

## OUTGOING MESSAGE


PAGE OF PAGES

SIGNAL CENTER USE ONLY

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~~CLASSIFICATION~~~~SECRET~~~~MESSAGE NUMBER~~

STAFF

CONF: 9/23/73

INFO:  FILE  
 ATTACHED  
 URGENT  
 OTHER

DATE TIME GROUP

191830Z

DIRECTOR

MESSAGE NUMBER

411279

DISSEM BY:

PER 4/18/68 (EO)

TO: IMMEDIATE CARACAS

RYBAT PLVUCADET

CHOADEN FROM PARDEE

REF: CARACAS 2L988 [IM 921770]

*JW*

3

3. I AM PLEASED TO INFORM YOU THAT YOU HAVE BEEN SELECTED AS CHIEF, WH DIVISION. YOUR APPOINTMENT WILL BE EFFECTIVE AT SUCH TIME AS YOU (AND YOUR FAMILY) CAN CONVENIENTLY RETURN TO THE WASHINGTON AREA. **DEPARTMENT OF STATE** ORDERS FOR YOUR MOVE WILL BE REQUESTED ON A PRIORITY BASIS ON 21 MAY. WOULD APPRECIATE YOUR TENTATIVE SCHEDULE AS SOON AS PRACTICABLE.

2. YOUR SELECTION WILL BE ANNOUNCED EARLY THIS NEXT WEEK. THEREFORE, YOU SHOULD FEEL FREE TO INDICATE TO WHOMEVER YOU FEEL NECESSARY LOCALLY THE REASON FOR YOUR RETURN AND WHAT YOUR NEXT ASSIGNMENT WILL BE.

3. I WANT TO EXTEND MY PERSONAL CONGRATULATIONS ON YOUR SELECTION. I AM SURE YOU WILL HANDLE THIS VERY IMPORTANT ASSIGNMENT WITH THE SAME KIND OF EXCELLENCE, DEDICATION AND LEADERSHIP THAT HAVE CHARACTERIZED YOUR PAST ASSIGNMENTS.

DATE: 19 MAY 1973

ORIG: JAMES B. FLANNERY

UNIT: AC/UHD

EXT: 3344

CONCUR:

*James B. Flannery*  
Director of Personnel

5/23/73

Date

*Spec Only*

RELATING OFFICER

COORDINATING OFFICER

AUTHENTICATING OFFICER

CLASSIFICATION

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

E-2 IMPDET

23 October 1968

MEMORANDUM FOR: Secretary, Clandestine Services  
Career Service Board

SUBJECT : Recommendation for Promotion to  
GS-16: David A. Phillips

1. Mr. David A. Phillips is strongly recommended for promotion to GS-16 and is ranked Number 2 in WH Division's preference for promotion in that grade.

2. Mr. Phillips stands out among his peers as a true Clandestine Services operator. He has had a range of operational assignments enjoyed by few Clandestine Services officers. He served in Cuba, Guatemala, Beirut, Chile, Mexico and the Dominican Republic. His functional assignments have included Contract Agent, Operations Officer under both unofficial and official cover, Chief of Station, and he is currently assigned as Chief, Cuban Operations Group. In regard to his tour as Chief of Station, Santo Domingo, I cite the following quote made by Dr. Hector Garcia-Godoy, Provisional President of the Dominican Republic, concerning the turbulent events in his country during his tenure:

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

200-10026  
Oct. 1968



VOICE OF AMERICA  
UNITED STATES INFORMATION AGENCY  
WASHINGTON, D.C. 20547

4/16/71  
DD/P

April 15, 1968

Dear Dave:

I thought you would be pleased about a reference to you which came up in the course of a longish conversation last night with Dr. Hector Garcia-Godoy, former President of the Dominican Republic and now Ambassador here, about the turbulent events in his country three years ago.

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

I thought such a pleasant echo of a rough period would help heal your ulcers.

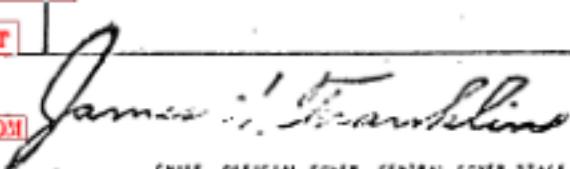
Cordially,

*R.G.C.*

Richard G. Cushing  
Deputy Director

Mr. David A. Phillips  
8224 Stone Trail Drive  
Carderock Springs  
Bethesda, Md. 20034

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			27 July 1973	FILE NO. 2500
TO: (check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP		SS NUMBER 391-24-1032	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 024345	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH		ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED	
REF:	Form 1322 dated 7 Jun 73			<input type="checkbox"/> DISCONTINUED
SUBJECT	UNIT <b>Department of State</b>			
<b>KEEP ON TOP OF FILE UNTIL 1 SEP 73</b>				
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOB</u>		SUBMIT FORM 3254 <u>8-2</u> TO BE ISSUED, ENWR 20-113		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TOT</u> OTHER (Specify)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO STATE <u>III</u> ENWR 20-113		
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO STATE <u>III</u> ENWR 20-113		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO STATE <u>III</u> ENWR 20-113		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. ENWR 20-113		EEA: CATEGORY I      CATEGORY II RETAIN ALL INFORMATION HOSPITALIZATION INFORMATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. ENWR 240-3x		SUBMIT FORM 2678 FOR AGE HOSPITALIZATION CARD		
<input checked="" type="checkbox"/> EEA: CATEGORY I      CATEGORY II		DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> SUBMIT FORM 2678 FOR AGE HOSPITALIZATION CARD				
REMARKS AND/OR COVER HISTORY JAN 53-54-SANTIAGO/ <b>NOC</b> MAY 54-FEB 56-NEW YORK/ <b>NOC</b> FEB 56-APR 57-HAVANNA/ <b>NOC</b> APR 57-JUL 58-BEIRUT/ <b>NOC</b> AUG 58-MAR 60-HAVANNA/ <b>NOC</b> MAR 60-22 AUG 61-IHQSF/ <b>NOC</b> 23 AUG 61-JUL 65-MEXICO/ <b>STATE INT</b> JUL 65-JUN 67-SANTO DOMINGO/ <b>STATE INT</b> JUN 67-JUN 70-IHQSF/ <b>STATE INT</b> JUN 70-14 JUN 73-BRAZIL/ <b>STATE INT</b>				
DISTRIBUTION 15 JUN 73-21 JUL 73-IHQSF/ COPY 1 - ED 444/AF/ <b>STATE INT</b> COPY 2 - OPERATING STAFF COPY 3 - DS/SPACO 22 JUL 73-IHQSF/ <b>STATE NOM</b> COPY 4 - ODC/PSB COPY 5 - EOD/PSB		 CHIEF OFFICIAL COVER, CENTRAL COVER STAFF		

SECRET

<b>NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP</b>			<b>DATE REC'D.</b>	<b>FILE NO.</b>
			<b>7 MAY 1975</b>	<b>2500</b>
<b>TO:</b> <i>(check)</i>	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	SS NUMBER <b>391-24-4032</b>	
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER <b>024345</b>	
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action) <b>LA</b>	ID CARD NUMBER	
<b>ATTN:</b> <b>CHIEF SUPPORT STAFF</b>			<b>OFFICIAL COVER</b>	<b>ESTABLISHED</b>
<b>REF:</b> <b>RETIREMENT</b>				<input checked="" type="checkbox"/> <b>BISCONTINUED</b>
<b>SUBJECT</b>  <b>DAVID ATLES PHILLIPS</b>			<b>DEPARTMENT OF STATE</b>	

