>Charles W. Bass</i></p> <p>14. CLEARANCES <i>INITIALS OR SIGNATURE</i></p> <p>15. PLACEMENT OR ENCL.</p> <p>16. APPROVED BY <i>PER/TR</i></p>																																													
		<p>10. POSITION CLASSIFICATION ACTION X NO 1-1011-009</p> <p>11. RETIREMENT COVERAGE <input checked="" type="checkbox"/> FRS <input type="checkbox"/> FS <input type="checkbox"/> FRA <input type="checkbox"/> NONE</p> <p>12. DATE OF APPOINTMENT APPROVALS <i>Authorization only</i></p> <p>13. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED <i>Va.</i></p>	<p>14. MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED</p> <p>15. SIGNATURE AND DATE <i>PER/EM Charles W. Bass</i></p> <p>16. CLEARANCES <i>INITIALS OR SIGNATURE</i></p> <p>17. APPROVED BY <i>SAC-A, 9-10-56</i></p>																																														
<p>REMARKS:</p> <p>* See separate DS-1031 for Commissioning for Vice Consul — <i>See L. -mjt</i></p>																																																	
<table border="1"> <thead> <tr> <th>OBJECT</th> <th>ESTIMATE #</th> <th>PER TO ENCLERQUE DRAFT NUMBER</th> <th>PER TO ENCLERQUE DRAFT NUMBER</th> <th>PER TO ENCLERQUE DRAFT NUMBER</th> </tr> </thead> <tbody> <tr> <td>CLASS</td> <td>POST</td> <td></td> <td></td> <td>FROM</td> </tr> <tr> <td></td> <td>APPR.</td> <td></td> <td></td> <td><i>Arlington, Va.</i></td> </tr> <tr> <td></td> <td>ALLOT.</td> <td></td> <td></td> <td><i>Nogales</i></td> </tr> <tr> <td></td> <td>VALU. NO.</td> <td></td> <td></td> <td><i>DETAILS ENCLURE</i></td> </tr> <tr> <td></td> <td>DATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SIGNATURE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E. D. DATE</td> <td>E. O. NO.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					OBJECT	ESTIMATE #	PER TO ENCLERQUE DRAFT NUMBER	PER TO ENCLERQUE DRAFT NUMBER	PER TO ENCLERQUE DRAFT NUMBER	CLASS	POST			FROM		APPR.			<i>Arlington, Va.</i>		ALLOT.			<i>Nogales</i>		VALU. NO.			<i>DETAILS ENCLURE</i>		DATE					SIGNATURE				TOTAL					E. D. DATE	E. O. NO.			
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E. D. DATE	E. O. NO.																																																
<p>REMARKS</p> <p>Authorize travel of appointee and dependents from Arlington, Va. to Nogales, Mexico.</p>																																																	

STANDARD FORM 57
REvised 1-1-64
GSA GEN. REG. NO. 27, 1-15-64

APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

APPLYING FOR		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only	
		<input type="checkbox"/> Active <input type="checkbox"/> Scheduled <input type="checkbox"/> Newgrade <input type="checkbox"/> Reassigned Service: _____ App. Review: _____	
1. Kind of position applied for or name of occupation 2. Optional (if not listed in experience section above)		Approvals: Open Grade Current Rating Previous Rating <input type="checkbox"/> Present Status <input type="checkbox"/> Present Comp. Due <input type="checkbox"/> Other Job Priorities <input type="checkbox"/> Draft <input type="checkbox"/> Being Investigated	
3. Place of employment applied for City and State Foreign Service 4. First name Middle initial Maiden, if any Last MR. Robert Tyler Shaw SOC. 5. Street and number or P. O. number 3000 N. Oakland St., Arlington, Va. <small>(City or post office including postal zone) and State Arlington 7, Virginia</small>		6. Place of birth City Washington	
7. State or foreign country D.C. 8. Date of birth (month, day, year) 18 June 1925		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
9. Height without shoes 5 feet 7 inches Weight 110 pounds		10. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single Relate and Date	
11. Hand power JA 2-1586 Other phone		12. Legal or voting residence (State) Virginia If you have ever been employed by the Federal Government, indicate last grade GG-12 Dates of service in that grade From July 1954 to present	
13. AVAILABILITY INFORMATION: A. Indicate the lowest salary you will accept You will not be considered for any position with a lower estimated salary.			
B. If you are now a Federal employee, indicate the lowest grade you will accept			
C. Will you accept appointment for <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months? <small>Acceptance or refusal of a short term appointment will not affect your consideration for regular appointment.</small>			
D. Accepting military pay <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Community E. Will you accept appointment <input type="checkbox"/> In Washington, D. C. <input type="checkbox"/> Anywhere in United States <input checked="" type="checkbox"/> Outside U. S.			
F. Will you accept appointment in one or more locations, but share			
14. VETERAN INFORMATION: A. If you claim 1 point preference based on war or military service, indicate Entered active duty date Discharge date Branch of service September 1943 March 1945 Army Serial number IP No. or date granted 35228658			
B. Do you claim 1/2 or preference as a previous congressional veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Do you claim 1/2 point preference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
D. Have you ever been granted 1/2-point preference or 1-point preference as a previous congressional veteran by the U. S. Civil Service Commission? <small>You <input checked="" type="checkbox"/> may attach below the other which grants the preference to you. Attach proof of each instance of preference. It will be returned when you are no longer needed.</small>			
Name of U. S. Civil Service Commission office or name of Board of U. S. Affairs of Commission office or Board of Employment Civil Service Commission Board of Employment			
1. City 2. State 3. Zip code _____ _____ _____			

THIS FORM IS NOT TO BE APPROPRIATELY USED FOR RATING. The ratings may vary in accordance with the questions. THE FORM IS NOT TO BE USED FOR DISCHARGE
 until the agency which has the responsibility has made some other provision for it.

Right-hand page **APPROVALS** Right-hand page
 This **APPROVALS** Right-hand page

STANDARD FORM 57 - continuation
#16
5.

