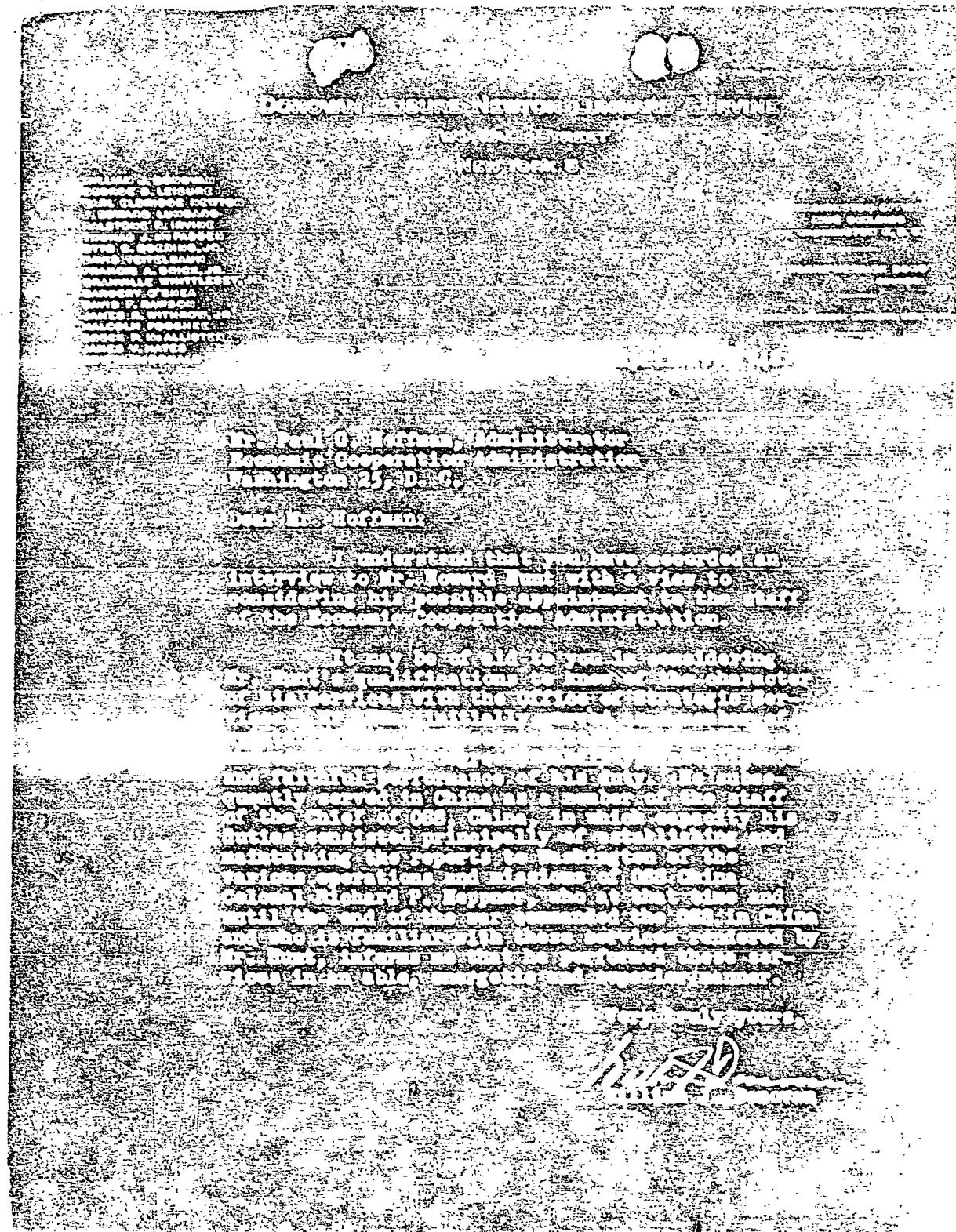


diff-jfk: record 104-10194-10023 - Page 1 - (diff between 2025 and 2023)

Highlighted changes between 2025/104-10194-10023.pdf and 2023/104-10194-10023.pdf



~~S E C R E T
(Not Filled In)~~

Name (Last-First-Middle)

CERTIFICATION OF SEPARATING EMPLOYEE

HUNT E HOWARD

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

1. Standard Form 3 (Notice to Federal Employee about Unemployment Compensation).
Resigned
2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).
Resigned
3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).
4. Standard Form 2802 (Application for Refund of Retirement Deductions).
N/A
5. Form 25-95 (Authorization for Disposition of Paychecks).
No Change

6. Applicable to returnee (resignee from overseas assignment).

I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.

Appointment arranged with Office of Medical Services.
 Appointment for Office of Medical Services examination declined.

Howard Hunt
Robert R. Mullen & Co.
1729 H Street, N.W.
Washington, D.C. 20006
ME 8-2526

conflict of interests' policy of the Agency and
s-regard concerning my new employment.

Leave).

yment Rights of Federal Employees Performing Armed

10. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee

E. Howard Hunt

Date Signed

24 Apr

Address (Street, City, State, Zip Code)

1120 River Rd., Rockville, MD 20854

Correspondence

Overt

Covert

~~S E C R E T~~

STANDARD FARM
CHAMBERS HOP
PENNSYLVANIA 16631
Post Office Box 115 May 1968

MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: Hunt, E. Howard

INCLUSIVE DATES: 17 May 1948 - 21 June 1922

CUSTODIAL UNIT/LOCATION: Q P

ROOM: 5E 13

DELETIONS, IF ANY:

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

STANDARD FORM 57, NOV. 1947 U.S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT		APPLICABLE UNTIL MAY 31, 1968																									
INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a position in the Federal Civil Service, if you are applying for an UNWRITTEN examination, read this application form carefully, and follow all instructions given in the examination announcement, carefully, and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the announcement card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any letter from you concerning the examination. Notify the office with which you file this application of any change in your address.																													
1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR:																													
2. OPTIONED (if mentioned in examination announcement):																													
APPLICATION NO. ANS. IN CIRCLE	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)		4. DATE OF THIS APPLICATION																										
	S.N. (First name) (Middle) (Maiden, if any) (Last)	17 May 1948																											
XX (Everette) Howard Hunt (Jr.) 610 STREET AND NUMBER OR R.D. NUMBER																													
5. ADDRESS (a) CITY OR POST OFFICE (including postal zone) AND STATE Albany 6, New York		6. LEGAL OR VOTING RESIDENCE (State) New York		7. DAY TIME PHONE (b) HOME PHONE 4-2101 3-6218																									
				8. DATE OF BIRTH (month, day, year) Oct. 9, 1918																									
9. PLACE OF BIRTH (city and State) if born outside U. S., name city and country Hamburg, Erie County, New York		10. (a) MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE																											
11. (a) HEIGHT WITHOUT SHOES 5 ft. 9 inches		(b) WEIGHT 165 pounds																											
12. (a) MALE <input type="checkbox"/> MALE		(b) HEIGHT WITHOUT SHOES <input type="checkbox"/> HEIGHT 5 ft. 9 inches																											
13. (a) FEMALE <input type="checkbox"/> FEMALE		(b) WEIGHT 165 pounds																											
14. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE				INITIALS AND DATE																									
15. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$4,500. You will not be considered for any position with a lower entrance salary. (b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT, IF OFFERED, FOR <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS				(c) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: <input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input checked="" type="checkbox"/> OUTSIDE THE UNITED STATES (d) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.																									
16. EXPERIENCE. It is important for you to furnish all information requested below in such detail to enable the Civil Service Commission and the appropriate Office of Personnel to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present job and work back in chronological order to the previous jobs which you performed at least one year ago, and so on. If you have had no employment experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be listed below in the spaces below in its proper sequence.																													
17. If you were ever employed in any position under a name or a different from that shown in the block above, give a brief description of your work for each position. The name used.																													
(D) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."																													
<p>① PRESENT POSITION</p> <table border="1"> <tr> <td>DATE OF EMPLOYMENT (month, year) FROM 1947</td> <td>TO PRESENT TIME</td> <td>NAME AND TITLE OF YOUR PRESENT POSITION Cef employee</td> <td>CLASSIFICATION GRADE in Federal Service</td> <td>SALARY OR EARNINGS STARTING \$ 5000 PER PRESENT \$ 5000 PER year</td> </tr> <tr> <td colspan="2">PLACE OF EMPLOYMENT (city and state) Albany, N.Y.</td> <td colspan="3">NAME AND TITLE OF IMMEDIATE SUPERVISOR</td> </tr> <tr> <td colspan="2">NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal income department, bureau or establishment, and division)</td> <td colspan="3">NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale job, insurance agency, manufacturer of books, etc.) Uniting Interest in ECA</td> </tr> <tr> <td colspan="2">NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</td> <td colspan="3">REASON FOR DESIRING TO CHANGE EMPLOYMENT</td> </tr> <tr> <td colspan="2">DESCRIPTION OF YOUR WORK Authorizing novels and magazine stories.</td> <td colspan="3"></td> </tr> </table>					DATE OF EMPLOYMENT (month, year) FROM 1947	TO PRESENT TIME	NAME AND TITLE OF YOUR PRESENT POSITION Cef employee	CLASSIFICATION GRADE in Federal Service	SALARY OR EARNINGS STARTING \$ 5000 PER PRESENT \$ 5000 PER year	PLACE OF EMPLOYMENT (city and state) Albany, N.Y.		NAME AND TITLE OF IMMEDIATE SUPERVISOR			NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal income department, bureau or establishment, and division)		NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale job, insurance agency, manufacturer of books, etc.) Uniting Interest in ECA			NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR DESIRING TO CHANGE EMPLOYMENT			DESCRIPTION OF YOUR WORK Authorizing novels and magazine stories.				
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DESCRIPTION OF YOUR WORK Authorizing novels and magazine stories.																													

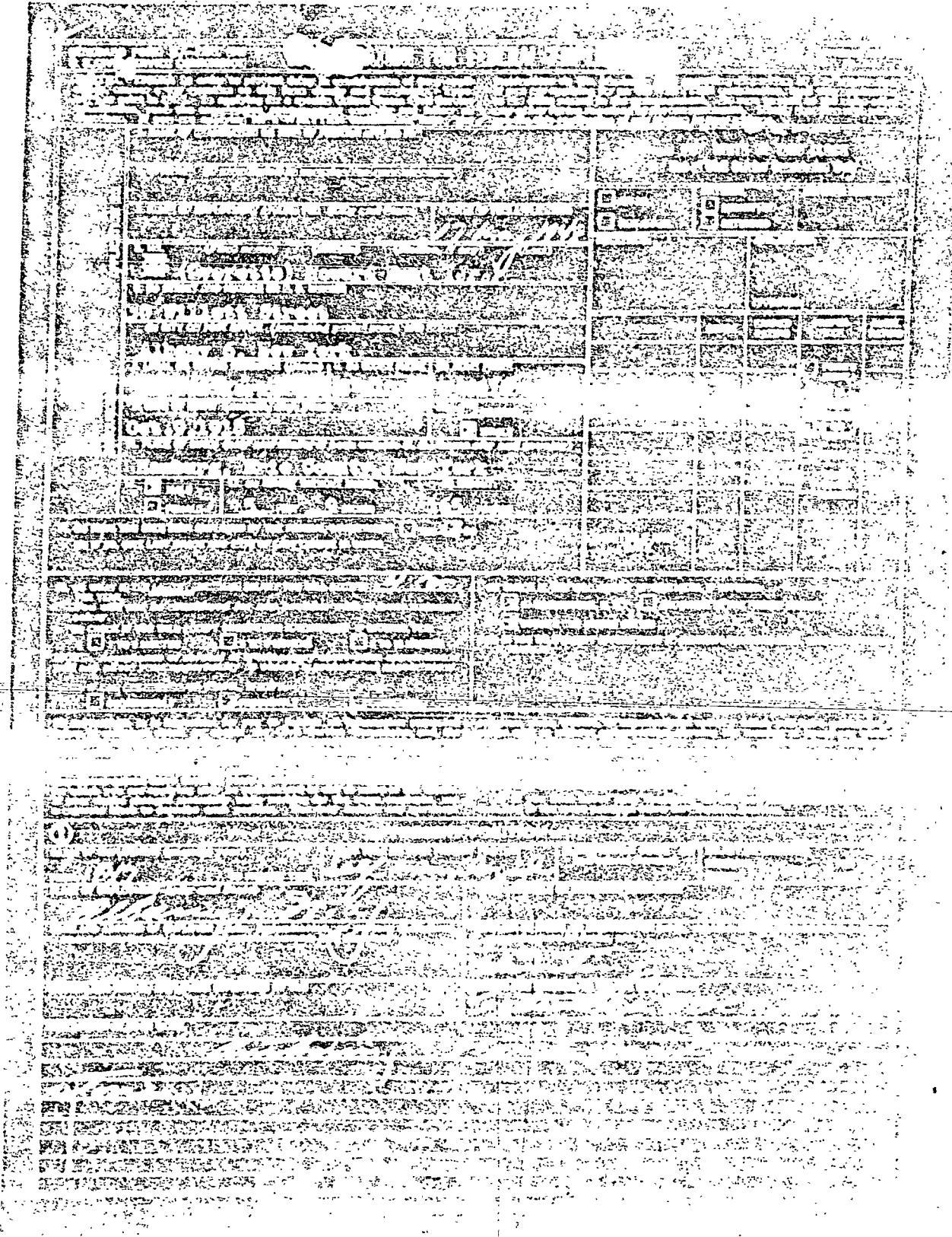
(CONTINUED ON NEXT PAGE)

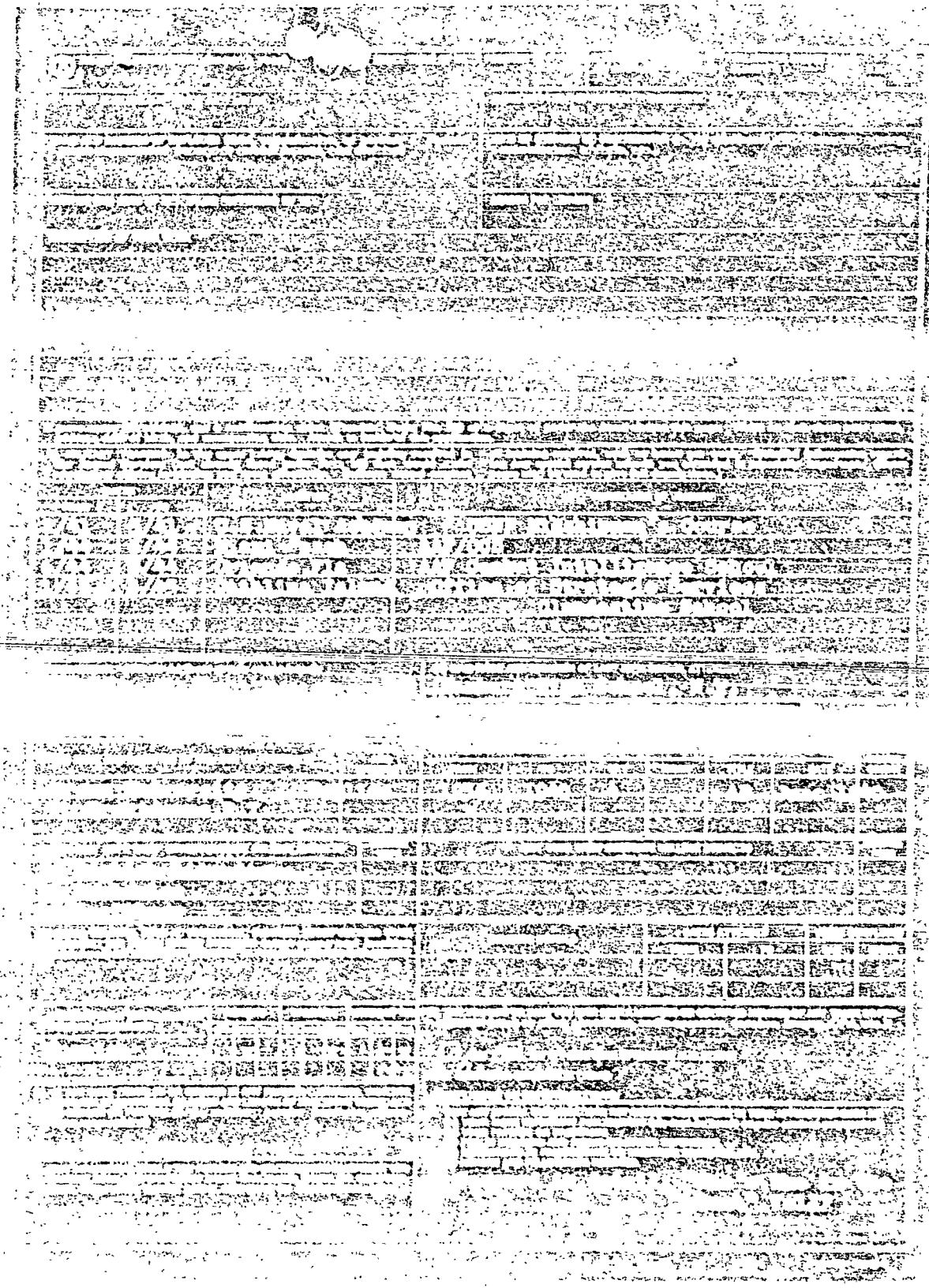
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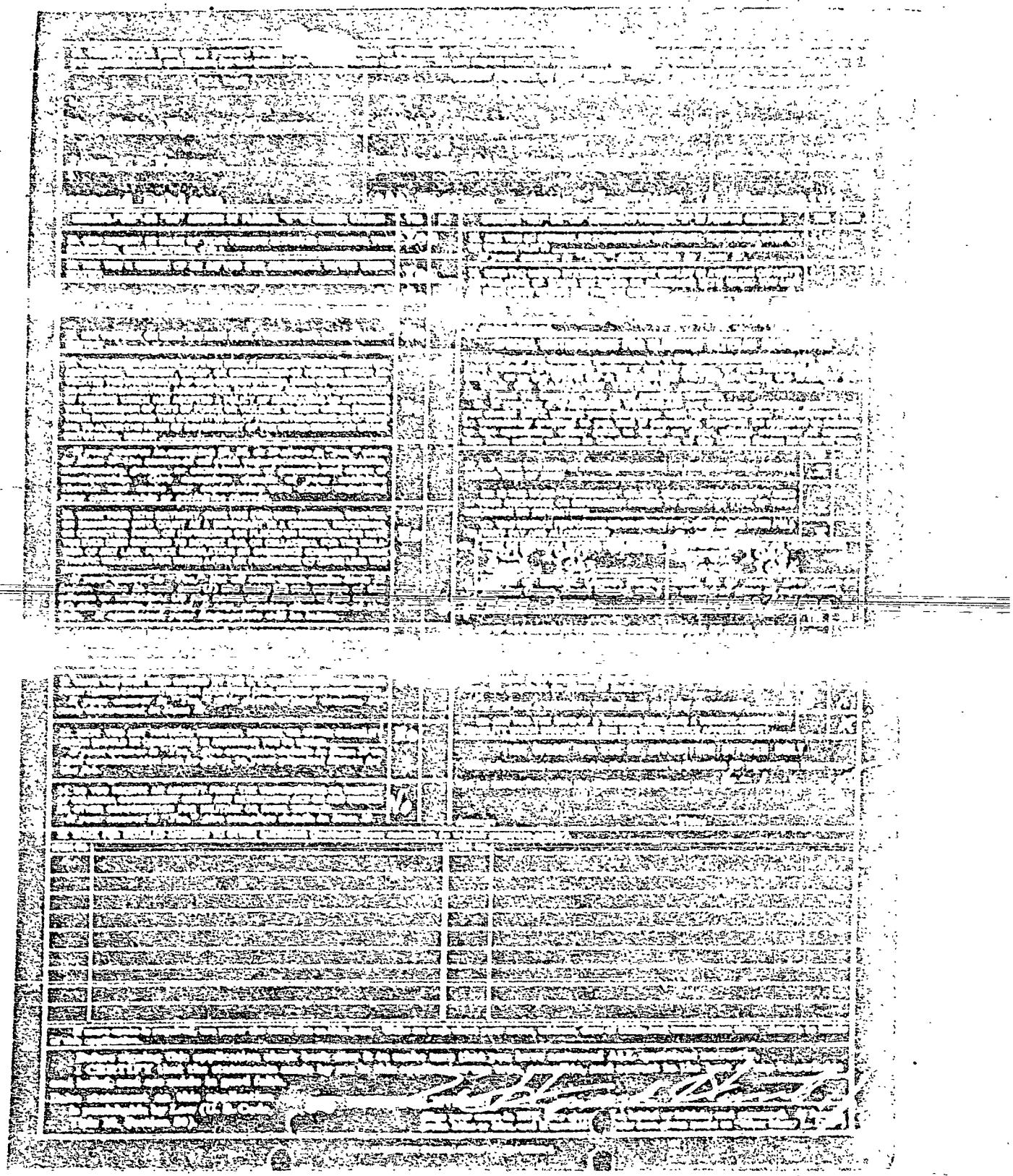
(2) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (if in Federal service)		SALARY OR EARNINGS	
FROM: Jan. 1943	TO: Oct. 1943	Correspondent		NAME AND TITLE OF IMMEDIATE SUPERVISOR		STARTING \$ 600	PER MONTH
PLACE OF EMPLOYMENT (City and State)				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale mill, insurance agency, manufacturer of Auto's, etc.)		FINAL \$ 600	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, of Federal, State department, bureau or establishment, and division)				Dan Longwell - Editor			
"LIFE"				Publicizing			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING			
DESCRIPTION OF YOUR WORK				Enlisting an AAF			
<p>Travel with Naval combat group in S. Pacific. Report results of actions.</p>							
(3) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (if in Federal service)		SALARY OR EARNINGS	
FROM: Oct. 1942	TO: Oct. 1943	Script Writer		NAME AND TITLE OF IMMEDIATE SUPERVISOR		STARTING \$ 600	PER MONTH
PLACE OF EMPLOYMENT (City and State)				Louis de Rochemont - Editor		FINAL \$ 600	
New York, N.Y.				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale mill, insurance agency, manufacturer of Auto's, etc.)			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, of Federal, State department, bureau or establishment, and division)				Musical producers			
The March of Time (Cinema)				REASON FOR LEAVING			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				go overseas w/ life			
DESCRIPTION OF YOUR WORK							
<p>Developing screen narrative of a particular subject - writing narration & footage. Writing & producing travel training films.</p>							
(4) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (if in Federal service)		SALARY OR EARNINGS	
FROM:	TO:			NAME AND TITLE OF IMMEDIATE SUPERVISOR		STARTING \$	PER
PLACE OF EMPLOYMENT (City and State)				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale mill, insurance agency, manufacturer of Auto's, etc.)		FINAL \$	PER
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, of Federal, State department, bureau or establishment, and division)							
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING			
DESCRIPTION OF YOUR WORK							

(5) DATES OF EMPLOYMENT (month, year)		NAME & TITLE OF YOUR POSITION		CLASS OF INVESTIGATION	SALARY OR EARNINGS																																																																																														
FROM	TO			SECRET	STARTING FINAL																																																																																														
PLACE OF EMPLOYMENT (city and State)				NAME AND TITLE OF IMMEDIATE SUPERVISOR																																																																																															
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person); if Federal, name department, bureau or establishment, and division)				NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale and, Insurance agency, manufacturer of Auto, 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. 54) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of this application.</p> <p>17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under Item 18) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received such as hours per week. Detailed information regarding any special service activities you attended is especially important. (Extra pages may be used to give full descriptions.)</p>																																																																																																			
DATES		LOCATION		DESCRIPTION OF TRAINING																																																																																															
FROM	TO																																																																																																		
2/41	5/41	U.S. Naval Academy	USNR Midshipman's Course																																																																																																
1/44	6/44	Miami Beach	AAF/OCS																																																																																																
6/44	8/44	Oriando, Fla	AAF Combat Intelligence School																																																																																																
1/45	3/45	Catalina Island	Office of Strategic Services Clandestine School																																																																																																
18 EDUCATION (Circle highest grade completed)																																																																																																			
1	2	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
<p>MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF</p> <p><input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL</p> <p>(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY</p> <p>Brown University English Providence, R.I.</p> <p>(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS</p> <p>English Literature Economics Sociology</p> <p>(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (ARMED FORCES AND LOCATION OF SCHOOL) OR IN-SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT</p>						<p>(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED</p> <p>Hamburg High School, N.Y.</p> <p>(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED</p> <p>(C) SUBJECTS STUDIED</p> <p>DATES ATTENDED</p> <p>FROM: 1936 TO: 1940</p> <p>YEARS COMPLETED</p> <p>DAY NIGHT</p> <p>LEMES CONFERRED</p> <p>AB</p> <p>WINTER SEMESTER</p> <p>JUNE 1940</p> <p>(D) SUBJECTS STUDIED</p> <p>DATES ATTENDED</p> <p>FROM: TO</p> <p>DAY NIGHT</p> <p>WINTER SEMESTER</p> <p>JUNE 1940</p>																																																																																													
<p>19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES</p> <table border="1"> <tr> <td>READING</td> <td>SPEAKING</td> <td>WRITING</td> </tr> <tr> <td>EXCELLENT</td> <td>EXCELLENT</td> <td>EXCELLENT</td> </tr> </table> <p>Spanish X X X</p>						READING	SPEAKING	WRITING	EXCELLENT	EXCELLENT	EXCELLENT	<p>20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASONS (PURPOSE) (e.g., military service, business, education, vacation, etc.)</p> <p>See list attached</p> <p>21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE (SUCH AS CITRATRONIC SHORT-WAVE RADIO, MULTIFLEX COMPUTER, KEY-PUNCH, TURKEY LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES)</p> <p>APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND ...</p>																																																																																							
READING	SPEAKING	WRITING																																																																																																	
EXCELLENT	EXCELLENT	EXCELLENT																																																																																																	
<p>22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE.</p> <p>FIRST LICENSE OR CERTIFICATE (YEAR)</p> <p>LATEST LICENSE OR CERTIFICATE (YEAR)</p> <p>23. GIVE ANY SPECIAL QUALIFICATIONS NOT CONTINUED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) LANGUAGE PROFICIENCIES OR TRANSLATIONS (YOU MAY SUBMIT COPIES UNLESS REQUESTED) (2) VETERAN PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLICATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES ETC (5) HONORS AND FELLOWSHIPS RECEIVED</p> <p>Covered in detail: "Who's Who in the East" Vol II</p>																																																																																																			

24. REFERENCES: List three persons living in the United States or Territories of the United States who are "to you and who have definite knowledge of your qualifications and character for the position." (Give complete current address, including street and number)		PRESENT BUSINESS OR OCCUPATION	
<p>Maj. Gen. E. J. Donovan</p> <p>John C. Farra</p> <p>Raymond Rubicam</p>		<p>2 Wall Street, New York 5, N.Y. Attorney</p> <p>53 East 34th Street, New York 16 Publisher</p> <p>444 Madison Avenue, New York 16 Executive</p>	
<p>INDICATE "YES" OR "NO" ANSWER BY PLACING "1" IN PROPER COLUMN</p>			
<p>25. MAY YOU BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.</p>			
<p>26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?</p>			
<p>27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST ORGANIZATION?</p>			
<p>28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?</p>			
<p>29. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR OF AN AMERICAN CITIZEN, GOVERNMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES A POLICY OF ADVERSITY OR APPROPRIATING THE LIBERTIES OF OTHER PEOPLE OR VIOLENCE TO THEM OR OTHER PERSONS? THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF OTHER LIBERTIES TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES OR ACTON, STATE, NATIONAL, LOCAL, ETC.</p>			
<p>If your answer to questions 27, 28, or 29 above is "Yes," state in Item 30 the names of all such organizations, associations, movements, groups, or combinations of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</p>			
<p>30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION, OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS) FOR WHICH FINE OR FINE/TIME OF \$25 OR LESS WAS IMPOSED?</p>			
<p>If your answer is "Yes," list all such cases under Item 30 above. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed if any, or other disposition of the case. If applicable, your fingerprints will be taken.</p>			
<p>31. HAVE YOU EVER BEEN RECRUITED OR RECRUITED TO JOIN MEMBERSHIP IN ANY COMMUNIST, FASCIST, OR NAZI ASSOCIATION?</p>			
<p>If your answer is "Yes," give in Item 32 the name and address of employer, date, and reason in each case.</p>			
<p>32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?</p>			
<p>If your answer is "Yes," give dates of and reasons for such disbarment in Item 32.</p>			
<p>33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?</p>			
<p>If your answer is "Yes," give complete details in Item 33 so that consideration can be given to your physical fitness for the job.</p>			
<p>34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA OR ANYWHERE UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?</p>			
<p>If your answer is "Yes," give complete details in Item 34.</p>			
<p>35. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply).</p>			
ITEM NO.		ITEM NO.	
<p>If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination date. Attach to end of this application.</p>			
<p>Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).</p>			
<p>SIGNATURE OF APPLICANT <i>Howard Stuart Jr.</i></p>			
<p>(Sign your name in INK and give prefix Miss or Mrs. and if married, initial or initials, and surname. If from our own green name as "Mrs. Mary L. (etc.)")</p>			







STANDARD FORM NO. 102
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1948

FORM APPROVED
BUREAU NO. 10-19-204

B. AID COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.- MRS.- MRS. - FIRST - MIDDLE INITIAL - LAST)	2. DATE OF BIRTH	3. JOURNAL/ACTION NO. & DATE		
Mr. E. Howard Hunt, Jr.	10-9-18	64 5-17-48		
<i>This is to notify you of the following action affecting your employment:</i>				
4. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	5. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		
Temporary Appointment, C.S. Reg. 2.114(n)	5-17-48			
FROM	TO			
	8. POSITION TITLE	Information and Editorial Spec.		
	9. SERVICE GRADE SALARY	JAF-13, \$6905.20 per annum CSC No. 103 - Series 1030		
	10. ORGANIZATIONAL DESIGNATIONS	Press Information Division		
	11. HEADQUARTERS	Washington, D. C.		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS				
<p>Subject to loyalty and security check. Subject to satisfactory medical examination. Affidavit "Striking Against the Federal Government" signed. Not eligible for within grade salary advancements. Entrance efficiency rating: Good</p>				

E. Howard Hunt
Acting Director of Personnel

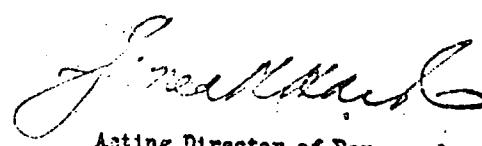
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION				
None	3 PT.	13 POINT	WWI	WWII	OTHER		
X		DISAB	WIFE	WOOD			
17. SEX	18. RACE	19. APPROPRIATION			20. SUBJECT TO C. S. RETIREMENT ACT (1938-40)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M	B	FROM: 118/95400(01) 100 01 TO:			No	5-17-48	New York

STANDARD FORM 50 (2 PARTS)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1948

FORM APPROVED.
BUDGET BUREAU NO. 10-1986

B. PUBLIC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MRS.—MRS.—FIRST—MIDDLE INITIAL—LAST)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. E. Howard Hunt, Jr.		10-9-18	64	5-17-48
<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	
Temporary Appointment, C.S. Reg. 2.114(a)		5-17-48		
FROM		TO		
		8. POSITION TITLE	Information and Editorial Spec.	
		9. SERVICE, GRADE, SALARY	CAF-12, \$6905.20 per annum CSC No. 103 - Series 1230	
		10. ORGANIZATIONAL DESIGNATIONS	Press Information Division	
		11. HEADQUARTERS	Washington, D. C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPTL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS				
<p>Subject to loyalty and security check. Subject to satisfactory medical examination. Affidavit "Striking Against the Federal Government" signed. Not eligible for within grade salary advancements. Entrance efficiency rating: Good</p>				
 <i>Acting Director of Personnel</i>				
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION		
NONE	S.F.T.	10 POINT	WWII	WMI
		X	DSAB	WIFE
			X	REAL
			CSC No. 103, 5/14/48	
17. SEX	18. RACE	19. APPROPRIATION		
M	W	FROM: 118/95400(01) 100 01 TO:		
		20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
		No	5-17-48	New York

AFFIDAVIT

STRIKING AGAINST THE FEDERAL GOVERNMENT

Economic Cooperation Administration
 (Dept. or Estab.)

(Bureau or Office)

Washington, D. C.
 (Place of Employment)

- I. I,....B. Howard Hunt, Jr......, do hereby swear (or affirm) that 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 allow a Government employee become a member of such an organization.
- II. I am loyal to the United States, its Constitution and form of Government, and I am not now a member of any organization advocating, to the best of my belief, contrary views, nor have I ever been a member of any organization advocating, to the best of my belief, contrary views during the period of my membership.

B. Howard Hunt, Jr.
 (Signature of Employee or Appointee)

Subscribed and sworn to before me this 17th day of

May, 1948 at Washington, D. C., State of

Mayo DeKemur (Name) Appointment Clerk (Title)
 Economic Cooperation Administration, Washington, D. C.
 Act of June 26, 1943, Sec. 206

Standard Form No. 61
Approved Jan. 24, 1943
U. S. Govt. Printing Office
G. S. G. Pub. No. 432

OATH OF OFFICE, AFFIDAVIT, AND DECLARATION OF APPOINTEE

Economic Cooperation Administration Washington, D. C.
(Department or Establishment) (Bureau or Division) (Office or Employment)

A.
**OATH OF
OFFICE**

I, E. Howard Hunt, Jr., do solemnly swear (or affirm) that 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; and 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.

I do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C.
**DECLARATION
OF APPOINTEE**

I do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee, and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. 57, dated 12 May 1943, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

Subscribed and sworn before me this 17th day of May 1948 A. D. 1948

at Washington, D. C.

[SEAL]

Appointment Clerk, Economic Cooperation Admin
Act of June 26, 1943, Section 206

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

5-17-48
Date of Entrance on Duty

Information and Editorial Spec. GAF-12
Position to which appointed

10-9-18
Date of Party

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for non-acceptance or disqualification after appointment. False declaration is a criminal offence and will be prosecuted accordingly.

3. Does the U.S. Government employ in a civilian capacity any relative of yours (father by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No..... If no, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temperature or not, and (3) Department or place in which employed	Relationship	Married or single	Age
		1. 2. 3.			
		1. 2. 3.			
		1. 2. 3.			

4. Place of birth _____ Town _____ State or Country _____

Indicate "Yes" or "No" answer by placing X in proper column		Yes	No	12. Space for detailed answers to other questions.
B. Are you a citizen of the United States?				ITEM NO. Write in left column numbers of items to which detailed answers apply
C. If foreign born, have you furnished proof of naturalization or citizenship to the U. S. Civil Service Commission? (2) the country in connection with this appointment?				
D. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship or of the person(s) through whom you gained your citizenship?				
E. (1) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? If so, state the place, position, and salary under Item 12.				
(2) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?				
F. Do you receive any pension or other benefit for military or naval service or on account from the U. S. or D. C. Government under any Retirement Act? If so, give details under Item 12, stating whether you were retained for duty, length of service, amount of retirement pay and under what retirement act, and rank, if retired from military or Naval service.				
G. Since you filed application resulting in this appointment, have you been discharged by command or unavailability from, or forced to resign from, any position? If so, give details under Item 12, where employing name and address of employer and the reason for discharge in each case.				
H. Since you filed application resulting in this appointment, have you been arrested, or succeeded in intercepting, or military court as a defendant, or indicted for or convicted of any offense of perjury, treason, espionage, or sedition under Item 12 (1) the date (2) the name and address of the court (3) the nature of the offense or violation, and (4) the sentence, if any imposed, or other disposition.				

INSTRUCTIONS TO APPOINTING OFFICER

The commanding officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointment would be in accordance with the War Service Act, applicable administrative rules, the War Service Payables Law, and any other conditions pertaining to appointment.