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<b>ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS</b>		<b>CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS</b>	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<b>EFFECTIVE DATE: EOD</b>	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <b>TOY</b> OTHER (Specify) _____		<b>SUBMIT FORM 3254 CIA 8-2</b> TO-PD-ISSUED (ENR 28-73)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (ENR 28-73)		<b>SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE            LIMITATION CATEGORY TO CATEGORY _____            (ENR 28-73)</b>	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (ENR 28-73)		<b>EAR. CATEGORY I</b> <b>CATEGORY II</b>	
SUBMIT FORM 1522 FOR ANY CHANGE AFFECTING COVER. (RE 248-2r)		<b>RETURN ALL OFFICIAL DOCUMENTATION TO CCS</b>	
SUBMIT FORM 1522 FOR ANY CHANGE AFFECTING COVER. (RE 248-2r)		<b>CEBA</b>	
SUBMIT FORM 1522 FOR ANY CHANGE AFFECTING COVER. (RE 248-2r)		<b>CEBA</b>	
SUBMIT FORM 1522 FOR ANY CHANGE AFFECTING COVER. (RE 248-2r)		<b>CEBA</b>	
<b>THIS MEMO MUST REMAIN ON TOP OF FILE</b>		<b>CEBA</b>	
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD		<b>CEBA</b>	
<small>REMARKS AND/OR COLOR HISTORY</small>		<small>REMARKS AND/OR COLOR HISTORY</small>	
SUBJECT WILL BE ACKNOWLEDGED AS CIA FOR ENTIRE PERIOD OF EMPLOYMENT BUT WILL NOT REVEAL SPECIFIC PLACES OR LOCATIONS OF COVER ASSIGNMENTS.		<small>REMARKS AND/OR COLOR HISTORY</small>	

**DISTRIBUTION:**  
 1 - EO 14176  
 2 - OPERATING COMPONENT *EPmlr*  
 3 - DISTRCIO  
 4 - DCI-DIA-TTB  
 CCS-FILE

CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMUNICATION STAFF

, USE PREVIOUS EDITION

SECRET

E.O. 14176 CL. BY 007622

653-24-433

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			FILE NO.
			27 MARCH 1975
TCC: (check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	ID NUMBER	2500
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	391-24-4032
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) LA	ID. CARD NUMBER	024315
ATTN:	OFFICIAL COVER	ESTABLISHED	
REF:		DISCONTINUED	
SUBJECT:	UNIT	DEPARTMENT OF STATE	
DAVID ATLEE PHILLIPS			

**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"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: 22 JULY 1973	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <input type="checkbox"/> TFB <input type="checkbox"/> OTHER (SPECIFY) _____		<input checked="" type="checkbox"/> SUBMIT FORM 3254 CIA 6-2 TO BE ISSUED (FMNR 20-73)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONIC LIMITATION CATEGORY TO CATEGORY <input type="checkbox"/> (FMNR 20-73)		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <input type="checkbox"/> (FMNR 20-73)	
SUBMIT FORM 3254 STATE 6-2 TO DC ASSESSOR FMNR 20-73		<input checked="" type="checkbox"/> FAX: CATEGORY I <input type="checkbox"/> CATEGORY II	
SUBMIT FORM 3254 STATE 6-2 TO DC ASSESSOR FMNR 20-73		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 3254 STATE 6-2 TO DC ASSESSOR FMNR 20-73		<input checked="" type="checkbox"/> SUBMIT FORM 3254 GESBA HOSPITALIZATION CARD	
SUBMIT FORM 3254 STATE 6-2 TO DC ASSESSOR FMNR 20-73		<input checked="" type="checkbox"/> NOTIFICATION BY TELETYPE	
FAX: CATEGORY I <input type="checkbox"/> CATEGORY II			
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY 15 JAN 53-54-CHILE/SANTIAGO/NOC MAY 54-FEB 56-NEW YORK/NOC FEB 56-APRIL 57-CUBA/HAVANA/NOC APRIL 57-JULY 58-LEBANON/BEIRUT/NOC AUG 58-MARCH 60-CUBA/HAVANA/NOC MARCH 60-22 AUG 61-HLS/NOC 23 AUG 61-JULY 65-MEXICO/MEXICO CITY/STATE-INTEGRATED JULY 65-JUNE 67-SANTO DOMINGO/STATE-INTEGRATED JUNE 67-JAN 70-HQS/STATE-INTEGRATED JAN 70-JULY 71-BRAZIL/RIO DE JANEIRO/STATE-INTEGRATED JULY 71-JULY 72-BRAZIL/BRASILIA/STATE-INTEGRATED			
DISTRIBUTION COPY 1 - DC OR CFO COPY 2 - OPERATING COMPONENT COPY 3 - GESBA COPY 4 - DC-OA-TFB COPY 5 - CCS-FILE		<i>C. L. P. S. H. R.</i>	
(TO BE CONTINUED)			

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		2500
TOS (check)	CHIEF, CONTROL DIVISION, OP	ID NUMBER
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN:		ESTABLISHED
REF:	OFFICIAL COVER	DISCONTINUED
SUBJECT	UNIT	
DAVID ATLEE PHILLIPS		
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>		
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____  <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TO _____ OTHER (SPECIFY)  SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (FMR 20-73)		SUBMIT FORM 3254 _____ #2 TO BE ISSUED. (FMR 20-73)  SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (FMR 20-73)
SUBMIT FORM 3254 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (FMR 20-73)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (FMR 20-73)
SUBMIT FORM 3254 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (FMR 20-73)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (FMR 20-73)
SUBMIT FORM 13247 IN ANY CHARGE AFFECTING THIS COVER. (FMR 240-2)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD (FMR 240-2)
SUBMIT FORM 13247 IN ANY CHARGE AFFECTING THIS COVER. (FMR 240-2)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD (FMR 240-2)
SUBMIT FORM 13247 IN ANY CHARGE AFFECTING THIS COVER. (FMR 240-2)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD (FMR 240-2)
SUBMIT FORM 13247 IN ANY CHARGE AFFECTING THIS COVER. (FMR 240-2)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD (FMR 240-2)
REMARKS AND/or COVER HISTORY (CONTINUE)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD (FMR 240-2)
AUG 72-14 JUNE 73-VENEZUELA/CARACAS STATE <b>INTEGRATED</b> 15 JUNE 73-21 JULY 73-HQS-STATE/INTEGRATED 22 JULY 73-24 MARCE 75-HQS-STATE/MONROVIA 25 MARCE 75-HQS/OVERT		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD (FMR 240-2)
DISTRIBUTION: COPY 1 - OP OR GPO COPY 2 - OPERATING COMPONENT COPY 3 - OSI-HQCO COPY 4 - DECODE TPS COPY 5 - DEBRIEF		SECRET CHIEF, OFFICIAL COVER BRANCH, 22-ER-60, COMMERCIAL STAFF F-2, APPROVED CL BY 007627 113-20-433

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		FILE NO.
		27 July 1973 2500
TO: (check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	EMPLOYEE NUMBER 391-24-4032
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	IC CARD NUMBER 024345
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For nation) WH	
ATTN: <b>Chief Support Staff</b>	OFFICIAL COVER	X ESTABLISHED
REF: Form 1322 dated 7 Jun 73		X DISCONTINUED
SUBJECT: <b>PHILLIPS, DAVID A.</b>	UNIT	<b>Department of State</b>