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

Anti-Aircraft

Robert T. Shaw
18 June 1925

3000 N. Oakland St.
Arlington 7, Virginia

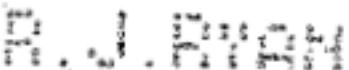
ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

a. Date of employment started From November, 1947 To October, 1949 Dates of service Service \$ 2400 per year Total \$ 3600 per year Name and address of employer (firm, organization, etc.) Procter & Gamble		b. Place of employment Cincinnati, Ohio Kind of business or organization Soap and chemical manufacture Name and title of employer supervisor Carl Frantz, Chief	
Reason for leaving Desire for Foreign Service. Description of work Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.			
If you have additional experience blocks, see explanatory page ATTACHMENT SHEET.			
17. SPECIAL QUALIFICATIONS AND SKILLS. a. License and Certificates - Name and number of license or certificate and date issued or other rating received, which granted by, for example, state, nation, industry, hospital, labor union, G. F. C., etc. b. Your most important publications, titles and names of papers written c. Your present or previous d. Previous speaking or debating experience e. Membership in professional or scientific societies, etc. f. Honors and fellowships received			
(5) Phi Beta Kappa			
18. EDUCATION. a. Year the highest secondary or equivalent grade completed 12 If you completed high school, give date 1943 b. Name and location of high school attended Beth High School, Osborn, Ohio			
c. Name and location of college or university The Ohio State University The Ohio State University University of Arizona d. Name and location of college or university University of Toledo e. Length of time in college Spanish Political Science			
f. Languages learned in college Spanish French g. Languages learned in high school Spanish French			
h. Languages learned at home Spanish French			

F.O. Form 5010
Edition 10-59
Amended by the
General Circular Report
Mar 1961.

DEPARTMENT OF STATE
WASHINGTON D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last-First-Middle) (One space between first and middle)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE	SEARCHED <input checked="" type="checkbox"/> PS <input type="checkbox"/> DSPL
Mr. Robert T. Mifflin		6/18/25	73	20	12/9/54
This is to notify you of the following action affecting your employment:					
5. NATURE OF ACTION (One word terminology) Resignation for Personal Reasons without Prejudice		6. EFFECTIVE DATE OAS 7/30/54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		
FROM:					
Economic Officer OAS-11 Vice Consul 733-9 05079		8. POSITION TITLE AND NUMBER Diplomatic or Com- munity Title	TO:		
		9. SCHEDULE, SERIES SD, GRADE, SALARY			
		10. ORGANIZATIONAL DESIGNATIONS Post			
		11. HEADQUARTERS			
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Retired <input type="checkbox"/> Res-Off		12. IN CATEGORY FE Category	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Retired <input type="checkbox"/> Res-Off	13. VETERAN'S PREFERENCE	
AFM S-PF 100% Non to		14. POSITION CLASSIFICATION ACTION GEN. VICE. L. A. REG.	AFM S-PF 100% Non to		
15. RANK		16. APPROVAL SIGN	17. APPROVING OFFICER RANK	18. DATE OF APPROVAL OCT 1954 (Signature Under)	19. LEGAL DISPOSITION <input type="checkbox"/> Dismissed <input type="checkbox"/> Pending Report
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.					
Employment status:Indefinite					
All leave transferred.					
Address: Robert T. Mifflin 1714 Huntington St., Arlington, Va.					
					
REVERSE SIDE OF FORM					
2. PERSONNEL FOLDER					

494

FORM FS-352 (REV.) 8-19-62 DEPARTMENT OF STATE FOREIGN SERVICE UNITED STATES OF AMERICA			DATE OF REQUEST 7-20-54	ACTION CONTROL	
PERSONNEL ACTION WORK SHEET			PROPOSED 7-20-54	ACTION OF 7-20-54	NO. ROUTING DATE
NAME SHAW Robert T.	GRADE MURKIN	DATE OF BIRTH 6-12-25	SEX M		
NATURE OF ACTION REASSIGNMENT - REASSIGNMENT STATEMENT - NO PAYMENT DRAFTED			PREFERENCE 1. FPC 2. FOR A&B 3. TRANS. 7/28		
PRESENT STATUS (from) Economic Officer DEC 9 1954			PENDING STATES (to)		
FUNCTIONAL TITLE	DIP-CONS. OR OTHER TITLE	POST	STATE OF LEGAL RESIDENCE		
CLASS AND SALARY PSS-9 \$4899 Regal (5c/19)			RETIREMENT DEDUCTIONS <input type="checkbox"/> CSC <input type="checkbox"/> SOC SEC SOC SEC NO.		
APPROPRIATION ALLOWMENT SA-4011			VETERAN <input type="checkbox"/> NON-VETERAN		
POSITION NUMBER G-11			RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		
NATURE OF EMPLOYMENT <input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	STATE LIMITATION <input type="checkbox"/> APPOINTED TO <input checked="" type="checkbox"/> REGULAR STAFF <input type="checkbox"/> RESIDENT U.S. STAFF <input type="checkbox"/> LOCAL NON-US			BRANCH OF SERVICE (Specify)	
NATURE OF POSITION (Check applicable box) <input type="checkbox"/> NEW <input type="checkbox"/> COMPLEMENT REPLACEMENT (None) <input type="checkbox"/> VICE			PRESENT MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> SEPARATED		
CONCURRENCE BY: (Initials) EXCHG BUREAU OTHER AGENTS OTHER OFFICES			DATE A&B APPROVED		
			LOYALTY FORMS SUBMITTED <input type="checkbox"/> SF 83 <input type="checkbox"/> SF 87		
ADDITIONAL INFORMATION AND INSTRUCTIONS (Subparts A, B, C, D, E, F, G, H, I, J and K)					
Please accept Mr. Shaw's resignation in accordance with his letter of 7-14-54 (attached). Reason: Continue post-graduate studies. BUSH 5-26-52 Arrival at post: 6-19-52					
RELEASER'S SIGNATURE: (Signature of Appointing Officer) Robert T. Shaw, Economic Officer, A&B			MONITORING AND USE OF APPROVING OFFICER		
REQUEST FOR TRAVEL AUTHORIZATION					
OBJECT CLASS	ESTIMATED COST	PER/PFTC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM Guayaquil	TO Arlington, Va.
0100	1500 APPR.			VIA	DETAILED ENROUTE approx 5 days*
0200	3000	ALLOW. 5-20-55		WATER/ENCL/MAIL	cons w/pur diem GARANT AUTH.
0300	4500	END 16 MAY		SHIPMENT OF EFFECTS FROM Guayaquil to Arlington, Va.	
IN DATE TRAVEL ORDER NUMBER REGISTRY CS/T: Mr. Shaw has completed 5 days consultation in the Department and is now taking leave in Arlington, Va. Please cancel that part of TO 4-2120 dated June 11, 1954 which authorized transportation from home, to Tucson, Arizona and thence to Guayaquil. Authorize instead ship- ment of effects from Guayaquil to Arlington, Va., place of residence on service separation listed on Intest 4-416 dated 4-1-54.					
Also cancel 0831223					

✓ do

All leave transferred. 1150 forwarded. CCB 7/20/54

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

Robert F. Shaw
~~Robert F. Thompson, Jr., Jr.~~
Personnel

1714 HUNTINGTON ST. No.
ARLINGTON, Va.



APPROPRIATE OFFICIAL COMMUNICATED TO
THE SECRETARY OF STATE,
WASHINGTON, D.C.