The term should be used for holding of office, position, purchases of office premises, or contracts with such persons. It means the actual or potential possession or exercise of powers relating to public activity, and parts usually in the following:

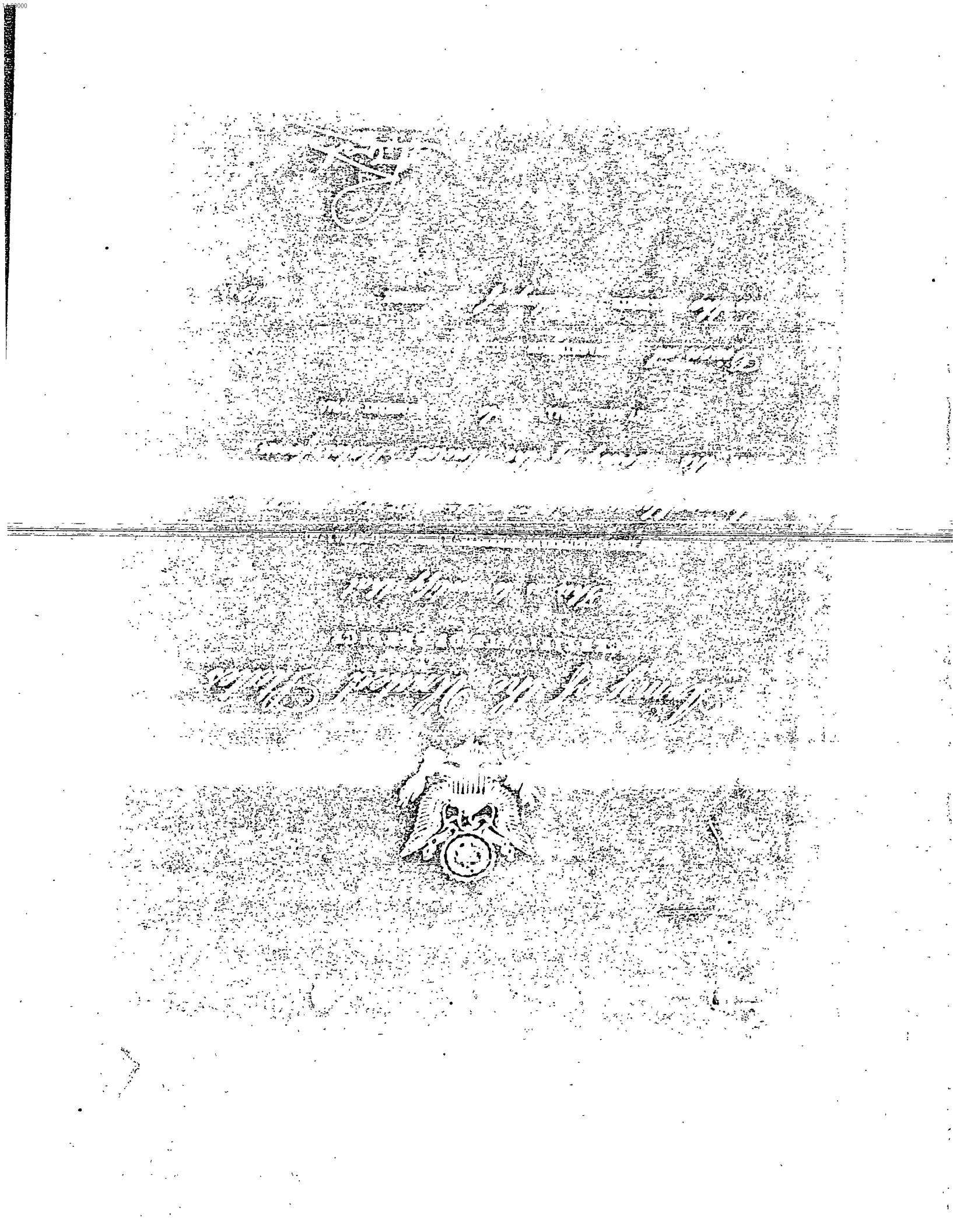
- (i) Members of assemblies with the exception where an individual has a freehold.
- (ii) The members of a committee and sub-committee are to be included with the exception of other permanent powers. The term "Committee" may be used and include the various committees. The chairman of a committee

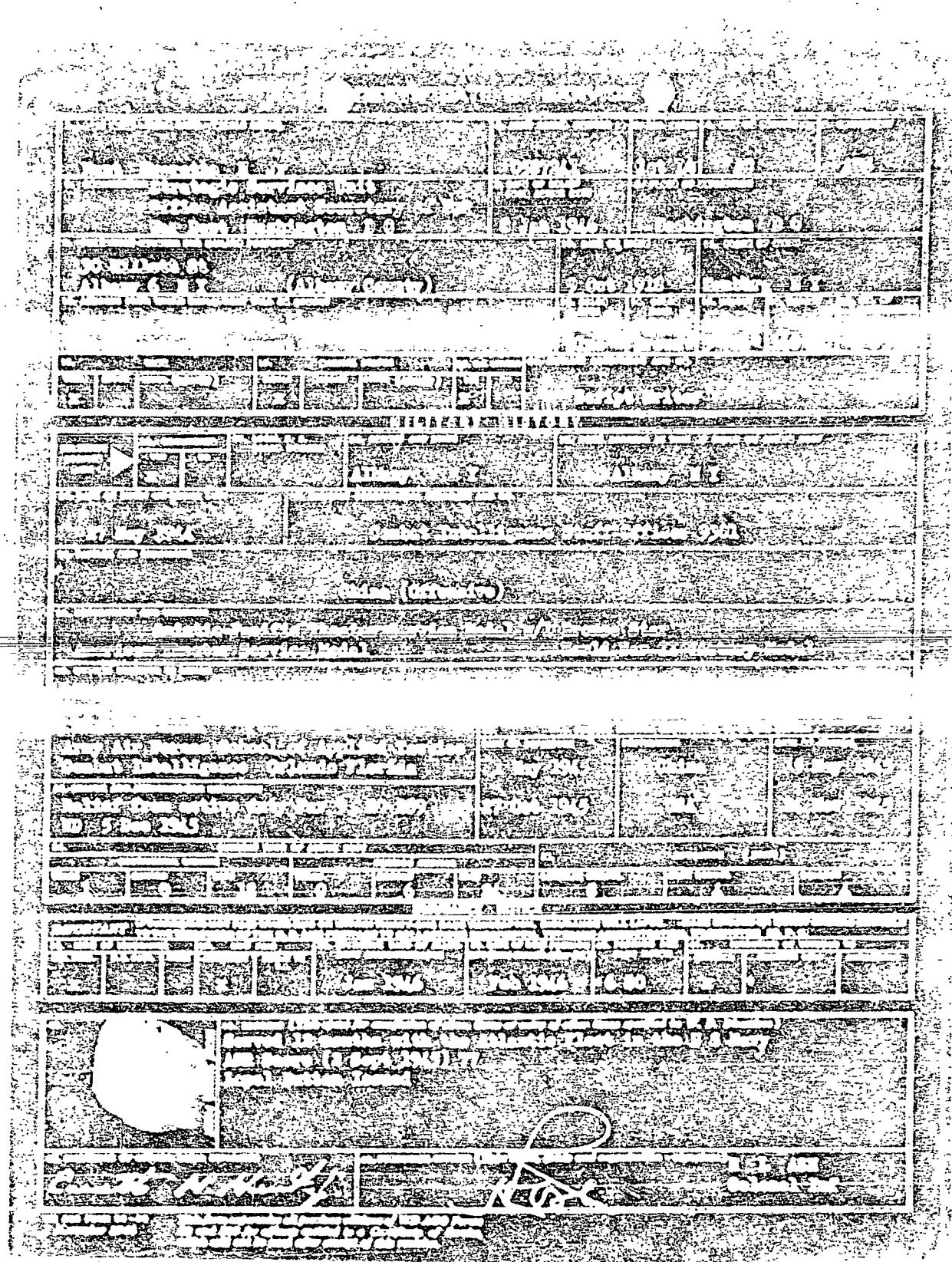
15. Age - 2. The response ends between the ages of 16 and 21. It is an open
box and a couple of numbers have been substituted by the person. It is assumed to
denote that age range but not indicate the age range for the respondent.

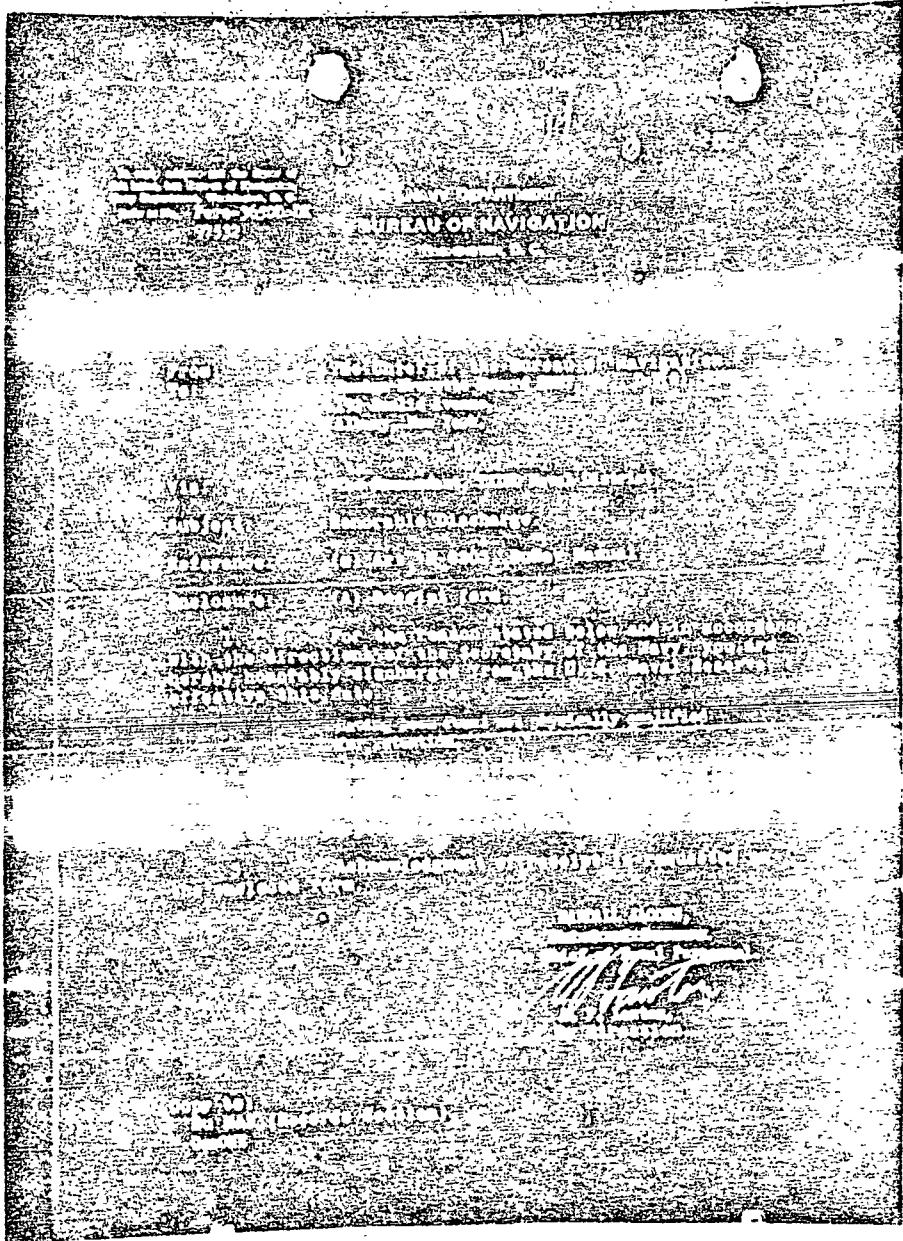
17. "Relationships - Do you feel that the other two participants are making the most of your time?"

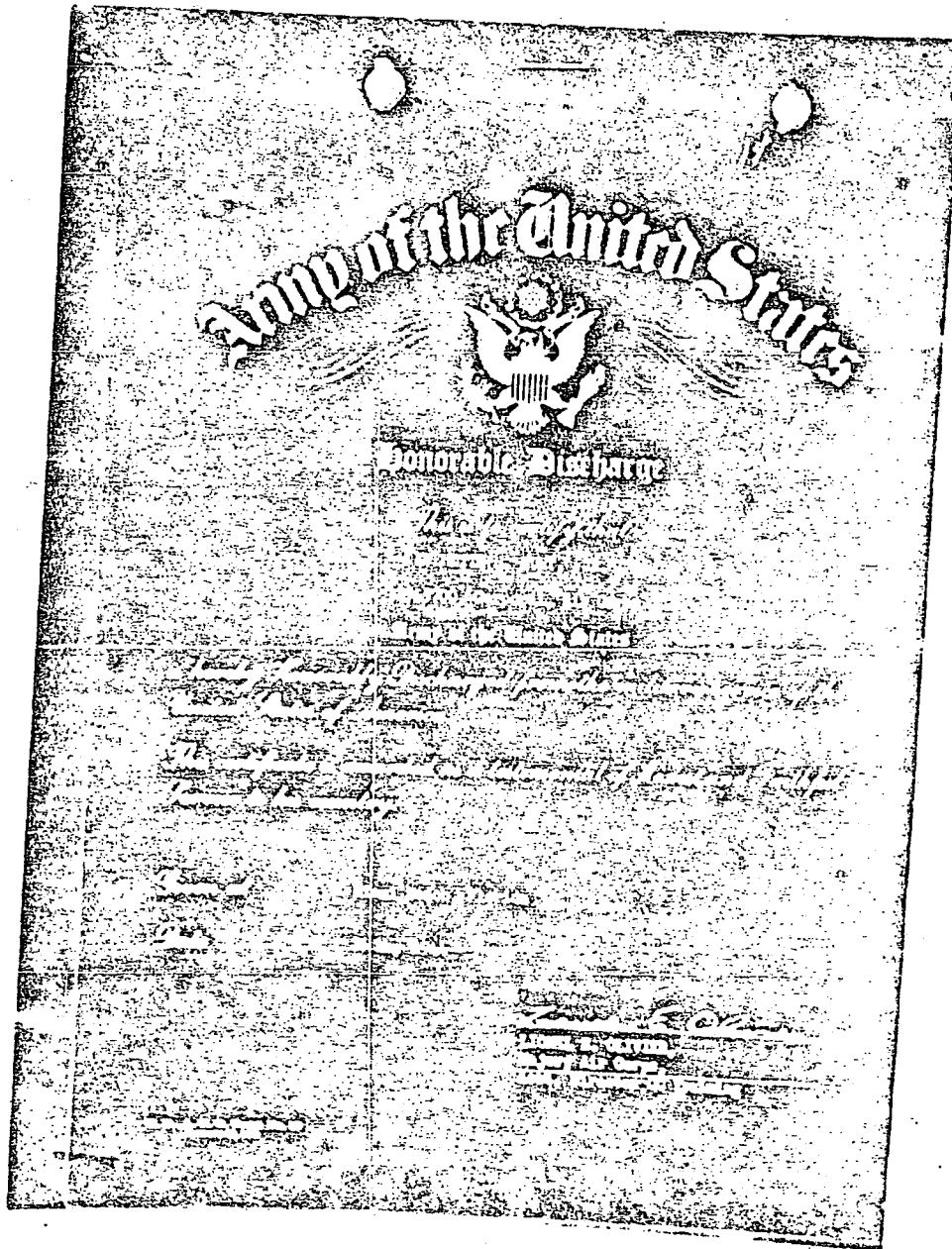
POINTING OFFICER
Other Civil Service Commissioners indicate on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship of the last acquisition of the father or authority that the individual bears the name of the United States. If the application shows that the individual was born in the United States, the question of citizenship should be referred to the Office of Civil Service Commission. If the individual was born abroad, the question of citizenship both past and present should be referred to the U.S. Consulate or Embassy in the United States; the case should be referred to the Civil Service Commission.

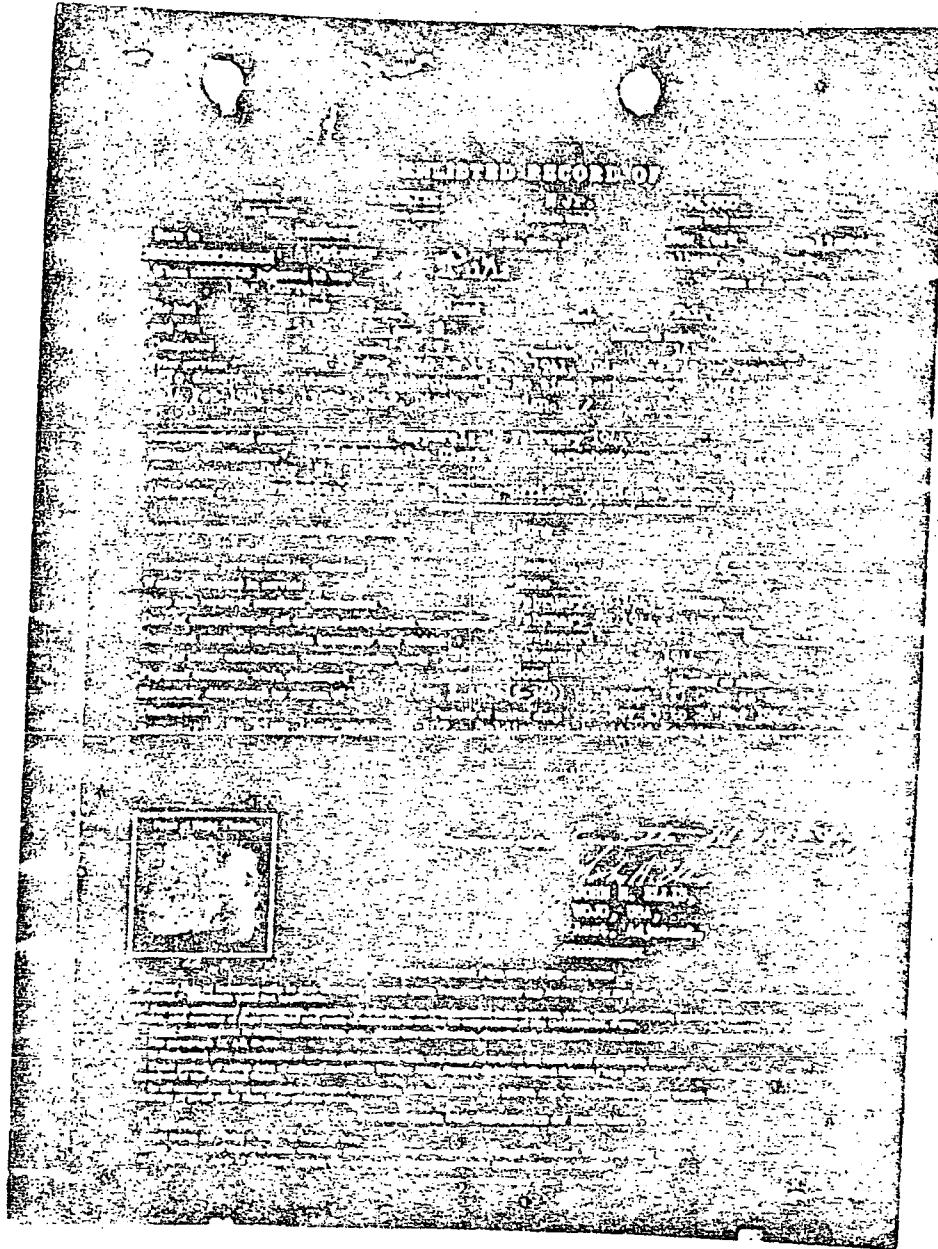
(4) **Members of Family.**—Section 9 of the Civil Service Act provides that whenever there are three or more members of a family in the same household, no one member of the family shall be entitled to the compensation on that account. This section was intended to prevent the awarding of an additional compensation to a widow whose husband had died, leaving her with three or more children. The original intent of the law was to provide for the support of the family, protecting all members of the family from poverty. In reference to the Civil Service Compensation Act, it is the opinion of the Board that the term "family" includes only such persons as are related by blood or marriage, and that the term "household" includes only those persons who are dependent upon the same income for their support. The members of a household may be related by blood or marriage, or they may be entirely independent individuals who have been brought together by temporary employment.











STANDARD FORM 57 - NOV. 1941 U. S. CIVIL SERVICE COMMISSION		APPROVAL EXPIRES NOV. 14, 1943																															
APPLICATION FOR FEDERAL EMPLOYMENT																																	
<p>INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the announcement and regarding directions of this application. If you are applying for an UNWRITTEN examination and the application is to the office named in the announcement, go over again to the same office and obtain other forms required by the announcement. Notify the office with which you file this application of any change in your address.</p>																																	
APPLICANT'S INFORMATION 1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR 2 OPTIONAL (if mentioned in examination announcement) 3 PLACE OF EMPLOYMENT APPLIED FOR (City and State) 4 DATE OF THIS APPLICATION 5 MM (First name) (Middle) (Maiden, if any) (Last) XX (Everette) Howard Hunt (Jr.) 6 ADDRESS AND NUMBER OR R. D. NUMBER 30 Willett Street 7 CITY OR POST OFFICE (including state/province) AND STATE Albany 6, New York 8 LEGAL OR VOTING RESIDENCE (State) 9 LA OFFICE PHONE 10 BIRTH PLACE New York 4-2101 3-6218 11 DATE OF BIRTH (month, day, year) Oct. 9, 1918 12 MARRIED XX SINGLE 13 PLACE OF BIRTH (city and state, if born outside U. S., name city and country) Hamburg, Erie County, New York 14 HEIGHT WITHOUT SHOES 15 WEIGHT 5 FEET 9 INCHES 165 POUNDS 16 HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 17 IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE 	<p>Information on the announcement and regarding directions of this application. If you are applying for an UNWRITTEN examination and the application is to the office named in the announcement, go over again to the same office and obtain other forms required by the announcement. Notify the office with which you file this application of any change in your address.</p>																																
	DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only																																
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INITIALS AND DATE 																																	
18 (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$4,500. <small>PER YEAR. You will not be considered for any position with a lower entrance salary.</small> (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED. FOR <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS <small>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.</small> (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY																																	
19 CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: <input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input checked="" type="checkbox"/> OUTSIDE THE UNITED STATES (D) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:																																	
20 EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing authority of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or two of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activities which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the manner below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in Item 3 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."																																	
PRESENT POSITION																																	
1 DATE OF EMPLOYMENT (month, year) From 1947 TO PRESENT TIME 2 PLACE OF EMPLOYMENT (City and State) Albany, N.Y. <small>RATE AND GRADE: 1. IN EMPLOYER'S ITEM, ORGANIZATION, OR POSITION; 2. FEDERAL BUREAU OF INVESTIGATION, BUREAU OF INVESTIGATION, AND DIVISION</small>		3 TITLE OF YOUR PRESENT POSITION Say, employed 4 NAME AND TITLE OF IMMEDIATE SUPERVISOR None 5 RATIO OF DUTIES OR ORGANIZATION (e. g., telephone operator, insurance agency, manufacturer of books, etc.) Writing <small>IN EACH LINE INDICATING THE PERCENTAGE</small> Interest in ECA																															
6 NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 7 DESCRIPTION OF YOUR WORK Authoring novels and magazine stories																																	

(CONTINUED ON NEXT PAGE)

5-2400-1

(5) DATES OF EMPLOYMENT (month, year)			LAST TITLE & YOUR POSITION		Date from	Date to	NAME OR BUSINESS STARTING DATE	PRI PERIOD							
PLACE OF EMPLOYMENT (City and State)			NAME AND TITLE OF IMMEDIATE SUPERVISOR												
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person), its position, name department, bureau or establishment, and division)			NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale distributor, insurance agency, manufacturer of books, etc.)												
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			PLAN FOR LEAVING												
DESCRIPTION OF TAX RATES															
If more space is required, use a continuation sheet (Standard Form No. 54) or a sheet of paper the same size as this page. Write in each sheet your name, address, date of birth, and every other title. Attach to end of this application.															
17. MILITARY TRAINING: In the space below, describe any training received in training courses, such as basic, per week. Detailed information regarding the Armed Services (not already listed under Item 16) that would assist any special service extends your attention is especially important. (Data concerning officer is placing you most effectively. Indicate actual amount of time may be used to give full description.)															
DATE	FROM	TO	LOCATION	DESCRIPTION OF TRAINING											
2/41	5/41		U.S. Naval Academy	USNR Midshipman's Course											
1/44	6/44		Miami Beach	AAF/OCS											
6/44	8/44		Orlando, Fla	AAF Combat Intelligence School											
1/45	3/45		Catalina Island	Office of Strategic Services Clandestine School											
18 EDUCATION (Circle highest grade completed).															
1	2	3	4	5	6	7	8	9	10	11					
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF															
<input type="checkbox"/> ELEMENTARY SCHOOL	<input type="checkbox"/> JUNIOR HIGH SCHOOL	<input checked="" type="checkbox"/> SENIOR HIGH SCHOOL													
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY			MAJOR AND SPECIALTY	DATES ATTENDED					YEARS COMPLETED		DEGREES CONFERRED		SEMESTER HOURS CREDIT		
Brown University Providence, R.I.			English	1936 1940					4		AB	June 1940			
(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS			MINORS	LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS						SUBMITTED					
English Literature Economics Sociology															
(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE, LEARN WHILE AND EDUCATION OF BOARDS) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT															
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES			READING	SPEAKING	UNDERSTANDING	22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, air traffic controller, radio operator, teacher, lawyer, CPA, etc.)									
Spanish			X	X	X	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE.									
20. IF YOU HAVE TRAVELED OR RECENTLY HAVE BEEN PLANNED TO TRAVEL, INDICATE (A) PLACES VISITED (CITIES AND DISTRICTS) AND (B) PLACES PLANNED TO VISIT															
(B) PLACES OF PURPOSE (e.g., military service, business, education, pleasure, etc.)															
See list attached															
21. LIST ANY SPECIAL SKILLS, ABILITIES, AND PRACTICAL EXPERIENCE YOU CAN USE IN YOUR FIELD OF WORK, SUCH AS BASIC COMPUTER OPERATOR, KEY PUNCH, EQUIP LATHE, ELECTRIC OR PROFESSIONAL DEVICES															
APPROXIMATE NUMBER OF HOURS PER MONTH IN FORM									SIGNATURE						

Covered in detail: "Who's Who in the East" Vol II

18 CONTINUED				
② DATES OF EMPLOYMENT (month, year) FROM Jan 1943 to Oct 1943 (as Correspondent)		EXACT TITLE OF YOUR POSITION <i>Correspondent</i>	CLASSIFICATION GRADE if in Federal service	SALARY OR EARNINGS STARTING \$ FINAL \$
PLACE OF EMPLOYMENT (City and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Dan Longwell - Editor</i>		<i>600 per Month</i>
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) "LIFE"		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale job, insurance agency, manufacturer of tools, etc.) <i>Publicizing</i>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <i>Enlisting in AAC</i>		
DESCRIPTION OF YOUR WORK <i>Travel and travel combat group in S. Pacific. Report results of actions.</i>				
③ DATES OF EMPLOYMENT (month, year) FROM Oct 1942 to Jan 1943 (as Script Writer)		EXACT TITLE OF YOUR POSITION <i>Script Writer</i>	CLASSIFICATION GRADE if in Federal service	SALARY OR EARNINGS STARTING \$ FINAL \$
PLACE OF EMPLOYMENT (City and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Louis de Rochemont - Editor</i>		<i>600 per Month</i>
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) The March 2 Time (cinema)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale job, insurance agency, manufacturer of tools, etc.) <i>Feature producers</i>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <i>go overseas w/ life</i>		
DESCRIPTION OF YOUR WORK <i>Developing screen narrative of a particular subject - uniting narration to footage. Writing + producing Moral Training Films.</i>				
④ DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE if in Federal service	SALARY OR EARNINGS STARTING \$ FINAL \$
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale job, insurance agency, manufacturer of tools, etc.)		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		
DESCRIPTION OF YOUR WORK				

24. REFERENCE: List three persons during the past five years who have known you and whom you have known during the past five years for whom you are applying. Do not repeat names of superintendents listed above.		25. PRESENT BUSINESS OR TRADE ADDRESS (Give your <u>present</u> address, including street and number)		26. BUSINESS OR OCCUPATION	
FULL NAME					
Maj. Gen. W. J. Donovan		2. Wall Street, New York 5, N.Y. Attorney			
John C. Farrar		53 East 34th Street, New York 16 Publisher			
Raymond Rubicam		444 Madison Avenue, New York 18 Executive			
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN					
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC?					
26. ARE YOU A CITIZEN OF OR DO YOU OWN ALLEGIANCES TO THE UNITED STATES?					
27. ARE YOU NOW OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST ORGANIZATION?					
28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?					
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, GROUP OR UNION WHICH HAS ADVOCATED THE INVERSION OF THE CONSTITUTIONAL PRINCIPLES OF LIBERTY, EQUALITY, OR OF AN ORGANIZATION WHICH IS AN ENEMY OF THE UNITED STATES, GROUP OR UNION WHICH OF PERSONS WHO HAS RECENTLY BEEN A MEMBER OR ADVOCATE OF COMMUNISM, THE COMMUNIST OR ACTIVE FORCE FOR VIOLENCE, TOTAL WAR, WHICH PERSONS THIS RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR FOR SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?					
<p>If your answer to question 27, 28, or 29 above is "Yes," state in Item 30 the names of all such organizations, associations, clubs, or groups, or combination of persons, and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</p>					
<p>30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, IMPEDED, OR SENTENCED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU BEEN DRIVEN TO TURN IN BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION, OR ORDINANCE, EXCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OR PENALTY OF \$50 OR LESS WAS IMPOSED?</p> <p>If your answer is "Yes," give in each case under Item 30 below: (1) the date, (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If applicable, your fingerprints will be taken.</p>					
<p>31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR DISHONEST OR UNSATISFACTORY SERVICE FROM ANY POSITION?</p> <p>If your answer is "Yes," give in Item 30 the name and address of employer, date, and reason in each case.</p>					
<p>32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?</p> <p>If your answer is "Yes," give dates of and reasons for such disbarment in Item 30.</p>					
<p>33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO A JOB?</p> <p>If your answer is "Yes," give complete details in Item 30 so that consideration can be given to your physical fitness for the job.</p>					
<p>34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PAYMENT OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?</p> <p>If your answer is "Yes," give complete details in Item 30.</p>					
<p>35. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.</p>					
<p>If more space is required, use paper the same size as this page. Write on back sheet your name, address, date of birth, and examination title. Attach to back of this application.</p>					
<p>Before signing this application check back over it to make sure that you have answered ALL questions correctly and belief, and are made in good faith.</p> <p>I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.</p> <p>Falsce statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).</p>					
<p>SIGNATURE OF APPLICANT  (Type your name in Item 1, line 1, 2, 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) (Initial or initial and surname). If legal name is different from given name as "Mr. Mrs. L. S." etc.</p>					

AFFIDAVIT
STRIKING AGAINST THE FEDERAL GOVERNMENT
DEPARTMENT OF STATE

Economic Cooperation Administration

(Place of Employment)

(Office or Division)

E. Howard Hunt, Jr.

I E. Howard Hunt, Jr., do hereby swear (or affirm) that I have not engaged in any strike against the Government of the United States, that 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.

E. Howard Hunt, Jr.
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 3 day of June, 1948
 at Washington, DC, State of DC

J. Marvin W. Wolf
(Signature of Officer)

Notary Public

(Title)

NOTE: Any officer or employee of the Department of State who is designated in writing by the Secretary to administer oaths in connection with employment as required by law is authorized to administer the affidavit required incidental to the foregoing and such affidavit must be administered without charge or fee and has the same force and effect as affidavits administered by officers having seals.

STATUTORY PENALTY CLAUSE: "Any person who engages in a strike against the Government of the United States or who is a member of an organization of Government employees that asserts the right to strike against the Government of the United States *** and accepts employment the salary or wages for which are paid from any appropriation contained in this Act shall be guilty of a felony and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both: Provide! further, that the above penalty clause shall be in addition to, and not in substitution for, any other provisions of existing law."

Standard Form No. 61
Approved January 28, 1943
U. S. Civil Service Commission
G.S.C. Doc. Cr. No. 600

**OATH OF OFFICE, AFFIDAVIT
AND
DECLARATION OF APPOINTEE**

Economic Cooperation Administration

(Department or Establishment)

(Bureau or Division)

(Place of Employment)

**A.
OATH OF
OFFICE**

I, **E. Howard Hunt, Jr.**

Do solemnly swear (or affirm) that 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; and 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**

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

**C.
DECLARATION
OF APPOINTEE**

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee; and [strike out either (3) or (4)]

- (3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;
- (4) the answers contained in my Application for Federal Employment, Form No., dated 19....., filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

E. Howard Hunt, Jr.

June

Signature of Appointee

48

A. D. 19.....

Subscribed and sworn before me this day of
Washington
at
(City)

[SEAL]

My commission expires 14 Dec., 1948

Marvin W. Miller
Notary Public
(Signature of Notary)

(Title)

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

14-23442-3

9 June, 1948

(Date of Entrance on Duty)

F3S-5; U.S. Media Specialist

(Position to which appointed)

Oct. 9, 1918

(Date of Birth)

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False personnel is a criminal offense and will be prosecuted accordingly.

1. Present Address ... 50 Willett St. Albany, N.Y.
(Street and Number) (City and State)

2. Who should be notified in case of emergency? Mrs. E. H. Stewart mother
(Name) (Relationship)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage), with whom you live or have lived within the past 6 months? Yes or No? No. If so, give such relative's full name below. If additional space is necessary, complete under Item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relationship	Married or single	Age
		1. _____			
		2. _____			
		3. _____			
		1. _____			
		2. _____			
		3. _____			

4. Place of birth Hamburg, Erie County, N.Y.
(Town) (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column

5. Are you a citizen of the United States? X Yes No

6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission?
(2) this agency in connection with this appointment?

7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the person through whom you gained your citizenship?

8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality?
If so, state the place, position, and salary under Item 12.

(b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?

9. To you receive any pension or other benefit for military or naval service or compensation from the U. S. or D. C. Government under any Retirement Act?
If so, give details under Item 12, stating whether you were retired for one, length of service, or disability; amount of retirement pay and under what retirement act and rank, if received from military or naval service.

10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service or honorably released from any position?
If so, give under Item 12, where discharged, name and address of employer and the reason for discharge in each case.

11. Since you filed application resulting in this appointment, have you been arrested, or imprisoned, in any civil or military court as a defendant, or indicted, or convicted of any offense (military or otherwise)?
If so, for each case give under Item 12, (1) the date, (2) the place and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.

12. Space for detailed answers to other questions.

ITEM NO. Write in left column numbers of items to which detailed answers apply

ECA Information Specialist
CAF 12 85801-20

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil-service rules, the War Service Requirements, and acts of Congress pertaining to appointments.

This form should be checked for holding of office, pension, purchase of office, authority in connection with any record of recent discharge or arrest, promise to observe provisions regarding personal security, and particularly for the following:

(1) Identity of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The personal appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) Age.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment.

(3) Citizenship.—The responsibility for the provisions of appropriate laws protecting or restricting the appointment of the appointee rests with the appointing

officer. The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) Members of Family.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Minors do not establish a different family merely by living at an address different from that of their parents. A civil-service employee having more than two members of family, including all permanent dependents, should be referred to the Civil Service Commission or its duly authorized representative for classification. Under War Service Requirements, the members

provision does not apply to temporary appointments for one year or less.

STANDARD FORM 57, NOV. 1947
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

APPLICANT EXPIRES
MAY 31, 1948

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the directions on the admission card regarding classification of this application.

If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.		1. TYPE OF EXAMINATION OR KIND OF APPOINTMENT				
		2. CATEGORIES (if mentioned in examination announcement)		3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)		4. DATE OF THIS APPLICATION
ANNOUNCEMENT		5. NAME (First name) (Middle) (Surname, if any) (Last)		6. ADDRESS (Street and number or R.R. Number)		
		XX XX (Everette) Howard Hunt (Jr.)		30 Willett Street		17 May, 1947
		7. CITY OR POST OFFICE (including postal zone) AND STATE		8. DATE OF THIS APPLICATION		10. APPROVAL
		Albany 6, New York		11. DATE OF BIRTH (month, day, year)		<input type="checkbox"/> APPROVED
		New York		4-2101	3-6218	<input type="checkbox"/> APPROVED
		Oct. 9, 1918		12. MARRIED <input type="checkbox"/> MARRIED		<input type="checkbox"/> APPROVED
		13. PLACE OF BIRTH (city and state, if born outside U. S., name city and country)		14. SINGLE <input type="checkbox"/> SINGLE		<input type="checkbox"/> APPROVED
		Hamburg, Erie County, New York		15. HEIGHT (without shoes)		<input type="checkbox"/> APPROVED
		16. WEIGHT		5 FEET	9 INCHES	<input type="checkbox"/> APPROVED
		17. MALE <input checked="" type="checkbox"/> MALE		18. WEIGHT		<input type="checkbox"/> APPROVED
19. FEMALE <input type="checkbox"/> FEMALE		165 POUNDS		<input type="checkbox"/> APPROVED		
20. DO YOU HAVE EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21. IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE		INITIALS AND DATE		
22. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$3,500		23. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:				
PER YEAR You will not be considered for any position with a lower entrance salary.		<input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES				
24. 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		<input type="checkbox"/> OUTSIDE THE UNITED STATES				
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probationary appointment.		25. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.				
26. (c) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY		27. PRESENT POSITION				
28. EXPERIENCE: It is important for you to furnish all information requested below in detail to enable the Civil Service Commission and the employing agency to give you full credit in determining your qualifications. Use a separate block for each position held during your present position and work back, explaining clearly the principal tasks which you performed in each position, necessitating for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.		29. CLASSIFICATION GRADE in Federal Service		30. SALARY OR EARNINGS: STARTING, \$3,000 PER PRESENT, \$3,000 PER YEAR		
FROM 1947 TO PRESENT TIME		31. EXACT TITLE OF YOUR PRESENT POSITION Self-employed		32. KIND OF BUSINESS OR ORGANIZATION (e.g., insurance agent, manufacturer of soap, etc.) Writing		
PLACE OF EMPLOYMENT (city and state) Albany, N.Y.		33. NUMBER AND KIND OF EMPLOYERS SUPERVISED BY YOU		34. REASON FOR LOOKING TO CIVIL EMPLOYMENT Interest in ECA		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or government department, bureau or establishment, and division)		35. DESCRIPTION OF YOUR WORK Authoring novels and magazine stories.				

(CONTINUED ON NEXT PAGE)

IS CONTINUED					
(2) DATES OF EMPLOYMENT (month, year) FROM: Oct. 1943 TO: Oct. 1943		EXACT TITLE OF YOUR POSITION <i>Liber Correspondent</i>		CLASSIFICATION GRADE <i>(if in Federal service)</i>	SALARY OR EARNINGS STARTING \$ 600 PER MONTH FINAL \$ 600 PER MONTH
PLACE OF EMPLOYMENT (city and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Don Roosevelt - Editor</i>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacturer of locks, etc.) <i>Publishing</i>	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <i>"LIFE"</i>				REASON FOR LEAVING <i>Entertaining in AAF</i>	
DESCRIPTION OF YOUR WORK <i>Travel and travel combat group in S. Pacific. Report results of action.</i>					
(3) DATES OF EMPLOYMENT (month, year) FROM: Oct. 1942 TO: Jan. 1943		EXACT TITLE OF YOUR POSITION <i>Script Writer</i>		CLASSIFICATION GRADE <i>(if in Federal service)</i>	SALARY OR EARNINGS STARTING \$ 600 PER MONTH FINAL \$ 600 PER MONTH
PLACE OF EMPLOYMENT (city and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Tomie de Pachement - Editor</i>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacturer of locks, etc.) <i>Television producer</i>	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <i>The March 2 Time (Cinema)</i>				REASON FOR LEAVING <i>go overseas w/life</i>	
DESCRIPTION OF YOUR WORK <i>Developing screen narrative of a particular subject - writing of narration to footage, writing & producing travel training films.</i>					
(4) DATES OF EMPLOYMENT (month, year) FROM: TO:		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE <i>(if in Federal service)</i>	SALARY OR EARNINGS: STARTING \$ _____ PER FINAL \$ _____ PER
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacturer of locks, etc.)	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)					
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING	
DESCRIPTION OF YOUR WORK					

(5) DATES OF EMPLOYMENT (Month, Year) From To		EXACT TITLE OF YOUR POSITION		CLASSIFICATION (If in Executive Service)	SALES OR EARNINGS STARTING \$ _____ FINAL \$ _____	PUB PER	
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR					
NAME AND ADDRESS OF EMPLOYER (Name, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale job, insurance agency, manufacturer of 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. 50) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.</p> <p>17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service activity you attended is especially important. (Extra space may be used to give full descriptions.)</p>							
DATES		LOCATION	DESCRIPTION OF TRAINING				
2/41	5/41	U.S. Naval Academy	USNR Midshipman's Course				
1/44	6/44	Miami Beach	AAF/OCS				
6/44	8/44	Orlando, Fla	AAF Combat Intelligence School				
1/45	3/45	Catalina Island	Office of Strategic Services Clandestine School				
18 EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 <input checked="" type="radio"/>							
<p>MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF:</p> <p><input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL</p> <p>(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY</p> <p>Brown University English Providence, R.I.</p> <p>(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS</p> <p>English Literature Economics Sociology</p> <p>(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMY, VARIOUS INSTITUTES (show name and location of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT</p>							
READING		SPEAKING	UNDERSTANDING	DATE ATTENDED	YEARS COMPLETED	DIPLOMAS CONFERRED	SEMESTER HOURS CREDIT
				1936	1940	A	AB June 1940
LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS							
SUBJECTS STUDIED		DATES ATTENDED	YEARS COMPLETED	FROM	To	DAY NIGHT	SEMESTER HOURS CREDIT
22 ARE YOU NOW OR HAVE YOU EVER HAD A LICENSE OR CERTIFICATE OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)							
<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE:</p> <p>FIRST LICENSE OR CERTIFICATE (YEAR)</p> <p>LAST LICENSE OR CERTIFICATE (YEAR)</p>							
<p>23 GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:</p> <p>(1) YOUR IMPORT AND EXPORT TRADES AND (2) YOUR BUSINESS EXPERTISE (3) YOUR PATENTS OR INVENTIONS (4) PUBLIC SPEAKING AND PUBLICATIONS EXPERIENCE (5) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES ETC. (6) HONORS AND FELLOWSHIPS RECEIVED</p>							
<p>Covered in detail: "Who's Who in the East" Vol II</p>							
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPINGSHORTHAND.....							

