

**SECRET**  
(When Filled In)

PSC: 12 SEPT 62

**NOTIFICATION OF PERSONNEL ACTION**

OKF

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
051164		HARVEY WILLIAM K	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT (CORRECTION)		06   08   62	REGULAR
6. FUND	7. COST CENTER NO. - CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY	
<input checked="" type="checkbox"/> FUND <input type="checkbox"/> F 10 V <input type="checkbox"/> F 10 CF <input type="checkbox"/> CF 10 V <input checked="" type="checkbox"/> X <input type="checkbox"/> CF 10 CF	3132 1000 1000	50 USC 403 J	
9. ORGANIZATIONAL DESIGNATION		10. LOCATION OF OFFICIAL STATION	
DDP TASK FORCE W OFFICE OF THE CHIEF		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
SP ASST TO COORD OPS OFFICER CH		0662	D
14. CLASSIFICATION SCHEDULE (15, 16, 17)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR GS	0136.01	02 0 18 1	14900 18500
18. REMARKS THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 06/08/62 TO SHOW THE <b>INTEGRATED</b> TITLE, CLASSIFICATION, GRADE, STEP, & SALARY WHICH WERE PREVIOUSLY OMITTED.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
57	10	61100 TFW	75013
23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF 101	26. DATE OF 102
09   13   16			
27. HIRING DATE	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA CODE
31. SECURITY REG NO.	32. SEX	33. SOCIAL SECURITY NO.	34. HEALTH INS CODE
35. MIL. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY
39. FEDERAL TAX DATA	40. STATE TAX DATA	41. LEAVE BAL.	42. FUND BAL.
SIGNATURE OR OTHER AUTHENTICATION			
<div style="display: flex; justify-content: space-between;"> <div> <p>Bob 11/2/62</p> </div> <div> <p>06/18/62 ZK</p> </div> </div>			

FORM 1150 Use Previous Edition

**SECRET**

(When Filled In)

1. PAYEE'S COMPLETE NAME AND ADDRESS						2. U.O. VOUCHER NO.	
3. TRAVEL ADVANCE STATUS						4. U.O. NO.	
<b>William K. Harvey</b> <b>28 West Irving Street</b> <b>Chevy Chase, Md. 20015</b>						<b>6-69348</b> <b>2/23/66</b> <b>6-69348A</b> <b>5/13/66</b>	
<b>4. TRAVEL AUTHORIZATION</b> <b>A. Number</b> <b>6-69348</b> <b>B. Date</b> <b>2/23/66</b> <b>6-69348A</b> <b>5/13/66</b>						<b>5. U.O. PAID BY</b>	
<b>6. EMPLOYEE NUMBER (State Only)</b> <b>253900</b>						<b>7. OFFICIAL STATION (State Only)</b> <b>Rome to Dept.</b>	
<b>8. STATEMENT OF GOVERNMENT-FURNISHED TRANSPORTATION</b> <b>A. AIR</b> <b>B. RAIL</b> <b>C. Other*</b> <b>D. Class</b> <b>E. From</b> <b>F. To</b>						<b>9. PAYMENT CALCULATION</b> <b>A. Amount Claimed (See Item 19.)</b> <b>\$ 649.61</b> <b>B. Differences, if any</b> <b>\$</b> <b>C. Amount Allowed (Verified correct to Approp. _____) \$</b> <b>D. Applied to Advance (See Item 18.)</b> <b>\$</b> <b>E. Not to Payee</b> <b>\$</b>	
<b>10. PREVIOUS PAYMENTS: The first three (3) paid under same travel order, if any.</b> <b>A. U.O. Voucher No.</b> <b>B. Paid (see 8 &amp; 9)</b> <b>C. U.O. Name and Symbol</b>						<b>11. CERTIFY FOR PAYMENT: I, as authority vested in me, certify this voucher is correct and proper for payment.</b> <b>A. Date</b> <b>B. Authorized Certifying Officer's Signature</b> <b>Name:</b> <b>Title:</b>	
<b>12. METHOD OF PAYMENT (For Paying Office Use Only)</b> <b>A. Cash or G.P. Check Amt.</b> <b>B. Exchange Rate</b> <b>C. U.S. \$ Equivalent</b> <b>D. Date</b> <b>E. Treasury or Depository Check No. and Name of Depository</b> <b>F. Payment Received</b> <b>(Payee's Signature)</b>						<b>13. ACCOUNTING CLASSIFICATION</b> <b>A. Fund</b> <b>B. Allotment</b> <b>C. Obligation No.</b> <b>D. Organization (State Only)</b> <b>E. Function (State Only)</b> <b>F. Object</b> <b>G. Paying Office (State Only)</b> <b>H. Paying Date (State Only)</b> <b>I. Amount</b>	
<b>* Item 1(C) - If carrier was foreign ship or airline, attach certificate of residence.</b> <b>** FRAUDULENT: If a claim is paid on the basis of any item in an expense account which is a false statement of the claim (28 U.S.C. 2514) and the result is a loss of not more than \$500.00 or more than \$5,000.00, or both (16 U.S.C. 2).</b>							

FORM FS-205

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Page 2

1. CLAIM (State complete itinerary, including dates, times, and places, and the amount of claim, or other information as required by the instructions.)