DEPARTMENT OF STATE
WASHINGTON

Washington, D.C.
July 19, 1954

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

Attn: Mr. Leep

Gentlemen:

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

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

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

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

Yours very truly,

Robert T. Shaw

Robert T. Shaw

FEB. 6-1-61		DEPARTMENT OF STATE		Operation:		DATE July 16, 1954					
						JOURNAL NO. 82					
NOTIFICATION OF PERSONNEL ACTION											
NAME (LAST) (FIRST) (MIDDLE)		DATE OF BIRTH		SEX		LEGAL AUTHORITY					
Shaw Robert T.											
NATURE OF ACTION		EFFECTIVE DATE		DATE OF OATH							
Periodic Step Increase		June 20, 1954									
FROM		TO									
FUNCTIONAL TITLE				Same							
DIPLOMATIC OR CONSULAR TITLE											
POST				Guayaquil							
CLASS AND SALARY		PSS-9 \$4899		PSS-9 \$5079							
APPROPRIATION ALLOTMENT				51-4011							
POSITION NUMBER											
NATURE OF EMPLOYMENT	PERM.	INDEF.	LIN.	TEMP.	FULL PART	PERM.	INDEF.	LIN.	TEMP.	FULL PART	
REGULAR STAFF			LEGAL RESIDENCE	CITY		RETIREMENT DEDUCTIONS	FE				
RESIDENT U.S. STAFF				STATE			C.A.				
LOCAL NON-U.S.							PIRA				
VETERAN			BRANCH OF SERVICE		MILITARY RESERVE STATUS		MARITAL STATUS				
NON-VETERAN					READY	STAND-BY	CHILDREN				
							DEPENDENTS				
ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO ALL APPLICABLE LAWS, RULES AND REGULATIONS. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.											
REMARKS:											
(Standard) _____ (Type) _____											

FORM FS-540 11-4-49 DEPARTMENT OF STATE DIVISION FOREIGN SERVICE PERSONNEL PERSONNEL ACTION				DATE June 5, 1953 <small>JOURNAL NO. 147</small>					
NAME Shaw Robert T. <small>Initials</small>				DATE OF BIRTH <small></small>					
<small>This is to notify you of the following action concerning your employment</small>				LEGAL AUTHORITY <small></small>					
NATURE OF ACTION PERIODIC STEP INCREASE <small>FROM</small>				EFFECTIVE DATE June 7, 1953 <small>TO</small>					
FUNCTIONAL TITLE <small></small>				<small></small>					
DIP., CONSULAR OR OTHER TITLE <small></small>				S-200 <small></small>					
POST <small></small>				Guayaquil <small></small>					
CLASS AND SALARY FSS-9 \$4719				FSS-9 \$4899 <small></small>					
APPROPRIATION FUND <small></small>				3A 2011 <small></small>					
POSITION NUMBER <small></small>				S-200 <small></small>					
NATURE OF EMPLOYMENT <small></small>		PERMA- <small>NENT</small>	TEMPO- <small>RARY</small>	OTHER <small></small>	FULL <small>PART</small>	PERMA- <small>NENT</small>	TEMPO- <small>RARY</small>	OTHER <small></small>	FULL <small>PART</small>
RETIREMENT DEDUCTIONS <small></small>		YES <small>NO</small>	REGULAR STAFF <small>LOCAL STAFF</small>		NATURE OF POSITION <small>NEW ADDITIONAL REALLOCATION</small> <small>VICE (Rev.)</small> <small>LEGAL RESIDENCE</small>				
VETERAN NON-VETERAN <small></small>		<small>NON-US</small>							
SEX <small></small>		MARITAL STATUS CHILDREN AND DEPENDENTS <small></small>							
<small>Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.</small>									
REMARKS: <p style="text-align: center;">Last salary increase May 23, 1952. Performance rating meets required standards.</p>									
 <small>(Signature)</small>									
TITLE _____									
FOLDER									

FORM FS-349 11-4-49		DEPARTMENT OF STATE DIVISION OF FOREIGN SERVICE PERSONNEL		20	DATE Dec. 5, 1952			
PERSONNEL ACTION								
NAME SHAW Robert T.		DATE OF BIRTH Apr. 12, 1927		LEGAL AUTHORITY				
NATURE OF ACTION Change in Title		EFFECTIVE DATE Dec. 5, 1952		SERVICE PSS				
				DATE OF OATH				
FUNCTIONAL TITLE	FROM Consular Officer		TO Economic Officer					
DIP., CONSULAR OR OTHER TITLE	Vice Consul		Vice Consul					
POST	Guayaquil		Guayaquil					
CLASS AND SALARY	PSS-9 \$4719		PSS-9 \$4719					
APPROPRIATION ALLOTMENT	JA 2011		JA 2011					
POSITION NUMBER	00-9		00-11					
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	OTHER <i>Indef</i>	FULL PART	<input checked="" type="checkbox"/> PERMA-NENT	TEMPO-RARY	OTHER <i>Indef</i>	FULL PART
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	REGULAR STAFF		<input checked="" type="checkbox"/>	NATURE OF POSITION			
VETERAN NON-VETERAN	NO	LOCAL STAFF			NRW	VICE CONSUL		
SEX Male	MARITAL STATUS, CHILDREN, AND DEPENDENTS		Married-1		LEGAL RESIDENCE			
Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.								
REMARKS:								
 (Signature)								
TITLE _____								