28. REFERENCES. List three persons living in the United States or Territories of the United States who are fully related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	ITEM 16. BUSINESS OR OCCUPATION (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Col. John J. Donovan	2 Wall Street, New York 5, N.Y. Attorney	
John C. Farrar	53 East 34th Street, New York 16. Publisher	
Raymond Rubicam	444 Madison Avenue, New York 18. Executive	
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		
25. WAS THERE INQUIRY OR MURK OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN
26. ARE YOU A CITIZEN OF OR DO YOU OWN ALLEGIANCE TO THE UNITED STATES?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 35.</i>
27. ARE YOU NOW OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	36. DID THE UNITED STATES GOVERNMENT EMPLOY IN A MILITARY CAPACITY ANY RELATIVE OF YOUR PARENTS, BROTHER OR SISTER, WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <i>If your answer is "Yes," show in Item 37 for EACH such relative (1) full name, (2) present address, (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment.</i>
28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
29. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATED THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS AGAINST THE POLICY OF PROTECTING THE FREEDOM OF RELIGION AND THE POLITICAL RIGHTS OF CITIZENS TO CHOOSE UNDER THE CONSTITUTION OF THE UNITED STATES THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNION STATE, CONFEDERATE, OR OTHER?		
<i>If your answer to question 27, 28, or 29 above is "Yes," state in Item 34 the names of all such organizations, associations, movements, groups, or combinations of persons and dates of membership, and make a complete statement of your activities therein and make any explanation you desire regarding your membership or activities therein.</i>		
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR TRIED IN A COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PAROLE, OR HAVE BEEN OBLIGED TO PAY FINE OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION, OR ORDINANCE (EXCLUDING MINOR TRAFFICKING IN WINE, BEER, OR LIQUOR, WHICH FINE OR PENALTY IS LESS THAN \$100.00)? <i>If your answer is "Yes," list all such cases under Item 33 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
31. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FROM VISCID- U.S. GOVERNMENT ACTIVITIES, SERVICE IN ANY PORTION? <i>If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.</i>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	37. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? <i>(b) IS THE WORD "PROVINCIAL" OR THE WORD "SATSUMA-JAPAN" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TIME OF YOUR DISCHARGE OR SEPARATION? (c) WAS SERVICE FORWARDED IN AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES? <input checked="" type="checkbox"/> (d) WAS YOUR ENLISTMENT INDEFINITELY OR FOR A TERM? <i>July 1940</i> <i>March 1942</i> <i>length of service (Army, Navy, etc.)</i> <i>Sept. 1943</i> <i>March 1946</i> <i>Branch of Service (Army, Navy, Marine Corps, Coast Guard, etc.)</i> <i>Navy - Army</i> <i>Serial No. of home, rank grade or rating at time of separation.</i> <i>0-587241/97532</i></i>
32. HAVE YOU EVER BEEN BARRIED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATION, OR ACCEPTING CIVIL SERVICE APPOINTMENT? <i>If your answer is "Yes," give dates of and reasons for such disbarment in Item 39.</i>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	38. IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACE TIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? <i>(b) ARE YOU A DISABLED VETERAN? <i>If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.</i></i> <i>(c) ARE YOU A VETERAN'S WIFE WHO HAS NOT REMARRIED?</i> <input checked="" type="checkbox"/> <i>(d) ARE YOU A VETERAN WHO HAS A SON/DAUGHTER CONNECTED SIGNIFICANTLY WITH THE UNITED STATES GOVERNMENT?</i> <input checked="" type="checkbox"/>
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? <i>If your answer is "Yes," give completed details in Item 39 so that consideration can be given to your physical fitness for the job.</i>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	THIS SPACE FOR USE OF APPOINTING OFFICER ONLY The information contained in the answers to Questions 37 above has been verified by comparison with the discharge certificate on <i>6-1</i> , 19 <i>40</i>
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PAYMENT OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes," give complete details in Item 39.</i>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Agency: _____ Title: _____
B. SPACES FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)		
ITEM NO.	ITEM NO.	ITEM NO.

If more space is required, use paper the same size as the page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.
I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

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

SIGNATURE OF APPLICANT *J. E. Jones*

(Give your name in INK. Give given name, middle name and surname.)

Initial or initial and surname. If female, given name given as "Mrs. Mary L. Jones".

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
OFFICE OF THE SPECIAL REPRESENTATIVE IN EUROPE

2 rue Saint Florentin
PARIS. January 13, 1949.

Dear Howard:

I am genuinely sorry to hear that you feel obliged to resign your post in our Information Division here at ECA in Europe owing to the pressure of personal matters in the States.

All who have worked with you have been impressed by your prompt and efficient handling of assignments - no matter how difficult - as well as by your quick and imaginative grasp of what ECA is attempting to do for the peoples of Europe.

Let me thank you for the splendid work you have done and wish you the best of health and good fortune in the future.

Sincerely yours,

J. A. Harriman

J. A. Harriman
U. S. Special Representative
in Europe.

*I am personally sorry we are not going to have any more trips together
Wally*

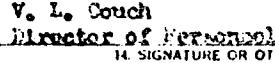
Mr. Howard Hunt
Information Division
ECA 2 rue Saint Florentin
PARIS.

FORM NO. 101
G-2
U. S. GOVERNMENT PRINTING OFFICE: 1947-9
SERIAL COMMISSION
OCTOBER 1946

BUDGET BUREAU NO.

IN CONGRESSIONAL APPROVAL

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MRS - MRS - FIRST - MIDDLE INITIAL - LAST) Sir. W. Howard Hunt, Jr.	2. DATE OF BIRTH 10-9-18	3. JOURNAL OR ACTION NO. 7	4. DATE 6-9-48												
<i>This is to notify you of the following action affecting your employment:</i>															
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Separation - Transfer (to Econ. Coop. Admin., Foreign Service)	6. EFFECTIVE DATE C-0-48 cob	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY													
FROM		TO													
Information and Editorial Staff C&F-14, \$6000.50 per annum CSO No. 103 - Series 1220	8. POSITION TITLE	9. SERVICE GRADE SALARY													
Press Information Division Washington, D. C.	10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS													
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL													
13. REMARKS															
<p>Appointed to Foreign Service, effective 6-9-48.</p> <p>Annual and sick leave, if any, to be transferred.</p>															
 <i>V. L. Couch Director of Personnel</i>															
14. SIGNATURE OR OTHER AUTHENTICATION															
15. VETERAN'S PREFERENCE				16. POSITION CLASSIFICATION ACTION											
NOTE	1. P.T.	10. POINT	11. W.H.	12. W.W.I.	13. OTHER	NEW	VICE	L.A.	REAL	17. SUBJECT TO C. S. RETIREMENT ACT (YES - NO)		18. DATE OF OATH (ACCESSIONS ONLY)		19. LEGAL RESIDENCE	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				CSO No. 103 6-14-48				New York	
17. SEX	18. RACE	19. APPROPRIATION				20. FROM:	21. TO:	22. DATE OF OATH (ACCESSIONS ONLY)	23. LEGAL RESIDENCE						
M	W	110/95400(C1) 100.01													

FORM F-1420, REVISED 4-19-47

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION					DATE 6-9-48			
NAME (LAST) (FIRST) (MIDDLE)			DATE OF BIRTH		LEGAL AUTHORITY			
Hunt	B.	Howard Jr.	10-9-18		PL 472, 80th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					SERVICE			
NATURE OF ACTION Appointment by Transfer					EFFECTIVE DATE 6-9-48	DATE OF OATH 6-9-48		
FROM			TO					
POSITION TITLE				U. S. Media Specialist				
CLASS AND TOTAL SALARY				FSS-5, \$6120 per annum				
POST				Office of Special Representative Information Division Paris, France				
BASIC SALARY								
TEMPORARY INCREASE								
APPROPRIATION— ALLOTMENT				118/95400/01) 100 01 FSS-1230-5-SP-36, admin. allocated 6-9-48				
POSITION NUMBER								
NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME
RETIREMENT DEDUCTIONS	<input checked="" type="checkbox"/> YES	AMERICAN	<input checked="" type="checkbox"/> VETERAN PREFERENCE	8 POINTS	<input checked="" type="checkbox"/> NEW	NATURE OF POSITION		
	<input type="checkbox"/> NO	NON-AMERICAN		10 POINTS		REALLOCATION		
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE (NAME) Vacancy		
New York	<input checked="" type="checkbox"/>							

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 HEREWITHE.

REMARKS: Subject to items a, b, c, d, e, f, g.

Not to exceed the duration of the Foreign Assistance Program.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration,
Washington, D. C. Departmental Service.

Pay card delivered to the _____

J

Ronald H. Bellows
 TITLE: **Special Representative
to ECA**

RECEIVING POST

FORM FS 348, REVISED 4-18-47

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						DATE 6/9/48			
						JOURNAL NO. AB			
						LEGAL AUTHORITY PL 472 - 80th SERVICE			
NAME (LAST) (FIRST) MIDDLE			DATE OF BIRTH						
Hunt E. Howard Jr.			10/9/18						
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:									
NATURE OF ACTION Appointment by transfer						EFFECTIVE DATE 6/9/48	DATE OF OATH 6/9/48		
FROM						TO			
						U.S. Media Specialist			
						PSS-5, \$6120 pa Office of Special Representative Information Division Paris France			
						118/95400(01)-100-01 PSS-1230-5-SR-36, admin alloc 6/9/48			
NATURE OF EMPLOYMENT	PERMANENT	TEMPO-RARY	FULL TIME	PART TIME	PERMANENT	TEMPO-RARY	FULL TIME	PART TIME	
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN <input checked="" type="checkbox"/>	VETERAN PREFERENCE <input checked="" type="checkbox"/>	3 POINTS <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	NON-AMERICAN <input checked="" type="checkbox"/>	10 POINTS <input checked="" type="checkbox"/>	NEW <input checked="" type="checkbox"/>	REALLOCATION <input checked="" type="checkbox"/>
LEGAL RESIDENCE New York		SEX M	MARITAL STATUS AND CHILDREN UNDER 21 Single				ADDITIONAL IDENTICAL <input checked="" type="checkbox"/>	VICE VERSA <input checked="" type="checkbox"/>	
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 HEREWITHE.									
REMARKS: Subject to items a, b, c, e, f, i, g. Not to exceed the duration of the Foreign Assistance Program. Affidavit "Striking Against the Federal Government" signed. Previously employed by ECA, Wash, D.C. Departmental Service.									
<p style="text-align: right;">2</p> <p style="text-align: right;">Everett H. Belles State Department Representative to ECA</p>									

FORM FS-349, REVISED 6-19-47

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC INFORMATION AND INTELLIGENCE					DATE 6/9/48			
					JOURNAL NO. 48			
NAME Hunt	GRADE E.	ENROLLED Howard Jr.	DATE OF BIRTH 10/9/18	LEGAL AUTHORITY PL 472 - 50th	SERVICE FCA			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					EFFECTIVE DATE 6/9/48	DATE OF OATH 6/9/48		
NATURE OF ACTION Appointment by Principal								
FROM		TO						
POSITION TITLE				U.S. Medic Specialist				
CLASS AND TOTAL SALARY				FSS-5, 11120 - w				
POST				Office of Special Representative, Information Division				
BASIC SALARY				Fees - Income				
TEMPORARY INCREASE								
APPROPRIATION— ALLOTMENT				111-10000 (c1) 100.01				
POSITION NUMBER				FSS-1220-5-27-36, Admin slice 6/9/48				
NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME
RETIREMENT DEDUCTIONS	YES	AMERICAN	X	VETERAN PREFERENCE	5 POINTS	X	NATURE OF POSITION	
NO	NON-AMERICAN			10 POINTS		NEW	REALLOCATION	
LEGAL RESIDENCE New York	SEX	MARITAL STATUS AND CHILDREN UNDER 21 Single			ADDITIONAL IDENTICAL	VICE (NAME) McGraw		
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 HEREWITHE								
Subject to items a, b, c, e, f, i, g.								
REMARKS: Not to exceed the duration of the Foreign Assistance Program. Affidavit "Striking Ag'inst the Federal Government" signed. Previously employed by FCA, Tech, U.S. Departmental Service.								
1		Employee's Report SIGNATURE Title: George F. McGraw Date: 6/9/48 Title: George F. McGraw Date: 6/9/48						

FORM FD-140, REVISION ONE, APRIL 1948

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATIONDATE
6-9-48JOURNAL NO.
4XLEGAL AUTHORITY
PL 472, 80thSERVICE
ECA
DATE OF OATH
6-9-48

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT

NAME (LAST) Hunt	MIDDLE E.	FIRST Howard	SUFFIX Jr.	DATE OF BIRTH 10-9-18				
NATURE OF ACTION Appointment by Transfer				EFFECTIVE DATE 6-9-48				
POSITION TITLE	FROM			TO				
CLASS AND TOTAL SALARY				U. S. Media Specialist				
POST				FSS-5, \$6120 per annum				
BASIC SALARY				Office of Special Representative				
TEMPORARY INCREASE				Information Division				
PARAPPROPRIATION- ALLOWMENT				Paris, France				
POSITION NUMBER				118/95400(01) 100 01				
				FSS-1230-5-SR-36, admin.				
				allocated 6-9-48				
NATURE OF EMPLOYMENT	PERMANENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME
REIMBURSEMENT DEDUCTIONS	<input checked="" type="checkbox"/> YES	AMERICAN	<input checked="" type="checkbox"/> VETERAN PREFERENCE	8 POINTS	<input checked="" type="checkbox"/> NEW	NATURE OF POSITION		
	<input type="checkbox"/> NO	NON-AMERICAN		10 POINTS		REALLOCATION		
LEGAL RESIDENCE	SEA	MATERIAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VACANT NAME	Vacancy	
2 CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUATION OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITHE.								

REMARKS: **Subject to items a, b, c, j, l, g.****Set to exceed the duration of the Foreign Assistance Program.****Affidavit "striking Against the Federal Government" signed.****Previously employed by Economic Cooperation Administration,
Washington, D. C. Departmental Service.**

2

STATE DEPARTMENT
Representative to ECA

FOLDER

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						DATE 7-7-48		
						JOURNAL NO. 168		
NAME	CLASS	GRADE	INICIALS	DATE OF BIRTH	LEGAL AUTHORITY			
Burt		B.	Howard	Jr. 10-9-18	PL 472 - 80th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:								
NATURE OF ACTION					EFFECTIVE DATE	DATE OF OATH		
Appointment by Transfer - Amendment				6-9-48	6-9-48			
POSITION TITLE	FROM				TO			
CLASS AND TOTAL SALARY					U. S. Media Specialist			
POST					FEB-5, \$6120 per annum			
BASIC SALARY					Office of Special Representative, Information Division, Paris, France			
TEMPORARY INCREASE								
APPROPRIATION ALLOCATION					118/95400(01) 100 01 FEB-1230-5-FR-36, admin, allocated 6-9-48			
PERIODIC PAYMENT								
NATURE OF EMPLOYMENT	PYTHON	TEMPORAL	FULL TIME	PART TIME	PERIODIC PAYMENT	TEMPORAL	FULL TIME	PART TIME
RETIREMENT PROVISIONS	YES <input checked="" type="checkbox"/>	AMERICAN <input checked="" type="checkbox"/>	X VETERAN PREFERENCE	8 POINTS <input checked="" type="checkbox"/>	NEW <input checked="" type="checkbox"/>	NATURE OF POSITION		
NO <input type="checkbox"/>	NON-AMERICAN <input type="checkbox"/>			10 POINTS <input type="checkbox"/>		REALLOCATION		
LEGAL RESIDENCE	USA <input type="checkbox"/>	MARRITAL STATUS AND CHILDREN UNDER 21				ADDITIONAL IDENTICAL <input type="checkbox"/>	VICE TRANSFER <input type="checkbox"/>	VACANCY <input checked="" type="checkbox"/>
	New York	H	Single				Vacancy	

CONDITIONS AND REQUIREMENTS, AS WELL AS ACTION AND CONSEQUENCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a, b, c, j, i, g, d.
 REMARKS: In lieu of Appointment by Transfer on personnel action report dated 6-9-48 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement, and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Melbourne L. Specter
 Assistant State Department
 Representative to PCA

FORM FS-348, REVISED 4-19-67

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION						DATE 7/7/68			
						JOURNAL NO. 183			
						LEGAL AUTHORITY EL 472 8th			
						SERVICE FCA			
NAME (LAST) BUNT	(FIRST) S.	(MIDDLE) ROBERT JR.	DATE OF BIRTH 10-6-18						
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:									
NATURE OF ACTION Appointment by transfer - Amendment			EFFECTIVE DATE 6/9/68	DATE OF OATH 6/6/68					
FROM			TO						
POSITION TITLE			U.S. Media Check List						
CLASS AND TOTAL SALARY			F-183-1000-1 Office of Economic Cooperation Information Division						
POST			7000, Foreign						
BASIC SALARY									
TEMPORARY INCREASE									
APPROPRIATION- ALLOWMENT			121/97400(01) 100 01 121-177-5-001-C, FEBR 1968 6/9/68						
POSITION NUMBER									
NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN <input checked="" type="checkbox"/>	VETERAN PREFERENCE <input checked="" type="checkbox"/>	6 POINTS	NO <input type="checkbox"/>	NON-AMERICAN <input type="checkbox"/>	10 POINTS	NEW <input type="checkbox"/>	REALLOCATION <input type="checkbox"/>
LEGAL RESIDENCE	BLX New York	MARITAL STATUS AND CHILDREN UNDER 21 Single				ADDITIONAL IDENTICAL <input type="checkbox"/>	VICE NAME McWay		
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 HEREWITHE									
REMARKS: Subject to items a, b, e, j, i, g, d. In lieu of appointment by transfer on personnel action report dated 6/6/68 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement and omitting subject to item d. Limited appointment. Duration limited to the period in which applicant's services are required by FCA and in any case limited to the duration of FCA. Previously employed by FCA (Washington D.C. Departmental Service). Affidavit "Striking Against the Federal Government" signed. 3 fain 7/28 fain 7/28									
<p style="text-align: right;">Signature Melbourne L. Signature Title: Agent St. in Department Economic Cooperation</p>									

FORM F-1040 - REvised 6-19-67

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATION

DATE
7-7-68
JOURNAL NO.
162

NAME	GRADE	SPRINGS	WEEKS	DATE OF BIRTH	LEGAL AUTHORITY
EPA	B.	Second	30. 10-9-48	PL 472 - 6000	SERVICE EPA
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT				EFFECTIVE DATE	DATE OF OATH
Appointment by Transfer - Assistant				6-9-68	6-9-68
POSITION TITLE	FROM			TO	
U. S. Media Specialist					
CLASS AND TOTAL SALARY				FS-3, \$6120 per annum	
POST				Office of Special Representative Information Division Paris, France	
BASIC SALARY					
TEMPORARY INCLABE					
APPROPRIATION-ALLOCATION				110/35100(01) 100 61 PLS-1750-9-68-36, dated allocated 6-9-68	
POSITION NUMBER					

NAT. OF EN. SYMNT	PERMA- NENT	TEMPO- RARY	FULL TIME	PT TIME	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME
RE. ELEMNT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN <input checked="" type="checkbox"/>	VETERAN <input checked="" type="checkbox"/>	3 POINTS <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	NON-AMERICAN <input type="checkbox"/>	PREFERENCE <input type="checkbox"/>	10 POINTS <input type="checkbox"/>
LEGAL RESIDENCE	ONE	MANUAL STATUS AND CHILDREN UNDER 21			NEW	REALLOCATION		
For Years	2				ADDITIONAL IDENTICAL	VICE INAME, 3 Vacancy		

CONDITIONS AND REQUIREMENTS: ALL THE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITHE.

Subject to Items a, b, c, d, i, g, d.

REMARKS: I am of Appointment by Transfer as personnel action report dated 6-9-68 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement, and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by EPA and is in any case limited to the duration of EPA.

Affiant "Swearing Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

Malvina L. Specter
Assistant State Department

BUDGET

(Date) July 29, 1948

To: Director of Personnel
From: Director of Security
Subj: Notice of Loyalty and Security Certification of:
HUNT, E. Howard, Jr. ECA-48-189

This is to advise that the above named person has been certified by the Administrator as to loyalty and security in accordance with the requirements of Section 110(c), Public Law 472, 80th Congress, and appears on Certification Number 17, dated July 28, 1948.

J. W. Yeagley
Director of Security

Payroll copy attached.

Paul Martin

jay:dy

UNITED STATES OF AMERICA
ECONOMIC COOPERATION ADMINISTRATION
SPECIAL MISSION TO AUSTRIA

November 19, 1948

Mr. Averell Harriman,
U. S. Special Representative,
Economic Cooperation Administration,
Hotel Talleyrand,
Paris, France.

Dear Averell:

On the point of departure from Vienna, I want to record with you my appreciation of the services rendered me in this Mission over the last few weeks by Mr. Howard Hunt, Information Officer, temporarily assigned here from your staff.

Hunt has not only carried the duties and responsibilities of Information Officer, pending appointment of Mr. Wilson to that post, but he has, additionally, carried a large load for me in connection with the Ross murder incident. He has acted as a personal aide, to all intents and purposes, at a time when, understaffed as this Mission is, we were faced with a concentration of vitally important work in connection with our normal Mission operations.

I think Hunt has shown a broad-gauged grasp of what ERP is, what ECA is, and what Information work in behalf of both should be. Besides this, he is the right kind of person to have in this great ECA undertaking. I hope you will be able to keep him and to give him opportunities to express his abilities fully.

Sincerely,

Westmore Willcox

Westmore Willcox
Chief of Special Mission

WW/ls

cc: Mr. Hoffman
Mr. Friendly

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE
ECONOMIC COOPERATION ADMINISTRATIONDATE
3-17-49JOURNAL NO.
4 ELEGAL AUTHORITY
PL 472 - 80th**ECA**

NAME	POSITION	GRADE	GRADE	DATE OF BIRTH						
HUNT	E.	HOWARD	Jr.	10-9-18						
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT.				EFFECTIVE DATE			DATE OF OATH			
NATURE OF ACTION				Termination			cob 2-19-49			
POSITION TITLE	Asst. Economic Commissioner # (U. S. Media Specialist) PSS-5 (ECA) \$6120 per annum Office of Special Representative Information Division Paris, France									
CLASS AND TOTAL SALARY										
POST										
BASIC SALARY										
TEMPORARY INCREASE										
APPROPRIATION- ALLOTMENT	118/95400(01).008									
POSITION NUMBER	PSS-5-SR-36 admin. allocated 6-9-48									
NATURE OF EMPLOYMENT	PERMA- NENT	X	TEMPO- RARY	FULL TIME	X	PAKE LINE	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME
RETIREMENT DEDUCTIONS	YES	X	AMERICAN	X	VETERAN PREFERENCE	5 POINTS	X	NEW	NATURE OF POSITION	
	NO		NON-AMERICAN			10 POINTS		REALLOCATION		
MAILING ADDRESS	New York		X	MILITARY STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE INAMES		
CONDITIONS AND REQUIREMENTS: ABOVE ACTIONS AND CONDITIONS OF SERVICE EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITHE.										

REMARKS:

* Equivalent to Attaché.

Completion of Assignment

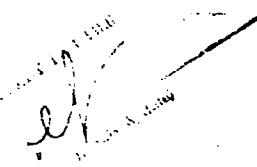
Mailing address: 30 Willett Street, Albany 6, New York

2

D. V. Stapleton
State Department
Representative to ECA

FOLDER

FORM PS-349, REVISED 4-19-67

DIVISION OF FOREIGN SERVICE PERSONNEL					DATE 3-17-69			
DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION					JOURNAL NO. 48			
NAME	CLASS	GRADE	MIDDLE	DATE OF BIRTH	LEGAL AUTHORITY			
BURF		S.	BOYD	JP.	10-9-18 PL 972 - 80th			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					B-762A			
NATURE OF ACTION					EFFECTIVE DATE	DATE OF OATH		
Termination					Feb 2-19-69	TO		
POSITION TITLE	Asst. Economic Commissioner (U.S. Media Specialist)							
CLASS AND TOTAL SALARY	PS-5 (EC) \$6120 per annum							
POST	Office of Special Representative Information Division Paris, France							
BASIC SALARY								
TEMPORARY INCREASE								
APPROPRIATION— ALLOTMENT	113/95400(01).003							
POSITION NUMBER	PS-5-38-36 Retain, allocated 6-9-68							
NATURE OF EMPLOYMENT	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME	PERMA- NENT	TEMPO- RARY	FULL TIME	PART TIME
RETIREMENT DEDUCTIONS	<input checked="" type="checkbox"/> YES	AMERICAN	<input checked="" type="checkbox"/> VETERAN PREFERENCE	6 POINTS	<input checked="" type="checkbox"/> NEW	NATURE OF POSITION		
	<input type="checkbox"/> NO	NON-AMERICAN		10 POINTS	REALLOCATION			
LEGAL RESIDENCE STATE	<input checked="" type="checkbox"/> NY	MILITARY STATUS AND CHILDREN UNDER 21				ADDITIONAL IDENTICAL	VICE INAMES	
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 HERWITH.								
REMARKS: * Equivalent to Attaché. Completion of Assignment Stalling address: 30 Willett Street, Albany 6, New York								
 D. V. Stapleton State Department Representative to ECA								
10								

STANDARD FORM 57-NOV. 1947 U. S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT																																																
<p>INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.</p>																																																		
ANNOUNCEMENT NO.	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR Intelligence Officer 2. OPTION(S) (if mentioned in examination announcement)		<p>DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; padding: 5px;"><input type="checkbox"/> APPROV.</td> <td style="width: 50px; padding: 5px;"><input type="checkbox"/> MATERIAL SUBMITTED</td> <td style="width: 50px; padding: 5px;"><input type="checkbox"/> ENTERED REGISTER</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> NON APPROV.</td> <td style="padding: 5px;"><input type="checkbox"/> RETURNED</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">NOTIFICATIONS:</td> <td style="padding: 5px;">APP. REVIEW</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;">APPROVED:</td> </tr> <tr> <td style="width: 10px; padding: 5px;">OPTION</td> <td style="width: 10px; padding: 5px;">GRADE</td> <td style="width: 10px; padding: 5px;">EARNED RATING</td> <td style="width: 10px; padding: 5px;">PREFERENCE</td> <td style="width: 10px; padding: 5px;">AUGH. RATING</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 8 POINTS (TENTHS)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> WIFE OR WIDOW</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> DISAL.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> BEING INVESTIGATED</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">INITIALS AND DATE</td> </tr> </table>	<input type="checkbox"/> APPROV.	<input type="checkbox"/> MATERIAL SUBMITTED	<input type="checkbox"/> ENTERED REGISTER	<input type="checkbox"/> NON APPROV.	<input type="checkbox"/> RETURNED		NOTIFICATIONS:		APP. REVIEW	APPROVED:			OPTION	GRADE	EARNED RATING	PREFERENCE	AUGH. RATING				<input type="checkbox"/> 8 POINTS (TENTHS)					<input type="checkbox"/> 10 POINTS					<input type="checkbox"/> WIFE OR WIDOW					<input type="checkbox"/> DISAL.					<input type="checkbox"/> BEING INVESTIGATED		INITIALS AND DATE				
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					<input type="checkbox"/> BEING INVESTIGATED																																													
	INITIALS AND DATE																																																	
3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) Washington, D.C.		4. DATE OF THIS APPLICATION May 2, 1948																																																
5. NAME (First name) (Middle) (Maiden, if any) (Last) Everett Howard Hunt, Jr.																																																		
6. VIA STREET AND NUMBER OR R. D. NUMBER 30 Willett Street																																																		
7. CITY OR POST OFFICE (including postal zone) AND STATE Albany 6, New York																																																		
8. LEGAL OR VOTING RESIDENCE (State) New York		9. DATE OF BIRTH (month, day, year) October 2, 1918																																																
		10. <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE																																																
11. PLACE OF BIRTH (city and state; if born outside U. S., name city and country) Hamburg, New York, USA																																																		
12. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		13. (A) HEIGHT WITHOUT SHOES: 5 FEET 10 INCHES																																																
		(B) WEIGHT: 168 POUNDS																																																
14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5																																																		
15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? <input type="checkbox"/> \$0000 <i>You will not be considered for any position with a lower entrance salary.</i>		(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: <input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES																																																
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT, IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS		(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:																																																
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probationary appointment.																																																		
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY																																																		
16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appropriate office or agency to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">PRESENT POSITION</th> <th colspan="2" style="text-align: center;">NOT PROBABLY Employed</th> </tr> <tr> <th style="width: 50%;">DATES OF EMPLOYMENT (month, year)</th> <th style="width: 50%;">EXACT TITLE OF YOUR PRESENT POSITION</th> <th style="width: 50%;">CLASSIFICATION GRADE (if in Federal Service)</th> <th style="width: 50%;">SALARY OR EARNINGS: STARTING, \$ _____ PRESENT, \$ _____ PER PER</th> </tr> </thead> <tbody> <tr> <td>FROM: _____ PLACE OF EMPLOYMENT (city and State)</td> <td>TO PRESENT TIME</td> <td></td> <td></td> </tr> <tr> <td colspan="2">NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)</td> <td colspan="2">NAME AND TITLE OF IMMEDIATE SUPERVISOR</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)</td> </tr> <tr> <td colspan="2">NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</td> <td colspan="2">REASON FOR DESIRING TO CHANGE EMPLOYMENT</td> </tr> <tr> <td colspan="4">DESCRIPTION OF YOUR WORK</td> </tr> </tbody> </table>				PRESENT POSITION		NOT PROBABLY Employed		DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS: STARTING, \$ _____ PRESENT, \$ _____ PER PER	FROM: _____ PLACE OF EMPLOYMENT (city and State)	TO PRESENT TIME			NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		NAME AND TITLE OF IMMEDIATE SUPERVISOR				KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)		NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR DESIRING TO CHANGE EMPLOYMENT		DESCRIPTION OF YOUR WORK																						
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DESCRIPTION OF YOUR WORK																																																		

(CONTINUED ON NEXT PAGE)

16 CONTINUED			
(2) DATES OF EMPLOYMENT (month, year) FROM May, 1948 TO Feb., 1949		EXACT TITLE OF YOUR POSITION U.S. Media Specialist	CLASSIFICATION GRADE 1d in Federal Service
PLACE OF EMPLOYMENT (city and State)		SALARY OR PAYMENT STARTING \$150 PER WT FINAL \$150 PER WT	
Washington, D.C. & Paris, France <small>NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)</small> Economic Cooperation Administration 2 rue St. Florentin, Paris 1, France <small>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</small>		<small>NAME AND TITLE OF IMMEDIATE SUPERVISOR</small> J. E. Fleming, U.S. Media Officer <small>KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of locks, etc.)</small>	
REASON FOR LEAVING Deterioration of personal affairs while abroad.			
<small>DESCRIPTION OF YOUR WORK</small> <p>General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.D.E.; liaison work with French and Austrian governments; writing and production of documentary films; press scrutiny; analysis of Communist propaganda</p>			
(3) DATES OF EMPLOYMENT (month, year) FROM Jan., 1943 TO Oct., 1945		EXACT TITLE OF YOUR POSITION War Correspondent	CLASSIFICATION GRADE 1d in Federal Service
PLACE OF EMPLOYMENT (city and State)		SALARY OR PAYMENT STARTING \$150 PER WT FINAL \$150 PER WT	
New York, N.Y. <small>NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)</small> Rockefeller Plaza, N.Y. TIME, Inc. <small>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</small>		<small>NAME AND TITLE OF IMMEDIATE SUPERVISOR</small> Dan Lonnell, Editor of LIFE <small>KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of locks, etc.)</small>	
REASON FOR LEAVING Publishing			
<small>DESCRIPTION OF YOUR WORK</small> <p>Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific</p>			
(4) DATES OF EMPLOYMENT (month, year) FROM Oct., 1942 TO Jan., 1943		EXACT TITLE OF YOUR POSITION Script Writer	CLASSIFICATION GRADE 1d in Federal Service
PLACE OF EMPLOYMENT (city and State)		SALARY OR PAYMENT STARTING \$150 PER WT FINAL \$150 PER WT	
New York, N.Y. <small>NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)</small> THE MARCH OF TIME 269 Lexington Avenue, New York 16 <small>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</small>		<small>NAME AND TITLE OF IMMEDIATE SUPERVISOR</small> Louis de Rochemont, producer <small>KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of locks, etc.)</small>	
REASON FOR LEAVING Documentary films			
<small>DESCRIPTION OF YOUR WORK</small> <p>Creating from researched themes the framework of the monthly commercial releases; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.</p>			

(5) DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION		CLASSIFIED (if in D, C, or A category)	SALARY OR COMPENSATION STARTING & FINAL &	PER HR
PLACE OF EMPLOYMENT (city and State)				NAME AND TITLE OF IMMEDIATE SUPERVISOR		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or division; if Federal, name department, bureau or establishment, and division)				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale distributor, insurance adjuster, manufacturer of locks, 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. 58) or a sheet of paper the same size as this page. Write on each sheet your month, address, date of birth, and examination title. Attach to inside of this application.</p> <p>17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist the appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Three pages may be used to give full descriptions.)</p>						
DATES		LOCATION		DESCRIPTION OF TRAINING		
FROM	TO					
Feb 1941	May 1941	US Naval Academy	Albany	V-7 Midshipman's course		
Feb 1941	May 1941	AAF OSS		Officer Candidate School		
June 1941	Aug 1941	Orlando, Fla.		Air Combat Intelligence		
Feb 1945	March 1945	Catalina Is.		OSS War East Training Course		
<p>18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)</p> <p>MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF:</p> <p><input checked="" type="checkbox"/> ELEMENTARY SCHOOL <input checked="" type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL</p> <p>(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY MAJOR AND SPECIALTY DATES ATTENDED YEARS COMPLETED DEGREES CONFERRED SEMESTER HOURS CREDIT</p> <p>From: _____ To: _____ Day: _____ Night: _____ Title: _____ Date: _____</p> <p>(D) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED not applicable</p> <p>(E) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS SUBJECTS STUDIED</p> <p>English literature English literature</p> <p>Spanish Spanish</p> <p>Economics Economics</p> <p>(F) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS SUBJECTS STUDIED</p> <p>(G) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT</p> <p>(H) SUBJECTS STUDIED DATES ATTENDED YEARS COMPLETED</p> <p>FROM TO DAY NIGHT</p>						
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES		READING	SPEAKING	UNDERSTANDING	22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)	
Spanish		X		X	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE: FIRST LICENSE OR CERTIFICATE (YEAR): LATEST LICENSE OR CERTIFICATE (YEAR): 23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN THIS APPLICATION SUCH AS: (A) YOUR PATENTS OR INVENTIONS (B) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (C) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (D) HONORS AND FELLOWSHIPS RECEIVED	
French		X		X		
20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES (2) DATE(S) AND LENGTH OF TIME SPENT THERE, AND (3) REASIN OR PURPOSE (e.g., military service, business, education, recreation)						
Europe, Melanesia, Mexico 1929-1949 pleasure and business						
21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTIMATIC, COMPUTRON, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES		I published novels; short stories				
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND						
Guggenheim Fellowship 1946-1947						

<p>24. REFERENCES: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).</p>															
<table border="1"> <thead> <tr> <th>FULL NAME</th> <th>(Give complete current address, including street and number)</th> <th>BUSINESS OR OCCUPATION</th> </tr> </thead> <tbody> <tr> <td>Westmore Willcox, Jr.</td> <td>69 William St., New York City</td> <td>Investments</td> </tr> <tr> <td>Robert G. North</td> <td>5217 Brodonia Drive, Hollywood, Cal.</td> <td>Textiles</td> </tr> <tr> <td>Maj. J. H. Singlaub</td> <td>"L" Plaza, Washington, D.C.</td> <td>U. S. Army</td> </tr> </tbody> </table>				FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION	Westmore Willcox, Jr.	69 William St., New York City	Investments	Robert G. North	5217 Brodonia Drive, Hollywood, Cal.	Textiles	Maj. J. H. Singlaub	"L" Plaza, Washington, D.C.	U. S. Army
FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION													
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Robert G. North	5217 Brodonia Drive, Hollywood, Cal.	Textiles													
Maj. J. H. Singlaub	"L" Plaza, Washington, D.C.	U. S. Army													
<p>INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN</p>															
<p>25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.</p>															
<p>26. ARE YOU A CITIZEN OF THE UNITED STATES?</p>															
<p>27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?</p>															
<p>28. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?</p>															
<p>29. ARE YOU, OR HAVE YOU BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MAINTAINING, OR SUPPORTING, OR MEMBERSHIP IN WHICH ACTS THE SUBVERSION OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR IN AN ORGANIZATION, ASSOCIATION, MAINTAINING, OR SUPPORTING, OR PRACTICING, WHILE IT HAS KNOWN, OR DULY LEARNED OF, OR APPROVING THE COMMISSION OF ACTS OF FORCE, IN SUBVERSION TO DEPRIVE OTHER PEOPLES' RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR DISRUPT, DESTROY, OR DEFEAT THE FORM OF GOVERNMENT OF THE UNITED STATES OR INSTITUTIONAL MEANS?</p>															
<p>If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</p>															
<p>30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED INTO COURT AS A DEFENDANT IN A CRIMINAL PENDING, OR CONVICTED, FINED, OR IMPOSED OR PUNISHED ON PLEA OF GUILTY, OR HAVE YOU EVER BEEN ORDERED TO PAY A FINE OR PENALTY FOR VIOLATION OF ANY LAW, POLICE REGULATION, OR ORDINANCE, EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR PENALTY OF \$50 OR LESS WAS IMPOSED?</p>															
<p>If your answer is "Yes," list all such cases in Item 39 below. Give in each case (1) date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If arrested, your fingerprints will be taken.</p>															
<p>31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?</p>															
<p>If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.</p>															
<p>32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATION FOR ACCEPTING GOVERNMENT APPOINTMENTS?</p>															
<p>If your answer is "Yes," give dates of and reasons for such disbarment in Item 39.</p>															
<p>33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSESSING YOUR PHYSICAL FITNESS?</p>															
<p>If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.</p>															
<p>34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?</p>															
<p>If your answer is "Yes," give complete details in Item 39.</p>															
<p>35. SPACE FOR DETAILED ANSWERS TO QUESTIONS (Indicate item numbers to which answers apply)</p>															
ITEM NO.	ITEM NO.	ITEM NO.	ITEM NO.												
37d	Navy: July, 1940 - Oct., 1942	File No. 97552													
	Army: Oct., 1943 - Feb., 1946	Serial No. 0-57211													
<p>If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination date. Attach to inside of this application.</p>															
<p>Before signing this application check back over it to make sure that you have answered ALL questions correctly.</p>															
<p>I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.</p>															
<p>False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).</p>															
<p>SIGNATURE OF APPLICANT</p>															
<p>(Sign your name in INK (one part), M. or Mrs. and if married, your own given name as "Mrs. Mary L. Doe")</p>															

STANAKO FORM 57-NOV. 1947
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK.