REMARKS (Dates and Ages of Dependents; explanation for use of foreign currency; rates of exchange, etc.)

Concurrent travel

Wife

Daughter, Sally, Age 7

Separate travel

Son, James, born December 1947

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

Date: 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
		Mr. Harvey, Wife, and Daughter				
Mar. 21	0700	LV. Rome via private auto				
	1130	AR. <u>Naples</u>				
		163 miles at 12¢				19.56
		Autostrada tolls L.1750				2.80
		Required fees for auto (Ford)				
		at dock				
		Preparation of car L.1500				
		Auto check-in fee L.1000				
		L.2500				4.00
		Baggage transport Rome				
		to <u>Naples</u> L.3500				5.60
		Baggage transfer charges				
		for hold baggage L.9350				14.96
	2300	LV. <u>Naples</u>	3/4	6	11.25	
Mar. 22 thru 30		At sea	9	6	135.00	
Mar. 31		At sea	1	2	5.00	
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A, on face of voucher)					151.25	44.92

COMMONWEALTH OF AUSTRALIA  
AUSTRALIAN SECURITY INTELLIGENCE ORGANISATION

Office of the Director General

EXD. (P.S.) 510538.

MILITARY

24 May, 1966.

*My dear Mr. Saborn*

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

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

With kindest regards and best wishes,

Yours


*C.C.F. SPRY*  
(C.C.F. SPRY)

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



SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		7. DATE OF REQUEST 17 March 1965	
1. NAME (Last, First, Middle) HARVEY, William E.		3. POSITION TITLE COS	
5. OFFICE, DIVISION, BRANCH WE DIVISION		4. GRADE GS-13	
		6. EMPLOYEE'S EXT. 7157	
2. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TOY 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"/> HQS/TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETO            10 March 1965            STATION            Rome            TOY OR PCS            PCS            TYPE OF COVER            Integrees            NO. OF DEPENDENTS TO ACCOMPANY            2            NO. OF GS PERSONNEL REPORTS OF MEDICAL HISTORY (SF 88) ATTACHED            0         </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETO            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE  MAJOR CHRISTOPHER W. DYER ROOM NO. & BUILDING 4-8-1101 EXT. 7157	
10. COMMENTS 259 forwarded at request of Joe Cline. QUALIFIED FOR PROPOSED O S PCS			
11. REPORT OF EVALUATION JOE V. CLINE			
DATE 13 22 65		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
		17 March 1965
2. NAME (Last, First, Middle)	3. POSITION TITLE	4. GRADE
Dependents of PARKY, William K.	COS	GS-18
5. OFFICE, DIVISION, BRANCH	6. EMPLOYEE'S EXT.	
WE DIVISION	7157	
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TOY STANDBY Dependents: <input type="checkbox"/> SPECIAL TRAINING Wife: Clara O. Husband: Sally J., 10 Mar 58 <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HDS/TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETD            10 March 1965            STATION            2000            TOY OR PCS            D/C            TYPE OF COVER            I-12345            NO. OF DEPENDENTS TO ACCOMPANY            2            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED            0         </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (Use block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Robert C. Stephay</i> NAME OF STEPHAY, ROBERT C. ROOM NO. & BUILDING 1 B 1106 EXT. 7157
10. COMMENTS		
259 forwarded at request of Joe Cline.		
11. REPORT OF EVALUATION		
QUALIFIED FOR PROPOSED O 3 PCS JOE W. CLINE		
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET (When Filled In)		DATE OF REQUEST	
<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>16 May 1963</b>	
2. NAME (Last, First, Middle) <b>William K. Harvey</b>		3. POSITION TITLE <b>Chief of Station</b>	4. GRADE <b>GS-18</b>
5. OFFICE, DIVISION, BRANCH <b>VE Division</b>		6. EMPLOYEE'S EXT. <b></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 type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HOOB/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px;">           RTD.  <b>o/a 1 July 1963</b>            STATION  <b>Rome</b>            TDY OR PCS  <b>PCS</b>            TYPE OF COVER  <b>Integree</b>            NO. OF DEPENDENTS TO ACCOMPANY  <b>3</b>            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 88) ATTACHED  <b>0</b> </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">           ETA             STATION             NO. OF DEP.'S  </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <b>MARGE GHOSTEPHAN</b> ROOM NO. & BUILDING <b>4 B 4404</b> EXT. <b>7157</b>	
10. COMMENTS  <b>Request evaluation for above PCS.</b>			
11. REPORT OF EVALUATION  <b></b>			
DATE <b>12 JUN 63</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <b></b>	