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

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

* * * * - 40000

DEC 4 1952

VTRM

DEPARTMENT OF STATE DIVISION OF FOREIGN SERVICE PERSONNEL					DATE May 19, 1952 JOURNAL NO 18				
PERSONNEL ACTION									
(last)	(first)	(middle)	DATE OF BIRTH		LEGAL AUTHORITY				
NAME Bhay, Robert T.			June 18, 1925		PL 724 79th				
This is to notify you of the following action concerning your employment.					SERVICE PSS				
NATURE OF ACTION					DATE OF OATH 5/28/52				
Indefinite Appointment to 10180					5/28/52				
FROM					TO				
FUNCTIONAL TITLE					Consular Officer				
DIP. CONSULAR OR OTHER TITLE					Vice Consul				
POST					Guayaquil				
CLASS AND SALARY					PSS-9 \$4719				
APPROPRIATION ALLOTMENT					2A 5011				
POSITION NUMBER					00-9				
NATURE OF EMPLOYMENT	PERMANENT	TEMPO- RARY	OTHER	FULL PART	PERMA- NENT	TEMPO- RARY	INDEFINI- TE	FULL PART	
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	REGULAR STAFF			NO	NATURE OF POSITION			
VETERAN STATUS-VETERAN	NO <input type="checkbox"/>	LOCAL STAFF			NEW	VICE (name)			
SEX Male	NONHUSBAND					ADDITIONAL			
MARITAL STATUS, CHILDREN, AND DEPENDENTS					REALLOCATION				
Married					LEGAL RESIDENCE Arizona				
Conditions and requirements: Above action and continuance of status reflected thereby shall be subject to such conditions and requirements listed on reverse of this page as are cited herewith.									
REMARKS: Items: a, b, c, d, e, f, g (619 m). No military reserve status. Forms 65 and 57 submitted to NY. Position description requested from Post in quadruplicate within 30 days after employee reports at Post.									
G3/T: Authorize travel of appointee from Arlington, Va. via Washington, D.C. to Guayaquil. Wife: From Arlington, Va. to Guayaquil, Tucson, Shipment of effects: From Arlington, Va. and/Arizona to Guayaquil. Janet Lee Ruggles-wife.									
2									
FOLDER									

STANDARD FORM 88
MAY 1942 EDITION
GSA GEN. REG. NO. 27
FEDERAL CIVIL SERVICE COMMISSION
U. S. GOVERNMENT PRINTING OFFICE
1942 15-1000

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

I, Robert T. Shaw _____, Arizona _____
(State)
do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

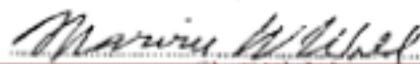
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw _____
(Signature of Appointee)


Robert T. Shaw
(Signature of Appointee)

Subscribed and sworn before me this 26th day of May A. D. 1952

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


Marvin Whithell
(Notary Public)

[SEAL]

My commission expires December 14, 1953

Notary Public
(Title)

Department of State
(Department or Agency)

Foreign Service
(Bureau or Division)

Washington, D.C.
(Place of appointment)

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

May 26, 1952
(Date of commission or appointment)

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

16-40202-1 U. S. GOVERNMENT PRINTING OFFICE

STANDARD FORM 144 JANUARY 1962 U. S. CIVIL SERVICE COMMISSION THE CHARTERS II AND IV STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE										
IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.										
PART I—EMPLOYEE'S STATEMENT										
I. NAME (Last, first, middle initial) SHAW, ROBERT T.					II. DATE OF BIRTH 18 JUNE 25					
III. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service.)										
NAME AND LOCATION OF AGENCY U.S. GOVERNMENT FOREIGN SERVICE	FROM— YEAR MONTH DAY			TO— YEAR MONTH DAY			TYPE OF APPOINTMENT IF KNOWN —			
	49	10	24	52	2	15		2	3	22
	52	5	28	54	7	30		2	2	3
IV. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."										
BRANCH U.S. ARMY	FROM— YEAR MONTH DAY			TO— YEAR MONTH DAY			DISCHARGE (Rank or discharge) HON			
	43	9	11	45	3	8		1	5	27
V. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM III, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS' ADVICE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>IF ANSWER IS "YES," LIST FOLLOWING INFORMATION:</small>										
TYPE OF PAY <small>(EIPOP, Post Supp., AFVOL, War Risk)</small>	FROM— YEAR MONTH DAY			TO— YEAR MONTH DAY			TOTAL MONTHS DAYS			
VI. DURING THE FEDERAL SERVICE LISTED IN ITEM I, DID YOU ACQUIRE A PERMANENT COMPENSABLE DISABILITY STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>If answer is "Yes," in what agency were you employed at the time status was acquired?</small>										
VII. ARE YOU: A. THE WIFE OR A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE MOTHER OF A DISABLED OR DISABLED JETE RPT? <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE EX-SPW/HW WIFE OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										
VIII. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief. Sept 28, 1954. <i>Robert T. Shaw</i> <small>(DATE) (SIGNATURE)</small>										
Subscribed and sworn to before me on this _____ day of _____ 19____ at _____ (STATE) (CITY)										
SEAL <i>Marylyn Mallow</i>										
<small>NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.</small>										
(OVER)										