In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the advance card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO. ANNOUNCEMENT	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR Intelligence Officer		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only				
	2. OPTIONAL (if mentioned in examination announcement)						
	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) Washington, D. C.		4. DATE OF THIS APPLICATION May 19, 1949		5. MATERIAL <input type="checkbox"/> SUBMITTED <input type="checkbox"/> RETURNED		ENTERED REGISTER:
	5. MR. (First name) MRS. (Middle) MRS. (Maiden, if any) (Last) Everette Howard Hunt, Jr.		6. NOTATIONS:		APP. REVIEW:		
	6. (A) STREET AND NUMBER OR R. D. NUMBER 30 Willett Street		7. (B) CITY OR POST OFFICE (including postal zone) AND STATE Albany 6, New York		8. (A) OFFICE PHONE (B) HOME PHONE New York ----- 3-6218		APPROVED:
	9. DATE OF BIRTH (month, day, year) October 9, 1918		10. (A) MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE				
	11. PLACE OF BIRTH (city and State; if born outside U. S., name city and country) Hamburg, New York, USA		12. (A) HEIGHT WITHOUT SHOES <input checked="" type="checkbox"/> MALE 5 FEET ... 10 INCHES		(B) WEIGHT 160 POUNDS		
	13. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE FSS 5		14. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$3,000..... PER YEAR. You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED. FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS		15. (A) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: <input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES (B) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.		INITIALS AND DATE
	(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY		16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each practice. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in item 5 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."				
	PRESENT POSITION						
1. DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR PRESENT POSITION		CLASSIFICATION GRADE (if in Federal Service)		NOT PRESENTLY EMPLOYED STARTING 1 PER PRESENT 1 PER	
FROM _____ TO PRESENT TIME		PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale milk, insurance agency, manufacture of tools, etc.)					
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR DESIRING TO CHANGE EMPLOYMENT					
DESCRIPTION OF YOUR WORK							

(CONTINUED ON NEXT PAGE)

10-43865-8

IF CONTINUED			
(2) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
From May 1948 to Feb. 1949		U.S. Media Specialist	
PLACE OF EMPLOYMENT (city and State)		CLASSIFICATION GRADE (if in Federal service)	
Washington, D. C.; Paris, France		SALARY OR EARNINGS STARTING \$ 5940 PER YR. FINAL \$ 6420 PER YR.	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
Economic Cooperation Administration 2 rue St. Florentin, Paris 1, France		J.F. Fleming, U.S. Media Officer KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of shoes, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING deterioriation of personal affairs while abroad.	
DESCRIPTION OF YOUR WORK			
General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.A.; liaison work with French and Austrian governments; writing and production of documentary films; Press scrutiny; analysis of Communist propaganda.			
(3) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
From Jan. 1943 to Oct. 1943		War Correspondent	
PLACE OF EMPLOYMENT (city and State)		CLASSIFICATION GRADE (if in Federal service)	
New York, N.Y.		SALARY OR EARNINGS STARTING \$ 150 PER WK. FINAL \$ 150 PER WK.	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
Rockefeller Plaza, N.Y. TIME, Inc.		Dan Longwell, Editor of LIFE KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of shoes, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING Publishing	
None		Re-enter military service	
DESCRIPTION OF YOUR WORK			
Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific.			
(4) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
From Oct. 1942 to Jan. 1943		Script Writer	
PLACE OF EMPLOYMENT (city and State)		CLASSIFICATION GRADE (if in Federal service)	
New York, N.Y.		SALARY OR EARNINGS STARTING \$ 150 PER WK. FINAL \$ 150 PER WK.	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
THE MARCH OF TIME 369 Lexington Avenue, New York 16		Louis de Rochemont, producer KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of shoes, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING Documentary films.	
None		Opportunity to revisit combat zones.	
DESCRIPTION OF YOUR WORK			
Creating from researched themes the framework of the monthly commercial release; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.			

(5) DATES OF EMPLOYMENT (month, year) FROM _____ TO _____		EXACT TITLE OF YOUR POSITION		CLASSIFICATION (if in Federal Service)		SALARY OR EARNINGS STARTING \$ _____ FINAL \$ _____		PER PER	
PLACE OF EMPLOYMENT (city and State)				NAME AND TITLE OF IMMEDIATE SUPERVISOR					
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale and insurance agency, manufacturer of tools, etc.)					
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING					
DESCRIPTION OF YOUR WORK									
<p>If more space is required, use a continuation sheet (Standard Form No. 54) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.</p> <p>17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 18) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (State pages may be used to give full description.)</p>									
DATES FROM _____ TO _____		LOCATION		DESCRIPTION OF TRAINING					
Feb. '41 Feb. '44 June '44 Feb. '45		May '41 May '44 Aug. '44 Mar. '45		U.S. Naval Academy AAF OGS Orlando, Fla. Catalina Is.					
				V-7 Midshipmen's course Officer Candidate School Air Combat Intelligence QSG R&R East Training Course					
<p>18 EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)</p> <p>MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF</p> <p><input checked="" type="checkbox"/> ELEMENTARY SCHOOL <input checked="" type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL</p> <p>(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY</p> <p>Brown University, Providence, R.I.</p> <p>(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS</p> <p>English Literature Spanish Economics</p> <p>(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (SHOW NAME AND LOCATION OF SCHOOL) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT</p>									
				<p>(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED Hamburg (N.Y.) High</p> <p>(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED not applicable</p>					
				DATES ATTENDED		YEARS COMPLETED		DEGREES CONFERRED	
				FROM _____	TO _____	DAY	NIGHT	TITLE	DATE
				1936	1940	4		13	June '40
				LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS					
				SUBJECTS STUDIED		DATES ATTENDED		YEARS COMPLETED	
				FROM _____	TO _____	DAY	NIGHT		
19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES		READING	SPEAKING	LISTENING	20. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)				
Spanish		X		X					
French		X		X	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE</p> <p>FIRST LICENSE OR CERTIFICATE (YEAR)</p> <p>LATEST LICENSE OR CERTIFICATE (YEAR)</p> <p>21. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE NAMES OF COUNTRIES, DATES AND LENGTH OF TIME SPENT THERE AND REASON OR PURPOSE (e.g., military service, business, education, recreation). Europe, Polynesia, Mexico, 1939-1949, pleasure and business</p> <p>22. LIST ANY SPECIAL SKILLS IN PHYSICS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHOT, AIR RADIATOR, MIGRATION, COMPUTER, TELEPHONE, TELETYPE, SCIENTIFIC OR PROFESSIONAL DEVICES</p> <p>23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION, SUCH AS</p> <p>(A) YOUR MOST IMPORTANT PUBLICATIONS (DO NOT INCLUDE PAPERS UNLESS REQUIRED)</p> <p>(B) YOUR PATENTS OR INVENTIONS</p> <p>(C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE</p> <p>(D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC.</p> <p>(E) HONORS AND FELLOWSHIPS RECEIVED</p> <p>C published novels; short stories Guggenheim Fellowship 1946-1947</p>				
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING: STANDARD									

24. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 18 (EXPERIENCE).			
FULL NAME	PRESENT OR BUSINESS HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION	
1. Westmore Willcox, Jr.	69 William St., New York City	Investments	
2. Robert G. North	3247 Frentonia Drive, Hollywood, Cal.	Toxilus	
3. Maj. J.K. Singlaub	"L" Blgde., Washington, D. C.	U.S. Army	
INDICATE "YES" OR "NO" ANSWER BY PLACING "Y" IN PROPER COLUMN		YES	NO
25. MAY INQUIRIES BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC?		Y	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?		X	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U. S. A. OR ANY COMMUNIST ORGANIZATION?		X	
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ASSASSINATING OR APPROVING THE ASSASSINATION, ACTS OF FOUCE OR VIOLENCE TO OTHER PERSONS, THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, AND SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONVENTIONAL MEANS?			
<p>If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combinations of persons and dates of membership, date of termination, and nature of your activities therein and make any explanation you desire regarding your membership or activities therein.</p>			
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, IMPLICATED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR SECURITY FOR THE VIOLATION OF ANY LAW, POLICE REGULATION, OR ORDINANCE, EXCEPT THOSE WHICH ARE PENALTIES FOR WHICH A FINES, FINE, OR IMPRISONMENT AS IMPOSED?		X	
<p>If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</p>			
31. HAVE YOU EVER BEEN DISCHARGED, OR FORGIVEN TO RESIGN, FOR MISCONDUCT OR CRIMINAL CONVICTION FROM THE SERVICE OR EMPLOYMENT? If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.		X	
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?		X	
<p>If your answer is "Yes," give date of and reasons for such disbarment in Item 39.</p>			
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?		X	
<p>If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.</p>			
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?		X	
<p>If your answer is "Yes," give complete details in Item 39.</p>			
35. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)			
ITEM NO.	ITEM NO.		
37a. Army: July, 1943 - Oct. 1942 File 97322			
Army: Oct. 1946 - Feb. 1946 Serial 0-3721			
<p>If more space is required, use paper 100% same size as this page. Write on each sheet your name, address, date of birth, and rank/grade title. Attach to back of this application.</p> <p>Before signing this application, check over it to make sure that you have answered ALL questions correctly.</p> <p>I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.</p> <p>False statement on this application is punishable by Law (U. S. Code Title 18, Section 80).</p>			
<p>SIGNATURE OF APPLICANT</p> <p>(Sign your name in INK and give prefix Mrs. or Miss and if married, last name and surname). If female, put only given name as "Mrs. Mary L. Doe".</p>			

PERSONNEL ACTION REQUEST			
NAME H. T. WILSON Howard, Jr.	CLASSIFICATION	INITIAL	DATE
	VICE IA ✓ VV NEW	of 3 Qual # 297 CSC # 3112	6/29/49
NATURE OF ACTION: Accepted Appointment	QUALIFICATION & REVIEW	INITIAL	DATE
EFFECTIVE DATE: 8 Nov. 1949	210-59-02 800-101 Schaeffer, G. L. - 12	6/29/49 6/29/49 6/29/49	
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY:	APPROVED: <i>C. C. Wines</i> Signature Executive Officer		
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE	<i>R. D. Kelly</i> 6/29/49 Signature Executive Personnel		
FROM:		TO	6/29/49
TITLE	Intelligence Officer (P-6 (Editor)) \$5-12-7600.00 per month p.a.		
GRADE AND SALARY			
OFFICE			
BRANCH	Program Planning Staff Area Group 11		
DIVISION	Editorial Prod Dev Area Group 11		
SECTION			
OFFICIAL STATION	Washington, D. C.		
DEPT. OR FIELD	Departmental - 130-		
REMARKS: Attached are 2 forms 57. Security initiated 3 June 1949.	Searched 107 6/29/49 POSTED JUN 6 1949		
RECOMMENDED: OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER <i>HC</i>	DATE 13 June 1949		

STANDARD FORM 30 (18 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

FORM APPROVED
FEDERAL BUREAU OF INVESTIGATION

P.C. 9/30/49
(mf) 130

ENTRAL INTELLIGENCE AGENCY
NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS. FIRST - MIDDLE INITIAL - LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Howard Hunt	10/9/18	#297	11/3/49
<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	
Excepted Appointment	11/3/49	Schedule A-6, 116(b)	
FROM	TO		
		8. POSITION TITLE	
		Intelligence Officer, GS-13 (Editor)	
		9. SERVICE GRADE, SALARY	
		GS-13, \$7600.00 per annum	
		10. ORGANIZATIONAL DESIGNATIONS	
		OPC Program & Planning Staff Program Group II Editorial Prod. Division	
		11. HEADQUARTERS	
		Washington, D. C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

13. REMARKS

Appointment is subject to the satisfactory completion of a trial period of one year.

-DOG 08/16/63
CSEOD
LCO } 11/08/49

RPH 11/11/49

ROBERT B.J. HOPKINS
Chief, Employment Division

15. VETERAN'S PREFERENCE						16. POSITION CLASSIFICATION ACTION			
NONE	SPT	10 POINT DISAB		WWII	WORLD WAR II	NEW	VICE	REAL	Bu. #2971 CSC #3112
		WIFE	BLOOD	X					
17. SEX	18. RACE	19. APPROPRIATION FROM TO				20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	21. DATE OF INCEPTIONS ONLY	22. LEGAL REFERENCE	
M	W	2105900 800-101				Yes	6/2/49 11/3/49	VS.	

4. PERSONNEL FOLDER COPY

PERSONAL HISTORY STATEMENT

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

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

SEC. 1. PERSONAL BACKGROUND

A. FULL NAME Mr. Everotto Howard Hunt, Jr.
(User No. AKK) First Everotto Middle Howard Last Jr.
 Telephone: _____
 Office: _____ Ext: _____
 Home: 3-6219

PRESENT ADDRESS 30 Willott Street, Albany 6, New York, U.S.A.
St. & No. 30 City Albany State 6 Country U.S.A.

PERMANENT ADDRESS 30 Willott Street, Albany, New York, U.S.A.
St. & No. 30 City Albany State Country U.S.A.

B. NICKNAME Howie WHAT OTHER NAMES HAVE YOU USED? Howard Hunt

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE
 NAMES? nom de plume

HOW LONG? 7 years IF A LEGAL CHANGE, GIVE PARTICULARS _____

C. DATE OF BIRTH 10/9/13 PLACE OF BIRTH Hamburg, N.Y., U.S.A.
City Hamburg State N.Y. Country U.S.A.

D. PRESENT CITIZENSHIP USA BY BIRTH? Yes BY MARRIAGE? ---
Country USA

BY NATURALIZATION CERTIFICATE # _____ ISSUED _____ BY _____
Date _____ Country _____

AT _____
City _____ State _____ Country _____

HAVE YOU HAD A PREVIOUS NATIONALITY? No
Yes or No _____ Country _____

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
Country _____

GIVE PARTICULARS not applicable

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? No GIVE PARTICULARS:
not applicable

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

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U.S. VISA _____
 Number _____ Type _____ Place of Issue _____ Date of Issue _____

SEC. 2. PHYSICAL DESCRIPTION

AGE 50 SEX Male HEIGHT 5' 10 1/2" WEIGHT 168
 EYES Blue HAIR Brown COMPLEXION Fair SCARS right eyebrow
 BUILD medium OTHER DISTINGUISHING FEATURES None

SEC. 3. MARITAL STATUS

A. SINGLE X MARRIED _____ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____
 _____ not applicable

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

NAME OF SPOUSE _____ not applicable
 First _____ Middle _____ Maiden _____ Last _____

PLACE AND DATE OF MARRIAGE _____

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____ St. & No. _____ City _____ State _____ Country _____

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____ St. & No. _____ City _____ State _____ Country _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ City _____ State _____ Country _____

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

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____ City _____ State _____ Country _____

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR BUSINESS ADDRESS _____ St. & No. _____ City _____ State _____ Country _____

MILITARY SERVICE FROM _____ Date _____ TO _____ Date _____ BRANCH OF SERVICE _____

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

1400000
SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) None

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country

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

FULL NAME Everette Howard Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE CAUSE

PRESENT, OR, LAST, ADDRESS 30 Willott street, Albany 6, N.Y., USA
St. & No. City State Country

DATE OF BIRTH 15 Dec 1888 PLACE OF BIRTH Hamburg, New York, USA
City State Country

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

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? City State Country

OCCUPATION Lawyer LAST EMPLOYER Self

EMPLOYER'S OR OWN BUSINESS ADDRESS 11 North Pearl St. Albany, N.Y.
St. & No. City State Country

MILITARY SERVICE FROM 1916 TO 1918 BRANCH OF SERVICE Air Service, SC
Date Date

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

not applicable

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

FULL NAME Ethel Jean Hunt
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS 30 Willott Street, Albany 6, New York, USA
St. & No. City State Country

DATE OF BIRTH 15 March 1911 PLACE OF BIRTH Canal Dover, Ohio

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? City State Country

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

OCCUPATION Louganico LAST EMPLOYER _____
 EMPLOYER'S OR OWN BUSINESS ADDRESS _____
 MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
 COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN,
 _____ not applicable

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

1. FULL NAME _____ not applicable First _____ Middle _____ Last _____ AGE _____
 PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____
2. FULL NAME _____ not applicable First _____ Middle _____ Last _____ AGE _____
 PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____
3. FULL NAME _____ not applicable First _____ Middle _____ Last _____ AGE _____
 PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____
4. FULL NAME _____ not applicable First _____ Middle _____ Last _____ AGE _____
 PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____
5. FULL NAME _____ not applicable First _____ Middle _____ Last _____ AGE _____
 PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____

SEC. 8. FATHER-IN-LAW

FULL NAME _____ not applicable First _____ Middle _____ Last _____
 LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS _____ St. & No. _____ City _____ State _____ Country _____
 DATE OF BIRTH _____ PLACE OF BIRTH _____
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
 CITY STATE COUNTRY
 OCCUPATION _____ LAST EMPLOYER _____

SEC. 9. MOTHER-IN-LAW

FULL NAME not applicable
 First _____ Middle _____ Last _____
 LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS _____ St. & No. _____ City _____ State _____ Country _____
 DATE OF BIRTH _____ PLACE OF BIRTH _____
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
 CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____ City _____ State _____ Country _____
 OCCUPATION _____ LAST EMPLOYER _____

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

1. NAME not applicable RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____ Country _____
 2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____ Country _____
 3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____ Country _____

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

1. NAME not applicable RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
 2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
 3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____
 TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

SEC. 12. EDUCATION

ELEMENTARY SCHOOL Hamburg PS ADDRESS Hamburg, N.Y., USA
 CITY State Country
 DATES ATTENDED 1924-1932 GRADUATE? Yes

HIGH SCHOOL Hamburg High School ADDRESS Hamburg, N.Y., USA
 CITY State Country
 DATES ATTENDED 1932-1936 GRADUATE? Yes

COLLEGE Brown University ADDRESS Providence, R.I., USA
 CITY State Country
 DATES ATTENDED 1936-1940 DEGREE A.B.

COLLEGE _____ ADDRESS _____
 CITY _____ STATE _____ COUNTRY _____
 DATES ATTENDED _____ DEGREE _____

SEC. 13. MILITARY, NAVAL OR OTHER GOVT SERVICE—U.S. OR FOREIGN

USA	USAAF	1st Lt.	1943-1946
USA	USER	Ensign	1940-1942
Country	Service	RANK	Dates of Service
HQ Det. 202, OSS China		Serial No.	Honorable
Last Station			Type of Discharge
0-587211			

REMARKS: _____

SELECTIVE SERVICE BOARD NUMBER None ADDRESS _____

IF DEFERRED GIVE REASON _____

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS
 not applicable

SEC. 14. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

1. FROM May, 1943 to February, 1949

EMPLOYING FIRM OR AGENCY Economic Cooperation Administration

ADDRESS 2 rue St. Florentin, Paris 1, France
 St. & No. City State Country

KIND OF BUSINESS Public Relations NAME OF SUPERVISOR J. P. Fleming

TITLE OF JOB U.S. Media Specialist SALARY \$3420. PER Year

YOUR DUTIES general PR work plus speech writing for Ambassador Harriman; film production.

REASONS FOR LEAVING My publishing affairs deteriorated to such an extent that my presence in America became imperative for financial reasons.

2. FROM January, 1943 to October, 1943

EMPLOYING FIRM OR AGENCY TIME, Inc.

ADDRESS Rockefeller Plaza, New York, New York, USA
 St. & No. City State Country

KIND OF BUSINESS Publishing NAME OF SUPERVISOR Dan Longwell

TITLE OF JOB War Correspondent SALARY \$ 150. PER week

YOUR DUTIES Report on South Pacific campaign

REASONS FOR LEAVING To re-enter military service

3. FROM October, 1942 TO January, 1943

EMPLOYING FIRM OR AGENCY The March of Time (TIME, Inc.)

ADDRESS 369 Lexington Avenue, New York 16, New York, USA
 St. & No. City State Country

KIND OF BUSINESS documentary films NAME OF SUPERVISOR Louis de Rochemont

TITLE OF JOB Script writer SALARY \$150. PER week

YOUR DUTIES Write Naval training films and assist on monthly release.

REASONS FOR LEAVING Opportunity to return to a combat zone for LIFE.

4. FROM TO

EMPLOYING FIRM OR AGENCY

ADDRESS St. & No. City State Country

KIND OF BUSINESS NAME OF SUPERVISOR

TITLE OF JOB SALARY \$ PER

YOUR DUTIES

REASONS FOR LEAVING

5. FROM TO

EMPLOYING FIRM OR AGENCY

ADDRESS St. & No. City State Country

KIND OF BUSINESS NAME OF SUPERVISOR

TITLE OF JOB SALARY \$ PER

YOUR DUTIES

REASONS FOR LEAVING

SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 16. GIVE FIVE CHARACTER REFERENCES — IN THE U.S. — WHO KNOW YOU INTIMATELY — (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

- | | Street and Number | City | State |
|---------------------------|--|------|-------|
| 1. Mr. Murray Smouse | BUS. ADD. State Bank of Albany, N.Y. | | |
| | RES. ADD. 321 State Street, Albany, N.Y. | | |
| 2. Mr. Chester T. Hubbell | BUS. ADD. Hubbell Lumber Co., Albany, N.Y. | | |
| | RES. ADD. Loudenville, New York | | |
| 3. Hon. Westmore Willcox | BUS. ADD. 63 William St., New York, N.Y. | | |
| | RES. ADD. East End Avenue, New York, N.Y. | | |
| 4. Dr. Bruce Bigelow | BUS. ADD. Brown University, Providence, R.I. | | |
| | RES. ADD. Brown University, Providence, R.I. | | |
| 5. Dr. R. G. Moyes | BUS. ADD. Brown University, Providence, R.I. | | |
| | RES. ADD. 164 Anthony St., E. Providence, R.I. | | |

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

- | | Street and Number | City | State |
|--------------------------------|--|------|-------|
| 1. Hon. Archibald Douglas, Jr. | BUS. ADD. 120 Broadway, New York, New York | | |
| | RES. ADD. 455 E. 57th St., New York, N.Y. | | |
| 2. Hon. MacNeill Witchell | BUS. ADD. 36 W. 44th Street, New York, N.Y. | | |
| | RES. ADD. 137 East 58th St., New York, N.Y. | | |
| 3. Mr. Franklin A. Lindsay | BUS. ADD. "L" Bldg., Washington, D. C. | | |
| | RES. ADD. 3416 One St., Washington, DC | | |
| 4. Mr. Robert G. North | BUS. ADD. 1719 North McCadden Place, Hollywood | | |
| | RES. ADD. 3947 Fredonia Dr., Hollywood, Cal. | | |
| 5. Maj. J. K. Singlaub | BUS. ADD. "L" Bldg., Washington, D. C. | | |
| | RES. ADD. 5509 Johnson Ave., Bethesda, Md. | | |

SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S.—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. J. Stanley Davis	BUS. ADD. 3 Englewood Place	Albany	N.Y.
	RES. ADD. 90 State St.	Albany	N.Y.
2. Mr. Peter Kiernan, Jr.	BUS. ADD. 5 Englewood Place	Albany	N.Y.
	RES. ADD. 120 State Street	Albany	N.Y.
3. Bishop F. L. Barry	BUS. ADD. ----		
	RES. ADD. 32 Willott Street	Albany	N.Y.

SEC. 19. FINANCIAL BACKGROUND

- A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME Royalties from book publishing
- B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS State Bank of Albany, N.Y.
- C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No GIVE PARTICULARS, INCLUDING COURT: Not applicable
- D. GIVE THREE CREDIT REFERENCES—IN THE U.S.
- 1. NAME Brooks Brothers ADDRESS 346 Madison Ave., New York, N.Y.
St. & No. City State Country
- 2. NAME Abercrombie & Fitch ADDRESS Madison Avenue, New York, N.Y.
St. & No. City State Country
- 3. NAME Hotels Statler ADDRESS New York, New York
St. & No. City State Country

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

FROM 1941 TO Present 30 Willott Street, Albany 6, N.Y., USA
St. No. City State Country

FROM 1937 TO 1941 125 Lancaster Ave., Buffalo, N.Y., USA
St. No. City State Country

FROM 1918 TO 1937 55 Maple Avenue, Hamburg, New York, USA
St. No. City State Country

FROM _____ TO _____
St. No. City State Country

FROM _____ TO _____
St. No. City State Country

FROM _____ TO _____
St. No. City State Country

FROM _____ TO _____
St. No. City State Country

FROM _____ TO _____
St. No. City State Country

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

- A. FROM June 139 TO Sept. 1939 Europe Pleasure
City or Section Country Purpose
- FROM March 147 TO July 147 Mexico Guggenheim Fellowship
City or Section Country Purpose
- FROM June 148 TO Feb. 149 Europe Business
City or Section Country Purpose

FROM _____	TO _____	CITY OR SECTION _____	COUNTRY _____	PURPOSE _____
FROM _____	TO _____	CITY OR SECTION _____	COUNTRY _____	PURPOSE _____
FROM _____	TO _____	CITY OR SECTION _____	COUNTRY _____	PURPOSE _____

B. LAST U.S. PASSPORT - NUMBER, DATE, AND PLACE OF ISSUE: _____
Diplomatic 4267, 10 June, 1943, Washington

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? TWO GIVE APPROXIMATE
 DATES: May, 1939 January, 1945

PASSPORTS OF OTHER NATIONS: _____

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

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

1. Zeta Psi Fraternity, Epsilon; Providence, R.I., USA
Name and Chapter St. & No. City State Country
DATES OF MEMBERSHIP: February 1937 to present
2. Brown University Club; 86 Park Ave., New York, N.Y., USA
Name and Chapter St. & No. City State Country
DATES OF MEMBERSHIP: 1942 to present
3. Army & Navy Club, 1627 "I" St., Washington 6, D.C., USA
Name and Chapter St. & No. City State Country
DATES OF MEMBERSHIP: June, 1943 to present
4. Fort Orange Club, 110 Washington Ave., Albany 6, N.Y., USA
Name and Chapter St. & No. City State Country
DATES OF MEMBERSHIP: February, 1946 to present
5. Albany Country Club, Albany 3, N.Y., USA
Name and Chapter St. & No. City State Country
DATES OF MEMBERSHIP: May, 1947 to November, 1948
6. Authors League of America, 6 E. 30th St., New York, N.Y., USA
Name and Chapter St. & No. City State Country
DATES OF MEMBERSHIP: 1942 to present
7. Screen Writers Guild, 1655 North Cherokee, Hollywood, Cal., USA
Name and Chapter St. & No. City State Country
DATES OF MEMBERSHIP: 1947 to present
8. American Legion, Fort Orange Post, Albany, N.Y., USA
Name and Chapter St. & No. City State Country
DATES OF MEMBERSHIP: 1942 to present

SEC. 23. GENERAL QUALIFICATIONS**A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")**

LANGUAGE Spanish SPEAK slight READ fluent WRITE fair

LANGUAGE French SPEAK fair READ fluent WRITE slight

LANGUAGE German SPEAK ----- READ slight WRITE -----

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

Swimming - excellent Music(piano) - fair

Tennis - fair

Trap shooting - good

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

Wartime OSS service as CEI Reports Officer

Graduate AAF Combat Intelligence School

Lecturer on Psychological Warfare at Army-Navy Staff College

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

Economic Cooperation Administration

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

Office of Strategic Services - December, 1944

EOA - June, 1943

SEC. 24. MISCELLANEOUS

12

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

IF "YES", EXPLAIN: _____
No

- B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Moderately

- C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

- D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:
No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Mrs. E. H. Hunt RELATIONSHIP Mother
ADDRESS 50 Willatt Street, Albany 6, New York, USA
St. & No. City State Country

SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Albany, New York

City and State

DATE May 11, 1949

John F. Keyes

Witness

Geoffrey Keyes

Signature of Applicant

69-3376-7 Albany, N.Y.

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

14. Time unaccounted for in the Employment History was spent either in College, Military or Naval Service or in creative writing.
14. 1 Salary stated is inclusive of allowances.
19. A To date I have published 4 novels, one of which deals in part with OSS activities in Europe and the Far East during the war. In past years I have contributed to LIBERTY, THE NEW YORKER, and COSMOPOLITAN. My royalties yield me an average of \$3,000 a year above my salary. A fifth novel is to be published in August, 1949, and this year an estimated 1 million copies of two books in pocket editions will be in circulation.
22. American War Correspondents Association, 13 West 54th Street, New York, New York
23. C At the request of the Allied High Commissioner for Austria, Lt. Gen. Geoffrey Keyes, I was placed on assignment in Vienna to the ECA Special Mission for the purpose of writing and producing an official U.S. documentary film directed at the Anti-communist elements of Austria, and specifically toward Austrian labor groups. The film has received wide distribution in all Allied zones except the Russian Zone, and its showing at the Vienna Fair, I have been informed, was the subject of an official Russian protest. I was solely responsible for the creation of this film, MIT VEREINIGTEM KINOFIRMEN.

SECURITY APPROVAL

CONFIDENTIAL

To : XXXXXXXX Deputy Personnel Officer Date: 30 September 1949
From : Chief of Inspection and Security Number: 28600
Subject: HUNT, Everett Howard, Jr.

1. Note "X" below:

Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Memorandum dated 3 June 1949 stated Subject is an applicant for OPC.

Ronald P. Geiss
RONALD P. GEISS

Chief, Personnel Security Division

CONFIDENTIAL

PERSONAL HISTORY STATEMENT

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

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? _____

Yes or No _____

SEC. I. PERSONAL BACKGROUND

Telephone: _____

Office: _____

Home: _____

PRESENT ADDRESS _____ Street & No. _____ City _____ State _____ Country _____

PERMANENT ADDRESS _____ Street & No. _____ City _____ State _____ Country _____

B. NICKNAME _____ WHAT OTHER NAMES HAVE YOU USED? _____

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? _____

HOW LONG? _____ IF A LEGAL CHANGE, GIVE PARTICULARS _____

Where? _____

By What Authority _____

C. DATE OF BIRTH _____ PLACE OF BIRTH _____ City _____ State _____ Country _____

D. PRESENT CITIZENSHIP _____ BY BIRTH? _____ BY MARRIAGE? _____

BY NATURALIZATION CERTIFICATE? _____ ISSUED _____ BY _____ Date _____ Court _____

AT _____ City _____ State _____ Country _____

HAVE YOU HAD A PREVIOUS NATIONALITY? _____ Yes or No _____ Country _____

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____ Country _____

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? _____ GIVE PARTICULARS: _____

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

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U.S. VISA _____ Number _____ Type _____ Place of Issue _____ Date of Issue _____

SEC. 2. PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ COMPLEXION _____ SCARS _____

BUILD _____ OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED DIVORCED _____ WIDOWED _____

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

NOT APPLICABLE

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

NAME OF SPOUSE DOROTHY LOUISE WERTZEL HUNT
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE MELVILLE, NEW YORK SEPT 7-1949

HIS (OR HER) ADDRESS BEFORE MARRIAGE 96 ECA PARIS FRANCE
St. & No. City State Country

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 30 W. LLETT ST ALBANY NY USA
St. & No. City State Country

DATE OF BIRTH APR 1 - 1920 PLACE OF BIRTH DAYTON OHIO USA
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? PARIS
City State Country

OCCUPATION HOUSE WIFE LAST EMPLOYER E.P. CARIS FRANCE

EMPLOYER'S OR BUSINESS ADDRESS NOT APPLICABLE
St. & No. City State Country

MILITARY SERVICE FROM NOT APPLICABLE TO BRANCH OF SERVICE
Date Date

COUNTRY U.S. STATE KENTUCKY DETAILS OF OTHER GOVT. SERVICE U.S. OR FOREIGN
JULY 1944 - JAN 1946 - U.S. ARVN 3/42
JULY 1946 - MAY 1947 - SHANGHAI, CHINA
JUN 1947 - APR 1948 - PARIS 1949 - PARIS, FRANCE

Note: wife's father married name 'Gauthier'.

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) NOT APPLICABLE

1. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____ St. & No. City State Country

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

FULL NAME _____ First _____ Middle _____ Last _____
 LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS _____ St. & No. City State Country
 DATE OF BIRTH _____ PLACE OF BIRTH _____ City State Country
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
 CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____ City State Country
 OCCUPATION _____ LAST EMPLOYER _____
 EMPLOYER'S OR OWN BUSINESS ADDRESS _____ St. & No. City State Country
 MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
 COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN.

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

FULL NAME _____ First _____ Middle _____ Last _____
 LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR LAST, ADDRESS _____ St. & No. City State Country
 DATE OF BIRTH _____ PLACE OF BIRTH _____
 CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____ City State Country
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) NOT APPLICABLE

1. NAME _____	RELATIONSHIP _____	AGE _____
CITIZENSHIP _____	ADDRESS _____	St. & No. _____ City _____ State _____ Country _____
2. NAME _____	RELATIONSHIP _____	AGE _____
CITIZENSHIP _____	ADDRESS _____	St. & No. _____ City _____ State _____ Country _____
3. NAME _____	RELATIONSHIP _____	AGE _____
CITIZENSHIP _____	ADDRESS _____	St. & No. _____ City _____ State _____ Country _____

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

FULL NAME _____	First _____	Middle _____	Last _____
LIVING OR DECEASED _____	DATE OF DECEASE _____		CAUSE _____
PRESENT, OR, LAST, ADDRESS _____	St. & No. _____	City _____	State _____ Country _____
DATE OF BIRTH _____	PLACE OF BIRTH _____	City _____	State _____ Country _____
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____			
CITIZENSHIP _____	WHEN ACQUIRED? _____	WHERE? _____	City _____ State _____ Country _____
OCCUPATION _____	LAST EMPLOYER _____		
EMPLOYER'S OR OWN BUSINESS ADDRESS _____			
MILITARY SERVICE FROM _____	Date _____	TO _____	BRANCH OF SERVICE _____
COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN.			

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

FULL NAME _____	First _____	Middle _____	Last _____
LIVING OR DECEASED _____	DATE OF DECEASE _____		CAUSE _____
PRESENT, OR LAST, ADDRESS _____	St. & No. _____	City _____	State _____ Country _____
DATE OF BIRTH _____	PLACE OF BIRTH _____		
CITIZENSHIP _____	WHEN ACQUIRED? _____	WHERE? _____	City _____ State _____ Country _____
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____			

14-0070

OCCUPATION _____ LAST EMPLOYER _____
EMPLOYER'S OR OWN BUSINESS ADDRESS _____ St. & No. _____ City. _____ State _____ Country _____
MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
COUNTRY _____ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN.

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

1. FULL NAME _____ First _____ Middle _____ Last _____ AGE _____
PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____
2. FULL NAME _____ First _____ Middle _____ Last _____ AGE _____
PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____
3. FULL NAME _____ First _____ Middle _____ Last _____ AGE _____
PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____
4. FULL NAME _____ First _____ Middle _____ Last _____ AGE _____
PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____
5. FULL NAME _____ First _____ Middle _____ Last _____ AGE _____
PRESENT ADDRESS _____ St. & No. _____ City _____ State _____ Country _____ Citizenship _____

SEC. 8. FATHER-IN-LAW

FULL NAME CHARLES WETZEL
First. _____ Middle. _____ Last. _____
LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____
PRESENT. OR LAST. ADDRESS 10 NCR DAYTON OHIO USA
St. & No. _____ City _____ State _____ Country _____
DATE OF BIRTH JUNE 27 1891 PLACE OF BIRTH DAYTON OHIO USA

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

NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? USA
NATIONALITY AMERICAN REGISTERED? NO DATE 0 COUNTRY USA
OCCUPATION LAST EMPLOYER DAYTON OHIO

SEC. 9. MOTHER-IN-LAW

FULL NAME JEANNETTE ELNER DAVIS
 First Middle Last

LIVING OR DECEASED LIVING DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS 163 HAWTHORNE AVE St. & No. City State Country FLA

DATE OF BIRTH SEPT 4-1891 PLACE OF BIRTH DAYTON, OHIO U.S.A.