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <b>EOB</b>	SUBMIT FORM 3254 W-2 TO BE ISSUED. (MWB 28-28)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <b>TOY</b> OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <b>III</b> (MMB 24-73)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <b>II</b> (MMB 24-73)	E&A: CATEGORY I	CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 3254 <b>State</b> E&O, RE ISSUED. (MMB 28-113)	RETURN ALL STATE DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE/AFFECTING THIS COVER. (MMB 24-243) <b>STATE</b> E&O, RE ISSUED.	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD. <b>STATE</b> E&O, RE ISSUED.	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR TRANSFERRING COVER RESPONSIBILITY. (MMB 24-24)	DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/> E&A: CATEGORY I	CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <b>AGE</b> HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY		
JAN 53-54-SANTIAGO/ <b>NOC</b> MAY 54-FEB 56-NEW YORK/ <b>NOC</b> FEB 56-APR 57-HAVANNA/ <b>NOC</b> APR 57-JUL 58-BEIRUT/ <b>NOC</b> AUG 58-MAR 60-HAVANNA/ <b>NOC</b> MAR 60-22 AUG 61-HQS/ <b>NOC</b> 23 AUG 61-JUL 65-MEXICO/ <b>STATE INT</b> JUL 65-JUN 67-SANTO DOMINGO/ <b>STATE INT</b> JUN 67-JUN 70-HQS/ <b>STATE INT</b> JUN 70-14 JUN 73-BRAZIL/ <b>STATE INT</b>		
DISTRIBUTION: 15 JUN 73-21 JUL 73-HQS/ COPY 1 - CD OR CPO <b>STATE INT</b> COPY 2 - OPERATING COMPONENT COPY 3 - DRAFTED <b>22 JUL 73-HQS/STATE NOM</b> COPY 4 - OL-TIP COPY 5 - ECR-FILE <b>JPEBP:SS</b>		
James J. Franklin CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF		

SECRET

COVER CONTROL OF RETIREMENT PROCESSING								FILE DATE	
TO: Retirement Operations Branch Office of Personnel								17 April 1970	
RETIREE	JOHN A. MULHOLLAN			CATEGORY OF EMPLOYMENT					
On the basis of a review of the records of the <b>Cover &amp; Commercial Staff</b> , the following action is to be taken on processing retirement documents- tion for the person named above.									
TYPE RETIREMENT		CIVIL SERVICE			CARDS		DATE		
COVERT	ROUTINE	COVERT (OFFICIAL COVERS) LOCK-UP			COVERT EX-101 SPECIAL	RETENTION OF AWARDS		YES	NO
CORRESPONDENCE		OVERT			COVERT		THRU CCS		
FINANCES									
ANNUITY PAYMENTS SHOULD BE				U.S. GOV'T. CHECK				OTHER	<i>(Present or instructions follow)</i>
TAX DOCUMENTATION SHOULD BE				CIA		CSC		OTHER	<i>(INFO FOLLOWS)</i>
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION				YES		NO		INTERNAL TRANSFER	
INSURANCE									
FEGLI	OVERT	COVERT			MAINTAIN RECORDS INTERNALLY ONLY				
TYPE OF HOSPITALIZATION CARD:									
AUTHORIZATION TO CONVERT INSURANCE				YES		CONVERSION MUST BE APPROVED BY CCS			
RESERVE									
MEMBER OF CIVILIAN RESERVE				YES		NO		OVERT	COVERT
REMARKS									
CHIEF, COVER SUPPORT BRANCH COVER & COMMERCIAL STAFF									
THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY									
NO SECURITY OBJECTIONS TO ABOVE.									
OTHER INSTRUCTIONS AS FOLLOWS:									

**3429**

SECRET

4-2 IMPDET QL BY 007427

*John B.*

SECRET  
(When Filed In)

DWS: 31 AUG 1961

NOTIFICATION OF PERSONNEL ACTION									
ODF									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
024345		PHILLIPS DAVID A							
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
INTEGRATION - DEPT. OF STATE		08 23 61		REGULAR					
6. FUNDS ➤		7. TO T	8. TO O	9. GOV CENTER NO. CHARGEABLE		10. USC OR OTHER LEGAL AUTHORITY			
		0 10 0	X 0 10 0	2135 5700 1000		50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS		12. LOCATION OF OFFICIAL STATION							
DDP WH BRANCH 3 MEXICO CITY MEXICO STATION		MEXICO CITY, MEXICO							
13. POSITION TITLE		14. POSITION NUMBER		15. CAREER SERVICE DESIGNATION					
ATI POL OFF OPS OFFICER		0340		O					
16. CLASSIFICATION NUMBER (GS, FS, etc.)		17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE			
FSR GS		0136.01		03 1		12535 12730			
20. REASONS <b>SUBJECT IS TO BE PAID THE DIFFERENCE BETWEEN CTA SALARY OF \$12730 AND FSR SALARY OF \$12535 TO BE PAID BY DEPT. OF STATE AND ALLOWANCES IN ACCORDANCE THEREWITH. NO GICK AND NO ANNUAL LEAVE TO BE TRANSFERRED TO THE DEPT. OF STATE.</b>									

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
ACTION: 20. Employee		21. OFFICE (CITY)		22. STATION		23. INSTITUTE		24. Month	
CODE	Code	Number	Number	CODE	CODE	Month	Year	Mo	Day
5	10	64700	WH	45075	I	3	10	31	22
25. RETIREMENT		26. SPECIAL RETIREMENT		27. RETIREMENT DATE		28. SEPARATION		29. COMBINATION CANCELLATION DATE	
Mo	Day	Mo	Day	Mo	Day	Mo	Day	Mo	Day
5	10	10	10	Mo	Day	Mo	Day	Mo	Day
30. RET PREFERENCE		31. SEPARATION COMP. DATE		32. LONG COMP. DATE		33. WID. SEPAR. CRDIT		34. RETIREMENT / HEALTH INSURANCE	
Mo	Day	Mo	Day	Mo	Day	Mo	Day	Mo	Day
5	10	10	10	Mo	Day	Mo	Day	Mo	Day
35. PREVIOUS GOVERNMENT SERVICE DATA		36. LEAVE CAT		37. FEDERAL TAX DATA		38. SAVINGS TAX DATA		39. SOC-SEC SECURITY NO.	
Mo	Day	Mo	Day	Mo	Day	Mo	Day	Mo	Day
5	10	10	10	Mo	Day	Mo	Day	Mo	Day
40. SIGNATURE OR OTHER AUTHENTICATION									
J. D. Phillips 8/10/61 9/10/61 UK									

SECRET  
(White Tabbed)