<p style="text-align: center;">FEDERAL FORM GSA GEN. REG. NO. 27-5077, 2 1-1961 APPLICATION FOR FOREIGN SERVICE AND DEPARTMENTAL EMPLOYMENT (Use with Standard Form 57)</p> <p>If more space is required, see additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.</p>		<p style="text-align: center;">GSA GEN. REG. NO. 27-5077, 2 APPROVAL EXPIRES August 31, 1956</p> <p>b. 4. NAME (PRINT) Robert Tyler SHAW</p> <p>b. ADDRESS 1714 Huntington Arlington, Va.</p>	
<p>1. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Departmental employment only. Standard Form 57 must be filled out in any case.</p> <p><input checked="" type="checkbox"/> FOREIGN SERVICE ONLY <input type="checkbox"/> FOREIGN SERVICE AND DEPARTMENTAL</p>			
<p>3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)</p> <p>909 North Campbell Ave., Tucson, Arizona</p>			
<p>4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? If a naturalized citizen, give place, date, and number of naturalization certificate. (Section II on Form 57).</p>			
<p>5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Give details, if answer is yes to a. or b.)</p>			
<p>6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances) \$ 8 PER YEAR</p>			
<p>7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD? None</p>			
<p>8. a. FULL NAME OF SPOUSE (if wife, give maiden name) Janet Lee Ruggles SHAW (wife)</p>		<p>b. DATE OF BIRTH 12 April 1927</p>	
<p>c. PLACE OF BIRTH (city, State or Province, and country) Three Rivers, Mich.</p>			
<p>d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?</p>		<p>e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.</p>	
<p>f. NAMES OF PARENTS</p>		<p>g. RELATIONSHIP</p>	
<p>Janet Lee Ruggles SHAW</p>		<p>wife</p>	
<p>h. DATE OF BIRTH</p>		<p>i. PLACE OF BIRTH</p>	
<p>10. a. FATHER'S NAME</p>		<p>b. PRESENT ADDRESS</p>	
<p>Malvina Goss Franklin F. Shaw</p>		<p>Dept. of Defense, Wash.</p>	
<p>c. PLACE OF BIRTH</p>		<p>Newport, Ky.</p>	
<p>11. b. MOTHER'S NAME</p>		<p>d. PRESENT ADDRESS</p>	
<p>Mary Anna Sheed Shaw</p>		<p>1714 Huntington, Arlington, Virginia</p>	
<p>e. PLACE OF BIRTH</p>		<p>Elizabethtown, Ky.</p>	
<p>12. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE IN THE POSITION OF CONSUL OR CONSUL GENERAL?</p>			
<p>If "Yes," give date, nature of position applied for, and kind of examination taken, if any.</p>			

14. RELATIVES YOU ARE LIVING IN FOREIGN COUNTRIES				
NAME	RELATIONSHIP	ADDRESS		
NONE				
15. FOREIGN LANGUAGES (Replace item 16 on Form 37)				
Name and indicate the extent of your competence, i.e., Excellent, Good, Fair				
A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Ex	Ex	Ex	Ex
French	Good			Fair
Russian	Slight			
16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:				
A. BUSINESS				
B. GOVERNMENT				
C. MILITARY				
17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS				
DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY	
1949-1952	American Embassy	Carracas	Venezuela	
1947-1949	40 Henry Ave.	Fort Thomas	Kentucky	
1945-1947	1734 E. 2nd	Tucson	Arizona	
1943-1945	US Army			
1942-1943	702 D. St.	Wright Field	Ohio	
18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
IF "NO," STATE INFORMATION REQUESTED BELOW:				
NAME OF CREDITORS		AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED	
19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF YES, STATE DETAILS IN ITEM 39 OF FORM 37.				
20. PREVIOUS MILITARY STATUS				
A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, STATE BOARD, THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION				
B. DO YOU HAVE A MILITARY RESERVE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, STATE BOARD, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS.				
21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING PSEUDONYMS. IF NEEDED MORE THAN ONE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT Duplicate INFORMATION SUPPLIED IN ITEM 16 OR FORM 37.				
22. HAVE YOU EVER HAD CIVIL EMPLOYMENT OR FREELANCE WORK? IF YES, STATE OCCUPATION, IF ANY.				
23. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 30 of Form 37 or on a separate sheet, any additional appropriate data that you wish to have considered.				
DATE <i>10/1/67</i> SIGNATURE <i>R. J. F. S.</i>				