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED 1911 WHERE? City State Country

OCCUPATION Receptionist LAST EMPLOYER SARASOTA HOSPITAL

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

1. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____ Country _____

2. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____ Country _____

3. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____ Country _____

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT. NOT APPLICABLE

1. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____

TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

2. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____

TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

3. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____ St. & No. _____ City _____ State _____

TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

14-0000

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT SARASOTA FLA.
City and State

DATE 11 Oct. 1949

Witness

Signature of Applicant

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

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME	E. Howard Hunt		DATE	22 August 1950
NATURE OF ACTION	Appointment		EFFECTIVE DATE	10 December 1950 27-August-1950 10 Dec. 1950
FROM	TO			
TITLE	Intelligence Officer II -Chief of Station			
GRADE AND SALARY	GS-13 \$7,600 p.a.			
OFFICE	OPC			
DIVISION	Latin America			
BRANCH	Operations			
OFFICIAL STATION	Mexico, Mexico City			
QUALIFICATIONS	APPROVAL	EXECUTIVE		
Joseph S. Ruff Amerig Thomas	C. D. L. E. FAD/OPC			
CLASSIFICATION	PERSONNEL OFFICER			
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 11 December 1950				
SECURITY CLEARED ON 7 December 1950 7 December 1950				
OVERSEAS AGREEMENT SIGNED 11 December 1950				
ENTERED ON DUTY 10 December 1950				
REMARKS:				
Charge to Mexico slot #1, JBEDICT Budgetary allotment IA #3 Transfer annual & sick leave from unexpended funds			COPY IN PAYROLL FILES CONFIDENTIAL FUNDS PAYROLL <i>OK</i>	
Transfer annual & sick leave from unexpended funds.			✓ E.H. Hunt <i>W. H. Hunt</i>	

STANDARD FORM 61 (REVISED AUGUST 1950)
PROLICATED BY CIVIL SERVICE COMMISSION
FEDERAL PERSONNEL MANUAL

APPOINTMENT AFFIDAVITS

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

Central Intelligence Agency
(Department or agency)
Washington, D. C.
(Place of employment)

I, E. Howard Hunt, Jr., do solemnly swear (or affirm) that—

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

11 Dec 1950 E. Howard Hunt Jr.
(Signature of appointee)

Subscribed and sworn before me this 11th day of December, A. D. 1950.

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

[SEAL]

John P. Shad
(Signature of Notary Public)
Notary Public
(Title)

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

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

I. PRESENT ADDRESS (street and number, city and State)				
2. (A) DATE OF BIRTH	(B) PLACE OF BIRTH (city or town and State or country)			
3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY		(B) RELATIONSHIP	(C) STREET AND NUMBER, CITY AND STATE	(D) TELEPHONE NO.
<i>E.H. Hunt</i>		<i>Father</i>	<i>30 willard st. Albany, N.Y.</i>	<i>3-6218</i>
4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? [] YES [] NO <i>If no, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.</i>				
NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATION- SHIP	MAR- RIED (Check and)
5. INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS
6. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?				WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
7. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>				
8. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION OR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, end under what retirement act; and rating if retired from military or naval service.</i>				
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNFAIR FACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.</i>				
11. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$5 OR LESS OR FORGOTTEN CHALLAN OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offence or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>				

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and Executive Orders relating to appointments.

This form should be checked in regard of fitness of office, position, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) **Identity of appointee.** — It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the person to whom this certificate of appointment was addressed, the appointee, and his signature and handwriting are the same as those on the application and other pertinent papers. If the appointee signed in a written communication, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

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

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

(4) **Members of Family.** — Section 9 of the Civil Service Act provides that where there are already two or more members of family serving under permanent or permanent appointment in the competitive service, no other member of such family is eligible for probation or permanent appointment in the competitive service. The appointee may be required to furnish proof of veteran preference, if not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

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CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE
R. Howard Hunt, Jr.		13 December 1950
NATURE OF ACTION		EFFECTIVE DATE
Intergation		13 December 1950
FROM		TO
TITLE		Attache
GRADE AND SALARY		PSR-1
OS-13 \$7,600.00		PSR-1 87,830.00
OFFICE		OPC
DIVISION		IA
BRANCH		
OFFICIAL STATION		Mexico City, Mexico
Mexico City, Mexico		
QUALIFICATIONS		APPROVAL
		FOR ASSISTANT DIRECTOR
		EXECUTIVE
CLASSIFICATION		PERSONNEL OFFICER
		<i>Hce adervo</i>
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input type="checkbox"/>
DRAFT OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON		
SECURITY CLEARED ON		
OVERSEAS AGREEMENT SIGNED		
ENTERED ON DUTY		
REMARKS:		SIGNATURE OF AUTHENTICATING OFFICER
<p>Subject is due a lump sum payment for annual leave to be paid up to 12 December 1950.</p> <div style="text-align: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> POSTED <i>11/16/2ey</i> </div>		

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Agreement

AGREEMENT made this 19th day of December, 1950, effective the 1st day of December, 1950, by and between the United States of America (hereinafter referred to as the Government), as represented by the Central Intelligence Agency, and E. Howard Hunt, Jr. (hereinafter referred to as the Employee).

RECITALS

A. The Government desires the services of the Employee for CIA under circumstances requiring the Employee to receive a Foreign Service Staff Corps designation from the Department of State and proposes to send the Employee overseas to Mexico for operations in the general area of _____.

B. The Employee desires as an employee of the Government to serve CIA abroad under the supervision and control of the Assistant Director for Special Operations, CIA, (ADSOS) and is willing to accept a designation In the Foreign Service Staff Corps with the obligations thereof.

In consideration of the premises, the mutual covenants and promises herein contained, and for other good and valuable considerations, the parties hereto agree as follows:

ARTICLE I. Relationship of Employee to the Department of State. The Employee, in so far as possible, shall abide by all the rules, regulations, and customs of the Foreign Service of the United States which affect personnel of the Foreign Service Staff Corps in order to appear as a normal member of the Foreign Service establishment.

I. The Employee shall rigidly comply with the provisions of Title X, Part A of the Foreign Service Act of 1946, prohibiting officers and employees of the Foreign Service from:

ination.

- (a) Wearing uniforms;
- (b) Accepting presents from foreign governments;
- (c) Engaging in business abroad;
- (d) Correspondence on affairs of foreign governments;
- (e) Political, racial, religious, or color discrim-

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2. The Chief of the Foreign Service establishment and certain other key members of his staff will know about the Employee's status and relationship under the terms of the **TOP SECRET** agreement between the Department of State and CIA. Other personnel may discover that there are certain irregularities in travel orders, position numbers, pay accounts, and other internal administrative procedures of the Foreign Service. Nevertheless, the Employee shall not divulge his relationship to CIA except with the expressed approval of the ADSO. While serving abroad, he shall for normal administration be under the control of the Chief of the Foreign Service establishment to which he is attached, but for operations, including travel as specified below, he shall be under the control of CIA.

3. The travel of the Employee shall be governed as follows:

(a) For temporary duty outside the continental limits of the United States within or beyond the Employee's stipulated area, he shall perform CIA operational travel as directed by the ADSO or his designee with the consent of the Chiefs of the Foreign Service establishment involved. TD travel customary and necessary in the performance of routine Foreign Service Staff functions may be performed without clearance from the ADSO.

(b) For any travel to the United States, either temporary duty or permanent change of station, the Employee shall travel only at the direction of the ADSO after clearance has been arranged through the State Department in Washington.

(c) All travel will be directed and performed in accordance with Foreign Service rules and regulations.

4. Although the Employee's Foreign Service Staff Corps title, location, appointment, Foreign Service class, and other pertinent information may be published in the Foreign Service list and other publications of the Department of State, such listings shall not affect his employment and the obligations and duties stipulated in this contract.

5. All payments to be made under this contract, including reimbursement for travel expenses, shall be made to the Employee by the Department of State except payments referred to in ARTICLE II, Section 4.

SECRET

ARTICLE II. Relationship of Employee to CIA. Although for all intents and purposes it will appear as though the Employee is employed by the Department of State as indicated in ARTICLE I above, he shall in fact be employed by and under the operational control of CIA. In so far as possible, he will be expected to abide by the rules, regulations, customary practices, and courtesies of the Foreign Service, but his ultimate responsibility will be to CIA. In the event of any conflict of authority in the field between the Department of State and CIA, the matter shall be referred to the ADSSQ for resolution.

1. The line of authority for the Employee shall be as follows:

- (a) Senior Representative of QSO at Foreign Service establishment.
CPC
- (b) QSO Foreign Branch Chief in Washington.
- (c) Chief of Operations, QSO CPC.
- (d) ADSSQ: ADPC
- (e) Director of CIA.

2. All travel shall be directed by the ADSSQ in accordance with ARTICLE I, Section 3. The Employee shall request appropriate Foreign Service clearance for travel through the Senior QSO Representative at the Foreign Service establishment, who shall be responsible for arranging such clearance.

3. It is understood and agreed that the Employee's overseas assignment is to be for a minimum period of two years from the date of his arrival at his overseas post of duty, unless terminated by the Government for its convenience. If the assignment is terminated in less than twenty-four months at the Employee's request, the following shall prevail:

(a) If the Employee resigns in less than twelve months from the date of his arrival at his overseas post of duty, he shall reimburse CIA for all travel expenses involved in the transportation of himself, his immediate family, household goods, and personal effects to the foreign station, and pay all such expenses for return to the United States. Such expenses for return to the United States and amounts expended by the Government on account of such travel and transportation shall be considered a debt due by the Employee to the United States.

(b) If the Employee desires to terminate between the twelfth and twenty-fourth month from the date of his arrival at his overseas post of duty, he shall pay all expenses for the travel and transportation of himself, his immediate family, household goods, and personal effects to the United States.

-3-
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TERMS

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4. If deemed necessary by CIA, the Employee may be reimbursed or advanced funds for operational expenses. Such amounts must be advanced or reimbursement made in accordance with CIA regulations, which require a full accounting of the amounts expended by the Employee. Therefore, the Employee will be required to account fully for any such funds advanced or reimbursed in accordance with CIA regulations.

ARTICLE III. Overseas Allowances and Transportation Expenses.
When specifically authorized by the ADSSO, the expenses of travel and transportation of the Employee, his immediate family, household goods and effects, including personally owned automobile and other allowances, will be paid the Employee in accordance with the **Foreign Service Act of 1946 and regulations issued thereunder by the Department of State.** When authorized by the ADSSO, the Employee shall be paid a quarters allowance, cost of living allowance, or special foreign living allowance in accordance with **the Foreign Service Act of 1946** and regulations issued thereunder. The amount of quarters and cost of living allowances and the special foreign living allowance is set forth in Bureau of the Budget Circular A-8, which is amended periodically to reflect adjustments in price indexes. Therefore, such allowances will be subject to change, and the amounts paid will vary according to Budget Circular A-8.

ARTICLE IV. Annual and Sick Leave. The Employee shall be permitted annual leave, sick leave, and leave of absence in accordance with **Title IX, Part D of the Foreign Service Act of 1946.** Under such **Act**, the Employee may be granted not to exceed sixty calendar days annual leave of absence with pay in each year. Annual leave which the Employee may receive and which is not used in any one year shall be accumulated for succeeding years until it totals 180 days. Sick leave with pay may be granted to the Employee at the rate of fifteen calendar days each calendar year and may be accumulated for succeeding years until it totals 120 days.

1. If the Employee is transferred from another Government Agency to this position, any annual or sick leave standing to his credit in such Agency, may be transferred, if appropriate, in accordance with E. O. 9837, 27 March 1947, issued pursuant to **Section 935 of the Foreign Service Act of 1946.**

ARTICLE V. Return to the United States. The Employee shall be ordered to the United States on leave of absence or permanent change of station upon completion of two years continuous service abroad or as soon as possible thereafter.

SECRET

ARTICLE VI. Retirement. The Employee occupies a position within the purview of the Civil Service Retirement Act. Accordingly, deductions shall be made at the rate provided by law (presently 5%) from the Employee's basic salary and placed in the Civil Service Retirement Fund. The Employee may not avail himself of the provisions of the Foreign Service Retirement and Disability System, provided for in Title VIII of the Foreign Service Act of 1946.

ARTICLE VII. Medical Care and Hospitalization. In the event of illness or injury to the Employee requiring hospitalization not the result of vicious habits, intemperance, or misconduct on his part, and incurred in the line of duty while assigned abroad, the expenses of treatment of such illness or injury at a suitable hospital or clinic, or transportation expenses to such hospital or clinic may be paid by the Government in accordance with Title IX, Part E of the Foreign Service Act of 1946. Under appropriate regulations, a physical examination of the Employee will be made, together with necessary inoculations, or vaccinations, or the expense thereof will be paid to the Employee.

1. In the event of the death or disability of the Employee, the Employee or his dependents shall be afforded the benefits of the United States Employees' Compensation Act of 7 September 1916, as amended.

ARTICLE VIII. Equipment. The Employee may be furnished technical equipment and supplies to assist in the rendition of services hereunder, including an automobile where necessary. The Employee shall be responsible for such equipment and supplies issued to him by CIA in accordance with CIA Property Regulations. All such material shall remain the property of the Government regardless of any apparently conflicting ownership or the manner of registration.

ARTICLE IX. Salary. The Employee shall receive a basic salary of \$12,000 per year in accordance with Section 415 of the Foreign Service Act of 1946. In-class promotions shall be granted to the Employee in accordance with regulations established in the Department of State pursuant to Title VI, Part E, Section 642 of the Foreign Service Act of 1946. Other changes in status will be made only as specifically authorized by the ADSG.

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ARTICLE X. Continuance of Pay and Allowances. If the Employee is determined by CIA to be absent in a status of "Missing", "Missing in Action", "Interned in a Neutral Country", "Captured by an Enemy", "Beleaguered", or "Besieged", he shall for the period he is determined to be in any such status be entitled to receive or to have credited to his account the same pay and allowances to which he was entitled at the beginning of such period of absence. Continuance of pay and allowances as specified above shall be as prescribed in the Missing Persons Act of 1942 (50 U.S.C.A. App 1001-1015, 7 March 1942).

ARTICLE XI. General. The Employee shall comply with the following provisions, and violation thereof by the Employee shall be deemed a breach of this contract.

1. In participating in the programs and activities of any private organization, the Employee shall make it clear that the Department of State has no official connection with such organization and that it does not sponsor or sanction the viewpoints which he may express. In general, his relations with private organizations shall be governed by applicable Foreign Service Regulations.

2. Neither the Employee nor the members of his family shall act as correspondents for American or foreign newspapers, press syndicates, or associations unless special authorization has been obtained in advance from the ADSSO. He shall not write for publication any article or other manuscript on political or controversial subjects. Articles or manuscripts on nonpolitical or noncontroversial subjects shall be submitted to the ADSSO for review and approval prior to their submission to a publisher.

3. Neither the Employee nor members of his family shall correspond privately on personnel or other official matters with members of Congress, or officers in the Department of State, CIA, or other Governmental agencies.

4. Members of the Employee's family shall not be employed in the same Foreign Service office except during grave emergencies or when special authorization has been obtained in advance of employment from both the Department of State and CIA.

5. Before contracting marriage with a person of foreign nationality, the Employee shall request and obtain permission from the appropriate officials in both the Department of State and CIA. Any such marriage with an alien without obtaining advance permission shall be deemed a breach of this contract and shall result in termination of service with the Government.

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SECURITY

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6. In the event the Employee desires to resign from the service overseas, he shall submit a written resignation addressed to the ADSSO, who will take appropriate steps to clear the matter with **the Department of State.**

ARTICLE XIII. Security. This contract contains information affecting the national defense of the United States within the meaning of the Espionage Act (50 U.S.C. 31 and 32, as amended). Its transmission or the revelation of its contents in any manner to an unauthorized person is prohibited by law. Violation of this ARTICLE or any security agreement signed by the Employee with the Government shall result in immediate disciplinary action, which may include suspension, separation from Government service, and may subject the Employee to criminal prosecution under the Espionage Act.

1. The termination of this contract will not release the Employee from the provisions of any security oaths which he may be required to take by CIA.

2. The Employee shall not publish, transmit, or divulge in any manner, information received by him as the result of his employment by the Government under this contract without specific written authority from the Director, CIA.

ARTICLE XIV. Orders and Directives. Orders and Directives received by the Employee from competent authority, including instructions received in briefing and training, shall be complied with by the Employee. No promises or commitments to the Employee of any nature whatsoever, beyond and in addition to the terms hereof, shall be binding on the Government unless and until such promise or commitment is reduced to writing and approved by an authorized official of CIA, and such writing placed with this contract thereby becoming an amendment hereto.

ARTICLE XV. Amendments. The Government may at any time amend this contract and may terminate this contract upon thirty day prior notice to the Employee. If the Government proposes to amend this contract by reducing the salary provided for in ARTICLE IX (including class promotions, or other authorized increases, if any) and such reduction is unacceptable to the Employee, resignation by the Employee for such reason shall be considered as a termination of this contract for the convenience of the Government. Where the Employee is directed to proceed to a new post on a permanent change of station by the ADSSO, this contract will be deemed to have been amended to the extent of such change.

SECRET

ARTICLE XV. Special provisions. The following special provisions shall apply to the Employee under this contract:

In the event any of the provisions in this Article are inconsistent with the provisions of any other Article in this contract, the provisions of this Article XV, shall govern and be determinative of the rights and obligations under this contract.

UNITED STATES OF AMERICA

WITNESS:

Joseph S. Reff
DEPARTMENT OF DEFENSE
COMBINED OVERSEAS
COUNSEL, OVERSEAS BRANCH
APPROVED:

BY: J. C. Johnson
CHIEF, SPECIAL OPERATIONS
CHIEF, EMPLOYEE'S DIVISION
Edward W. J.
(Employee)

CHIEF OF OPERATIONS

ASSISTANT CHIEF OF
SPECIAL OPERATIONS

SECRET

STANDARD FORM NO. 10
OCTOBER 1959
FREQUENTLY USED
U. S. CIVIL SERVICE COMMISSION
CHAPTER VI, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION (tag)

1. NAME (IN - MISS - MRS. - ONE GIVEN NAME, INITIALS, AND SURNAME) Mr. Edward Hunt	2. DATE OF BIRTH 9 Oct. 1918	3. JOURNAL OR ACTION NO. #4057	4. DATE 30 Dec. 1950	
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Resignation*	6. EFFECTIVE DATE COB 9 Dec. 1950	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		
FROM		TO		
Intelligence Officer GS-13 (Editor) GS-13-130-\$7600.00 per annum		B. POSITION TITLE		
OPC Program & Planning Staff Program Group II Editorial Prod. Division Washington, D. C.		C. SERVICE, SERIES, GRADE, SALARY		
		D. ORGANIZATIONAL DESIGNATIONS		
		E. HEADQUARTERS		
FIELD	DEPARTMENTAL	12. FIELD OR DEPTL	FIELD	DEPARTMENTAL
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
ONE <input checked="" type="checkbox"/>	WWII <input type="checkbox"/>	OTHER <input type="checkbox"/>	S-P <input type="checkbox"/>	10-POINT <input type="checkbox"/> DISAB. OTHER <input checked="" type="checkbox"/>
NEW <input type="checkbox"/>	VICE <input type="checkbox"/>	L.A. <input type="checkbox"/>	REAL <input checked="" type="checkbox"/>	Bu-#2971 CSC#3112 6/2/49
SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W	RACE <input type="checkbox"/> 16. <input checked="" type="checkbox"/> 17. APPROPRIATION FROM: 2115900 TO: 801-101	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		19. DATE OF APPOINT- MENT OF AFFIDAVITS (ACCESSIONS ONLY) 6/2/49
				20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.
21. REMARKS: 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. The action may be corrected or canceled if not in accordance with all requirements.				
* To accept other employment.				
IHD: 12/8/50 LSL: 155 hrs., 12/11/50 thru 11:30 am, 1/9/51.				
H. C. CLINKSCALE H. C. CLINKSCALE Employee Division 22. SIGNATURE OR OTHER AUTHENTICATION				
4. PERSONNEL FOLDER COPY <i>H. C. CLINKSCALE</i>				

ENTRANCE EFFICIENCY RATING:

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard Hunt (Integree)		DATE 16 May 1951
NATURE OF ACTION Promotion		EFFECTIVE DATE 10 June 1951
TITLE GRADE AND SALARY	FROM Attnche (I.O.) FSR-4 (GS-13) \$7830.00 (GS-13 \$7830 per annum)	TO Attnche (I.O.) FSR-4 (GS-14) \$7830.00 (GS-14 \$8800 per annum)
	OPC	OPC
OFFICE	LA	LA
DIVISION		
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR PERSONNEL OFFICER	
CLASSIFICATION <i>Anthon</i>	EXECUTIVE YES <input type="checkbox"/> NO <input type="checkbox"/>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		
DATE OF OFFICE AND AD STRIKE AFFIDAVIT EXECUTED ON		
SECURITY CLEARED ON		
OVERSEAS AGREEMENT SIGNED		
ENTERED ON DUTY		
REMARKS: Slot #1 - JBEDICT-Mexico Semi-covert	SIGNATURE OF AUTHENTICATING OFFICER <i>ED</i> 1300	
Difference between \$8800 and \$7830 to be paid by CIA. In grade since EOD 10 December 1950 <i>JHC</i>		

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CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard HUST		DATE 24 May 1961 EFFECTIVE DATE
NATURE OF ACTION Periodic Pay Increase		13 May 51
TITLE Attache Intelligence Officer	FROM	TO
	PSH-4 \$7830.00 GS-13 \$7600.00	Attache Intelligence Officer PSH-4 \$7830.00 GS-13 \$7800.00
GRADE AND SALARY GS-13 \$7600.00		
OFFICE OPC	OPC	
DIVISION LA	LA	
BRANCH 		
OFFICIAL STATION Mexico City, Mexico	Mexico City, Mexico	
APPROVAL		
QUALIFIERS	FOR ASSISTANT DIRECTOR <i>DD Mulcahy</i>	EXECUTIVE
CERTIFICATION	PERSONNEL OFFICER	
POST CONFIDENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DATE OF OFFICE TWO TO SIXTY AFFIDAVIT EXECUTED ON Q560.		
SECURITY CLEARED ON 12-12-61		
OVERSEAS AGREEMENT SIGNED 12-12-61		
ENTERED ON DUTY 12-12-61		
SIGNATURE OF AUTHORIZING OFFICER		
REMARKS: ... L.S.I. 8 Nov. 1949		
This is to certify that the conduct and services of the employee during this period were satisfactory in all respects.		
Difference between Dept. of State salary and CIA salary to be paid by DIA.		
 J.H. Carr Division Chief		

S-10-2000
5/1/53
D

REQUEST FOR PERSONNEL ACTION				SECRET	SECURITY INFORMATION UNCLASSIFIED
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation date on reverse.					
1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)		2. DATE OF BIRTH		3. REQUEST BY	4. DATE OF REQUEST
Mr. Howard W. HUNT		9 Oct. 1918			30 Apr. 53
5. NATURE OF ACTION REQUESTED. A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. POSITION (Specify whether establish, change grade or title, etc.)		7. EFFECTIVE DATE & PROPOSED	8. C. S. OR OTHER LEGAL AUTHORITY
Conversion from FSR Status				7 Mar. 53 *	
9. APPROVED				7 Mar. 53	
FROM— ATTACHE, FSR-3 4 98763 FSR-3, 99300.00 p.a.		10. POSITION TITLE PRO NUMBER 11. SERVICE, GRADE AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS		10. INTEL. OFF. GS-132-1b, \$9300.00 p.a. DDP W.I. III Mexico City, Mexico	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD OR DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
14. REMARKS (Use reverse if necessary) S-1 * Subject resigned from State in the field effective this date. CDU w/CPD					
15. REQUESTED BY (Name and title)		16. REQUEST APPROVED BY Signature: <i>J. D. Lynch, Recd</i> Title: <i>D. D/P Admin.</i>			
17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) V. C. LYNCH, X-157					
18. VETERAN PREFERENCE		19. POSITION CLASSIFICATION ACTION			
NONE <input type="checkbox"/> B/W <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> D/P/T <input type="checkbox"/> 10 POINT <input checked="" type="checkbox"/> DISAB. OTHER		20. SUBJECT TO C. S. RECLASSIFICATION ACT (YES-NO) <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <i>Disagreed</i>			
21. SEX	22. RACE	23. APPROPRIATION FROM: TO: 3522		24. DATE OF APPOINTMENT-REFERRALS (ACCESSIONS ONLY)	
25. STANDARD FORM 50 REMARKS <i>POSTED LM 11 May</i>					
26. CLEARANCES		INITIAL OR SIGNATURE	DATE	REMARKS	
A.					
B. CIVL. OR POS. CONTROL					
C. CLASSIFICATION					
D. PLACEMENT OR ENPL.					
E.					
27. APPROVED BY <i>R. L. Howard 5-1-53</i>					

SECURITY INFORMATION

SECRET

UNENCLOSED

PP

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation date on reverse.

1. NAME (Mr. - Mrs. - Ms. - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard HUNT	9 OCT 1918	174-53	18 MAY 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotional, separation, etc.) <i>Resignation Requested</i>		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether established, change grade or pay, etc.)		B. APPROVED:	

FROM—	Intelligence Officer S-1	8. POSITION TITLE AND NUMBER	TO—
	GS-132-14 \$9800	9. SERVICE GRADE AND SALARY	
	DDP/MH III	10. ORGANIZATIONAL SERGEANTS	
	Mexico City, Mexico	11. HEADQUARTERS	
<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD
<input type="checkbox"/> DEPARTMENTAL			

A. REMARKS (One reverse if necessary)

Slot #1
Transfer leave to Voucherized Funds.

C. REQUEST APPROVED

Signature: *J. Smith Reid*

Title:

B. REQUESTED BY (Initials)	C. APPROVING OFFICER (Initials)
C. H. LEEHAN X-457	

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

V. C. LYNCH X-457

13. VETERAN PREFERENCE

None	WWII OTHER RPT	13. POINT
		LIEUT. OTHER

14. POSITION CLASSIFICATION ACTION

NEW	VAC.	L.A.	REV.

15. 16. + 17. APPROPRIATION
SEX: RACE: FROM: TO:

18. SUBJECT TO C. S.
RETIREMENT ACT
(YES-NO)19. DATE OF APPOINT-
MENT AFFIDAVITS
(INVESTIGATIONS ONLY)20. LEGAL RESIDENCE
 CLAIMED PROVED
STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CECI OR PCS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EXPL.			
E.			
F. APPROVED BY	<i>Mr. L. Strode 6/18/53</i>		
SECRET			

SECURITY INFORMATION

STANDARD FORM 52
PRODUCED BY THE
U. S. GOVERNMENT PRINTING
OFFICE: JANUARY 1951. FEDERAL PERSONNEL
MANUAL CHAPTER II

SECRET

VOUCHERED

PP

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard HUNT	9 OCT 1918	174A-53	18 May 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Appointment Reassignment</i>		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM—	8. POSITION TITLE AND NUMBER	10. Operations Officer BD-22-14 GS-132-14 \$9800
	9. SERVICE GRADE AND SALARY	DDP/SE SS Political & PW Staff Office of the Chief Washington, D. C.
	11. ORGANIZATIONAL DESIGNATIONS	
	12. HEADQUARTERS	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Transfer leave from Unvouchered Funds.

e/MR/ b/c/p

13. REQUESTED BY (Name and title) JOSEPH LURK SS/ADMIRAL <i>Thomas M. Jordan</i>	14. REQUEST APPROVED BY Signature: <i>J. Keith Reid</i>
15. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) ROBERT DUNN X-3965	Title:
16. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII OTHER <input type="checkbox"/> 13 POINT <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> X DEAR OTHER	17. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL CD-PP
18. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> WOMAN 19. APPROPRIATION 4-3200-20 FROM <input type="checkbox"/> TO <input type="checkbox"/>	20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) 19. DATE OF APPOINT- MENT AFFIDAVITS (ACKNOWLEDGEMENTS ONLY) 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:

21. STANDARD FORM 50 REMARKS

1/23/53

(1) 1. (Belorne)

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CECIL OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY

Mr. L. - Hoban 6/18/53

9-4

14-67294

STANDARD FORM 50
FEB. 1948, 1948
PROBLEMS SOLVED BY
U. S. CIVIL SERVICE COMMISSION
GSA GEN. REG. NO. 10, 12-1440, MARSHAL

CENTRAL INTELLIGENCE AGENCY

卷之三

NOTIFICATION OF PERSONNEL ACTION (cont'd. 23 Jul 53) b6

1. NAME (FIR - LAST - MIDDLE - CIV. GIVEN NAME, INITIAL(S), AND SURNAME)				2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. E. Howard Hunt				9 Oct 1918	30 July 1953	
This is to notify you of the following action affecting your employment:						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)				6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment				2 Aug. 1953	Schedule A-6.116 (b)	
FROM				TO		
Intelligence Officer 8-1				Operations Officer 2D-22-14		
GS-132-14 \$9600.00 per annum				GS-132-14 \$9600.00 per annum		
DDP/AW III				DDP/CB CE Political & PW Staff Office of the Chief		
Mexico City, Mexico				Washington, D.C.		
<input checked="" type="checkbox"/> FIELD		<input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD		
11. VETERAN'S PREFERENCE				12. FIELD OR DEPTL		
				14. POSITION CLASSIFICATION ACTION		
				NEW	VIE	L.A.
				REAL		
				CD-PP		
				C		
15. SEX				16. RACE		
M				W		
17. APPROPRIATION FROM 4-350-55-060 TO 4-320-20				18. SUBJECT TO C. S. RETIREMENT ACT (YES NO)		
				19. DATE OF APPOINT. MENT AFFIDAVIT (ACCSSIONS ONLY) yes		
				20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
21. REMARKS: 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. The action may be corrected or canceled if not in accordance with all requirements.						
Transfer TO voucherized funds FROM unvoucherized funds						
Chief, Personnel Division ENTRANCE PERFORMANCE RATING						
SECRET						

Chief, Personnel Division
ENTRANCE PERFORMANCE RATING:

SECRET

14 PERSONNEL FOLDED DOWN

4. PERSONNEL FOLDER COPY

STANDARD FORM 52 PROD. 1947 BY THE U. S. CIVIL SERVICE COMMISSION JANUARY 1948—FEDERAL PERSONNEL GENERAL CHAPTER II				
REQUEST FOR PERSONNEL ACTION				
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.				
E. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) Mr. E. Howard Hunt		F. DATE OF BIRTH 9 Oct. 1918	G. REQUEST NO. 	H. DATE OF REQUEST 4 Aug. 1953
I. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		J. EFFECTIVE DATE A. PROPOSED: 16 Aug 53	K. C.S. OR OTHER LEGAL AUTHORITY 	
B. POSITION (Specify whether establish, change grade or title, etc.) Operations Officer BD-22-14 GS-132-14 \$9800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.		L. POSITION TITLE AND NUMBER Operations Officer BD-22 GS-132-15 \$10,800 p.a. DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.	M. SERVICE, GRADE, AND SALARY N. ORGANIZATIONAL AFFILIATIONS O. HEADQUARTERS	P. FIELD OR DEPARTMENTAL FIELD DEPARTMENTAL
FROM— Chairman PP CAREER SERVICE BOARD C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Edwin A. Willard, PP/CSO				
APPROVED BY PP/CSB <i>John B. Brubin</i> D. REQUEST APPROVED BY Signature: <i>John W. Richardson</i> Title: <i>Chief SE Division</i> E. APPROVAL BY C.S. BOARD Signature: <i>J. Ruth Reid</i> Title: <i>DD/P CAREER SERVICE BOARD</i>				
F. VETERAN PREFERENCE None <input type="checkbox"/> WII <input type="checkbox"/> WIA <input type="checkbox"/> S.P.T. <input type="checkbox"/> 10 POINT <input type="checkbox"/> X <input checked="" type="checkbox"/> DISAB <input type="checkbox"/> OTHER		G. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAS <input type="checkbox"/> CD-PP CD- PP		
H. SEX RACE	I. APPROPRIATION FROM: TO:		J. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	K. DATE OF APPOINT- MENT AFFIRMATIVES (ACCESSIONS ONLY)
L. STANDARD FORM 50 REMARKS M. CLEARANCES N. INITIAL OR SIGNATURE O. DATE P. REMARKS: Q. APPROVED BY <i>J. C. Glantz, date 14 Aug 53</i>				

STANDARD FORM 50
REV. APRIL 1951
PROMULGATED BYU. S. CIVIL SERVICE COMMISSION
CHAPTER III, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS - OR GIVEN NAME, INITIAL(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct. 18	3. JOURNAL OR ACTION NO. 16 Aug. 53	4. DATE 16 Aug. 53																																																																
<i>This is to notify you of the following action affecting your employment:</i>																																																																				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Promotion		6. EFFECTIVE DATE 16 Aug. 53	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sec. A-6.116(b)																																																																	
FROM Operations Officer ID-12-1A GS-132-14 \$9200.00 per annum HQ/P/SK SK Political & PW Staff Office of the Chief Washington, D. C.		8. POSITION TITLE Same	TO Operations Officer ID-12-22 GS-132-15 \$10,600.00 per annum Same Same Same																																																																	
10. FIELD <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL 11. VETERAN'S PREFERENCE <table border="1"><tr><td>None</td><td>W.W.II</td><td>Other</td><td>S.P.T.</td><td>10-POINT DISAB.</td><td>OTHER</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td></td><td></td></tr></table>		None	W.W.II	Other	S.P.T.	10-POINT DISAB.	OTHER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					12. FIELD OR DEPT'L 13. POSITION CLASSIFICATION ACTION <table border="1"><tr><td>NEW</td><td>VIE</td><td>L.A.</td><td>REAI</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> 14. POSITION CLASSIFICATION ACTION C O - PP CO-PP	NEW	VIE	L.A.	REAI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. SEX M	16. RACE White	17. APPROPRIATION From: 4-3200-20 To: Same	18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes	19. DATE OF APPOINT- MENT & PROOF (ANCES ONLY) 16 Aug. 53	20. LEGAL RESIDENCE State:																																								
None	W.W.II	Other	S.P.T.	10-POINT DISAB.	OTHER																																																															
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NEW	VIE	L.A.	REAI																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
21. REMARKS: 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. The action may be corrected or canceled if not in accordance with all requirements.					<i>QJ</i>																																																															
ENTRANCE PERFORMANCE RATING Acting Chief, Personnel Division					<table border="1"> <tr><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td></tr> <tr><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td></tr> <tr><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td></tr> <tr><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td></tr> <tr><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td></tr> <tr><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td><td>93</td></tr> </table>				93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93
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STANDARD FORM 50
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER H. FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MISS - MRS. - ONE GIVEN NAME, MIDDLE(S), AND SURNAME) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Sept. 18	3. JOURNAL OR ACTION NO. 	4. DATE 16 Feb. 54														
<i>This is to notify you of the following action affecting your employment:</i>																		
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 28 Feb. 54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 403 j															
FROM Operations Officer ED 22		8. POSITION TITLE Ops. Off (PP Staff Ch) ED-18	TO OS-0136.31-15 \$10,800.00 per annum															
GS-132-15 \$10,800.00 per annum		9. SERVICE, SERIES, GRADE, SALARY DOP/SB	Political & PW Staff Office of the Chief															
SE Political & PW Staff Office of the Chief		10. ORGANIZATIONAL DESIGNATIONS Political & Psych. Warfare Staff																
		11. HEADQUARTERS Washington, D. C.																
12. FIELD FIELD		13. DEPARTMENTAL DEPARTMENTAL	14. FIELD OR DEPT'L FIELD															
15. VETERAN'S PREFERENCE <table border="1"><tr><td>NON</td><td>WWII</td><td>OTHER</td><td>S-P-T</td><td>ID-POINT</td></tr><tr><td></td><td></td><td></td><td></td><td>DISAB OTHER</td></tr></table>		NON	WWII	OTHER	S-P-T	ID-POINT					DISAB OTHER	16. POSITION CLASSIFICATION ACTION <table border="1"><tr><td>NEW</td><td>VICE</td><td>L.A.</td><td>REAL</td></tr></table>	NEW	VICE	L.A.	REAL	17. APPROPRIATION CD-PP	
NON	WWII	OTHER	S-P-T	ID-POINT														
				DISAB OTHER														
NEW	VICE	L.A.	REAL															
18. SEX M	19. RACE W	20. SUBJECT TO C. S. RETIREMENT ACT (LVS-XO) Yes	21. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS -LY) 1953-1954	22. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED STATE														
23. REMARKS. 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. The action may be corrected or canceled if not in accordance with all requirements.																		
ENTRANCE PERFORMANCE RATING Deputy Assistant Director for Personnel																		
11. SIGNATURE AND PAPER AUTHENTICATION 4-2-119																		

<small>STANDARD FORM 52 FEBRUARY 1952 GSA GEN. REG. NO. 27 U. S. GOVERNMENT PRINTING OFFICE: 1952 14-1123-6 DRAFTED AND PUBLISHED PURSUANT TO THE PERSONNEL REGULATIONS OF THE UNITED STATES GOVERNMENT</small>																					
REQUEST FOR PERSONNEL ACTION		RECORDED																			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.																					
C. NAME (Mr. - Miss - Mrs. - One given name, initials, and surname) Mr. D. Howard HUNT		2. DATE OF BIRTH 9 Oct 1918	3. REQUEST NO. 																		
4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		5. EFFECTIVE DATE A. PROPOSED: 28 Feb 1954	6. DATE OF REQUEST 7. C. S. OR OTHER LEGAL AUTHORITY 																		
B. POSITION (Specify whether establish, change grade or title, etc.) FROM: Operations Officer . PD-22 GS-152-15 . \$10,800 TO: Ops Off-PP Staff CH 1D-18 GS-0156.01-15 10,800		8. POSITION TITLE AND NUMBER 9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	B. APPROVED: DDP/3E Political & Psychological Warfare Staff Washington, D. C.																		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																				
D. REMARKS (Use reverse if necessary)																					
E. REQUESTED BY (Name and title) Frank W. CHAPIN S/ADM		F. REQUEST APPROVED BY Signature: Thomas D. Fisher Title: Personnel Officer																			
G. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Frank W. Fisher 3965																					
H. VETERAN PREFERENCE <table border="1"> <tr> <td>HOME</td> <td>WWII</td> <td>OTHER</td> <td>S-PT</td> <td>10-POINT</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/> DISAB OTHER</td> </tr> </table>		HOME	WWII	OTHER	S-PT	10-POINT	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/> DISAB OTHER	I. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>L.A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> CD - PP		NEW	VICE	L.A.	REAL				
HOME	WWII	OTHER	S-PT	10-POINT																	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/> DISAB OTHER																	
NEW	VICE	L.A.	REAL																		
J. SEX M	K. RACE WHITE	L. APPROPRIATION FROM: 3200 - 20 TO: 4 - 3200 - 20		M. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) 	N. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY) 	O. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED STATE:															
P. STANDARD FORM 50 REMARKS																					
Q. CLEARANCES		R. INITIAL OR SIGNATURE <i>fr</i>	S. DATE <i>1/6/61</i>	T. REMARKS																	
U. CECIL OR POS. CONTROL																					
V. CLASSIFICATION																					
W. PLACEMENT OR ENPL																					
X. APPROVED BY <i>2-16-54</i>																					
<i>1/6/61 2m Fregg</i>																					