PSC: 23 AUG 1961

OCF		NOTIFICATION OF PERSONNEL ACTION					
1. MILITARY NUMBER		2. NAME (LAST-FIRST-MIDDLE)					
024345		PHILLIPS DAVID A					
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT		08 15 61		REGULAR			
<input checked="" type="checkbox"/> FUNDING → <input checked="" type="checkbox"/> O&I →		<input checked="" type="checkbox"/> F 10 0 <input checked="" type="checkbox"/> O 10 0		6. COST CENTER NO. CHARGEABLE		7. LAW OR OTHER LEGAL AUTHORITY	
				2135 5700 1000		50 USC 403 J	
8. ORGANIZATIONAL DESIGNATIONS		9. LOCATION OF OFFICIAL STATION					
DOP WH BRANCH 3 MEXICO CITY, MEXICO STATION		MEXICO CITY, MEXICO					
10. POSITION TITLE		11. MILITARY NUMBER		12. CAREER SERVICE DESIGNATION			
OPS OFFICER		0340		D			
13. GRADE AND STEP		14. SALARY OR RATE		15. PAY RATE			
GS 0136.01		14 3		12730			
16. REVIEWERS TO BE INTEGRATED.							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
17. ACTION TO BEGIN DATE		18. OFFICE NUMBER		19. STATION		20. PAY RATE	
1004 37 10		64700 WH		45075		0000	
21. DATE OF SEPARATION		22. DATE OF GRADE		23. DATE OF PAY RATE		24. DATE OF LEI	
NO 10 31 22		NO 10 31 22		NO 10 31 22		NO 10 31 22	
25. VET PREFERENCE		26. SEPARATION DATA		27. CORRECTION/AMENDMENT DATA		28. SECURITY	
NO 10 31 22		NO 10 31 22		NO 10 31 22		NO 10 31 22	
29. VET PREFERENCE		30. SEPARATE COMP. DATE		31. MIL. SEPAR. INSURANCE		32. RETIREMENT/REINSTATEMENT INSURANCE	
NO 10 31 22		NO 10 31 22		NO 10 31 22		NO 10 31 22	
33. PREVIOUS GOVERNMENT SERVICE DATA		34. STATE TAX DATA		35. FEDERAL TAX DATA		36. STATE TAX DATA	
NO 10 31 22		NO 10 31 22		NO 10 31 22		NO 10 31 22	
SIGNATURE OR OTHER AUTHENTICATION							
<p>FORWARDED 03/29/61 UK</p>							

S E C R E T

SECTION D

NARRATIVE COMMENTS

1. In the period covered by this report Mr. Phillips was the Chief of Station Brasilia during the time frame February to August 1972. After that Mr. Phillips became the Chief of Station, Caracas and served in Venezuela during the period August 1972 to April 1973. At both of these posts Mr. Phillips was responsible for managing an average of 44 Agency employees. Additionally, Mr. Phillips supervised in this period an average FY budget of 1.8 million which was spent on FI, CA, CI, anti-narcotics and protected economic intelligence operations. American policy interests in Brazil and Venezuela are high in terms of the United States scale of values for Latin America. This means that Mr. Phillips was assigned to two prestige posts during a fifteen month time span.

2. As a manager Mr. Phillips is operations oriented. In view of this he places his time, attention and command emphasis on programs that are designed to acquire intelligence and agents. This approach has consistently produced results in terms of FI and CA operations which are targeted against the host country.

3. Mr. Phillips was also active at both posts as an operations manager who focused Station resources on the Soviet target, protected economic intelligence and the anti-narcotics effort. Unfortunately, as these programs moved into gear Mr. Phillips was also in motion between Stations, or had just been in place at his second Station for less than a year. As a result one can only say that Mr. Phillips made all the right moves in his managerial duties against these priority targets. The brevity of his program implementation at each of the two posts did not provide a solid basis, however, for measuring tangible success. In short Mr. Phillips deserves high marks for initiative, drive and imagination on programs that were receiving increased attention at Headquarters.

4. The myriad problems that are faced when a Station moves its location from one city to another were still challenging Mr. Phillips when he left Brasilia. In overview terms, however, the move from Rio de Janeiro to Brasilia was well done. This does not mean that Mr. Phillips' successor at Brasilia did not have some gaps to fill or adjustments to make in the administrative field. The scope of these actions, however, was in the realm of the reasonable and attests to the fact that while his basic interests are in

S E C R E T

10 January 1972

**MEMORANDUM IN LIEU OF FITNESS REPORT.**

**SUBJECT:** David A. Phillips  
1 July - 31 December 1971

This memorandum is in lieu of a fitness report to cover Mr. Phillips' performance during the period 1 July to 31 December 1971. This rating is being prepared in view of the rater's imminent departure from the Division.

Last month Mr. Phillips was promoted from GS-16 to GS-17. There is no better evidence of the high esteem in which he is held by his superiors in the Agency.

During this rating period Mr. Phillips transferred the station from Rio de Janeiro to Brasilia. This move, however, divorces the Chief of Station from the main area of operations, Rio de Janeiro. In spite of this Mr. Phillips, through much extra effort and time on his part, has been able to maintain a high operational tempo in the station.

Station relations with key people in the Brazilian government, especially the security agencies, have been highly productive but through recent efforts, these relations have been placed on a much higher plane with the decision of General Fontoura, chief of the SNI, to give the station copies of the briefings especially prepared for President Medici.

SECRET

- 2 -

Mr. Phillips has a large, widely spread operation with bases in Brasilia, **Recife** and Sao Paulo. However, he has succeeded in keeping them well coordinated and dead on the target.

I rate Mr. Phillips as Strong as Chief of Station, Rio de Janeiro.

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

I certify that I have seen  
this memorandum:

David A. Phillips

Date

Comments of Reviewing Official: I would have rated this performance as "very strong." Excellent political judgment and the ability to handle the most delicate situations with tact and subtlety characterize this performance.

22 July 71  
Date

*Cord Meyer Jr.*  
Cord Meyer Jr.  
Assistant Deputy Director for Plans

SECRET

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

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

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

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

NAME (last) <small>(first) (middle)</small>	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Phillips <small>David</small>	October 31 1922	160 28 3930
EMPLOYING DEPARTMENT OR AGENCY		
Department of State		

HAVE YOU EVER ELECTED TO AN ELECTION COVERAGE OR DECLINED THE INSURANCE COVERAGE?  YES  NO  
If "YES" your last such form remains in effect and you should not file this new form unless you want to change the old one. (See Instructions for Employees on page 4) Not to be used if my answer is "no", but I cannot remember definitely.

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

Mark here \_\_\_\_\_  
if you  
**WANT BOTH**  
optional and  
regular  
insurance

  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

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

Mark here \_\_\_\_\_  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance

  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

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

Mark here \_\_\_\_\_  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance

  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

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

**4 DATE AND SIGN. RETURN THE ENTIRE FORM TO  
YOUR EMPLOYING OFFICE.**

SIGNATURE (on line 40)

*Mary E. Murphy*

DATE

20 March 1970

**FOR EMPLOYING OFFICE USE ONLY**

(Official receiving date stamp)

Received March 20, 1970

*Mary E. Murphy*  
Mary E. Murphy  
Personnel Officer  
American Embassy Rio de Janeiro

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 178

5010-1065  
GSA Supplement 670-6

170-102

## CONFIDENTIAL

(Wilson F. End Jr.)

## VOLUNTARY ENTRIES

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

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

Fort Worth National Bank, Fort Worth, Texas. Checking and Savings.  
 Potomac National Bank, Potomac, Md. Checking.  
 Columbia Federal (House mortgage).

All in name David A. Phillips

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

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

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

In possession of my brother and attorney, Edwin T. Phillips, Jr. (See above).

HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?  YES  NO. (If "Yes" give names and address)

But... My children would go their mother; my step-children to their father.

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

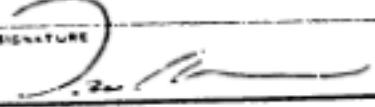
My brother, Edwin T. Phillips, Jr.