FEDERAL EMPLOYMENT APPLICATION		PLICATION FOR FEDERAL EMPLOY.																																								
<p>NOTE TO APPLICANT: Be certain to furnish complete and accurate information. Your application process may depend upon the completeness and accuracy of your application. If you are applying for a position in the Foreign Service, attach your resume to this application. If you are applying for a GS-11/12/13/14 examination, send this application to the Office of Personnel, Washington, D.C., or to the appropriate personnel office in your state. If you are applying for a GS-15/16/17 examination, attach the resume to this application and mail it to the appropriate personnel office in your state.</p>																																										
1. NAME OF EXAMINER OR PERSON IN CHARGE OF POSITION APPLIED FOR 2. GRADE (If designated in examination announcement) 3. PLACE OF EMPLOYMENT DESIRED (City and State) & DATE OF INSPECTION S. S. N. (First name) (Middle) (Last name, maiden) Robert Tyler Shaw 4. CITY STREET ADDRESS 1714 Huntington St., Arlington, Va. 5. CITY OR POST OFFICE (including postal zone and state) Arisona 6. DATE OF BIRTH (Month, Day, Year) 18 June 1925 7. PLACE OF BIRTH (City and State, if born outside U.S., name city and country) Washington, D.C. 8. HEIGHT WITHOUT SHOES M. MALE F. FEMALE 5 FEET 9 INCHES 9. WEIGHT 135 POUNDS 10. DO YOU HAVE EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE 		<p>DO NOT WRITE IN THIS BLOCK Per Use of Civil Service Commission Only</p> <table border="1"> <tr> <td><input type="checkbox"/> VETERAN</td> <td><input type="checkbox"/> MATERIAL SUBMITTER</td> <td><input type="checkbox"/> ENTITLED REGISTER</td> </tr> <tr> <td><input type="checkbox"/> HOMELESS</td> <td><input type="checkbox"/> SUBMITTED APPLIED</td> <td></td> </tr> <tr> <td colspan="2">NOTIFICATION</td> <td>APR. REVIEW</td> </tr> </table> <p>APPROVED:</p> <table border="1"> <thead> <tr> <th>OPTION</th> <th>GRADE</th> <th>EARNED PAY RATE</th> <th>PROMOTION RATE</th> <th>BASIC PAY RATE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> POINTS CREDIT</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PAY RATE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PAY ON WEEKLY</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> RETAIL</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> RETAIL ON WEEKLY</td> <td></td> </tr> </tbody> </table> <p>INITIALS AND DATE</p>		<input type="checkbox"/> VETERAN	<input type="checkbox"/> MATERIAL SUBMITTER	<input type="checkbox"/> ENTITLED REGISTER	<input type="checkbox"/> HOMELESS	<input type="checkbox"/> SUBMITTED APPLIED		NOTIFICATION		APR. REVIEW	OPTION	GRADE	EARNED PAY RATE	PROMOTION RATE	BASIC PAY RATE				<input type="checkbox"/> POINTS CREDIT					<input type="checkbox"/> PAY RATE					<input type="checkbox"/> PAY ON WEEKLY					<input type="checkbox"/> RETAIL					<input type="checkbox"/> RETAIL ON WEEKLY	
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<p>12. IN WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 1500 PER MONTH You will not be considered for any position with a lower entrance salary.</p> <p>13. CHECK IF YOU WILL ACCEPT SHORT TERM EMPLOYMENT IF OFFERED, FOR <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS</p> <p>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.</p> <p>14. IF YOU ARE WAITING TO TRANSFER SPECIFY <input type="checkbox"/> CIVILIAN STAFF <input type="checkbox"/> MILITARY STAFF <input type="checkbox"/> CONTRACT STAFF</p> <p>15. INSTRUCTIONS: It is important for you to furnish all information requested below as fully and clearly as possible. The Civil Service Commission and the employing offices of agencies have your full rights in determining your qualifications. Use a separate block for each question. Check with your present position and back back, especially closely the principal duties which you performed in the past. In giving the principal duties of your present position, give a general statement of the work you do, and then list the specific duties you perform. If you have been employed by the Federal Government in a position other than the one you are applying for, list the position and the date of entry and the date of leaving. If you have been employed by the Federal Government in a position other than the one you are applying for, list the position and the date of entry and the date of leaving. If you have been employed by the Federal Government in a position other than the one you are applying for, list the position and the date of entry and the date of leaving.</p> <p>PRESENT POSITION</p> <table border="1"> <tr> <td>DATE OF BEGINNING CURRENT POSITION</td> <td>NAME & TITLE OF YOUR PRESENT POSITION</td> <td>CLASSIFICATION, ETC., OF POSITION</td> <td>GRADE, PAY RATE, AND PAY SYSTEM</td> </tr> <tr> <td>PLACE OF EMPLOYMENT (City and State)</td> <td>NAME AND TITLE OF PREVIOUS POSITION</td> <td>CLASSIFICATION, ETC., OF PREVIOUS POSITION</td> <td>GRADE, PAY RATE, AND PAY SYSTEM</td> </tr> <tr> <td>NAME AND TITLE OF PREVIOUS POSITION</td> <td>NAME OF POSITION OR ACTIVITY (e.g., - Auditor, Clerk, Insurance Agent, Manufacturer of Soaps, etc.)</td> <td>CLASSIFICATION, ETC., OF PREVIOUS POSITION</td> <td>GRADE, PAY RATE, AND PAY SYSTEM</td> </tr> <tr> <td>NAME AND TITLE OF PREVIOUS POSITION</td> <td>REASON FOR LEAVING OR LEAVING DATE</td> <td>CLASSIFICATION, ETC., OF PREVIOUS POSITION</td> <td>GRADE, PAY RATE, AND PAY SYSTEM</td> </tr> </table> <p>16. 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(2) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE OF THE FEDERAL SERVICE	SALARY OR EXPENSES STARTING & FINAL
From Oct. 1949 - Feb. 1952		Assistant Attaché	FSC-9	\$2,100 per year
PLACE OF EMPLOYMENT (City and State)		DESCRIPTION OF DUTIES OR ASSIGNMENT (e.g., wholesale sales, insurance agency, manufacturer of books, etc.)		
Wash., D.C., and Caracas, Venezuela		Ambassador		
NAME AND KIND OF EMPLOYER(S) ENROLLED BY YOU		REASONS FOR LEAVE		
3 clerks		To accompany wife to U.S. for immediate medical attention		
DESCRIPTION OF YOUR WORK		GENERAL DUTIES		
General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memorandum for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela). Assistance in the consular section with visa affairs.				
(3) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE OF THE FEDERAL SERVICE	SALARY OR EXPENSES STARTING & FINAL
From Nov. 1947 to Oct. 1949		Editor	GS-11	\$3,400 per yr.
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
Cincinnati, Ohio		Carl Frantz, Chief		
NAME AND ADDRESS OF CONTRACTOR (firm, organization, or person) OF FEDERAL NAME DEPARTMENT, BUREAU OR ESTABLISHMENT, AND DIVISION		NAME OF BUSINESS OR CORPORATION (e.g., wholesale sales, insurance agency, manufacturer of books, etc.)		
Procter & Gamble		Soap and chemical manufacture		
NAME AND KIND OF EMPLOYER(S) ENROLLED BY YOU		REASONS FOR LEAVE		
2 clerks, various printshop employees		Desire for Foreign Service		
DESCRIPTION OF YOUR WORK		GENERAL DUTIES		
Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for company "house magazine". Maintenance of close liaison with other personnel departments. Work with company printshop and private printing establishments.				
(4) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE OF THE FEDERAL SERVICE	SALARY OR EXPENSES STARTING & FINAL
PLACE OF EMPLOYMENT (City and State)		REASONS FOR LEAVE		
NAME AND ADDRESS OF CONTRACTOR (firm, organization, or person) OF FEDERAL NAME DEPARTMENT, BUREAU OR ESTABLISHMENT, AND DIVISION		NAME OF BUSINESS OR CORPORATION (e.g., wholesale sales, insurance agency, manufacturer of books, etc.)		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASONS FOR LEAVE		
DESCRIPTION OF YOUR WORK		GENERAL DUTIES		
REASONS FOR LEAVE				