STANDARD FORM 50
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION

CHAPTER III, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION *acc. 21 May 1954 Jan*

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIAL(S), AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. E. Howard Hunt	9 Oct 1918		21 May 1954
<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	
Renassignment	D.O.B. 23 May 1954	50 USC 403 j	
FROM		TO	
Ops Officer (PP Staff Ch) ED-18 GS-0136.31-15 \$10,800.00 per annum DOP/PE Political & Psych Warfare Staff	8. POSITION TITLE	Ops Officer (PP) BPF 1455 GS-0136.31-15 \$10,800.00 per annum DOP/PE SR/MA Political & Psych Warfare Staff	
Washington, D. C.	9. SERVICE, SERIES, GRADE, SALARY	10. ORGANIZATIONAL DESIGNATIONS	
	11. HEADQUARTERS	Tokyo, Japan	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION	
<input type="checkbox"/> NONE <input type="checkbox"/> BWD <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input checked="" type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> DISAB. OTHER		<input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAI	CD-PP
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 8-3200-20 TO: 4-3700-55-121	18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes
19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED STATE: Va.	
21. REMARKS. 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. The action may be corrected or canceled if not in accordance with all requirements.			
<p>Subject to approved medical clearance prior to being sent overseas.</p> <p>"Transfer TO Unvouchered funds FROM Voucherred funds."</p>			
ENTRANCE PERFORMANCE RATING Deputy Assistant Director for Personnel			

4. PERSONNEL FOLDER COPY

<small>STANDARD FORM 52 PRODUCED BY THE U. S. GOVERNMENT PRINTING OFFICE FOR PERSONNEL MANUAL CHAPTER II</small>				SECRET	UNVOUCHERED																			
REQUEST FOR PERSONNEL ACTION																								
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.																								
1. NAME (Mr. - Miss - Mrs. - One given name, initials, and surname) Mr. E. Howard Hunt		2. DATE OF BIRTH 9 Oct 18	3. REQUEST NO. 	4. DATE OF REQUEST 7 April 54																				
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) REASSIGNMENT			6. EFFECTIVE DATE A. PROPOSED: <i>66-13 May 54</i>	7. C. S. OR OTHER LEGAL AUTHORITY																				
B. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED: <i>66-13 May 54</i>																					
FROM— Ops Officer (PP Staff Ch) ED-1S GS-0136.31-15 \$10,800.00 p/a DDP/SE Political & Psych Warfare Staff Washington, D.C.		4. POSITION TITLE AND NUMBER SERVICE, GRADE AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	TO— Ops Officer (PP) EHF #1455 GS-0136.31-15 \$10,800 p/a DDP/FE SR/NA Political & Psych Warfare Staff Tokyo, Japan																					
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD OR DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL																			
A. REMARKS (Use reverse if necessary) <p>Subject to be temporarily slotted with incumbent now occupying slot #1455 until the later transfers.</p>																								
B. REQUESTED BY <i>H.C. Clinkscale</i> X 10-8 H.C. Clinkscale FE/Personnel Officer																								
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Herbert A. Hudson 2566																								
D. REQUEST APPROVED BY <i>J. M. Clinkscale</i> Title: DPOF Advisor 4/23/54																								
13. VETERAN PREFERENCE <table border="1"> <tr> <td>HOME</td> <td>WWII</td> <td>OTHER</td> <td>S-PT.</td> <td>10-POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB. OTHER</td> </tr> <tr> <td colspan="5"> <input checked="" type="checkbox"/> </td> </tr> </table>			HOME	WWII	OTHER	S-PT.	10-POINT					DISAB. OTHER	<input checked="" type="checkbox"/>					14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>L.A.</td> <td>REAL</td> </tr> </table>			NEW	VICE	L.A.	REAL
HOME	WWII	OTHER	S-PT.	10-POINT																				
				DISAB. OTHER																				
<input checked="" type="checkbox"/>																								
NEW	VICE	L.A.	REAL																					
15. SEX M 16. RACE W FROM: 4-3200-20 DS TO: 4-3700-54-121			18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes																					
			19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)																					
			20. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/> STATE:																					
21. STANDARD FORM 50 REMARKS <i>Effective date 6/6/54 Approved by J. M. Clinkscale 21 May 54 24 May 54</i>																								
22. CLEARANCES INITIAL OR SIGNATURE DATE REMARKS: A. <i>J. M. Clinkscale</i> 30 Apr 54 B. CEIL. OR POS. CONTROL C. CLASSIFICATION D. PLACEMENT OR SPLIT 1/13/54 3/18/54 E. F. APPROVED BY <i>J. M. Clinkscale</i>																								

A. Personal and organizational designations		B. Pay roll no.		C. Grade and salary		D. Basic pay			
8. Employee's name (and social security account number when appropriate) John S. Reward		2. Pay roll no.		3. Grade and salary GS-15 \$10,800		4. Basic pay			
PAY ROLL CHANGE DATA									
7. Previous normal	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F.I.C.A.	NET PAY	
8. New normal									
9. Pay this period									
10. Remarks								11. Appropriation(s) FZ-14	12. Prepared by gal 1.21/55
PURSUANT TO E.O. DIRECTIVE 1/21/55								13. Audited by	
11880									
<input type="checkbox"/> Periodic step-increase		<input type="checkbox"/> Per adjustment		<input type="checkbox"/> Other step increase		16. Performance rating is satisfactory or better.			
14. Effective date 2/13/55	15. Date last periodic increase 8/1/53	16. Old salary rate \$10,800	17. New salary rate \$11,050	18. Performance rating is satisfactory or better.					
19. LWOP data (fill in appropriate spaces covered LWOP during following periods):								(Signature or other authentication)	
<input type="checkbox"/> <input type="checkbox"/> No excess LWOP. Total excess LWOP _____								<input type="checkbox"/> Economy status end of reporting period. <input type="checkbox"/> LWOP quota met during period. <small>100% of C-14</small>	
PAY ROLL CHANGE SLIP—PERSONNEL COPY									

(Check applicable box in case of excess LWOP)

STANDARD FORM NO. 11244-7-1ed
Form prescribed by Comp. Gen. U. S.
Nov. 8, 1950, General Regulations No. 102

SECRET

UNCLASSIFIED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
 If applicable, obtain resignation and fill in separation data on reverse.

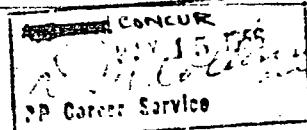
1. NAME (Mr. -- Miss -- Mrs. -- One given name, initials, and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard Hunt			3 May 1956
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify if higher appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	
		B. APPROVED: MAY 10 1956	
7. POSITION (Specify whether established, change grade or title, etc.) Reassignment		F. C.S. OR OTHER LEGAL AUTHORITY	
FROM— DDP/FE SR/NA Political & Psychological Warfare Staff	I. POSITION TITLE AND NUMBER L. SERVICE GRADE AND SALARY M. ORGANIZATIONAL DESIGNATIONS N. HEADQUARTERS	TO— Ops Officer - PP BFF-1455 GS-0136.31-15 \$11,880.00 p/a DDP/FE North Asia Station PP Staff Tokyo, Japan	15 SD:DP
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	X <input type="checkbox"/> SD:DP <input type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

T/O Change

B. REQUESTED BY (Name and address) H. P. GILBERT, CEEPT	D. REQUEST APPROVED BY Signature: _____ Title: _____			
C. FOR ADDITIONAL INFORMATION CALL (Station and telephone extension) HAZEL H. ADAMS X2205				
13. VETERAN PREFERENCE NONE <input type="checkbox"/> OTHER SPT <input type="checkbox"/> LEAVES OPNS OTHER	14. POSITION CLASSIFICATION ACTION NEW VICE I.A. REAL			
15. SEX SEX	16. APPROPRIATION FROM 23 MAY 1956 TO TO	17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	18. DATE OF APPOINT- MENT (MONTH AND YEAR ONLY)	19. LEGAL RESIDENCE STATE SD:DP

20. STANDARD FORM 50 REMARKS



21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A			UNUSUAL USE OF AGENT NOTICE OF PERSONNEL
B. CECIL OR POS. CONTROL	W.H.H.	23 MAY 1956	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL	CCS/SH		
E			
F. APPROVED BY			

SECRET

per J. Deas, 16 May '56
for Mr. E. Howard Hunt

10-0700-9

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JBA

HORN, JR. L. H. C. A. G.

Name: Last, First Middle

TO: All C. I. A. Personnel
FROM: Personnel Director
SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

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

CODED
FOR
QUALIFICATIONS
DATE 4 JUN 1956

George E. Meloon
George E. Meloon
Personnel Director

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PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry) <u>512942</u>	2. NAME: (last) <u>SMITH</u> , Jr. (first) <u>E.</u> (middle) <u>ROBERT</u>	3. Office <u>None</u>
4. Date of Birth <u>Oct. 1, 1910</u>	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)	6. CIA Entry Date: <u>Oct. 1, 1947</u>
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (specify) <u>Year U.S. citizenship acquired, if not by birth</u>	

SEC. I. EDUCATION

1. Extent: (circle one)

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

2. College or University Study:

College or University	Major	Minor	Dates att'd		Yrs Compl	Degree Recd	Sem Hrs
			From	To			
Brown University	Lib.		1935	1940		AP	1940

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
US Naval Academy	1941	1941	4	7-7 300 hr. Basic course, including 10 days at sea

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

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
Air Defense Command School.	June 1944	July 1944	4	Air Combat Intelligence. Scored 100% prior to completion of course, but received diploma after final class.

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SECRET**Security Information****SEC. II. WORK EXPERIENCE**

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

From <u>1/51</u> To <u>1/53</u> Tot. mos. <u>17</u>	Description of Duties: <u>Responsible for direction, coordination, supervision and direction of work of all CIA or objects in Mexico; established and maintained continuing liaison with CIA and Agency.</u>
Grade <u>GS 12</u> Salary <u>9,600</u>	
Office <u>Station, Mexico</u>	
Position <u>Deputy Chief of Mission</u>	
Title: <u>Deputy Chief of Mission</u>	
Duty <u>Deputy Chief of Mission</u>	Duty Station, if overseas: <u>Mexico</u>
From <u>1/50</u> To <u>1/51</u> Tot. mos. <u>1</u>	Description of Duties: <u>Responsible for direction, coordination, supervision and direction of work of all CIA or objects in Mexico; established and maintained continuing liaison with CIA and Agency.</u>
Grade <u>GS 12</u> Salary <u>9,600</u>	
Office <u>Station, Mexico</u>	
Position <u>Chief of Station</u>	
Title: <u>Chief of Station</u>	
Duty <u>Chief of Station</u>	Duty Station, if overseas: <u>Mexico</u>
From <u>1/52</u> To <u>1/52</u> Tot. mos. <u>12</u>	Description of Duties: <u>Responsible for direction, coordination, supervision and direction of all CIA activities involving Latin America, Central America, and the Caribbean. Responsible for direction, coordination, supervision and direction of all CIA activities involving Latin America, Central America, and the Caribbean.</u>
Grade <u>GS 13</u> Salary <u>17,100</u>	
Office <u>MI Division</u>	
Position <u>Plans Officer</u>	
Title: <u>Plans Officer</u>	
Duty <u>Plans Officer</u>	Duty Station, if overseas: <u>Mexico</u>
From _____ To _____ Tot. mos. _____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position _____	
Title: _____	
Duty _____	Duty Station, if overseas: _____

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SEC. II. WORK EXPERIENCE (CONT'D.)

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

From <u>1948</u> To <u>1949</u> Tot. mo's <u>9</u> Classification Grade(if in Federal Service) <u>FSS 5</u> Salary <u>\$6,900</u> Number and Class of Employees Supervised: <u>3 Prof.</u> <u>6 Steno.</u> Employer <u>ECA</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position <u>Information Officer, ECA</u> Description of Duties: <u>Production of propaganda and films and radio programs in France and Austria</u>
From <u>1946</u> To <u>1949</u> Tot. mo's <u>27</u> Classification Grade(if in Federal Service) <u> </u> Salary <u>\$28,000 (av)</u> Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas: <u>Paris, France</u> Exact Title of your position <u>Professional Writer, self-employed</u> Description of Duties:
From <u>1943</u> To <u>1943</u> Tot. mo's <u>9</u> Classification Grade(if in Federal Service) <u> </u> Salary <u>\$7,800</u> Number and Class of Employees Supervised: _____ Employer <u>T.E. Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Duty Station if overseas: Exact Title of your position <u>War Correspondent</u> Description of Duties: <u>accompany naval and air units in combat in SO Pacific Area. Write accounts and special stories of ensuing action</u>
From <u>1942</u> To <u>1942</u> Tot. mo's <u>5</u> Classification Grade(if in Federal Service) <u> </u> Salary <u>\$7,800</u> Number and Class of Employees Supervised: <u>2 Prof.</u> <u>3 Steno.</u> Employer <u>T.E. Inc.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Publishers</u>	Duty Station if overseas: <u>South Pacific Area</u> Exact Title of your position <u>Screen Writer</u> Description of Duties: <u>Prepare and write commentary for monthly newsreel THE MARCH OF TIME. Also prepare and write contract Naval Training Films.</u>
From <u>1941</u> To <u>1942</u> Tot. mo's <u>16</u> Classification Grade(if in Federal Service) <u>Eng.</u> Salary <u> </u> Number and Class of Employees Supervised: <u>168 seamen</u> Employer <u>NSW</u> Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas: Exact Title of your position <u>Anti-Aircraft Gunner Officer (destroyers)</u> Description of Duties: <u>Provide for air protection of USS MAYO, and merchant ships under escort</u>
	Duty Station if overseas: <u>North Atlantic</u>

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SEC. II. WORK EXPERIENCE (CONT'D)

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

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

SEC. III. FOREIGN LANGUAGES

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

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

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

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

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Security Information**SEC. IV. AREA KNOWLEDGE**

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

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
Latin America	1945-7, 1950-53	X		X
Europe, Austria	1945-53	X		X
U.S. and South America	1950		X	
China	1949	X		X

2. Specialized Knowledge of Area

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

Country	Type of Knowledge	How and When Gained
France	Political	Short st. Mex. 1945-50
Poland	Political	" " " " "
Italy	Political	" " " " "
Mexico	Political	21st & 2nd Street, 1950-51

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

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Offered
Typing	1. 15	2. 85	50	1. Yes 2. X No
Shorthand	1. 15	2. 85		1. Yes 2. No
Shorthand System:	1. Manual	2. Machine	3. Speedwriting.	

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.

2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications.
Sailing, Skiing, Writing, ~~Swimming~~, ~~Climbing~~, ~~Swimming~~

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

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

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SEC. VIII. PUBLICATIONS

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

Under the name of "John Smith" I have written a professional article on fiction. It is end of 1953 - will have a limited circulation. Short stories have been written for publication and the New York area. At one time I was a magazine editor, and my contributions appear at anonymous in L. and N. J.

SEC. IX. INVENTIONS

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

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

SEC. X. CIA TESTS

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

Type of Test	Date Taken

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

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

SEC. XIII. WORK ASSIGNMENT

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

I would like to be assigned to the Q Division of the Agency.
Office work, personnel work, etc.

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

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

2. Present Reserve or National Guard Status

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

1. National Guard2. Air National Guard3. Active Reserve Status (member of organized unit)4. Inactive Reserve Status

Service _____ Grade _____ Location _____

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known _____

SEC. XV. CIA TRAINING

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

Course or Subject	(from)	Dates (to)	Hours
ASSESSMENT	1952-1953		10
SECRET	1952-1953		5
TECHNIQUE	1952-1953		5
TECHNIQUE	1952-1953		5

SEC. XVI. REMARKS

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

DATE 21 April 1953 SIGNATURE E. Howard Hunt, Jr.

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U. S. GOVERNMENT PRINTING OFFICE 1954-220080

1. Agency and organizational designation								2. Payroll period	3. Block No.	4. Slip No.	
								UV			
5. Employee's name (and social security account number when appropriate)								6. Grade and salary			
HUNT, X. HOWARD								03-15	\$11,880.		
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks								11. Appropriation(s)			12. Prepared by
								FB-2			wlp 11Jun56
13. Audited by											
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase											
14. Effective date	15. Date last authorized increase	16. Old salary rate	17. New salary rate	OCEANIC AIRWAYS AIRPORT SERVICE & CONDUCT ARE SATISFACTORY (Signature or other authentication)							
12Aug56	13Feb55	\$11,880.	\$12,150.	(Check applicable box in case of excess LWOP) Period(s): <input type="checkbox"/> No excess LWOP, Total excess LWOP							
STANDARD FORM NO. 1126d--Revised Form prescribed by Compt. Gen. U. S. October 20, 1954, General Regulation No. 102											
PAYROLL CHANGE SLIP — PERSONNEL COPY											
Initiate of Clerk											

~~SECRET~~

STANDARD FORM 52 14 OCTOBER 1950 GSA GEN. REG. NO. 27 EFFECTIVE APRIL 1951 REPLACES EDITION OF 1 APRIL 1950		UNVOCERED															
REQUEST FOR PERSONNEL ACTION																	
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.																	
1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) E. HOWARD Mr. Howard E. HUNT		2. DATE OF BIRTH 9 Oct 1916	3. REQUEST NO. 16 Oct 56														
4. DATE OF REQUEST 16 Oct 56																	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: 13 Jan 57	7. C. S. OR OTHER LEGAL AUTHORITY														
B. POSITION (Specify whether establish, change grade or title, etc.)		8. APPROVED: J. W. Day															
FROM— Ops Officer (PP) BFF-1155 GS-0136.31-15 \$12,150.00 p.a. DDP/FE North Asia Station PP Staff Tokyo, Japan		TO— Area Ops Off (CCS) RAF-162 GS-0136.01-15 \$12,150.00 p.a. DDP/WH Branch II Montevideo, Uruguay Station Montevideo, Uruguay															
<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL (D)														
A. REMARKS (Use reverse if necessary) 2 copies to Security																	
B. REQUESTED BY (Name and title) Chairman of Personnel Comm.		D. REQUEST APPROVED BY Signature: J. W. Day Title: CS/CS															
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) J. KOELLOVICH X8242																	
13. VETERAN PREFERENCE <table border="1"> <tr> <td rowspan="2">NONE</td> <td rowspan="2">WWII</td> <td rowspan="2">OTHER</td> <td rowspan="2">D.P.T.</td> <td rowspan="2">10 POINT</td> <td rowspan="2">DISAB. OTHER</td> <td colspan="4">14. POSITION CLASSIFICATION ACTION</td> </tr> <tr> <td>NEW</td> <td>VICE</td> <td>I.A.</td> <td>REAL</td> </tr> </table>		NONE	WWII	OTHER	D.P.T.	10 POINT	DISAB. OTHER	14. POSITION CLASSIFICATION ACTION				NEW	VICE	I.A.	REAL		
NONE	WWII							OTHER	D.P.T.	10 POINT	DISAB. OTHER	14. POSITION CLASSIFICATION ACTION					
		NEW	VICE	I.A.	REAL												
15. SEX	16. RACE	17. APPROPRIATION	FROM	7-3764-55-121	TO	7-3507-55-065	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:							
M	W						Yes			SD-DP							
21. STANDARD FORM 50 REMARKS <i>Concurred in by: J. W. Day 16 Oct 56 PP/Career Service</i>																	
22. CLEARANCES		INITIAL OR SIGNATURE		DATE		REMARKS											
A.		82															
B. CECI OR POS CONTROL																	
C. CLASSIFICATION																	
D. PLACEMENT OR EMPL.		16/2/56															
E.																	
F. APPROVED BY <i>J. C. Classical 1/10/57</i>																	

~~SECRET~~

SECRET
(When Filled In)PLB WING G.
cc:cc

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE January 6, 1957			
INSTRUCTIONS					
<p>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.</p>					
SECTION I GENERAL					
<p>1. FULL NAME (Last-First-Middle) HUNT, Jr., E. Howard</p>					
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State) 30 Willett Street, Albany 10, New York			
4. HOME TELEPHONE NUMBER 3-6218	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE New York				
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. Hunt, Mrs. Everett R.		2. RELATIONSHIP Mother			
3. HOME ADDRESS (No., Street, City, Zone, State, Country) 50 Willett Street Albany 10, New York					
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE					
5. HOME TELEPHONE NUMBER 3-6218	6. BUSINESS TELEPHONE NUMBER	7. BUSINESS TELEPHONE EXTENSION			
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. Notification of Father not desired due to cardiac condition.					
SECTION III MARITAL STATUS					
1. CHECK (X) ONE: <input checked="" type="checkbox"/> MARRIED	SINGLE	WIDOWED	SEPARATED	DIVORCED	ANNULLED
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS					
<p>WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date below for all previous marriages. If marriage is contemplated, provide same data for fiance.</p>					
3. NAME (First) Everett	(Middle) Leisure	(Maiden) Wetzel	(Last) HUNT		
4. DATE OF MARRIAGE Sept. 7, 1939	5. PLACE OF MARRIAGE (City, State, Country) Hillbrook, New York				
6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country) American Embassy, Paris					
7. LIVING <input checked="" type="checkbox"/> YES	8. DATE OF DEATH	9. CAUSE OF DEATH			
10. CURRENT ADDRESS (Give last address, if deceased) 30 Willett Street, Albany 10, New York					
11. DATE OF BIRTH 1 April 1920	12. PLACE OF BIRTH (City, State, Country) Dayton, Ohio				
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY		14. PLACE OF ENTRY			
15. CITIZENSHIP (Country) USA		16. DATE ACQUIRED	17. WHERE ACQUIRED (City, State, Country)		
18. OCCUPATION housewife		19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)			
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)					

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE (From and To) BY MONTH AND YEAR USNR July 1940 - Oct. 1942		USAAF Nov 1945 - Feb. 1946
22. BRANCH OF SERVICE USNR USAF	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED USA	

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN ECA, Paris April 1948 - Feb. 1949		
--	--	--

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
2. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
3. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?	YES	X	NO
2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME Book royalties			

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Riggs Nat'l Bank, F&M Ranch	Washington 7, DC

SECTION V CONTINUED TO PAGE 3

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SECRET
(When Filled In)

SECTION VIII FOREIGN LANGUAGE ABILITIES											
LANGUAGE	COMPETENCE - IN ORDER LISTED								HOW ACQUIRED		
	EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT OBVIOUSLY FOREIGN	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)		
(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)	R	R	S	R	R	S	R	S	R	S	R
Spanish			X	X	X						X
French				X		X					X
German						X					X
2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY											
3 years of College Spanish											
3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD											
SECTION IX GEOGRAPHIC AREA KNOWLEDGE											
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBOURS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.				DATES OF RESIDENCE, TRAVEL, ETC.		KNOWLEDGE ACQUIRED BY					
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE			RESIDENCE	TRAVEL	STUDY	WORK ASSIGN- MENT				
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE											
SECTION X TYPING AND STENOGRAPHIC SKILLS											
1. TYPING (E.P.M.)	2. SHORTHAND (E.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM									
		GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify)						
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Computer, Mimeograph, Card Punch, etc.)											
SECTION XI SPECIAL QUALIFICATIONS											
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH											
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK											
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.											
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.											
5. FIRST LICENSE OR CERTIFICATE (Year of Issue)				6. LATEST LICENSE OR CERTIFICATE (Year of Issue)							

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(Do not fill in)

SECTION XI CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF ARTICLE (non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED
9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

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(Form Filled In)

OFFICE OF PERIODICALS

CHILDREN AND OTHER DEPENDENTS					
SECTION XIII			1. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.		
			<input checked="" type="checkbox"/>	3	
2. NUMBER OF OTHER DEPENDENTS (Including spouses, parents, stepparents, children, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN UNDER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.			<input checked="" type="checkbox"/>		1
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS					
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX	CITIZENSHIP	ADDRESS
Dorothy L. Hunt	wife	1920	X	USA	
Lisa T. Hunt	daughter	1951	X		
Revan T. Hunt		1952	X		
Howard St. John Hunt	son	1954	X		
ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS					
DATE COMPLETED	SIGNATURE OF EMPLOYEE				
6 Dec. 1957	<u>Edward Hunt Jr.</u>				

SECRET

SECRET

STANDARD FORM 52 FEDERAL GOVERNMENT USE ONLY MAY 1954 EDITION GSA GEN. REG. NO. 27 GSA GEN. REG. NO. 27		UNVOCATIONAL	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation date on reverse.			
1. NAME (Mr. - Miss - Mrs. One given name, initials, and surname)		2. DATE OF BIRTH	3. REQUEST BY
Mr. HUNT, E. Howard		513842	9 October 1918
4. DATE OF ACTION REQUESTED		5. REQUEST DATE	6. DATE OF RESIGN
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		B. PROPOSED	C. F.S. OR OTHER LEGAL AUTHORITY
INTEGRATION - Department of State			
B. POSITION (Specify whether established, change grade or rate, etc.)		D. APPROVED	
		25 January 1957	
FROM: Area Ops. Officer (CO) BAF 162 GS-0136.01-15 \$12,150 DDP/WI Branch 2 Montevideo, Uruguay Station Montevideo, Uruguay		TO: Attaché, Pol. Off. 1st Sec. & Consul (When confirmed) FMR-J \$12,100 DDP/WI Branch 2 Montevideo, Uruguay Station Montevideo, Uruguay	
<input checked="" type="checkbox"/> FRS <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> RRS <input type="checkbox"/> DEPARTMENTAL	
A. REMARKS (Use reverse if necessary)			
<p style="color: red;">Subject is to be paid the difference between CIA salary of \$12,150 and FSR salary of \$12,100, to be paid by the Department of State and allowances in accordance therewith</p> <p>Sick and annual leave are to be held in escrow until subject reverts to GS status</p>			
B. REQUESTED BY (Name and title)		C. REQUEST APPROVED BY	
FI/CPS/CCR/OCL		Signature: <i>E. EGGLESTON</i>	
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Title: Cover Officer	
E. EGGLESTON x8101			
F. VETERAN PREFERENCE		G. POSITION CLASSIFICATION ACTION	
<input type="checkbox"/> REGULAR <input type="checkbox"/> OTHER <input type="checkbox"/> S-P <input type="checkbox"/> I-P <input type="checkbox"/> IS-P <input type="checkbox"/> R-S-P <input type="checkbox"/> OTHER		<input type="checkbox"/> NEW <input type="checkbox"/> VIDE <input type="checkbox"/> I.A. <input type="checkbox"/> REAI SD-DI	
H. APPROPRIATION		I. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	
M. FROM: 7-3587-56-065		J. DATE OF APPOINTMENT AFFIDAVITS (RECESSIVE UNIT)	
N. TO:		K. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
L. STANDARD FORM 52 REMARKS			
<i>✓/as CT</i>			
M. CLEARANCES		INITIAL OR SIGNATURE	DATE
A.		<i>ES</i>	<i>1-25-57</i>
B. FILE OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			
F. APPROVED BY			

SECRET

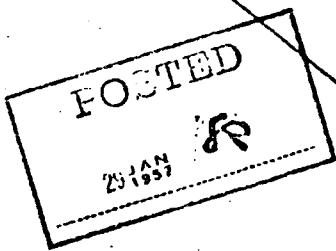
STANDARD FORM 50 (17 PARTS)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 81, FEDERAL PERSONNEL MANUAL

SECRET

(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

1000

1. NAME (ONE - NAME - ONE GIVEN NAME, INITIALS, AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OF ACTION NO.	4. DATE	
Mr. E. HOWARD HUNT 513842	9 Oct 1913		25 Jan 1957	
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		
Reassignment	57	13 Jan 1957	50 USC A 403 j	
FROM	TO			
Opa Officer (PP) BFF-1455 GS-0136.31-15 \$12,150.00 per annum	Area Ops Off (COS) BAF-162 GS-0136.01-15 \$12,150.00 per annum			
DDP/FE North Asia Station PP Staff	DDP/WH Branch II Montevideo, Uruguay Station			
Tokyo, Japan	Montevideo, Uruguay			
X FIELD	DEPARTMENT	12. FIELD OR DEPTL	FIELD DEPARTMENTAL	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION/ACTION		
None	Other	5-PY	10-POINT GRADE OTHER	NEW VICE I. A. REG.
<input checked="" type="checkbox"/>				SD/DP
15. SEX M	16. APPROPRIATION FROM: 7-2735-55-005 W TO: 7-3587-55-065	760-31	17. SUBJECT TO C. S. RETIREMENT ACT (1950) Yes	18. DATE OF APPOINT- MENT APPROVALS INSTRUCTIONS (if any) 19. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS: 3 ECD 11/03/49				
				
ENTRANCE PERFORMANCE RATING:				
Director Of Personnel				
21. SIGNATURE OR OTHER AUTHENTICATION				

SECRET

1. EMPLOYEE COPY

9001/25/57?

E. Howard Hunt

SECRET

(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

100

1. NAME (Last, first, middle name, initial, and suffix)	2. DATE OF BIRTH	3. JURISDICTION NO.	4. DATE
MR. HOWARD S. HUNT 513842	9 Oct 1918		31 Jan 1957
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Integration - Department of State* 58	25 Jan 1957	50 USC 403 j	
FROM		TO	
Area Ops. Officer (OOA) BAP-162 GS-0136.01-15 \$12,150.00 per annum		Area Ops. Officer (OOA) BAP-162 (Attache, Pol.Off., 1st Sec. & Consul) (When Confirmed) GS-0136.01-15 \$12,150.00 per annum (PSR-3 \$12,100.00 per annum) DIP/MI Branch 2 Montevideo, Uruguay Station Montevideo, Uruguay	
10. POSITION TITLE 465130 11. HEADQUARTERS 5		12. FIELD OR DEPT'L X FIELD DEPARTMENTAL	
13. VETERAN'S PREFERENCE None WWII OTHER 3-PY GS-0136 X		14. POSITION CLASSIFICATION ACTION NEW VIDE I.A. REAS X SD/MI	
15. EX. APPROPRIATION FROM 7-3597-55-065 760-31 TO 8628		16. SUBJECT TO U. S. RETIREMENT ACT 1953-01-01 Yes	
17. DATE OF APPROV. BUREAU APPROVALS EXCELSIOR APPROVALS		18. LEGAL RESIDENCE CLAIMED [] PROVED STATE:	
19. REMARKS *Subject is to be paid the difference between CIA salary of \$12,150 and PSR salary of \$12,100, to be paid by the Department of State and allowances in accordance therewith			
Sick and annual leave are to be held in escrow until subject reverts to GS status			
3 EOD 11/08/49			
FOSTER 1955-58			
DIRECTOR OF PERSONNEL		21. SIGNATURE OR OTHER AUTHENTICATION Jill Stewart	

SECRET

1. EMPLOYEE COPY

3-11-34/57

SECRET
(When Filled In)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard		CHD 57-726-D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
4 Dec 57	B. E. E.

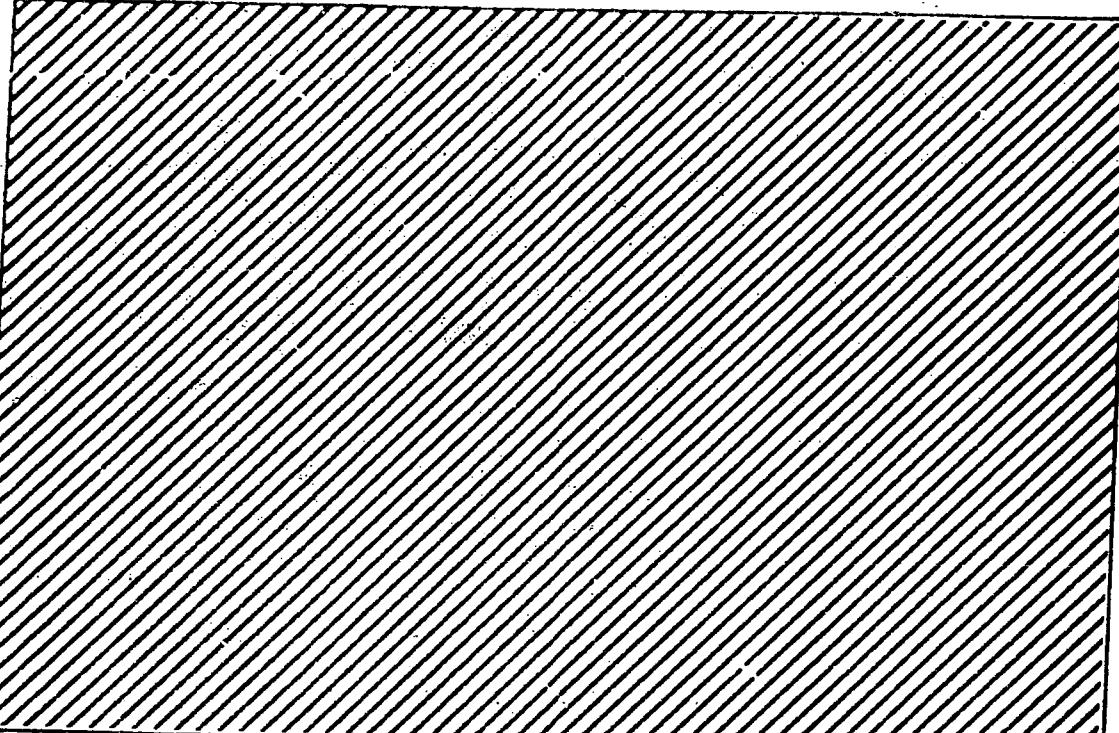
NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled Out)

NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) HUNT, Howard	DATE OF BIRTH	CASE OR CLAIM NUMBER 4658-31-D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>5/10/68</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 4 Feb 58	SIGNATURE OF SCD REPRESENTATIVE John E. Eason	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

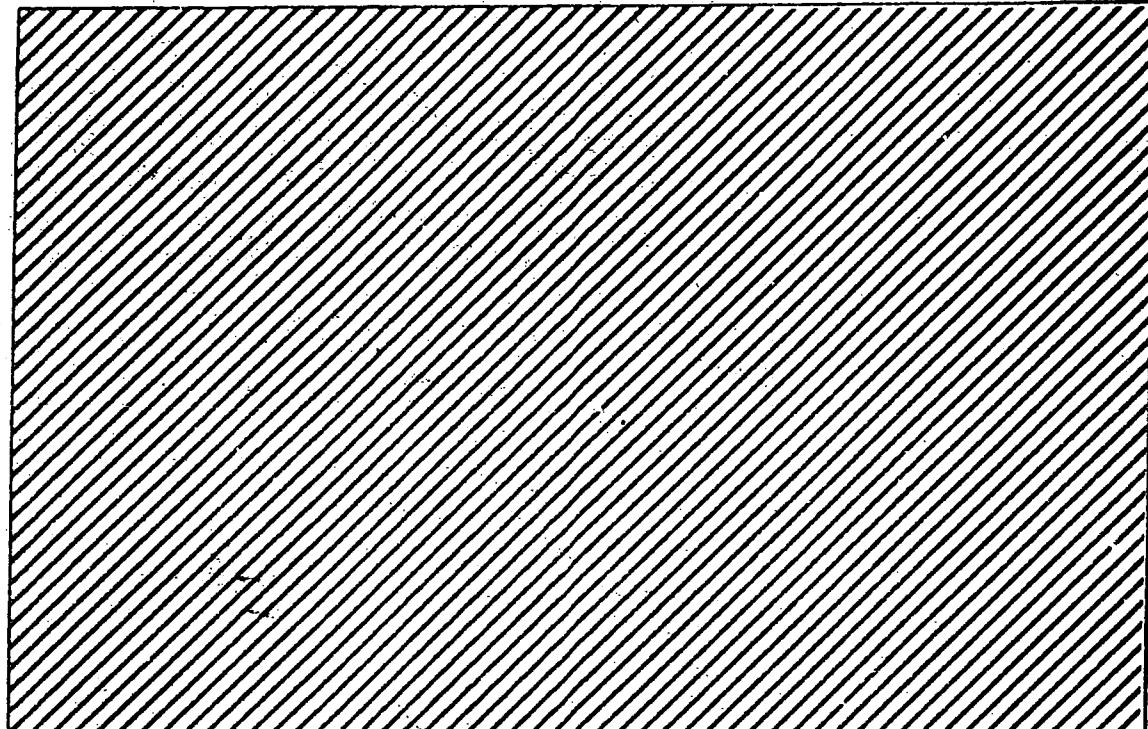
SECRET

(Other Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard E.		CAS 58-167D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>dependent wife</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 21 SEP 56	SIGNATURE OF BCD REPRESENTATIVE 	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard		CAB 58-68 D

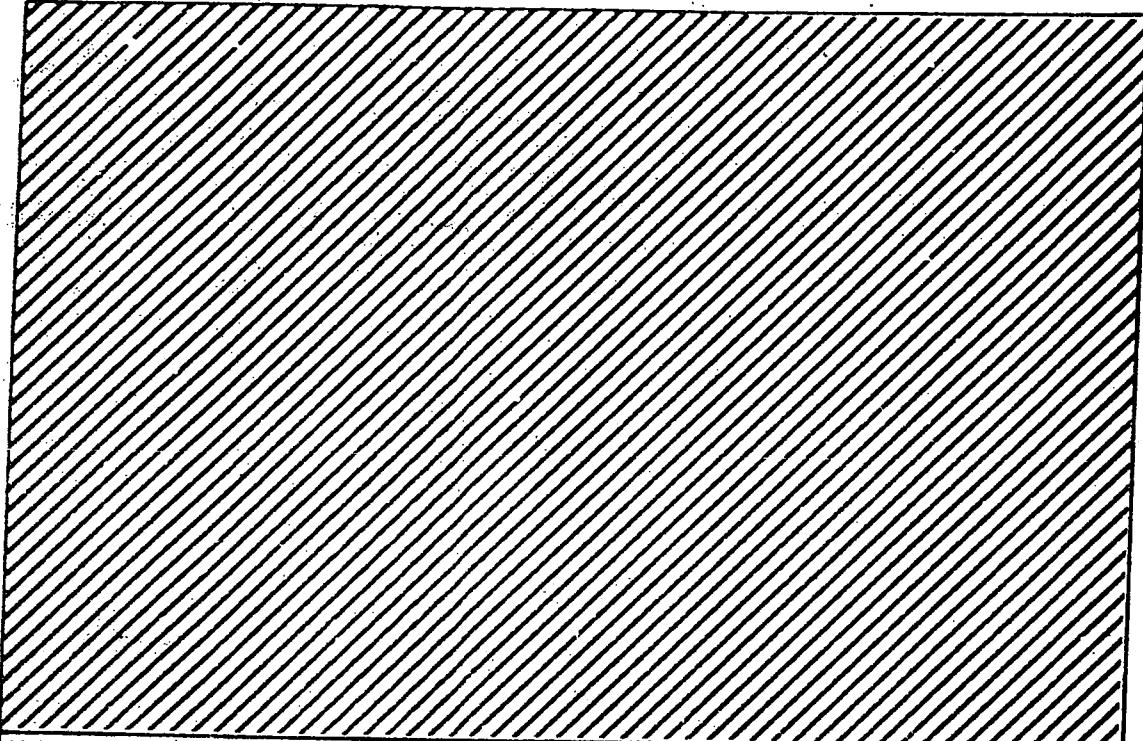
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on city violent daughter.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCO REPRESENTATIVE
14 May '58	B. DeFelice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(Other filled in)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard		58-135 D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on dependent daughter.