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

## Continuation of children:

The following are my step children, who live with/and/or receive more than half their support from me: (All have common address of 8224 Stone Trill Drive):

Deborah Anne Ahern (f) 12-25-59  
 Bryan Ross Ahern (m) 12-31-60  
 Wynne Augherton Ahern (t) 9-12-64

SIGNED AT	DATE	SIGNATURE
Washington Dc	19 November 1969	

CONFIDENTIAL

## CONFIDENTIAL

b7 TR

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of absence, 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) THOMAS (First) DAVID (Middle) ALICE SOCIAL SECURITY NUMBER

RESIDENCE DATA					
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED <u>FORT WORTH, TEXAS</u>	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. IF APPOINTED <u>ABROAD</u>				
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE <u>FORT WORTH, TEXAS</u>	HOME LEAVE RESIDENCE <u>FORT WORTH, TEXAS</u>				
MARRITAL STATUS (Check one)					
SINGLE	MARRIED <input checked="" type="checkbox"/>	SEPARATED	DIVORCED	WIDOWED	ANNULLED
IF MARRIED, PLACE OF MARRIAGE <u>FORT WORTH, TEXAS</u>			DATE OF MARRIAGE		
IF DIVORCED, PLACE OF DIVORCE DECREE			DATE OF DECREE		
IF WIDOWED, PLACE SPOUSE DIED			DATE SPOUSE DIED		
IF PREVIOUSLY MARRIED, INDICATE NAME OF SPOUSE, REASON FOR TERMINATION, AND DATE					
<u>JACK HANDECKER THOMAS, INCAPACITY, SEP 15, 1941</u>					

MEMBERS OF FAMILY					
NAME OF SPOUSE <u>HELEN N. PHILLIPS</u>	ADDRESS (Name, Street, City, State, Room, Building) <u>4107 DRAKEFIELD RD. SUITE 16, FC</u>	TELEPHONE NO. <u>41-2-5154</u>	SEX	DATE OF BIRTH	
NAME OF CHILDREN <u>MARYLA</u> <u>DAVID, JR.</u> <u>ATHES</u> <u>CAROLYNNE</u>	ADDRESS <u>FC</u> <u>FC</u> <u>FC</u> <u>FC</u>	SEX <u>M</u> <u>F</u> <u>F</u> <u>M</u>	<u>21 FEB 1941</u>		<u>14 MAR 1941</u>
NAME OF FATHER (Or male guardian) <u>DECESSED</u>	ADDRESS	TELEPHONE NO.			
NAME OF MOTHER (Or female guardian) <u>DECESSED</u>	ADDRESS	TELEPHONE NO.			

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.  
WIFE - MARY N. THOMAS, JR., DAVID, FC

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
NAME (Mr., Mrs., Miss) <u>FRANCIS, EDWARD J.</u>	RELATIONSHIP <u>BROTHER</u>	HOME ADDRESS (Name, Street, City, State) <u>4105 WASHINGTON ST. FORT WORTH, TEX</u>	HOME TELEPHONE NUMBER <u>?</u>	BUSINESS ADDRESS (Name, Street, City, State) AND NAME OF EMPLOYER, IF APPLICABLE <u>FOOTWEAR NATIONAL BANK, FORT WORTH, TEXAS</u>	BUSINESS TELEPHONE & EXTENSION <u>?</u>

IS THE INDIVIDUAL NAMED ABOVE AFTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization to which you work now)

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 6)

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

## CURRENT RESIDENCE AND DEPENDENCY REPORT

**SECRET**

## Supplement to Staff Employee Personnel

Action for Integration of David A. PhillipsEffective 21 August 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-11 \$12,730 per annum, you will accept cover employment with another instrumentality of the Government (hereinafter referred to as "your cover facility") effective as of 21 August 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 FBI-1 and salary of \$12,555 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 twenty-four months 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.

SECRET

CONTRACT INFORMATION AND CHECK LIST				CASE OFFICER Roy Malcolm	SECTION NH	
INSTRUCTIONS: Complete all items, indicating "YES" when applicable. Forward original and one copy for processing of contracts.				TELEPHONE EXTENSION 2056	DATE 17 January 1956	
SECTION I GENERAL						
1. NAME <b>Paul D. Langevin</b>	2. PROJECT	3. ALLOWMENT NO. 6-3545-55-065	4. SLOT NO. BAP-125			
5. PREVIOUS CIA PSEUDONYM OR ALIAS(S) <b>Paul D. Langevin</b>	6. INDIVIDUAL IS PRESENTLY ENGAGED OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary) <b>Contract Agent, 1952 - 1955 Staff Employee as of 1 May 1955 - \$10,320.</b>					
7. SECURITY CLEARANCE (Date and date) <b>Top Secret</b>	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) <b>Staff Agent</b>					
SECTION II PERSONAL DATA						
11. CITIZENSHIP <b>U.S.</b>	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE <b>33</b>	14. DATE OF BIRTH (Month, day, year) <b>31 October 1922</b>			
15. LEGAL RESIDENCE (City and state or country) <b>6304 Washburn, Fort Worth, Texas, USA</b>	16. CURRENT RESIDENCE (City and state or country) <b>949 Rose Lane, Falls Church, Va.</b>					
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	18. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					RELATIONSHIP:
19. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP:  Wife : Helen H. Phillips Daughter : Maria Louise Phillips Son : David A. Phillips, Jr. Daughter : Atlee Young Phillips						
SECTION III U.S. MILITARY STATUS						
20. RESERVE <input type="checkbox"/> NO	21. VETERAN <input type="checkbox"/> YES	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)				
23. BRANCH OF SERVICE <input type="checkbox"/> -	24. RANK OR GRADE <input type="checkbox"/> -	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
SECTION IV COMPENSATION						
27. BASIC SALARY <b>\$10,320</b>	28. POST DIFFERENTIAL <input type="checkbox"/> YES	29. COVER (Breakdown, if any)	<b>No</b>	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)						
31. QUARTERS <input type="checkbox"/> YES	32. POST <input type="checkbox"/> -	33. OTHER <input type="checkbox"/> -				
34. COVER (Breakdown, if any) <b>Newspaperman</b>						
SECTION VI TRAVEL						
35. TYPES <input checked="" type="checkbox"/> YES <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL	36. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			37. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
38. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
39. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH						
<b>Helen H. Phillips, Wife, U.S. 36, March 29, 1919</b>						
<b>Maria Louise Phillips, Daughter, U.S. 6, August 9, 1969</b>						
<b>David A. Phillips, Jr., Son, U.S. 4, January 14, 1952</b>						
<b>Atlee Young Phillips, Daughter, U.S. 2, February 18, 1953</b>						
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> CIO PROCEDURES AND PROCESSES						
SECTION VII OPERATIONAL EXPENSES						
42. FURNISHING OF INFORMATION <input type="checkbox"/> -	43. ENTERTAINMENT <input type="checkbox"/> -	44. OTHER <input type="checkbox"/> -				
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH						