STANDARD FORM 57 (REV. 1-26-52) U. S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT							
<p>INSTRUCTIONS: In order to prevent a copy or consideration of your application, write your answers on other face sheets and complete them before you come to this office. In applying for a specific United States civil service position, read the instructions, answer every question, and follow all directions. If you are applying for a WORLD WAR II compensation, follow the directions. If you are applying for a WORLD WAR II compensation, follow the directions.</p>		<p>Instructions on the address line, including designation of the office, are given below. If you are applying for an EXTRA ROTTEN examination, and if the application is to be used on another occasion, be sure to send it to the same office as the office used on the previous occasion. Be sure to send the same office any other documents required by the government. Notify the office with which you file this application of any change in your address.</p>							
<p>1. NAME OF EXAMINATION OR TEST OR POSITION APPLIED FOR</p>		<p>DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p>							
<p>2. OFFICE (or examining or examining headquarters)</p>		<table border="1"> <tr> <td style="text-align: center;">APPROVED</td> <td style="text-align: center;">RECEIVED</td> </tr> <tr> <td style="text-align: center;">INITIALS</td> <td style="text-align: center;">INITIALS REGISTER</td> </tr> <tr> <td style="text-align: center;">APR. 1952</td> <td></td> </tr> </table>		APPROVED	RECEIVED	INITIALS	INITIALS REGISTER	APR. 1952	
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INITIALS	INITIALS REGISTER								
APR. 1952									
<p>3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) Foreign Services</p>		<p>4. DATE OF THIS APPLICATION 25 February 52</p>							
<p>5. (First name) (Middle) (Last, if any) (Initials)</p> <p>Robert Tyler SHAW</p>		<table border="1"> <tr> <td style="text-align: center;">APPROVED</td> <td style="text-align: center;">RECEIVED</td> </tr> <tr> <td style="text-align: center;">INITIALS</td> <td style="text-align: center;">INITIALS REGISTER</td> </tr> <tr> <td style="text-align: center;">APR. 1952</td> <td></td> </tr> </table>		APPROVED	RECEIVED	INITIALS	INITIALS REGISTER	APR. 1952	
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INITIALS	INITIALS REGISTER								
APR. 1952									
<p>6. ADDRESS AND NUMBER OF ROOM 1714 Huntington, Arlington, Virginia</p>		<p>7. ZIP CODE OR POST OFFICE (including postal zone and state) ARIZONA</p>							
<p>8. PLACE OF VOTING RESIDENCE (City) 9. AT OFFICE HOME Washington, D.C.</p>		<p>10. HOME PHONE 5-55-9 1949</p>							
<p>11. DATE OF BIRTH (Month, day, year) 18 June 1925</p>		<p>12. MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE</p>							
<p>13. PLACE OF BIRTH (City and State, if born outside U. S., name city and country) Washington, D.C.</p>		<p>14. HEIGHT WITHOUT SHOES 5 feet 7 inches</p>							
<p>15. DO YOU HAVE EVER BEEN ENROLLED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>16. INITIALS AND DATE</p>							
<p>17. IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS-9 1949</p>		<p>18. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED.</p> <p><input type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input checked="" type="checkbox"/> OUTSIDE THE UNITED STATES</p>							
<p>19. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.</p>									
<p>20. IF WE ARE UNABLE TO TREAT, SPECIFY. <input type="checkbox"/> PERMANENTLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTITUTELY</p>		<p>21. LIST WHAT IS THE LARGEST ANNUAL SALARY YOU WILL ACCEPT. \$5,000 per yr.</p> <p>This will not be considered for any position with a lower entrance salary.</p> <p>22. 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>23. LIST OF ALL OTHER JOBS HELD SINCE JANUARY 1951.</p> <p>1. Cincinnati, Ohio Procter and Gamble Filing clerk, typist, interviewer 11 filing clerks, typists, interviewers</p>		<p>24. PRESENT POSITION Personnel Procurement January 1951 to present date William H. Reardon, Chief and of all personnel activities of Procter and Gamble, including manufacture of Soaps, etc.</p> <p>2. Soap and Chemical manufacture Desire to resume career in Foreign Service</p>							
<p>25. COORDINATE INTERVIEWING OF APPLICANTS FOR EMPLOYMENT, SUPERVISE ADMINISTRATION OF ENTRANCE TESTS, ARRANGE FOR RECRUITMENT TRIPS TO PRINCIPAL COLLEGES AND UNIVERSITIES THROUGHOUT THE COUNTRY, MAINTAIN CLOSE LIAISON WITH PERSONNEL RESEARCH AND PERSONNEL RELATIONS DEPARTMENTS, ASSIST IN RELIEF OF STAFF EMPLOYEES. TRANSLATION OF PERSONNEL FORMS INTO SPANISH.</p>									
<p>CONTINUED ON NEXT PAGE</p>									

(2) DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (or on Federal Service)	SALARY OR EARNINGS STARTING \$ FINAL \$ PER HR. PER YR.
From Oct. 1949 to Dec. 1951		Assistant Attaché	FES-9	4290 per yr
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF INVESTIGATE SUPERVISOR		
Washington, D.C. and Caracas, Venezuela		Ambassador (e.g., wholesale and insurance agency, manufacturer of Soaps, etc.)		
Department of State		Government REASON FOR LEAVING		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		Better opportunity in private industry		
3 clerks		DESCRIPTION OF YOUR WORK		
		General duties of Foreign Service Staff Officer (Embassy - political section.) Preparation of reports for the Department and memoranda for the Ambassador. Consultation with officials of the local government and American companies (especially petroleum industry) operating in Venezuela. Assistance in visa affairs (consular section.)		
(3) DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (or on Federal Service)	SALARY OR EARNINGS STARTING \$ FINAL \$ PER HR. PER YR.
From Nov. 1947 to Oct. 1949		Editor		3,600 per yr
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF INVESTIGATE SUPERVISOR		
Cincinnati, Ohio		Carl Frantz, Chief (e.g., wholesale and insurance agency, manufacturer of Soaps, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		Soap and Chemical Manufacture REASON FOR LEAVING		
2 clerks		Desire to enter Foreign Service		
DESCRIPTION OF YOUR WORK		Supervision of preparation (from compilation through printing) of sales manuals for company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen. Preparation of material for company "house magazine." Liaison with other Personnel Departments. Close work with company printing plant and private establishments.		
(4) DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (or on Federal Service)	SALARY OR EARNINGS STARTING \$ FINAL \$ PER HR. PER YR.
From 1946 to 1947		Editor		3,600 per yr
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF INVESTIGATE SUPERVISOR		
New York City, New York		John H. Johnson (e.g., wholesale and insurance agency, manufacturer of Soaps, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		Salesman		
DESCRIPTION OF YOUR WORK		Salesman		