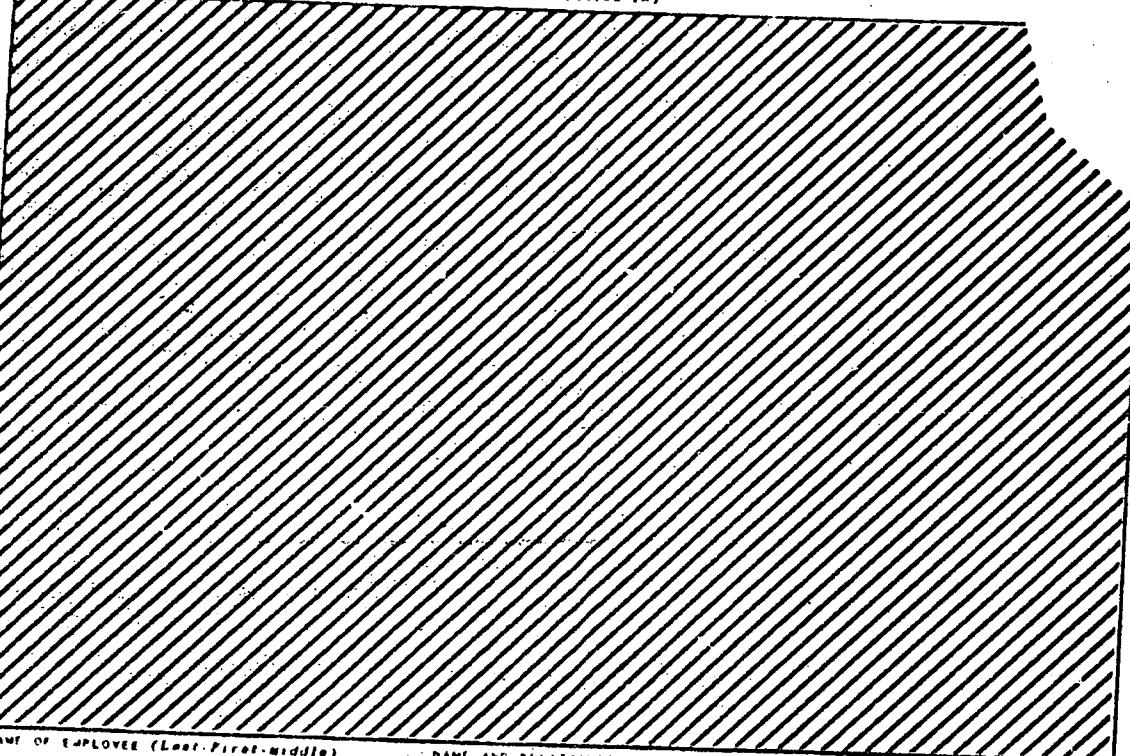
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BOS REPRESENTATIVE
21 May 1958	D. Detrice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
L. M. Jansen	daughter - Karen	100-100-100

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 10 December 1978.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 18 AUG 78	SIGNATURE OF ODS REPRESENTATIVE <u>B. Detalice</u>
NOTICE OF OFFICIAL DISABILITY CLAIM FILE	
* * * PREVIOUS EDITION	

SECRET

G-21-552

SECRET

(04-21-151)

A-5

(Redacted)		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard	Unk	57-726D

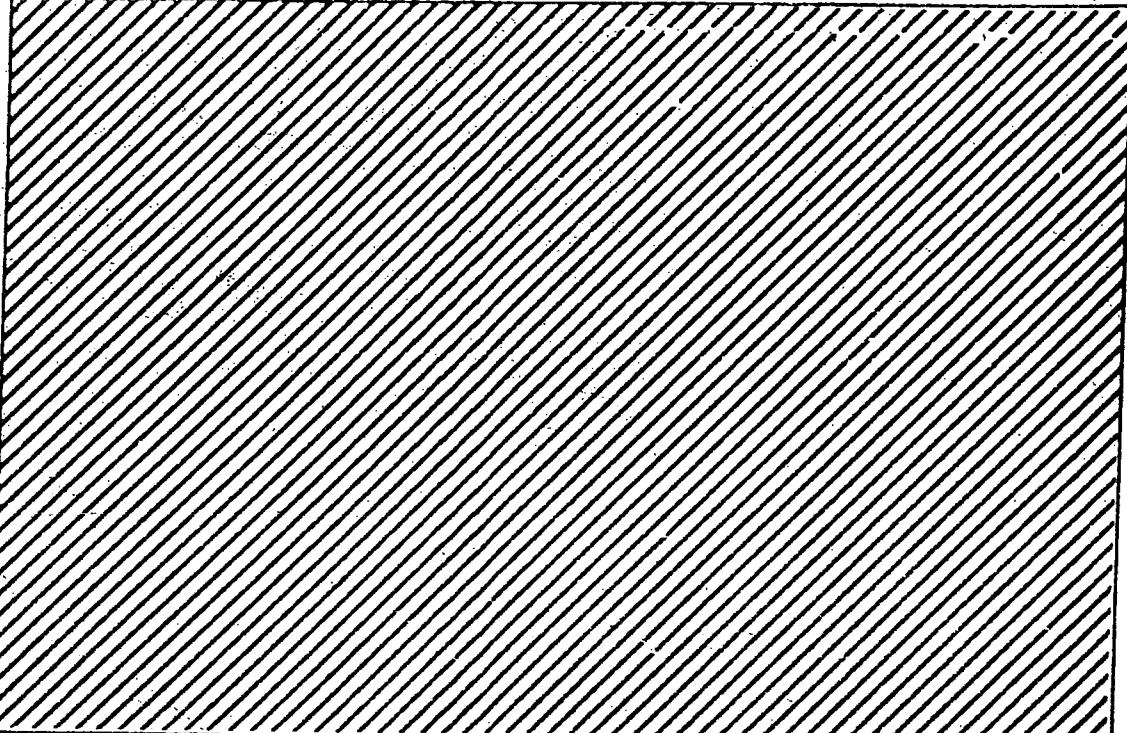
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF AGO REPRESENTATIVE
21 Aug 1958	D. H. Dillen
NOTICE OF OFFICIAL DISABILITY CLAIM FILE	

SECRET

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NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
HUNT, Howard	Dorothy	58-399 D
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on _____.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF ECO REPRESENTATIVE	
8 Dec. 1958		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

(When Filling In)

83

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE			
INSTRUCTIONS					
<p>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.</p>					
SECTION I 1. FULL NAME (Last-First-Middle) <u>Hunt, E. Howard</u>					
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)			
4. HOME TELEPHONE NUMBER		5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE			
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. <u>Hunt, Ethel J.</u>		2. RELATIONSHIP <u>Mother</u>			
3. HOME ADDRESS (No., Street, City, Zone, State, Country) <u>75 Willitt Street, Albany 10, NY</u>					
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE					
5. HOME TELEPHONE NUMBER <u>Hobart 3-6218</u>		6. BUSINESS TELEPHONE NUMBER			
7. BUSINESS TELEPHONE EXTENSION					
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.					
SECTION III MARITAL STATUS					
1. CHECK (AT ONE) <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED					
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS					
<p>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date below for all previous marriages. If marriage is contemplated, provide same data for fiance.</p>					
2. NAME (First) <u>Dorothy</u> (Middle) <u> Louise</u> (Last) <u>Hatzel</u> <u>HUNT</u>					
3. DATE OF MARRIAGE <u>Sept. 7 1940</u>		4. PLACE OF MARRIAGE (City, State, Country) <u>Bethpage, New York</u>			
5. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) <u>Sarasota, Florida</u>					
6. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7. DATE OF DEATH		8. CAUSE OF DEATH	
10. CURRENT ADDRESS (Give last address, if deceased)					
11. DATE OF BIRTH <u>April 1 1920</u>		12. PLACE OF BIRTH (City, State, Country) <u>Clyton, Ohio</u>			
13. IF BORN OUTSIDE U.S., DATE OF ENTRY		14. PLACE OF ENTRY			
15. CITIZENSHIP (Country) <u>USA</u>		16. DATE ACQUIRED		17. WHERE ACQUIRED (City, State, Country)	
18. OCCUPATION <u>none</u>		19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)			
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)					
SECTION III CONTINUED TO PAGE 2					

SECRET

(When Filled In)

SECTION III. CONTINUED FROM PAGE 1

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

SECRET

SECRET

SECTION V. CONTINUED FROM PAGE 2

6. BANKS OR INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, County)
Riggs Nat'l Bank	Wisconsin at N St. NW, Washington DC

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

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI

CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP USA OTHER

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE

 BIRTH MARRIAGE OTHER (Specify)3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES NO

4. GIVE PARTICULARS

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

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

LESS THAN HIGH SCHOOL GRADUATE OVER TWO YEARS OF COLLEGE + NO DEGREEHIGH SCHOOL GRADUATE BACHELOR'S DEGREETRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE GRADUATE STUDY LEADING TO HIGHER DEGREETWO YEARS COLLEGE OR LESS MASTER'S DEGREE DOCTORATE DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTM HRS COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Brown University, Providence RI	Lit		1926	1940	AB	1940	JUNE

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

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

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

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HRS
		FROM	TO	
US NA, Annapolis	Reserve trng.	Feb 1941	May 1941	12
AFCAC, Orlando, Fla.	Intelligence	June 1943	Dec 1943	28

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

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(Data Filled In)

SECTION VIII. GEOGRAPHIC AREA KNOWLEDGE					
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.			KNOWLEDGE ACQUIRED BY		
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	RESIDENCE	TRAVEL	STUDY
WORK ASSIGNMENT					
France	political	1939, 1948-49			x
Spain	political, coasts	May 1960		x	
Mexico	political, terrain	Dec-June 1946	x		

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

France 1939 - study at the Sorbonne
 " 1948-49 - arl. asst to Amb. Harriman at FCA (speechwriter)
 Mexico 1946 - Residence at Acarulco as Guggenheim Fellow for that year

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.					
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
HOOTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING			
Mexico	Pol, terrain	1950-53			xx
Japan	Political	1954-56			xx
Uruguay	Political terrain	1957-60			xx
Balkans	Political	1953-54			xx
Greece	Political	1953-54	xx		

SECTION IX. TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.M.) 2. SHORTHAND (W.P.M.) 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

4/0 Gregg Speedwriting Stenotype OTHER (Specify):

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)

SECTION X. SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

Squash - good hunting, shooting - good tennis - v, good
 equestrian - good fishing - fair

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

5. FIRST LICENSE OR CERTIFICATE (Year of issue) 6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECRET

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 4.

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

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

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

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

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

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Oct 1958 - Jan 1960	SGM	OPC/P2/PW
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6	Deputy Office	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Feb. 1957 - March 1960	15	Art - 2
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
16	Chief of Station, Montevideo	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 1960 -	15	Art - 4
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
Political Policy Office		
Field Chief in Mexico City of JNARC		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

SECRET

(Form Filled In)

SECTION XII		CHILDREN AND OTHER DEPENDENTS					
1. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.		> 3 <		2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, siblings, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING.		> 1 <	
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS							
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS	
			M	F			
Dorothy L.	wife	1920	X		USA		
Lisa Tiffany	daughter	1951	X		USA		
Kevin Tetterdale	"	1953	X	"			
Howard St. John	son	1954	X	"			
ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS							
DATE COMPLETED		SIGNATURE OF EMPLOYEE					
<u>16 June 1960</u>		<u>Richard West</u>					

SECRET

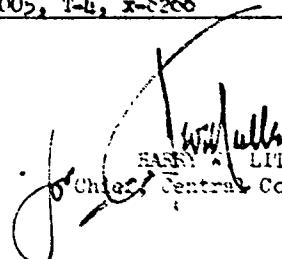
SECRET

5 July 1960

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : E. Howard HUNT

1. Cover arrangements are in process, and/or have been completed for the above-named Subject.
2. Effective immediately, it is requested that your records be properly blocked ~~reopened~~ to deny ~~acknowledgement~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1960
Richard J. Bladéau, 2-1005, T-4, x-8266.


HARRY A. LITTLE, JR.
Chief, Central Cover Division

cc: SSD/OS

SECRET

THIS MEMO MUST REMAIN
ON TOP OF FILE

(4-13-40)

GT

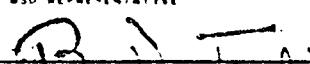
SECRET

(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle) John Howard E.	NAME AND RELATIONSHIP OF DEPENDENT Cynthia - wife	CLAIM NUMBER CC-1190
--	--	-------------------------

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 12-12-67.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 25 July 1960	SIGNATURE OF OSD REPRESENTATIVE 
--------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

Form Filled In

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 13 October 1960		
1. SERIAL NUMBER 613842	2. NAME (Last-First-Middle) HUNT, E. Howard					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT (TEMPORARY)*			4. EFFECTIVE DATE REQUESTED 10-02-60	5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS ►	V TO V <input type="checkbox"/>	V TO CP <input checked="" type="checkbox"/>	7. COST CENTER NO. CHARGEABLE 1535-5000-0021	8. LEGAL AUTHORITY (Completed by (Office of Personnel))		
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Division Branch 4			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.			
11. POSITION TITLE INFORMATION OPERATIONS-OFFICER CIS			12. POSITION NUMBER XXXXXX 0000	13. PCR CONTROL NO.	14. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, SP, PCS.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 (5)	17. SALARY OR RATE \$15,030			
18. REMARKS DDP/WH/2, Montevideo, BAF-162 tray TA *UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS.						
19. SIGNATURE OF REQUESTING OFFICIAL Herbert V. Juul, C/NH/A/Pers.				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER J. J. Keaney		
21. PLACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
22. CODE 5/51	23. OFFICE LOC. # 64487	24. STATE OR 25313	25. NUMBER 1	26. DATE OF BIRTH 10-09-18	27. DATE OF HIRE 1	28. DATE OF RES. 1
29. SECURITY REFERENCE 1 - NO 2 - 5 yrs 3 - 10 yrs	30. SECURITY DATA 1 - NO 2 - 5 yrs 3 - 10 yrs	31. SECURITY DATA 1 - NO 2 - 5 yrs 3 - 10 yrs	32. SECURITY DATA 1 - NO 2 - 5 yrs 3 - 10 yrs	33. SECURITY DATA 1 - NO 2 - 5 yrs 3 - 10 yrs	34. SECURITY DATA 1 - NO 2 - 5 yrs 3 - 10 yrs	35. SECURITY DATA 1 - NO 2 - 5 yrs 3 - 10 yrs
36. SEC. PREFERENCE 1 - NO 2 - 5 yrs 3 - 10 yrs	37. SEC. CODE NO. 00 00	38. SEC. CODE NO. 00 00	39. SEC. / HEALTH RECORD 1 - NO 2 - 5 yrs 3 - 10 yrs	40. SEC. / HEALTH RECORD 1 - NO 2 - 5 yrs 3 - 10 yrs	41. SEC. / HEALTH RECORD 1 - NO 2 - 5 yrs 3 - 10 yrs	42. SEC. / HEALTH RECORD 1 - NO 2 - 5 yrs 3 - 10 yrs
43. PREVIOUS GOVERNMENT TERM OF DATE 1 - NO 2 - 5 yrs 3 - 10 yrs		44. END DATE CODE	45. END DATE CODE	46. END DATE CODE	47. END DATE CODE	48. END DATE CODE
49. POSITION CONTROL CERTIFICATION W. Keaney 10/2/60			50. O.P. APPROVAL M. J. J. Keaney			

SECRET
(When Filled In)

AEC: 25 NOV 1960

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)					
013842		HUNT E HOWARD					
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT (TEMPORARY)*		11 25 60	REGULAR				
6. FUNDS		V TO V CF TO V	V TO CF CF TO CF				
7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
1535 5000 0021		50 USC 403					
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION					
DDP WH DIVISION BRANCH 4		WASH., D.C.					
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION				
OPS OFFICER		0000	D				
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP				
GS		0136.01	15 5				
17. SALARY OR RATE		18. REMARKS					
15030		*UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS.					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION/20. Employ CODE	21. OFFICE CODING NUMERIC	22. STATION	23. INTEGEE CODE	24. Month	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	64450	WH	1	10 09 18		
28. NIE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE	33. SECURITY REQ MD	34. SEX	
35. VET PREFERENCE	36. SERV COMP. DATE	37. LONG COMP. DATE	38. MIL SERV. CREDIT (CD)	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.		
CODE 0 - NONE 1 - 5 PT 2 - 10 PT	MO DA YR	MO DA YR	1 - YES 2 - NO	CODE 0 - MAINTEN 1 - YES	CODE 0 - MAINTEN 1 - YES	HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	CODE	NO TAX STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION							
12/01/60 EJK							

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN	4. FUNDS	5. ALLOCATION
513842	HUNT E HOWARD	DDP/WH UMASS.	UV	
6. OLD SALARY RATE		7. NEW SALARY RATE		
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	EFFECTIVE DATE
GS 15	5	\$15,030	08 09 59	08 15 61
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP				
10. PAY STATUS AT END OF WAITING PERIOD				
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD				
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD				
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER				
9. NUMBER OF HOURS LWOP			10. INITIALS OF CLERK	
			11. AUDITED BY	
TO BE COMPLETED BY THE OFFICE OF PERSONNEL				
12. TYPE OF ACTION			13. REMARKS	
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT			THIS CANCELS PSI EFFECTIVE 02/05/61. ADMINISTRATIVE ERROR.	
14. AUTHENTICATION				
POSTED TO 2806 <i>VK</i> VALIDATION APPROVED				
PAY CHANGE NOTIFICATION				

FORM
B-50560 OBSOLETE PREVIOUS EDITION
REPLACES FORM 560A AND 560B.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

621

SECRET
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours							
513842	HUNT E HOWARD	DDP/WH UV								
5. OLD SALARY RATE		6. NEW SALARY RATE								
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	P.S.I.	L.S.I.	Adj.
GS 15	5	\$15,030	08/09/59	15	8	\$15,290	02/05/61			
8. Remarks and Authentication										
/ / NO EXCESS LWOP <i>VK</i>										
/ / IN PAY STATUS AT END OF WAITING PERIOD										
/ / IN LWOP STATUS AT END OF WAITING PERIOD <i>VK</i>										
PAY CHANGE NOTIFICATION										

Form 560

Obsoletes Previous
Edition

SECRET

(4)

621

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HUNT E HOWARD	513842	46 51	GS-15 5	\$13,970	\$15,030

SECRET

Form 1152, 1961 Edition

REQUEST FOR PERSONNEL ACTION								DATE PREPARED			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		25 November 1961							
00000000000000000000		E. HOWARD									
3. NATURE OF PERSONNEL ACTION								4. EFFECTIVE DATE REQUESTED			
REASSIGNATION								MONTH	DAY	YEAR	
								11	20	61	
5. FUNDS		V TO V	V TO CF	6. CATEGORY OF EMPLOYMENT		EMPLOYEE					
		CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
								0121-1000-1000			
9. ORGANIZATIONAL DESIGNATIONS								10. LOCATION OF OFFICIAL STATION			
PPR/CS Staff Plans and Research Group Evaluation Branch								Washington, D.C.			
11. POSITION TITLE								12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
U.S. GOVERNMENT - CM								0000		D	
14. CLASSIFICATION SCHEDULE (GS, LS, PS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS		0136.00		5		\$ 15030					
18. REMARKS											
<p>FROM: PPR/WS/Br b/Temporary</p> <p>cc: Payroll cc: Security</p> <p><i>Called Secy</i></p>											
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED	19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED		
<i>Receveit</i>				11 Nov 1961	<i>Al Lujia</i>				11 Nov 61		
SPACe BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
20. ACTION CODE	21. OFFICE CODE	22. GRADE	23. GS-STEP	24. PAY OF RATING	25. DATE OF PAY	26. DATE OF PAY					
						27	10	44200	CR	1	10
28. PAY EXPENSE		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. RETIREMENT DATA		32. CORRECTIVE/INCENTIVE DATA		33. SIGNATURE	
				1 - CSC 2 - FICA 3 - None		33. SIGNATURE		34. CORRECTIVE/INCENTIVE DATA		35. SIGNATURE	
36. INT. PREFERENCE		37. SERV. COMM. DATE		38. COMM. END DATE		39. MED. DATA / MEDICAL CO.		40. HIGH / MED. INCOME		41. SIGNATURE	
36. INT. PREFERENCE		37. SERV. COMM. DATE		38. COMM. END DATE		39. MED. DATA / MEDICAL CO.		40. HIGH / MED. INCOME		41. SIGNATURE	
42. PREVIOUS GOVERNMENT SERVICE DATA		43. RECENT PAY DATA		44. RECENT PAY DATA		45. RECENT PAY DATA		46. RECENT PAY DATA		47. RECENT PAY DATA	
42. PREVIOUS GOVERNMENT SERVICE DATA		43. RECENT PAY DATA		44. RECENT PAY DATA		45. RECENT PAY DATA		46. RECENT PAY DATA		47. RECENT PAY DATA	
48. POSITION CONTROL CERTIFICATION		49. O.P. APPROVAL		50. DATE APPROVED		51. DATE APPROVED		52. DATE APPROVED		53. DATE APPROVED	
48. POSITION CONTROL CERTIFICATION		49. O.P. APPROVAL		50. DATE APPROVED		51. DATE APPROVED		52. DATE APPROVED		53. DATE APPROVED	
<i>11-28-61</i>											

PSC: 29 DEC 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
OCF														
1 SERIAL NUMBER	2 NAME (LAST-FIRST MIDDLE)													
013842	HUNT E HOWARD													
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT				MO DA YR	REGULAR									
11 FUNDS ➡	V TO V		V TO CF		7. COST CENTER NO CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY								
	CF TO V	X	CF TO CF		2121 1000 1000	50 USC 403 J								
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION										
DDP CA STAFF PLANS AND RESEARCH GROUP EVALUATION BRANCH				WASH., D.C.										
11 POSITION TITLE				12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION									
OPS OFFICER CH.				0274	D									
14 CLASSIFICATION SCHEDULE (GS, LS, WS)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP			17 SALARY OR RATE						
GS			0136.01		15 5			15030						
18. REMARKS														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. HGT/WT CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI					
37	10	44200	CA	75013	1	MO DA YR	MO DA YR	MO DA YR	MO DA YR					
28. MTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO		34. SEX					
MO DA YR		CRC S-FICA S-NONE	CODE	DATA CODE	TYPE	MO DA YR	EOD DATA ➡							
35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG. COMP. DATE		38. MIL SERV CREDIT/ED	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO							
CODE	1 - NONE 2 - SPT 3 - 10 PT	MO DA YR	MO DA YR	1 - YES 2 - NO	CODE	CODE	41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA				
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)			FORM EXECUTED CODE	NO TAX EXEMPTIONS		FORM EXECUTED	CODE	NO TAX EXEMPT	STATE CODE				
SIGNATURE OR OTHER AUTHENTICATION														
POSTED <i>M.H. 01-04-62</i>														

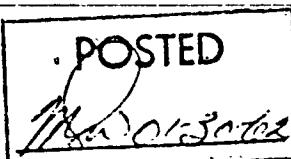
SECRET

(When Filled In)

PSC: 26 JAN 62

OCC

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST MIDDLE)							
01 3842	HUNT E HOWARD							
3. NATURE OF PERSONNEL ACTION								
REASSIGNMENT								
4. FUNDS 	V TO V EF TO V	V TO CP X	CP TO CP					
5. EFFECTIVE DATE								
NO DA TO 01 29 62								
6. CATEGORY OF EMPLOYMENT								
REGULAR								
7. COST CENTER NO. CHARGEABLE								
2121 1000 1000								
8. CSC OR OTHER LEGAL AUTHORITY								
50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS								
DOP CA STAFF OFFICE OF THE CHIEF								
10. LOCATION OF OFFICIAL STATION								
WASH., D.C.								
11. POSITION TITLE								
OPS OFFICER								
12. POSITION NUMBER								
0454								
13. CAREER SERVICE DESIGNATION								
D								
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP					
GS		0136.01	15 5					
17. SALARY OR RATE								
15030								
18. REMARKS								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRIC CODE	24. HOURS CODE	25. DATE OF BIRTH WU DA TR	26. DATE OF GRADE WU DA TR	27. DATE OF LEI WU DA TR
37	10	44100 CA	75013	1	10 09 18	1		
28. WIE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE		33. SECURITY REQ NO	34. SER. NO.	
NO DA TR	80	1 CSC 2 TICA 3 NONE	CODE	TYPE	NO DA TR			
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. MIL. SERV. CREDIT/LCD	39. FED. HEALTH INSURANCE	40. SOCIAL SECURITY NO			
CODE	0 NONE 1 T&P 2 T&P PT	NO DA TR	0 NO 1 YES	CODE 0 MAJOR 1 YES	HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE LAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 12 MOS) 4. BREAK IN SERVICE (MORE THAN 12 MOS)		EXEMPTED CODE 1 YES 2 NO	NO TAX EXEMPTIONS 1 YES 2 NO	FORM EXECUTED 1 YES 2 NO	CODE 1 NO TAX EXEMPT 2 NO	STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION								
 <p><i>Mar 01 1962</i></p>								

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 29 May 1962	
1. SERIAL NUMBER 013842	2. NAME (Last-First-Middle) Hunt, S. Howard				
3. NATURE OF PERSONNEL ACTION Reassignment			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 01 62		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS ►	V TO V CF TO V	V TO CF X CF TO CF	7. COST CENTER NO. CHARGEABLE 3129-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/DODS Facilities branch Research and Publications Section			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Ops. Officer-3Ch8			12. POSITION NUMBER D-14 0092	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0316.01	16. GRADE AND STEP 15 5	17. SALARY OR RATE 15,030.00	
18. REMARKS PRA Requested per R - 20-10, para 10C(2) for a period of 90 days. DDP/CA Staff Office of the Chief/454 - / CONCUR: Helen Ingram (By Phone) CSID JM					
19. SIGNATURE OF REQUESTING OFFICIAL Virginia C. Lynch, DODS/Pers.		DATE SIGNED 10 May 1962	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Richard L. Johnson		DATE SIGNED 11/16/62
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE	22. OFFICE COO NO. 400	23. STATE NO. 0001	24. ZIP CODE 00000	25. DATE OF BIRTH 1 10 19 18	26. DATE OF HIRE 1 10 19 18
27. DATE OF RES.	28. SPECIA. REFERENCE SO	29. RELEASMENT DATA 1 - 000 3 - 000 5 - 000	30. SEPARATION DATA CODE TYPE	31. CORRECTION/CANCELLATION DATA TYPE	32. SECURITY CLEAR. NO. 33. SOC. SEC. NO.
34. VET. PREFERENCE	35. SERV. COMM. DATE CODE	36. LEAVE COMM. DATE CODE	37. MIL. SERV. CERTIFIED/CO 1 - YES 2 - NO	38. MEDICAL/HEALTH INSURANCE CODE	39. SOCIAL SECURITY NO.
40. PREVIOUS GOVERNMENT SERVICE DATA CODE	41. PAYROLL DATA CODE	42. FEDERAL TAX DATA CODE	43. STATE TAX DATA CODE	44. O.P. APPROVAL Signature	DATE APPROVED 11/16/62
45. POSITION CONTROL CERTIFICATION Signature			46. O.P. APPROVAL Signature		

SECRET

(When Filled In)

BWS: 21 JUNE '62

5524

NOTIFICATION OF PERSONNEL ACTION

UCF

1. SERIAL NUMBER	2. NAME (LAST-FIRST MIDDLE)							
013842	HUNT E HOWARD							
3. NATURE OF PERSONNEL ACTION								
REASSIGNMENT								
4. FUNDS		V TO V V TO CF CP TO V X CP TO UF						
5. ORGANIZATIONAL DESIGNATIONS								
DDP DODS FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION								
6. POSITION TITLE								
OPS OFFICER CH								
7. CLASSIFICATION SCHEDULE (GS, LS, etc.)		8. OCCUPATIONAL SERIES						
GS		0136.01						
9. EFFECTIVE DATE								
07 01 62								
10. CATEGORY OF EMPLOYMENT								
REGULAR								
11. LOCATION OF OFFICIAL STATION								
WASH., D. C.								
12. POSITION NUMBER								
0092								
13. CAREER SERVICE DESIGNATION								
D								
14. GRADE AND STEP								
15 5								
16. SALARY OR RATE								
15030								
17. REMARKS								
18. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. MGR/DIR CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES
37	1U	53400 DODS	75013			10 09 18		
20. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.	34. SEX
						EOD DATA		
NO DA YR		80	1 LSC 2 PICA 3 NONE	CODE	TYPE	NO DA YR		
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG COMP. DATE	38. MIL SERV CREDIT/LCD.	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO		
CODE		0 NONE 1 SPT 2 TOT PT	NO DA YR	NO DA YR	1 YES 2 NO	CODE	0 WAIVER 1 YES	HEALTH INS CODE
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA			
CODE				1 NO 2 YES	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	
3 NO BREAK IN SERVICE 4 BREAK IN SERVICE (LESS THAN 12 MOS) 5 BREAK IN SERVICE (MORE THAN 12 MOS)				2 NO		1 YES 2 NO	NO TAX EXEMPT	
SIGNATURE OR OTHER AUTHENTICATION			POSTED					
			JUN 22 1962					

SECRET
(When Filled In)

ABM: 17 SEPT 62

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
013842		HUNT E HOWARD										
3. NATURE OF PERSONNEL ACTION REASSIGNMENT												
4. FUNDS		V TO V	V TO CP	5. EFFECTIVE DATE		6. CATEGORY OF EMPLOYMENT						
		CP TO V	X	09 16 62		REGULAR						
7. COST CENTER NO. CHARGEABLE 8. CSC OR OTHER LEGAL AUTHORITY												
3129 2000 1000 50 USC 403 J												
9. ORGANIZATIONAL DESIGNATIONS												
DDP DODS US FIELD FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION												
10. LOCATION OF OFFICIAL STATION WASH., D. C.												
11. POSITION TITLE 12. POSITION NUMBER 13. CAREER SERVICE DESIGNATION												
OPS. OFFICER CH 0092 D												
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE			
GS			0136.01			15 5			15030			
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE. CODE	24. Hdgts. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI			
37	10	53400 - DODS		75013	2	2	10 09 18	1	1			
28. RTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.		34. SEX			
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.						
CODE		0 - NONE 1 - GPT 2 - TPT	MO. DA. YR.	MO. DA. YR.	CAR. BEAV. PROV. TEMP. CODE.	CODE	0 - WAIVER 1 - YES	HEALTH INS. CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA					42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA			
CODE						FORM EXECUTED	NO. TAX EXEMPTIONS	FORM EXECUTED	CODE	NO. TAX EXEMPTIONS	STATE CODE	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS						1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION												
BBS 9/17/62												

FORM 4-62 1150

Use Previous Edition

SECRET

SECRET
(When Filled In)

(4-61)

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE <u>21 September 1962</u>
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT - DODS	ESTABLISHED FOR <u>HUNT, E. Howard</u>
ATTN:	<u>Miss Lynch</u>	FILE NO. <u>1088</u>
REF:	<u>Form 1322 MM dtd 29 Aug 62 requesting cover</u>	
MILITARY COVER BACKSTOP ESTABLISHED		
US Army Element, Composite Operations Group		
<input checked="" type="checkbox"/> BLOCK RECORDS: (CMBM 29-800-11)		
a. TEMPORARILY FOR ____ DAYS, EFFECTIVE _____ b. CONTINUING, EFFECTIVE <u>EOD</u>		
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (CMB 29-800-23)		
<input checked="" type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. (CMB 29-800-13)		
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (CMB 29-800)		
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (CMB 29-800)		
<input type="checkbox"/> REMARKS: RECORDED IN RECORDS CHIEF OF STAFF <i>John H. Whitehead</i>		
<input type="checkbox"/> COPY TO CPS/SP		
<u>45-136</u>		
ALR/pp CHIEF, MILITARY COVER, CSC DISTRIBUTION: 1-CPS/SP, 1-PMS/DS, 1-ADPS/COMPT		

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND JOINT
MEMORANDUM DATED 1 AUGUST 1966 SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1968.

NAME	SERIAL	DEPT FUNDS	GR-ST	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	43 400	CF	GS-15 6 \$16,965	\$18,240

1 Serial No.	2 Name	3	Cod Center Number	4 LWOP Hours	
013842	HUNT, E. HOWARD		53 400 CF		
5 OLD SALARY RATE	6 NEW SALARY RATE			7 TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade Step Salary Effective Date	PSI LSI ADJ
GS-15	5	\$16,485	08/09/59	GS-15 6 \$16,965 12/09/62	
8 Remarks and Authentication					
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>R H Cusumano</i> DATE: December 1968 PAY CHANGE NOTIFICATION <i>mc</i>					

Form 9-61 560

Obsoletes Previous Edition

(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-794 AND
JOINT MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 16 OCTOBER 1968.