SECRET

CONTRACT INFORMATION AND CHECK LIST		NAME OFFICER Robert S. Goralski	STATION NEA
SECTION I: CONTRACT INFORMATION AND CHECK LIST		TELEPHONE EXTENSION 3548	DATE 9 May 1957
SECTION II: PERSONAL DATA			
1. NAME <i>John D. Phillips</i>		2. PROJECT PECTATE	3. EMPLOYMENT NO. 4. SICK TIME
5. PREVIOUS CIA POSITION OR ALIASES <i>John D. Phillips</i>		6. INDIVIDUAL IS PRESENTLY ENGAGED OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If NO, describe and include salary) Staff Agent, MH \$10,535.00	
7. SECURITY CLEARANCE (Type and Date) Top Secret, 1 April 1955		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM U.S. GOVERNMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER CONTROLLED CONDITIONS (i.e., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION III: PERSONAL DATA			
11. CITIZENSHIP U.S.A.		12. IF NOT U.S. CITIZEN, INDIVIDUAL'S PERMANENT RESIDENT ALIAS None	13. AGE 36
14. LEGAL RESIDENCE (City and state or country) 4804 Washburn, Fort Worth, Texas		15. CURRENT RESIDENCE (City and state or country)	
16. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> REVERSED			
17. NUMBER OF DEPENDENTS (Not including individual) Relationship: Five: Wife and four children		18. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Relationship:	
SECTION IV: U.S. MILITARY STATUS			
19. RESERVE N.A.		20. VETERAN World War II	
21. BRANCH OF SERVICE N.A.		22. RANK OR GRADE N.A.	23. IF RETIRED, INDICATE CATEGORY (Congressional combat disability, service disability non-combat) N.A.
24. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SECTION V: COMPENSATION			
26. BASIC SALARY \$10,320.00		27. POST DIFFERENTIAL \$585.00	28. COVER (Breakdown, if any)
		29. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SECTION VI: ALLOWANCES (FORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
30. QUARTERS \$3,000.00		31. POST \$585.00	32. OTHER
33. COVER (Breakdown, if any)			
SECTION VII: TRAVEL			
34. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> OVERSEAS OPERATIONAL		35. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
36. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		37. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
38. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		39. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH	
<p>Wife: Helen H. Phillips, U.S., 38, 29 March 1919          Daughter: Maria Louise Phillips, U.S., 7, 9 Aug. 1949          Daughter: Atless Young Phillips, U.S., 4, 15 Feb. 1953          Son: David A. Phillips, Jr., U.S. 5, 15 Jan. 1952          Child approx. 5 mos., U.S.</p> <p><i>Present letter OK.</i></p> <p><i>KLW - Jun 57</i></p>			
40. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> OTHER POLICIES AND PROCEDURES			
SECTION VIII: OPERATIONAL EXPENSES			
41. PAYMENT OF INFORMATION None		42. ENTERTAINMENT None	
43. OTHER None		44. OTHER None	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH None			

SECRET  
(WASH FORM 24)

<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>1. DATE OF REQUEST</b>																
2. NAME (Last, First, Middle) <b>Phillips, David A. (Dependents Of)</b>		<b>3. POSITION TITLE</b> <b>COS</b>																
4. OFFICE DIVISION BRANCH <b>Brasilia, Brazil</b>		<b>5. GRADE</b> <b>GS-17</b>																
		<b>6. EMPLOYEE'S CAT.</b> <b>7431</b>																
<b>7. PURPOSE OF EVALUATION</b>																		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT																		
<input type="checkbox"/> HQD&TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT																		
<b>8. TO</b> <b>ETD</b> <b>August 1972</b> <b>STATION</b> <b>Caracas, Venezuela</b> <b>TDY OR PCS</b> <b>PCS</b> <b>TYPE OF COVER</b> <b>State (Integrated)</b> <b>NO OF DEPENDENTS TO ACCOMPANY</b> <b>X88F five</b> <b>NO OF DEPENDENTS REPORTS OF MEDICAL HISTORY ATTACHED</b>																		
<input type="checkbox"/> RETURN FROM OVERSEAS																		
<b>9. REQUESTING OFFICER</b> <b>SIGNATURE</b> <b>John Ferguson</b> <b>ROOM NO. &amp; BUILDING</b> <b>3D 5309 Hqs</b> <b>EXT</b> <b>7431</b>																		
<b>10. COMMENTS</b> <p>Please schedule appointments for the week of 10 July.</p> <table> <tr> <td>Virginia S. wife</td> <td>26 Feb 43</td> <td>Kynne Augherton</td> <td>12 Sep 64</td> </tr> <tr> <td>Deborah Anne</td> <td>25 Dec 59</td> <td>Todd</td> <td>son 3 Aug 70</td> </tr> <tr> <td>Bryan Moss</td> <td>son</td> <td>Craig</td> <td>deceased 56</td> </tr> <tr> <td colspan="2">QUALIFIED FOR PCS</td> <td>Haril</td> <td>17 31 72-Tue 52</td> </tr> </table>			Virginia S. wife	26 Feb 43	Kynne Augherton	12 Sep 64	Deborah Anne	25 Dec 59	Todd	son 3 Aug 70	Bryan Moss	son	Craig	deceased 56	QUALIFIED FOR PCS		Haril	17 31 72-Tue 52
Virginia S. wife	26 Feb 43	Kynne Augherton	12 Sep 64															
Deborah Anne	25 Dec 59	Todd	son 3 Aug 70															
Bryan Moss	son	Craig	deceased 56															
QUALIFIED FOR PCS		Haril	17 31 72-Tue 52															
<b>11. SIGNATURE</b>		<b>12. SIGNATURE FOR CHIEF OF MEDICAL STAFF</b>																
DATE																		

SECRET

<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>DATE OF REQUEST</b>
<b>1. NAME (Last, First, Middle)</b> <b>Phillips, David A. (dependents)</b> <b>2. OFFICE, DIVISION, BRANCH</b> <b>DIA/AM/COG</b>		<b>3. POSITION TITLE</b> <b>Branch Chief</b> <b>4. GRADE</b> <b>O-5</b> <b>5. EMPLOYEE'S CAT.</b> <b>7W51</b>
<b>6. PURPOSE OF EVALUATION</b> <input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TOE STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <b>7A</b> <b>o/a 28 December 1969</b> <b>STATION</b> <b>Rio de Janeiro</b> <b>TOE OR PCS</b> <b>PCS</b> <b>TYPE OF COVER</b> <b>State</b> <b>NO. OF DEPENDENTS TO ACCOMPANY</b> <b>7</b> <b>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED</b> <b>To be forwarded</b>
		<input type="checkbox"/> RETURN FROM OVERSEAS  <b>7B</b> <b>STATION</b> <b>NO. OF DEP'TS</b>
<b>8. OVERSEAS PLANNING EVALUATION (One block must be checked)</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>9. REQUESTING OFFICER</b> <b>SIGNATURE</b> <i>Ruth A. Sanford</i> <b>Ruth A. Sanford</b> <b>M1 Personnel</b> <b>ROOM NO. &amp; BUILDING</b> <b>3D6329 Bldg</b> <b>EXT.</b> <b>6815</b>
<b>10. COMMENTS</b> Virginia S. - wife - <b>36 Feb 43</b> Christopher Clark - son - <b>24 Dec 56</b> <b>DESPERRY/PRESTON</b> - <b>25 Dec 59</b>		<b>11. REPORT OF EVALUATION</b> <b>QUALIFIED OS PCS</b> <b>12 31 63</b> <b>SPERRY PRESTON</b>
<b>DATE</b> <b>10-68 259 USE PREVIOUS EDITIONS</b>		<b>SIGNATURE FOR CHIEF OF MEDICAL STAFF</b>

SECRET

10

SECRET

1. NAME (Last, First, Middle)		2. DATE OF BIRTH	3. GRADE
<b>Phillips, David A.</b>		<b>10/31/22</b>	<b>GS-16</b>
4. OFFICE, DIVISION, BRANCH (OR OVERSEAS STATION AND ASSIGNING CENTER IF INTERNAL ASSIGNMENT) <b>DDP/DH/COG</b>		5. PRESENT POSITION	6. EMPLOYEE EXTENSION
		<b>Branch Chief</b>	<b>7431</b>
7. PROPOSED STATION <b>Rio de Janeiro</b>		8. PROPOSED POSITION (Title, Number, Grade) <b>COS, # 0186, GS-00</b>	
9. TYPE OF COMBINE AT NEW STATION <b>State</b>		10. ESTIMATED DATE OF DEPARTURE <b>o/a 28 Dec. '69</b>	11. NO. OF DEPENDENTS TO ACCOMPANY <b>7</b>
12. COMMENTS <b>Vice Robert D. Gahagen</b> <b>State Integree</b> <b>Form DS-1668 to be forwarded</b>			
13. DATE OF REQUEST	14. SIGNATURE OF REQUESTING OFFICIAL <b>Ruth A. Sanford</b>	15. ROOM NUMBER AND BUILDING	16. EXTENSION <b>SD 5300 6813</b>
17. OFFICE OF MEDICAL SERVICES DISPOSITION <b>MEDICALLY QUALIFIED FOR PROPOSED GS PCS. DONALD FARLEY</b>			
18. OFFICE OF SECURITY DISPOSITION <b>12 24 69</b>			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET

REQUEST FOR MEDICAL EVALUATION		NUMBER OF PAGES
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b> 3. OFFICE, DIVISION, BRANCH <b>DDP/ WH/3</b>		4. POSITION TITLE <b>Ops Off</b> 5. GRADE <b>GS-15</b> 6. EMPLOYEE'S EXT. <b>5909</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input checked="" type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> OVERSEAS ASSIGNMENT  7.1 RTD 7.2 TATION 7.3 TDY OR PCS 7.4 TYPE OF VACATION 7.5 NO. OF PENDANTS TO ACCOMPANY 7.6 NO. OF PENDANTS' REPORTS OF MEDICAL HISTORY (IF ANY ATTACHED)
		<input checked="" type="checkbox"/> RETURN FROM OVERSEAS  8.1 RTA 8.2 TATION <b>8.3 San Juan, Domingo</b> 8.4 NO. OF CHILDREN <b>Five</b>
9. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER SIGNATURE ROOM NO., B BUILDING EXT.
10.25.57 <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. COMMENTS		
Wife: Helen F. Daug: Maria L. DOB <b>1 Aug 49</b> Son: David A. DOB <b>14 Jan 52</b> Son: Atlee I. DOB <b>16 Feb 53</b> Son: Christopher DOB <b>28 Dec 56</b>		
12. REPORT OF EVALUATION		
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF
FORM 10-50 259 USE PREVIOUS EDITIONS SECRET		

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>3. DATE OF REQUEST</b> 2 June 64
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>	3. POSITION TITLE <b>Ops Ofer</b>	4. GRADE <b>15</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/NH/3</b>	6. EMPLOYEE'S EXT. <b>x5909</b>	
<b>7. PURPOSE OF EVALUATION</b>		
<input type="checkbox"/> PRE-Employment <input type="checkbox"/> Entrance on Duty <input type="checkbox"/> TDY Standby <input type="checkbox"/> Special Training <input type="checkbox"/> Annual <input type="checkbox"/> Return to Duty <input type="checkbox"/> Fitness for Duty <input type="checkbox"/> Medical Retirement	<input checked="" type="checkbox"/> HQS/TDY <input type="checkbox"/> Overseas Assignment	<b>ETA</b> <b>3 July 64</b> <b>STATION</b> <b>Return to Mexico City</b> <b>TDY OR PCS</b> <b>PCS</b> <b>TYPE OF COVER</b> <b>State Integree</b> <b>NB. OF DEPENDENTS TO ACCOMPANY</b> <b>5</b> <b>NB. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 28) ATTACHED</b> <b>-0</b>
	<input checked="" type="checkbox"/> RETURN FROM OVERSEAS	<b>ETA</b> <b>30 June 64</b> <b>STATION</b> <b>Mexico City, Mexico</b> <b>NB. OF DEP'TS</b> <b>5</b>
<b>8. OVERSEAS PLANNING EVALUATION (One block must be checked)</b>		<b>9. REQUESTING OFFICER</b>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>SIGNATURE</b> <i>Murray Bentall</i> <b>Murray Bentall MI/Pers Ofer</b> <b>ROOM NO. &amp; BUILDING</b> <b>CH 4407 Hqs</b> <b>EXT.</b> <b>x5909</b>	
<b>10. COMMENTS</b>		
Will be in Hqs beginning 30 June until 3 July for TDY. <i>1-2 July</i> <b>QUALIFIED FOR PROPOSED O'SC</b>		
<b>11. REPORT OF EVALUATION</b>		
<b>PCP</b> <b>JOE W. CLINE</b>		<b>SIGNATURE FOR CHIEF OF MEDICAL STAFF</b>
<b>DATE</b>		

SECRET

(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>E. DATE OF REQUEST</b> <b>27 JULY 1965</b>
<b>D. NAME (Last, First, Middle)</b> <b>PHILLIPS, DAVID A.</b>	<b>F. POSITION TITLE</b> <b>COS</b>	<b>G. GRADE</b> <b>15</b>
<b>H. OFFICE, DIVISION, BRANCH</b> <b>DDP/WH/BRANCH 2</b>	<b>I. EMPLOYEE'S CAT.</b> <b>6576</b>	
<b>J. PURPOSE OF EVALUATION</b>		
<input type="checkbox"/> PRE-Employment <input type="checkbox"/> Entrance on Duty <input type="checkbox"/> TDY Standby <input type="checkbox"/> Special Training <input type="checkbox"/> Annual <input type="checkbox"/> Return to Duty <input type="checkbox"/> Fitness for Duty <input type="checkbox"/> Medical Retirement		
<input checked="" type="checkbox"/> HQ/TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT		
<b>K10</b> <b>LATERAL TRANSFER</b> <b>STATION</b> <b>SANTO DOMINGO, D.R.</b> <b>TDY OR PCS</b> <b>PCS</b> <b>TYPE OF COVER</b> <b>DEPARTMENT OF STATE</b> <small>NO. OF PENDENTS TO ACCOMPANY</small> <b>5</b> <small>NO. OF PENDENTS' REPORTS OF MEDICAL HISTORY (SF 80) ATTACHED</small> <b>0</b>		
<input type="checkbox"/> RETURN FROM OVERSEAS		
<b>LTA</b> <b>LATERAL TRANSFER</b> <b>STATION</b> <b>MEXICO CITY, MEXICO</b> <small>NO. OF DEPTYS</small> <b>5</b>		
<b>M. OVERSEAS PLANNING EVALUATION</b> (One block must be checked)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>N. REQUESTING OFFICER</b>		
<small>SIGNATURE</small> <b>FRANK LANE</b> <small>DD/PERSONNEL</small> <small>ROOM 404, BULDING</small> <b>EST.</b> <b>CR 56</b> <b>6576</b>		
<b>O. COMMENTS</b>		
<b>MR. PHILLIPS IS A DIRECT TRANSFER.</b> <small>QUALIFIED FOR PROPOSED PCS</small> <b>JOE W. CLINE</b>		
<b>P. REPORT OF EVALUATION</b>		
<b>DATE</b> <b>17 30 65</b>	<b>Q. SIGNATURE FOR CHIEF OF MEDICAL STAFF</b>	

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>1. DATE OF REQUEST</b> 22 June 1961
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>		3. POSITION TITLE <b>Ops Officer</b>
4. GRADE <b>GS-14</b>		5. EMPLOYEE'S EXT. <b>8242</b>
6. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> DUTY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		
<input checked="" type="checkbox"/> INANCY <b>OVERSEAS ASSIGNMENT</b> <div style="border: 1px solid black; padding: 5px;">           ETD: 16 August 1961            STATION: Mexico City            TOF OR PCS: PCS            TYPE OF COVER: Dept of State            NO. OF DEPENDENTS TO ACCOMPANY: five            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED         </div> <p><i>FORM 89-2000-1 MILITARY FORM OVERSEAS</i></p>		
<b>7. OVERSEAS PLANNING EVALUATION</b> (One block must be checked) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>8. REQUESTING OFFICER</b> SIGNATURE: <i>Henry Gosthrook, Jr.</i> ROOM NO. & BUILDING: 110C Barton Hall EXT.: 8242		
<b>10. WORKER EVALUATION COMMITTEE</b> <div style="border: 1px solid black; height: 100px;"></div>		
<b>11. REPORT OF EVALUATION</b> <div style="border: 1px solid black; height: 100px;"></div>		
DATE	10 AUG 1961	SIGNATURE FOR CHIEF OF MEDICAL STAFF