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		7. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>Dependents of William F. Harvey</b>		<b>16 May 1963</b>
3. OFFICE, DIVISION, BRANCH <b>WE Division</b>		4. GRADE <b>OS-18</b>
5. PURPOSE OF EVALUATION		6. EMPLOYEE'S EXT. <b>5252</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"/> HOUSE/TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ESSD  <b>o/a 1 July 1963</b>            STATION  <b>Rome</b>            TDY OR PCS  <b>PCS</b>            TYPE OF COVER  <b>Integree</b>            NO. OF DEPENDENTS TO ACCOMPANY  <b>3</b>            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED  <b>0</b> </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETA            STATION            NO. OF DEP.'S         </div>
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Marge Grostephan</i> <b>MARGE GROSTEPHAN</b> ROOM NO. & BUILDING <b>4 B 4404</b> E-T. <b>7157</b>

10. COMMENTS <b>89's on file in medical office - per telephone conversation 16 May 63</b>	
11. REPORT OF EVALUATION	
DATE <b>JUN 1963</b>	SIGNATURE FOR LEADER OF MEDICAL STAFF <i>[Signature]</i>

FORM 259 USE PREVIOUS EDITIONS.

SECRET

 EXCLUDED FROM AUTOMATIC  
 DOWNGRADING AND  
 DECLASSIFICATION  
 EXCEPT WHERE SHOWN  
 OTHERWISE

(28)



SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>HARVEY, WILLIAM K.</b>		<b>25 January 1962</b>
3. OFFICE, DIVISION, BRANCH <b>FI/Division D</b>		4. GRADE <b>GS-18</b>
		5. EMPLOYEE'S EXT. <b>8471</b>
7. PURPOSE OF EVALUATION		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PRE-EMPLOYMENT   <input type="checkbox"/> ENTRANCE ON DUTY   <input checked="" type="checkbox"/> <del>XXXXXXXXXXXX</del>   <input checked="" type="checkbox"/> TDY STANDBY   <input type="checkbox"/> SPECIAL TRAINING   <input type="checkbox"/> ANNUAL   <input type="checkbox"/> RETURN TO DUTY   <input type="checkbox"/> FITNESS FOR DUTY   <input type="checkbox"/> MEDICAL RETIREMENT </div> <div style="width: 50%;"> <input type="checkbox"/> MOGS/TDY  <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           ETO  <b>25 January 1962</b>            STATION  <b>Panama City, Panama</b>            TDY OR PCS  <b>TDY</b>            TYPE OF COVER  <b>Official State Department</b>            NO. OF DEPENDENTS TO ACCOMPANY  <b>NONE</b>            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           STA            STATION            NO. OF DEPS </div> </div> </div>		
8. OVERSEAS PLANNING EVALUATION (One check must be checked)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER		
SIGNATURE <i>[Signature]</i>		
ROOM NO. & BUILDING <b>3505 - I. Building</b>		EXT. <b>1166</b>
10. REMARKS OF EVALUATION COMMENTS		
11. REPORT OF EVALUATION <b>AND RECOMMENDATION</b>		
DATE <b>1962</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

FORM 259 USE PREVIOUS EDITIONS.

SECRET

15M

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST												
2. NAME (Last, First, Middle) <b>Harvey, William K.</b>		20 October 1960												
3. OFFICE, DIVISION, BRANCH <b>FI Staff, Division D</b>	4. POSITION TITLE <b>Division Chief</b>	5. GRADE <b>GS-18</b>												
		6. EMPLOYEE'S EXT. <b>8471</b>												
7. PURPOSE OF EVALUATION														
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <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"/> OVERSEAS ASSIGNMENT  <table border="1"> <tr> <td>ETO</td> <td>28 October 1960</td> </tr> <tr> <td>STATION</td> <td>Germany and Switzerland</td> </tr> <tr> <td>TDY OR PCS</td> <td>TDY</td> </tr> <tr> <td>FIELD OR COVER</td> <td>State Integree</td> </tr> <tr> <td>NO. OF DEPENDENTS TO ACCOMPANY</td> <td>NONE</td> </tr> <tr> <td colspan="2">NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (3P 4P) ATTACHED</td> </tr> </table>		ETO	28 October 1960	STATION	Germany and Switzerland	TDY OR PCS	TDY	FIELD OR COVER	State Integree	NO. OF DEPENDENTS TO ACCOMPANY	NONE	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (3P 4P) ATTACHED	
ETO	28 October 1960													
STATION	Germany and Switzerland													
TDY OR PCS	TDY													
FIELD OR COVER	State Integree													
NO. OF DEPENDENTS TO ACCOMPANY	NONE													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (3P 4P) ATTACHED														
8. OVERSEAS PLANNING EVALUATION (One block must be checked)														
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														
9. REQUESTING OFFICER														
SIGNATURE <i>G. A. Kennedy, Jr.</i>														
ROOM NO. & BUILDING <b>1505 L</b>		EXT. <b>4464</b>												

10. REPORT OF EVALUATION	
<p>Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.</p>	
DATE <b>NOV 1960</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>