DATES OF EMPLOYMENT (Month, Year)		EXACT TITLE OF YOUR POSITION		FEDERAL GOVERNMENT SALARIES AND ALLOWANCES		STATE OR LOCAL GOVERNMENT SALARIES AND ALLOWANCES																																												
FROM	TO			STANDING PAY RATE	PERIODIC PAY RATE	PERIODIC PAY RATE	PERIODIC PAY RATE																																											
PLACE OF EMPLOYMENT (City and State)				NAME AND TITLE OF IMMEDIATE SUPERVISOR																																														
NAME AND ADDRESS OF PRACTICAL OFFICE, ORGANIZATION, OR PERSON, OF FEDERAL, STATE, GOVERNMENT, (BUREAU OR ESTABLISHMENT, AND DIVISION)				NAME OF BUSINESS OR INSTITUTION (e.g., wholesale mill, 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. 101) or a sheet of paper the same size as this page. Write on each sheet your name, address, Social Security and telephone numbers. Attach to back of this application.</p> <p>11. MILITARY SERVICE: In the space below, describe your training received in the Armed Services not already listed under item 10) that would assist prospective employers in placing you most effectively. (Indicate actual amount of training received, such as hours per week. Detailed information regarding your special service activities you estimate as especially important, other pages may be used to give full descriptions.)</p>																																																		
DATES	FROM	TO	LOCATION	DESCRIPTION OF TRAINING																																														
				<p>Jan 1944 May 1944 Camp Callan, California</p> <p>Basic anti-aircraft training, schooling in fire control, specialization in anti-armor use of AA weapons.</p>																																														
<p>12. EDUCATION: (Circle higher grade completed)</p> <p>Elementary School High School College</p> <p>MANAGED THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF</p> <p><input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> HIGH SCHOOL <input checked="" type="checkbox"/> COLLEGE</p> <p>EDUCATIONAL ATTENDANCE OR PLACE OF COLLEGE OR UNIVERSITY</p> <table border="1"> <thead> <tr> <th>EDUCATIONAL ATTENDANCE</th> <th>INSTITUTION</th> <th>MONTH</th> <th>YEAR</th> <th>DEGREES COMPLETED</th> <th>SPECIAL CONSIDERATIONS</th> <th>NUMBER OF HOURS</th> </tr> </thead> <tbody> <tr> <td>Ohio State University</td> <td>LA</td> <td>Mar 1943</td> <td>Sept 1943</td> <td></td> <td></td> <td></td> </tr> <tr> <td>University of Arizona</td> <td>LA</td> <td>Mar 1945</td> <td>Sept 1945 1/2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>LA</td> <td>Sept 1946</td> <td>July 1947 2/3</td> <td>BA</td> <td>July 1947</td> <td></td> </tr> </tbody> </table> <p>Spanish Political Science and History</p> <p>ADDITIONAL INFORMATION: I have had no further education in United States due to service in Armed Forces. I have been unable to attend college due to financial difficulties in getting between different places of employment.</p> <p>13. LANGUAGE PROFICIENCY: (Indicate language learned in school, taught self, or learned through experience)</p> <table border="1"> <thead> <tr> <th>LANGUAGE</th> <th>READING</th> <th>WRITING</th> <th>LISTENING</th> <th>TEACHING</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>French</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> </tbody> </table> <p>ADDITIONAL INFORMATION: I have had no further education in United States due to service in Armed Forces. I have been unable to attend college due to financial difficulties in getting between different places of employment.</p> <p>14. MEMBERSHIP IN CIVILIAN ORGANIZATIONS: (Indicate name, address, and date joined)</p> <p>Phi Beta Kappa</p> <p>DATE NUMBER OF FORM RECORDED IN THIS FORM</p> <p>14-1040-2</p>								EDUCATIONAL ATTENDANCE	INSTITUTION	MONTH	YEAR	DEGREES COMPLETED	SPECIAL CONSIDERATIONS	NUMBER OF HOURS	Ohio State University	LA	Mar 1943	Sept 1943				University of Arizona	LA	Mar 1945	Sept 1945 1/2					LA	Sept 1946	July 1947 2/3	BA	July 1947		LANGUAGE	READING	WRITING	LISTENING	TEACHING	Spanish	X	X	X	X	French	X	X	X	X
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French	X	X	X	X																																														

CHANGES IN CIVILIAN PERSONNEL	
WAR DEPARTMENT	
ARMY AIR FORCES AT LARGE	
S Patterson Field, Fairfield, O. <small>(Residence)</small>	
1. Name	Robert T. Shaw
2. Nature of Action	Termination
3. Effective Date	August 6, 1942
4. Position	Ast. Passenger, CU-3
5. Salary	\$1080 per annum
6. Org'n Unit	Air Service Command
7. Headquarters	Patterson Field, Fairfield, Ohio.
8. Dept'l or Field	
9. Report No.	T 42-306
10. Civil Service or other legal authority	A.C.C.P. 40-8
11. Appropriation	A.C.A. 1942-43 (C)
12. Date of Birth	June 18, 1925
13. Legal Residence	Ohio
14. Subject to Retirement Act?	No
15. Oath Taken	
16. Remarks	By resignation (Vol.) due to ill health.
17. Confidential Authority's Letter of Resignation	Under authority delegated by the Secretary of War in Orders N ^o . 22 dated December 28, 1941, and the directive of the Chief of the Air Corps dated January 17, 1942, you are notified of the above action concerning your employment.
18. CHIEF OF STAFF, CIVILIAN PERSONNEL	CHARLES S. MCGOWAN, Captain, U.S. Army U.S. AIR FORCE CIVILIAN PERSONNEL

FORM NO. 10, G-2, 1942
G-2WAR DEPARTMENT
OFFICE OF THE SECRETARY

NOTIFICATION OF PERSONNEL ACTION

Office: Wright Field, Ohio

Date: August 4, 1942

Name: ROBERT T. BLAIR

S-000

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

Effective Date: June 8, 1942

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

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

jfw/bk
Journal No.

18-55205-42

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

Appropriation

Regular

Date of Birth

6/10/25

NATURE OF POSITION

NEW	ARMED FORCES
X	ARMED FORCES

Other (if any)

Code-21

By order of the Secretary of War

Administrator Assistant

 C. S. C. REPORT (Form 50)
 TEMPORARY SERIES, DISTRICT MANAGER - PERMANENT SERIES, C. S. COMMISSION

5-4078

PPM/cb

(Form LE-200)

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

Sixth CIVIL SERVICE DISTRICT

June 26, 1942
(Date)

THE COMMISSION

Attention: Service Record Division

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

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

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

War Department, Army Air Forces
(Department or Agency)

Patterson Field, Fairfield, Ohio
(Location)

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