## PERSONAL HISTORY STATEMENT

### INSTRUCTIONS

**-DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS-**

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully - USE BLACK TYPEWRITER RIBBON OR BLACK INK.
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully, accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

**SECTION I**
**GENERAL PERSONAL AND PHYSICAL DATA**

1. Full name (last first middle) Arlene, Virginia, Simmons		3. Age 24	3. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	4. Social security number 573-04-5230
5. Nicknames Ginn		6. Other names you have used N/A		
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above N/A				
8. If legal change of name, give particulars (Where and by what authority) N/A				
9. Height 5' 3	10. Weight 105	11. Color of eyes brown	12. Color of hair blond	13. Type of complexion white
14. Skin (Type and location) appendicitis, stomach		15. Other distinguishing physical features N/A		
16. Current address (No., Street, City, State & ZIP code - country if not U.S.) 9741 Corral Dr., Potowmack, Maryland 20854			17. Current phone number 202-5362	18. Long distance area code 301
19. Permanent address (No., Street, City, State & ZIP code - country if not U.S.) 9741 Corral Dr., Potowmack, Maryland 20854			20. Permanent phone number 202-5362	21. Long distance area code 301
22. Office phone number 332-1730	23. Office address N/A	24. Legal residence (State, territory or country) Maryland		

**SECTION II**
**POSITION DATA**

1. Indicate the type of work or position for which you are applying		3. Dates available for employment Earlier _____ Later _____	
2. Indicate the lowest annual entrance salary you will accept \$		4. Indicate your willingness to travel Occasionally <input type="checkbox"/> Other (Specify) _____	
5. Indicate your willingness to move Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>		6. Indicate your willingness to accept assignment in the following locations - check (X) each one applicable Washington, D.C. <input type="checkbox"/> Outside continental U.S. <input type="checkbox"/> Anywhere in U.S. <input type="checkbox"/> Certain locations only (Specify) _____	
7. Indicate any restrictions you would place on assignments outside the Washington, D.C. area			
(For Office Use Only)		Date of this application	

<b>SECTION III</b>		<b>CITIZENSHIP</b>				
<b>CITIZENSHIP</b>	1. Date of birth <b>2-26-43</b>	2. Place of birth (City, State, Country) <b>Philadelphia, Pennsylvania</b>	3. Present citizenship (Country) <b>U.S.</b>			
	4. Citizenship acquired by: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify) N/A	5. Date naturalized <b>N/A</b>	6. Naturalization certificate number <b>N/A</b>			
	7. Court issuing naturalization certificate <b>N/A</b>	8. Issued at (City, State, Country) <b>N/A</b>				
	9. If alien, give alien registration number <b>N/A</b>	10. Date and place of arrival in U.S. <b>N/A</b>				
	11. Name you held previous nationality? <input type="checkbox"/> This <input checked="" type="checkbox"/> No	12. If yes, give name of country <b>N/A</b>				
	13. Give particulars concerning previous nationalities  <b>N/A</b>					
	14. Last U.S. visa (Number, type, place of issue) <b>N/A</b>		15. Date visa issued <b>n/a</b>			
	<b>SECTION IV</b>					
	<b>EDUCATION</b>					
	ELEMENTARY SCHOOLS					
	1. Name of elementary school	Address (City, State, Country)	Years attended (From - To - )	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
	HIGH SCHOOLS					
	2. Name of high school	Address (City, State, Country)	Years attended (From - To - )	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
	3. Name of high school	Address (City, State, Country)	Years attended (From - To - )	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE OR UNIVERSITY STUDY						
Name and location of college or university	Subject Major    Minor	Years attended From - To -	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
4.						
5.						
6.						
7.						
8. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content						
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
Name and address of school	Study or specialized course	From	To	No. of months		
1.						
2.						
3.						
4.						

SECTION XI MARITAL STATUS				
1. Present status (Single, married, widowed, separated, divorced, deceased) <b>Divorced</b> 2. State date, place, and reason for all separations, divorces or dissolutions <b>2-10-69, Juarez, Mexico, incompatibility</b>				
With, Husband or Fiancée	If you have been married more than once (including annulment) use separate sheet for former wife or husband giving date required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancée.			
3. Name of spouse	(Name)	(Date)	(Address)	(Married)
	<b>Phillips</b>	<b>David</b>	<b>Atlee</b>	
4. Date any other name ever used by spouse	<b>N/A</b>			
Indicate circumstances (including length of time) under which any names noted in Item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 13 and 14 of this form to record this information.				
5. Date of birth	6. Place of birth (City, State, Country)	7. Date of marriage		
<b>10-31-22</b>	<b>Fort Worth, Texas</b>			
8. Place of marriage (City, State, Country)				9. Using <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Citizenship	11. Former citizenship (if any) <b>N/A</b>	12. If alien, give alien registration number <b>N/A</b>		
U.S.				
13. Date U.S. citizenship acquired	14. Where acquired	15. Date and place of arrival in U.S.	16. Alien registration certificate number	
<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
17. Date of death	18. Cause of death			
<b>N/A</b>	<b>N/A</b>			
19. Current address (Give last address, if divorced)	20. Address of spouse before marriage			
21. Occupations	22. Present employer (Give former employer, or if spouse deceased or unemployed, give last no employer) <b>U.S. Dept of State</b>			
Foreign Service Reserve Officer				
23. If foreign, list countries visited, dates, day, month, year				
U.S. Dept. of State, Washington				
24. Dates of military service (From — To — By month & year)	25. Branch of military service	26. Country with which military service utilized <b>U.S</b>		
27. Details of other government service, U.S. or Foreign				

SECTION XII CHILDREN AND OTHER DEPENDENTS				
1. Provide the following information for all children and dependents				
Name	Relationship	Date & Place of Birth	Citizenship	Address
2. No. of children (Include step-children & adopted children who are dependent, under 21 years of age, and are NOT self-supporting ►		3. No. of other dependents (e.g., minors, persons, dependents, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting ►		

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

**SECTION XI MARITAL STATUS FORMER HUSBAND**

- |   |  |
|---|--|
| 3. Ahern, Thomas Joseph                             | 21. Foreign Service Reserve Officer                      |
| 4. N/A  | 22. U.S. Dept. of State                                  |
| 5. 4-12-40  | 23. U.S. Dept. of State, Santo Domingo, Washington, D.C. |
| 6. Washington, D.C.                                 | 24. N/A  |
| 7. 4-6-59   | 25. N/A  |
| 8. Hyattsville, Maryland                            | 26. N/A  |
| 9. yes  | 27. N/A  |
| 10. U.S.  |  |
| 11. N/A   |  |
| 12. N/A   |  |
| 13. N/A   |  |
| 14. N/A   |  |
| 15. N/A   |  |
| 16. N/A   |  |
| 17. N/A   |  |
| 18. N/A   |  |
| 19. U.S. Embassy, Santo Domingo, Dominican Republic |  |
| 20. 4622 Hunt Avenue, Chevy Chase, Maryland         |  |

(Signature)

Space for extra details continued on page 16 ►