NAME	SERIAL	DEPT FUNDS	GR-ST	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	53 400	CF 15 5	\$16,485	\$16,485

SECRET

(B) Are Filled In

REQUEST FOR PERSONNEL ACTION								DATE PREPARED		
1 SERIAL NUMBER		2 NAME (Last-First-Middle)						9 July 1964		
013842		HUNT, E. Howard								
3 NATURE OF PERSONNEL ACTION Reassignment								4 EFFECTIVE DATE REQUESTED		
								MONTH	DAY	YEAR
								08	64	
6 FUNDS								7 COST CENTER NO CHARGEABLE		
		V TO V		Y TO O				8 LEGAL AUTHORITY (Completed by Office of Personnel)		
		C TO V		X		O TO O		5129-0253		
9 ORGANIZATIONAL DESIGNATIONS DDP/DOD U.S. Field C A Staff								10 LOCATION OF OFFICIAL STATION		
								Washington, D.C.		
11 POSITION TITLE Ops Officer - CH								12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION	
								(15) 0280	D	
14 CLASSIFICATION SCHEDULE (GS LB. etc.) GS-15				15. OCCUPATIONAL SERIES 0126.01		16 GRADE AND STEP 15 06		17 SALARY OR RATE \$18,240		
18 REMARKS										
<i>Virginia C. Lynch, DO/Pers</i>					DATE SIGNED		<i>Ronald Gage</i> 7/21/64			
19 SIGNATURE OF REQUESTING OFFICER					DATE SIGNED		20 SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
<i>Virginia C. Lynch, DO/Pers</i>					9 July 64		DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
21 ACTION CODE 37	22 OFFICE CODING NUMERIC 12200	23 STATION CODE ALPHABETIC ECP12	24 INTEGEE CODE CODE 2	25 DATE OF BIRTH MO DA YE 10 09 18	26 DATE OF GRADE MO DA YE	27 DATE OF LEI MO DA YE				
28 RTE EXPIRES W/ KX/KY	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESE 3-FRA 5-HOM	31 SEPARATION DATA CODE CODE	32 CORRECTION CANCELLATION DATA TYPE EOD DATA	33 SECURITY REQ NO	34 SER				
35 VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA YE	37 LONG COMP DATE MO DA YE	38 CAREER CATEGORY CAT RISK PROV TEMP CODE	39 FEE/LI HEALTH INSURANCE 0-WAIVER 1-YES CODE	40 SOCIAL SECURITY NO					
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44 STATE TAX DATA FORM EXECUTED 1-YES 2-NO	45 O.P. APPROVAL Ronald Gage 30 (S)	46 DATE APPROVED 7/21/64					
FORM 1152 USE PREVIOUS EDITION 0700 6-63										

SECRET

GROUP 1
REMOVED FROM AUTOMATIC DOWNWARD
DRAFT RELEASE 10-20-20

SECRET
(When Filled In)

HZR: 31 JUL 64

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)		3. CATEGORY OF EMPLOYMENT				
013842		HUNT E HOWARD		REGULAR				
4. NATURE OF PERSONNEL ACTION				5. EFFECTIVE DATE				
REASSIGNMENT				08 03 64				
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE				
		X	CF TO V	8. CSC OR OTHER LEGAL AUTHORITY				
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION				
DDP/DOD US FIELD CA STAFF				WASH., D.C.				
11. POSITION TITLE				12. POSITION NUMBER	13. SERVICE DESIGNATION			
OPS OFFICER CH				0280	D			
14. CLASSIFICATION SCHEDULE (GS, LS, GS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	17. SALARY OR RATE			
GS		0136.01		15 6	18240			
18. REMARKS								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGEE CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YE	26. DATE OF GRADE MO DA YE	27. DATE OF LEI MO DA YE
37	10	43200	DOD	75013	2	10 09 18		
20. NTC EXPIRES	21. SPECIAL REFERENCE	22. RETIREMENT DATA	23. SEPARATION DATA CODE	24. CORRECTION CANCELLATION DATA	25. SECURITY REQ. NO.	26. SEX		
XX:XX:XXX								
27. VET. PREFERENCE	28. SERV. COMP. DATE	29. LONG. COMP. DATE	30. CAREER CATEGORY	31. FEGL / HEALTH INSURANCE	32. SOCIAL SECURITY NO.			
CODE	0 - NONE 1 - 5 yrs 2 - 10 yrs	NO DA YE	NO DA YE	0 - GAINED 1 - LOST 2 - TEMP	CODE	0 - GAINED 1 - LOST 2 - TEMP		
33. PREVIOUS GOVERNMENT SERVICE DATA	34. LEAVE CAT CODE	35. FEDERAL TAX DATA	36. STATE TAX DATA					
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)	FORM EXECUTED	NO TAX EXEMPTIONS	FORM EXECUTED	NO TAX EXEMPT	STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION						POSTED 12-1964		

SECRET

AMERICAN POLICE INSTITUTE

REQUEST FOR PERSONNEL ACTION						DATE PREPARED			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				16 February 1965			
013-242		HUNT, E. Howard							
3. NATURE OF PERSONNEL ACTION <i>Transfer</i>		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT and to Vouchered Funds		MONTH	DAY	YEAR	REGULAR				
6. FUNDS		V TO V	V TO CF	02 15 65					
		X CF TO V	CF TO CF	ADL 5220-0001	7. COST CENTER NO. CHARGE				
8. ORGANIZATIONAL DESIGNATIONS		9. LOCATION OF OFFICIAL STATION				8. LEGAL AUTHORITY (Completed by Office of Personnel)			
<i>Some C-550's at the DOD ORIGINATOR DIVISIONS OFFICE OF THE CHIEF OF OPERATIONS Board</i>		WASH., D.C.							
11. POSITION TITLE <i>CPS</i>		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.01		15 7		19880			
18. REMARKS <i>From: DOD/PMS FND/COA Staff This employee is the only qualified person available for assignment to this position which must be filled immediately. He will be in PRA status for a period not to exceed 24 months. PRA in accordance with Regulation MIL 20-21 paragraphs c (3).</i>									
19A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED			
<i>Verbal concurrence from DOD's per CC: Payroll Bill Michael 2/19/65 Security</i>		<i>2/19/65</i>		<i>Bill Michael 2/19/65</i>		<i>2/19/65</i>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
20. ACTION DS CODE		21. DS CODE		22. STATE DS CODE		23. DS STATE CODE			
16 12 3105		12 12 3105		12 12 3105		12 12 3105			
24. DATE EXP-RES		25. SPECIAL REFERENCE		26. RETIREMENT DATA		27. CORRECTION/ANNUALIZATION DATA			
02 19 67		83		CODE		CODE			
28. VET. PREFERENCE		29. SEAS., COMM. DATE		30. LONG. COMM. DATE		31. FED. / HEALTH INSURANCE			
CODE		MO. DA. yr		MO. DA. yr		MO. DA. yr			
0 - none 1 - 5 yrs 2 - 10 yrs									
32. PREVIOUS GOVERNMENT SERVICE DATA		33. LEAVE SAT. CODE		34. FEDERAL TAX DATA		35. STATE TAX DATA			
CODE		CODE		CODE		CODE			
0 - NO PREVIOUS SERVICE 1 - NO SERVICE IN SERVICE 2 - SERVICE IN SERVICE CLASS (LESS THAN 3 yrs) 3 - SERVICE IN SERVICE CLS (MORE THAN 3 yrs)		3 - YES 2 - NO		3 - YES 2 - NO		3 - YES 2 - NO			
49. POSITION CONTROL CERTIFICATION <i>from DODS</i>		50. O.P. APPROVAL		51. DATE APPROVED					
2-19-65 RCT (2)		<i>Bill Michael</i>		1765					

SECRET

(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle) Hunt, E. Howard	NAME AND RELATIONSHIP OF DEPENDENT Self	CLAIM NUMBER 65-607
--	---	-------------------------------

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 12 October 1964.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 10-19-64	SIGNATURE OF OSD REPRESENTATIVE <i>[Signature]</i>
----------------------------	---

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

FM 1410-100-101

REQUEST FOR PERSONNEL ACTION								DATE PREPARED		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						5 April 1965		
C13342		HUFF, E. HOWARD								
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED						5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT-CONVERSION <i>Transferring funds is limited</i>		MONTH DAY YEAR 04 16 65						REGULAR		
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)				
		CF TO V	X CF TO CF	5120-0001						
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION								
OFFICE OF THE DDP OPERATION SAC Group		WASH., D.C.								
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION						
OPS OFFICER		(14)		0390			D			
14. CLASSIFICATION SCHEDULE (GS, E.B., etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE			
GS		0136.01		15 7			\$ 193.00			
18. REMARKS										
<p>Correct action dated 2/20/65 to delete transfer to vouchered funds.</p> <p>Correct Cost Center chargeable to 5120-0001 funds. Section 6 to read CF to CF.</p> <p><i>Admin Error.</i></p>										
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED
<i>Charles O. Johnson</i>				15 April 1965						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. HQRS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES		
		NUMERIC ALPHABETIC				1 10 09 18				
28. RITE EXPENSES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA					33. SECURITY REQ NO	34. SER
MO DA - 02 27 67	83	1-USA 2-FICA 3-HOME	CODE	TYPE	MO DA VR	MO DA VR	MO DA VR	MO DA VR		
35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI HEALTH INSURANCE				40. SOCIAL SECURITY NO		
CODE 0-REG 1-S PT 2-T PT	MO DA VR 	MO DA VR 	LAW/RSK PROV TEMP	CODE	CODE	B-WATER 1-YES 2-NO	HEALTH INS. CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA							
CODE 1-NO PREVIOUS SERVICE 2-HAD TO SERVICE 3-ENDED IN SERVICE (LESS THAN 3 YEARS) 4-BEAN IN SERVICE (MORE THAN 3 YEARS)		FORM EXECUTED 1-YES 2-NO	CODE	NO TAX EXEMPTIONS	FORM EXECUTED 1-YES 2-NO	CODE	NO TAX EXEMPT	STATE CODE		
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL				DATE APPROVED		
<i>4/5/65 HT</i>				<i>Charles O. Johnson</i>				<i>15 April 1965</i>		
FSCW 1152 USE PREVIOUS EDITION										
SECRET										
GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION										

GENERAL SCHEDULE RATES
Federal Employees Salary Act of 1964

SECRET
(When Filled In)

JLB: APR 65.

NOTIFICATION OF PERSONNEL ACTION

OKF

1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
013642		HUNT E HOWARD		MO	DA	TO	REGULAR	
3. NATURE OF PERSONNEL ACTION				6. FUNDS		7. COST CENTER NO. CHARGEABLE		
REASSIGNMENT (CORRECTION)				V TO V	V TO CF	5120 0001 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
CF TO V				A	CF TO CF			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION				
DDP OFFICE OF THE DDP OPERATIONS GROUP				WASH., D. C.				
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION		
OPS OFFICER				0390		D		
14. CLASSIFICATION SCHEDULE (SS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS		0136.01		15 7		19820		
18. REMARKS THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/28/65 AS FOLLOWS: ITEM #3, NATURE OF PERSONNEL ACTION, TO DELETE TRANSFER TO VOLCHERED FUNDS. ITEM #6, FUNDS, WHICH READ CF TO V, TO READ CF TO CF. ITEM #7, COST CENTER NO. CHARGEABLE, WHICH READ 5220 0001 0000, TO READ 5120 0001 0000.								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. Employee Code	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Major Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
58	10	30100 DDF	75013	1	10	109118		
28. RTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATE CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO	34. SER		
MO DA TO	S3	CODE	TYPE	MO DA TO	EOD DATA	REQ NO		
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGL / HEALTH INSURANCE	40. SOCIAL SECURITY NO			
CODE	MO DA TO	MO DA TO	CODE	CODE	CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE	CODE	FORM EXECUTED CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT	STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION								
POSTED 4-7-65 TH								

SECRET

(If less than 100)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 17 JUNE 1965		
1. SERIAL NUMBER 013842	2. NAME (Last-First-Middle) HUNT, E. HOWARD							
3. NATURE OF PERSONNEL ACTION RESIGNATION						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 7 3 65	5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS ►	V TO V	V TO C	7. COST CENTER NO CHARGEABLE 6120-0001			8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP OFFICE OF THE DDP OPERATIONS GROUP						10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.		
11. POSITION TITLE OPS OFFICER						12. POSITION NUMBER 0390	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, F.B., etc.) GS			15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 7	17. SALARY OR RATE \$ 19,880.			
18. REMARKS SUBJECT IS RE-EMPLOYABLE.								
						Recorder: RR UT		
18A. SIGNATURE OF REQUESTING OFFICIAL Russell			DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Russell		DATE SIGNED 6/24/65	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 12 10	20. EMPLOYEE CODE 10	21. OFFICE CODING NUMERIC	22. STATION CODE ALPHABETIC	23. INTEGRITY CODE 1	24. HOURS CODE 1	25. DATE OF BIRTH MO. DA. YE. 10 09 65	26. DATE OF GRADE MO. DA. YE. 10 09 65	27. DATE OF LEI MO. DA. YE.
28. VIT EXPIRES MO DA YE	29. SPECIAL REFERENCE 1-CSC 3-FICA 5-HOME	30. RETIREMENT DATA CODE 1-BF, CO, 1, 1	31. SEPARATION DATA CODE 1	32. CORRECTION CANCELLATION DATA TYPE 1	33. SECURITY REQ. NO EOD DATA	34. SEX		
35. VET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT	36. SERV COMP DATE MO. DA. YE	37. LONG COMP DATE MO. DA. YE	38. CAREER CATEGORY CAP-REG PROV-TEMP CODE	39. FEALY-HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-BREAK IN SERVICE (LESS THAN 3 YEARS) 2-BREAK IN SERVICE (MORE THAN 3 YEARS)			42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO CODE	44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO CODE			
45. POSITION CONTROL CERTIFICATION 6-12-65				46. O.P. APPROVAL Eldon L.	DATE APPROVED 7/13/65			

152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
DRAFT RELEASE

PJH: 16 JUL 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION							
REF:							
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)						
013842	HUNT E HOWARD						
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION		NO. DA 10 07 03 65		REGULAR			
6. FUNDS	V TO V	V TO C		7. COST CENTER NO CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY		
	CP TO V	X	CP TO C	6120 0001 0000			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DOP/OFFICE OF THE DOP OPERATIONS GROUP				WASH., D.C.			
11. POSITION TITLE			12. POSITION NUMBER	13. SERVICE DESIGNATION			
OPS OFFICER			0390	D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE			
GS		0136.01	15 7	19880			
18. REMARKS							

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Grade Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
45	10	NUMERIC	ALPHABETIC			NO. DA 10 09 18	NO. DA 10 04 70	NO. DA 10
28. RPT EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. SECURITY REG NO	34. SER SEC NO	
NO 00 10			1. CSC 2. PICA 3. NONE	CODE 1BF0071		REG DATA		
35. VET PREFERENCE		36. SERV COMP. DATE	37. LOSS COMP. DATE	38. CAREER CATEGORY	39. FEGL - HEALTH INSURANCE	40. SOCIAL SECURITY NO		
00 1. 0 NONE 2. 1 9 PT 3. 10 PT		NO 00 10	NO 00 10	CODE 1A00 0000 0000 0000	CODE 0 0000 0000 0000	00 0000 0000 0000		
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CUT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			
1. 0 NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 1 YR 4. BREAK IN SERVICE MORE THAN 1 YR		CODE	FORM EXECUTED CODE	NO TAX EXEMPTIONS	FORM EXECUTED CODE	STATE TAX STATE CODE EXEMPT		
			1 YES 2 NO		1 YES 2 NO			

SIGNATURE OR OTHER AUTHENTICATION

POSTED

1440
16 JUL 65
Form 1
FEDERAL EMPLOYEE PAYROLL
DOD FORM 1000
Revised 1-1-65

(When Filled In)

SECRET

TOP

**NOTIFICATION OF ESTABLISHMENT
OF MILITARY COVER BACKSTOP**

		DATE
		20 July 1965
TO: <input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION		ESTABLISHED FOR
<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)		DDP
ATTN: Admin Staff		FILE NO.
		1008
REF: Resignee Backstop Debriefing		ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		EMPLOYEE NO.
US Army Element, Composite Operations Group		

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

- Block Records; (CMBR 20-880-11) Resignation effective 3 Jul 65
- a. Temporarily for _____ days, effective _____
- b. Continuing, effective _____ EOD Oct 49
- Submit Form 642 to change limitation category. (CMBR 20-7)
- Ascertain that **Army W-2** being issued. (CMBR 20-682-2)
- Submit Form 1322 for any change affecting this cover. (CMBR 20-250)
- Submit Form 1323 for transferring cover responsibility. (CMBR 20-250)
- Remarks:
- Cover History Dec 50-Mar 53 Mexico/**State** Jun 54-Oct 56 Japan/**DAC**
Dec 56-Jul 60 Uruguay/**State** Jul 60-Jul 65 Hdqrs/**DAC**
- Forwarding Address:
5029 Milwood La.
Washington, D.C.
- Employment Address:
O/s with NOC background *James J. Franklin*
RDD/al CHIEF - MILITARY COVER, CCR
- DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS BROS, Copy 4-QL TELSPC, Copy 5-PIS/OS, Copy 6-File.

SECRET

(B-2a) Dated 10/1

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)				3 SEPTEMBER 1966	
013842		HUNT, E. HOWARD					
3 NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT (Hunt)						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 18 66	
5 FUNDS		XX	V TO V	V TO C		6 COST CENTER NO CHARGEABLE 7230-1184	
9 ORGANIZATIONAL DESIGNATIONS SOP/WE OPERATIONS STAFF INTERNAL SECTION						10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11 POSITION TITLE OPS OFFICER (15)						12 POSITION NUMBER 0020	13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, F.B. IN.) GS			15 OCCUPATIONAL SERIES 0136.01	16 GRADE AND STEP 15-7	17 SALARY OR RATE \$ 21192		
18 REMARKS Subject terminated staff status July 1965. Picked-up as a Contract Employee, and the termination of Contract Status will be effective 17 September 1966. Formerly Contract Employee according to signed cc Security cc Payroll Former Contract Employee Reinstated with Case C-07/54							
19A SIGNATURE OF REQUESTING OFFICIAL Richard E. Wusterman (C/E/Personnel)			DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER Ronald Gage 19 Sept 16		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20 ACTION CODE	20 EMPLOY. CODE	21 OFFICE CODING NUMERIC ALPHABETIC 50845 WT	22 STATION CODE 75013	23 INTEGRITY CODE 7	24 HOURS CODE 1	25 DATE OF BIRTH 10/04/18	26 DATE OF GRADE 05/16/53
27 MO DA YR	28 SPECIAL REFERENCE 1-ESE 2-HKA 3-BRD	29 RETIREMENT DATA CCDR	30 SEPARATION DATA CODE 1	31 CORRECTION CANCELLATION DATA TYPE EOD DATA	32 MO DA YR	33 SECURITY 63-10 4350	34 SER. NO. 111
35 VET PREFERENCE CODE 1-BORN 1-5 YR 2-10 YR	36 SERV COMP DATE MO DA YR 15/27/46	37 LONG COMP DATE MO DA YR 11/28/46	38 CAREER CATEGORY CAR RESY PROF/TEMP C	39 FEHL HEALTH INSURANCE 2-NYES 1-YES	40 MEDICAL INS CODE 1	40 SOCIAL SECURITY NO 136-65-0678	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42 LEAVE CAT CODE 8		43 FEDERAL TAX DATA FORM EXECUTED 1-TES 2-HO 1	44 MO TAX EXEMPTIONS 1-YES 2-NO 1	45 STATE TAX DATA CODE 1 6	46 STATE CODE 19	
45 POSITION CONTROL CERTIFICATION Richard E. Wusterman				46 O.P. APPROVAL Signature		DATE APPROVED	

SECRET
(When Filled In)

RJHS: 23 SEPT 66

DA FORM 1010-1
NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
013842		HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
EXCEPTED APPT CAREER		09 13 66	
5. FUNDS		V TO V	V TO CP
		CP TO V	CP TO CP
6. ORGANIZATIONAL DESIGNATIONS		7. COST CENTER NO. CHARGEABLE	
DDP/WE OPERATIONS STAFF INTERNAL SECTION		7236 1184 0000	
8. POSITION TITLE		8. CATEGORY OF EMPLOYMENT	
OPS OFFICER		REGULAR	
10. POSITION NUMBER		9. CSC OR OTHER LEGAL AUTHORITY	
0020		50 USC 403 J	
11. LOCATION OF OFFICIAL STATION		12. SERVICE DESIGNATION	
WASH., D.C.		D	
13. CLASSIFICATION SCHEDULE (GS, GS, etc.)		14. OCCUPATIONAL SERIES	
GS		0136.01	
15. GRADE AND STEP		16. SALARY OR RATE	
15.7		21192	

REMARKS
FORMER CONTRACT EMPLOYEE. REINSTATE SICK LEAVE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOYEES CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Grade Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	28. SECURITY REQ NO	29. SEA	30. SOC. SEC. NO
11	10	50045 WE	75013	1	10 09 18	08 16 53	12 06 64				126054970
31. RITE EXPIRES		32. SPECIAL REFERENCE	33. RETIREMENT DATA	34. SEPARATION DATA	35. CORRECTION/CANCELLATION DATA	36. SECURITY REQ NO	37. SEA				
03 04 10		1 CSC 2 FICA 3 NONE	CODE 1	TYPE NO 00 00	EOD DATA	48130	M1				
38. VET PREFERENCE		39. SERV COMP DATE	40. LONG COMP DATE	41. CAREER CATEGORY	42. FEGL / HEALTH INSURANCE	43. SOCIAL SECURITY NO					
CODE 1	0 NO 1 YES 2 10% 3 100%	05 24 44	11 08 49	CAN 0000 PROV 0000 TIME 0000	CODE C 1 0 YES 2 YES	126054970					
44. PREVIOUS GOVERNMENT SERVICE DATA		45. LEAVE CAT CODE	46. FEDERAL TAX DATA	47. STATE TAX DATA							
48. 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YEARS 3 BREAK IN SERVICE MORE THAN 3 YEARS		49. FORM EXECUTED CODE	50. NO TAX EXEMPTIONS	51. FORM EXECUTED CODE	52. NO TAX EXEMPTIONS	53. FORM EXECUTED CODE	54. NO TAX EXEMPTIONS	55. FORM EXECUTED CODE	56. NO TAX EXEMPTIONS	57. FORM EXECUTED CODE	58. NO TAX EXEMPTIONS
1		1 YES 2 NO	1	145	1 YES 2 NO	1	1 YES 2 NO	1	1 YES 2 NO	1	1 YES 2 NO

SIGNATURE OR OTHER AUTHENTICATION

POSTED
09-27-66 XDA FORM 1010-1
NOTIFICATION OF PERSONNEL ACTION
(When Filled In)

10 1150

Use Previous Edition

SECRET

1. SERIAL NO.	2. NAME			3. ORGANIZATION	4. FUNCS.	5. LINE OF MOVES			
013842	HUNT E HOWARD			44 090	CF				
6. OLD SALARY RATE				7. NEW SALARY RATE		8. TYPE ACTION			
Grade	Step	Salary	End Eff. Date	Grade	Step	Salary	Effective Date	R	AUD
GS 13	7	\$21,192	12/06/64	GS 13	8	\$21,799	12/03/67		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Kurt Kinsler</i> DATE 29 Nov. 1967									
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS				AUDITED BY					
FORM 7-66 560 E <small>the previous edition</small>		PAY CHANGE NOTIFICATION						14-911	

SECRET

3 October 1966

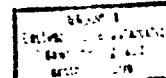
MEMORANDUM FOR : Chief, TRB
SUBJECT : Verification of Contract Service for
Howard E. Hunt

1. The following is a record of subject's contract service with the Agency:

Date	Action	Compensation
4 July 1965	Contract Employee	\$19,880 per annum
10 October 1965	Salary Increase	\$20,595 per annum
3 July 1966	Salary Increase	\$21,192 per annum
17 September 1966	Contract Terminated	\$21,192 per annum

2. All of above service is creditable for both leave and Civil Service Retirement purposes.

Dow H. Luettscher
Dow H. Luettscher
Chief, Contract Personnel Division



SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		6 January 1967
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR HULL, E. Howard
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) O/DOP	
ATTN:	FILE NO. 1008	
REF:	ID CARD NO.	
OFFICIAL COVER BACKSTOP ESTABLISHED	EMPLOYEE NO.	
Department of State		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input type="checkbox"/> Block Records: <input checked="" type="checkbox"/> (RWB 20-800-113)		
a. Temporarily for _____ days, effective _____ b. Continuing, effective _____ MOD		
<input type="checkbox"/> Submit Form 642 to change limitation category. <input checked="" type="checkbox"/> (RWB 20-7)		
<input type="checkbox"/> Ascertain that Army W-2 being issued. <input checked="" type="checkbox"/> (RWB 20-441-13)		
<input type="checkbox"/> Submit Form 1322 for any change affecting this cover. <input checked="" type="checkbox"/> (R 240-250)		
<input type="checkbox"/> Submit Form 323 for transferring cover responsibility. <input checked="" type="checkbox"/> (R 240-250)		
<input type="checkbox"/> Concurred in issuance AGE <input type="text"/> NACS <input type="text"/> Hospitalization card.		
<small>COVER HISTORY</small> Oct 49 - Dec 50 INDIA/OVERSE Dec 50 - Mar 53 MEXICO/STATE Mar 53 - Jun 54 INDIA/OVERSE Jun 54 - Oct 56 JAPAN/DAC Dec 56 - Jul 60 URUGUAY/STATE Jul 60 - Jul 65 INDIA/DAC Jul 65 - Sep 66 contractual employment O/DOP as consultant		
 JHD/sad CHIEF, OFFICIAL COVER CCS		
<small>DISTRIBUTION: Copy 1-PDO, Copy 2-Operating Component, Copy 3-DRG, Copy 4-OL/TEL/SPC, Copy 5-OP/SSD/IB, Copy 6-DCS/DPS, Copy 7-Fair</small>		

SECRET

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		11 January 1967			
3. NATURE OF PERSONNEL ACTION Transfer to CONFIDENTIAL-EFunds		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 20 67			5. CATEGORY OF EMPLOYMENT P-CHIAR		
6. RANKS V TO V CP TO V		7. COST CENTER NO CHARGE ARE 7150-1184			8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR SPECIAL ACTIVITIES STAFF		10. LOCATION OF OFFICIAL STATION WASH. D.C.					
11. POSITION TITLE DPS LOE		12. POSITION NUMBER 2006			13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, E.R., etc.) CS		15. OCCUPATIONAL SERIES 0136.01			16. GRADE AND STEP 15-7		
17. REMARKS CC PAYTOLL					18. SALARY OR RATE \$ 21,192		
19A. SIGNATURE OF REQUESTING OFFICIAL Michael J. Listerman, CPT/Personnel			DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Markola 18 Jan 67		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE	21. EMPLOY CODE	22. OFFICE CODING NUMERIC ALPHABETIC	23. STATION CODE	24. INTEGEE CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
DC	10	0030 CLK 21613		i	10 09 18	MO DA YR	MO DA YR
28. RET. EXPRIES MO DA YR	29. SPECIAL REFERENCE 1-CS 2-FICA 3-HRS	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CANCELLATION DATA TYPE	33. SECURITY REQ. NO	34. SER	
				MO DA YR	EOD DATA		
35. RET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR RESY PROV TEMP	39. FEGL/HEALTH INSURANCE CODE 0-WATER 1-RES	40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	45. O.P. APPROVAL PRUMA WK	46. DATE APPROVED 17 Jan 67	14.	
67-18-67 WIL							

SECRET
(When Filled In)

BJT: 26 JAN 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1 SERIAL NUMBER	2 NAME (LAST-FIRST-MIDDLE)							
013842	HUNT E HOWARD							
3 NATURE OF PERSONNEL ACTION								
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS								
4 FUND	V TO V	V TO CF						
5 FUND	X	CF TO CF						
6 ORGANIZATIONAL DESIGNATIONS								
DDP/EUR SPECIAL ACTIVITIES STAFF								
WASH., D.C.								
11 POSITION TITLE								
OPS OFFICER								
14 CLASSIFICATION SCHEDULE (GS, LS, etc.)		15 OCCUPATIONAL SERIES						
GS		0136.01						
16 GRADE AND STEP								
15 7								
17 SALARY OR RATE								
21192								
18 REMARKS								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19 ACTION CODE	20. Employ Code	21. OFFICE CODES	22. STATION	23. INTRIGEE CODE	24. Height Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
20	10	44050 EUR	75013	1	10 : 09 : 18	MO DA YR	MO DA YR	MO DA YR
28 ETC EXPIRES		29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE	EOD DATA		
MO DA YR					MO DA YR	33 SECURITY REQ NO.	34. SER NO.	
35 VET PREFERENCE		36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 FEGLI / HEALTH INSURANCE	40 SOCIAL SECURITY NO		
CODE	0 - NONE 1 - SPT 2 - 10 PT	MO DA YR	MO DA YR	CODE	CODE	0 WAIVED 1 YES	HEALTH INS CODE	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE			42 LEAVE CAT CODE	43 FEDERAL TAX DATA	44 STATE TAX DATA			
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 MONTHS 3 - BREAK IN SERVICE MORE THAN 3 MONTHS		1 - EXECUTED 2 - NO	NO TAX EXEMPTIONS	1 - YES 2 - NO	CODE	NO TAX EXEMPT STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION								
FROM: WE								
POSTED D.W.								

FORM 5-66 1150

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B J T

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downgrading and
declassification

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(When Filled In)

SECRET

FD-16 (Rev. 1-15-64)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED				
1 SERIAL NUMBER		2 NAME (Last-First-Middle)						25 April 1967				
013842		HUNT, E. HOWARD										
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT						
				MONTH 05	DAY 07	YEAR 67	REGULAR					
6 FUNDS		V TO V		V TO CF			7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
		CPT TO V	X	CPT TO CF			7136-1184		PL 88-643 Sect. 203			
9 ORGANIZATIONAL DESIGNATIONS DDP/RE EUR				10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.								
11 POSITION TITLE				12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION D						
14. CLASSIFICATION SCHEDULE (GS, F.B., etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP 15		17 SALARY OR RATE \$					
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.												
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGEE CODE	24 REGTIS CODE	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LN	
		NUMERIC	ALPHABETIC				MO	DA	YR	MO	DA	YR
28 RTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA		33 SECURITY REQ NO		34 SEX			
MO DA YR		1-CSC 2-FICA 3-HORN	CODE	TYPE	MO	DA	YR					
35 VET PREFERENCE	36 SERV COMP DATE	37. LONG COMP DATE		38 CAREER CATEGORY	39 FEGLI-HEALTH INSURANCE		40 SOCIAL SECURITY NO					
CODE 0-NONE 1-3 PT 2-10 PT	MO DA YR	MO DA YR		CAT RESV PROV/TEMP	CODE	CODE 0-BLINES 1-YES	HEALTH INS CODE					
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT. CODE	43 FEDERAL TAX DATA		44 STATE TAX DATA					
CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		FORM EXECUTED 1-YES 2-NO	CODE	NO TAX EXEMPTIONS	FORM EXECUTED 1-YES 2-NO	CODE	NO TAX EXEMPT	STATE CODE				
45 POSITION CONTROL CERTIFICATION				46 O.P. APPROVAL		DATE APPROVED						
				See memo signed by D/Pers dated 27 APR 1967								

SECRET
(When Filled In)

BUT: 17 MAY 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST MIDDLE)							
013842	HUNT E HOWARD							
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM								
4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT							
NO DA TO	REGULAR							
05 07 67								
6. FUNDS	V TO V	V TO CP	7. Financial Analysis No Chargeable					
	CP TO V	X CP TO CP	8. CSC OR OTHER LEGAL AUTHORITY					
9. ORGANIZATIONAL DESIGNATIONS								
DOP/EUR								
WASH., D.C.								
10. LOCATION OF OFFICIAL STATION								
11. POSITION TITLE								
12. POSITION NUMBER								
13. SERVICE DESIGNATION								
D								
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP					
			15					
17. SALARY OR RATE								
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. Employer Code	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Major Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
		NUMERIC ALPHABETIC			NO DA TO	NO DA TO	NO DA TO	
28. HTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. SECURITY REO. NO.	34. SEX		
NO DA TO		CSC CODE		NO DA TO	EOD DATA			
1		2						
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGI / HEALTH INSURANCE	40. SOCIAL SECURITY NO			
CODE 0. NONE 1. 1 DAY 2. 10 PT	NO DA TO	NO DA TO	CODE 1. CSC 2. CIA 3. FICA 4. SSI	CODE 0. WAIVER 1. YES 2. TEMP	CODE 0. CSC 1. FICA 2. FEGI 3. HHI			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 yrs) 3. BREAK IN SERVICE (MORE THAN 3 yrs)	CODE	TRANSMITTED CODE	NO TAX EXEMPTIONS	EXEMPTED 1. FAS 2. NO	CODE 1. FAS 2. NO	NO TAX EXEMPT	STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION								
POSTED 5-18-67 (B)								

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Locate the document
using the file number
and date stamp

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14-00000

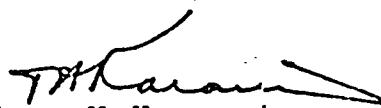
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to Spain for a special undertaking in behalf of the DD/P. He left for Spain in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".


Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

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(When Filled In)

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

NAME OF EMPLOYEE (Last)		(First)	(Middle)	SOCIAL SECURITY NUMBER
HUNT		E.	Howard	
RESIDENCE DATA				
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Sarasota, Fla.		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)		
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Potomac, Md.		HOME LEAVE RESIDENCE 11120 River Rd., Potomac, Md. 20854		
MARITAL STATUS (Check one)				
SINGLE	<input checked="" type="checkbox"/> MARRIED	SEPARATED	DIVORCED	WIDOWED
IF MARRIED, PLACE OF MARRIAGE Millbrook, N.Y.		DATE OF MARRIAGE Sept. 7 1949		
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)				
3. MEMBERS OF FAMILY				
NAME OF SPOUSE Dorothy L. Hunt		ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd., Potomac, Md. 20854	TELEPHONE NO. 299 7366	
NAMES OF CHILDREN Lisa T. Kevan T. Howard St. John David A.		ADDRESS 11120 River Road, Potomac, Md. D I TTO	SEX F F M M	DATE OF BIRTH 28 Oct 3/11/51 27/11/52 3/22/54 8/1/66
NAME OF YOUR FATHER (Or male guardian)		ADDRESS	TELEPHONE NO.	
NAME OF YOUR MOTHER (Or female guardian)		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 and 3 elder children				
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY				
NAME Mr., Mrs., Miss (Last-First-Middle) Hunt, Dorothy L.		RELATIONSHIP wife		
HOME ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd., Potomac, Md. 20854		HOME TELEPHONE NUMBER 299 7366		
BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION		
IS THE INDIVIDUAL NAMED ABOVE WITNESS OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) Yes				
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) Yes				
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in Item 6.) Yes				
The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.				
CONTINUED ON REVERSE SIDE				
CURRENT RESIDENCE AND DEPENDENCY REPORT				

CONFIDENTIAL**VOLUNTARY ENTRIES**

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

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

Riggs National Bank F.M. Branch, Washington, DC

Howard and/or Dorothy L. Hunt

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 wife's possession

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

YES NO. (If "Yes", give names and addresses)

Wm. F. Buckley, Jr. Stamford, Conn.

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

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

Daughter Lisa T. Hunt is presently hospitalized. Notification should not be made to her.

SIGNED AT

Langleys, Va.

DATE

25 June 1967

SIGNATURE

E. Howard Hunt

CONFIDENTIAL

SECRET

(If being filled in)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED			
				30 JULY 1968							
1. SERIAL NUMBER 013842	2. NAME (Last-First-Middle) HUNT, E. HOWARD ✓										
3. NATURE OF PERSONNEL ACTION REASSIGNMENT								4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR C.8 10 68	5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS →	V TO V		V TO O	7. FINANCIAL ANALYSIS NO CHARGEABLE 9136 1184				8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS EDP/EUR OPERATIONS STAFF								10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE CPS OFFICER								12. POSITION NUMBER 0012	13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15A 8	17. SALARY OR RATE \$23735 - 24.393					
18. REMARKS VICE: W. DIETRICH FROM EUR/SAS/#0006											
18A. SIGNATURE OF REQUESTING OFFICIAL <i>John C. Taylor</i> WILLFORD C. TAYLOR, C/B/PERS				DATE SIGNED 8/11/68	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Patt M. H. Lee</i>				DATE SIGNED 5 Aug 68		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37	20. EMPLOY. CODE 10	21. OFFICE CODING 44100 EUR		22. STATION CODE 78213	23. INTEGEE CODE 1	24. MOOTS CODE 1	25. DATE OF BIRTH 10/09/18	26. DATE OF GRADE MO. DA. YE	27. DATE OF LEI MO. DA. YE		
28. RTE EXPRES MO. DA. YE		29. SPECIAL REFERENCE 1-FSC 2-DRGN 3-FICA 4-POR		30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO. DA. YE	33. SECURITY REQ. NO. EOD DATA		34. SEL		
35. RET PREFERENCE CODE 0-BORN 1-5 PT 2-10 PT		36. SERV. COMP. DATE MO. DA. YE		37. LONG. COMP. DATE MO. DA. YE	38. CAREER CATEGORY CAB REV PROV. TEMP	39. FEGL. HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE 1-YRS 2-00	43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	45. DATE APPROV <i>W. Hunt</i>				
46. POSITION CONTROL CERTIFICATION <i>8-7-68</i> <i>DMH</i>											

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(When Filled In)

PLW: 13 AUG 68

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
013842		HUIT E HOWARD		03	07	68	REGULAR
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				7. Financial Analysis No Changeable		8. CSC OR OTHER LEGAL AUTHORITY	
6. FUNDS ➤		V TO V	V TO CF	9136 1154 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF				10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 0012	13. SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS LB etc.) GS		15. OCCUPATIONAL SERIES 0138.01	16. GRADE AND STEP 15 S	17. SALARY OR RATE 24393			
18. REMARKS							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOYEE CODE 10	21. OFFICE CODING 44160 EUR	22. STATION CODE 75013	23. INTEGEE CODE 1	24. Month Code 10	25. DATE OF BIRTH 08 12	26. DATE OF GRADE 08 12
28. NITE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. Correction / Concourse Date	33. SECURITY REQ NO	34. SEC
					TIME	NO DA 18	EOO DATA ➤
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG. COMP DATE	38. CAREER CATEGORY	39. FEGL - HEALTH INSURANCE	40. SOCIAL SECURITY NO	
CODE 1. REG 2. AM 3. NM		NO DA 18	NO DA 18	CIV PROV TEMP	1. REG 2. PAYER 3. NM HEALTH NO CODE		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA	
CODE 1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE (LESS THAN 3 yrs) 3. BREAK IN SERVICE (MORE THAN 3 yrs)					1. EXECUTED 2. NO CODE	1. NO EXEMPTIONS 2. NO CODE	1. NO EXEMPT 2. NO CODE STATE CODE
SIGNATURE OR OTHER AUTHENTICATION							

14-00000
7 March 1969

MEMORANDUM FOR: E. Howard Hunt, DDP/EUR/CA
SUBJECT : Service Computation Date

In your memo of 24 February 1969 to the Director of Personnel you requested a classification of your Service Computation Date, since various records had indicated three different dates. The date should be 7 September 1944.

This date reflects the following service:

Economic Cooperation Administration-

17 May 1948 - 08 June 1948 22 days
Foreign Service-

09 June 1948 - 19 February 1949 - 08 mo., 11 days

U.S. Naval Reserve-

19 August 1940 - 13 October 1942 02 yr., 1 mo., 25 days
U.S. Army-

06 October 1943 - 08 January 1946 02 yr., 3 mo., 3 days

Agency (Staff and Contract)-

08 November 1949 to Present

Total non-Agency time amounts to 5 years, 2 months and 1 day. When this time is subtracted from your Agency EOD date the result is 7 September 1944.

The confusion has resulted from conflicting dates arrived at in previous attempts at classification.

14-00000

This office is charged with arriving at SCD's for leave purposes. Prior to your retirement the Retirement Operations Branch will obtain records from the Civil Service Commission verifying that service which is creditable for retirement purposes.

In this regard let me point out that the date which we have just verified contains a period of service that is potentially creditable for retirement. Your military records show an enlistment in the Army as 6 October 1943. However the form later states active duty from 22 November 1943 to 8 January 1946. If you have any questions regarding the computation please call me on X7165. Questions regarding creditable service for retirement purposes can be referred to Murray Bentall on X3237.

John T. McCann
Chief, Transactions & Records Branch

Distribution:
Orig.&l-Addressee
1-TRB Chrono

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee
Number 013842, DOB: October 1918;
EUR/CA; Career; Service Designa-
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1968

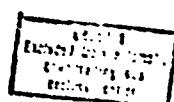
MONTHS UNDER MY SUPERVISION: 7

OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.



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4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.

Edward Fenimore
Edward Fenimore
Chief of Operations
European Division

I certify that I have seen the above fitness report.

John J. Hunt

Date: 3/15/69

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE 14 January 1970
TO: <i>(check)</i>	CHIEF, RECORDS AND CONTROL	FILE NUMBER	1088
	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER	013842
	X CHIEF, OPERATING COMPONENT (For action) EUR	ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF	OFFICIAL COVER	BACKSTOP ESTABLISHED	
REF: FORM: 1413		X DISCONTINUED	
SUBJECT	UNIT		
HUNT, E. HOWARD			
DEPARTMENT OF STATE			

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (MHW 20-800-713)		CANCELLATION OF OFFICIAL COVER ENBLOCK RECORDS (MHW 20-800-713)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE XEROXED
B. CONTINUING AS OF COB		FROM COB
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (MHW 20-73)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (MHW 20-73)
ASCERTAIN THAT _____ W-2 BEING ISSUED. (MHW 20-73)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (MHW 240-2*)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (MHW 240-2*)		
SUBMIT FORM 2688  FOR HOSPITALIZATION CARD		

REMARKS AND/OR COVER HISTORY

COVER HISTORY:

NOV 49 - DEC 50	HQS/OVERT
DEC 50 - MAR 53	MEXICO/STATE INT
MAR 53 - JAN 54	HQS/OVERT
JAN 54 - OCT 56	JAPAN/DAC
OCT 56 - JAN 57	HQS/OVERT
JAN 57 - JUN 60	URUGUAY/STATE INT
JUL 60 - JUL 65	HQS/OVERT
JUL 65 - SEP 66	HQS/OVERT
SEP 66 - PRESENT	HQS/STATE NOM

DISTRIBUTION: COPY 1 - HQS
COPY 2 - OPERATING COMPONENT
COPY 3 - HQS
COPY 4 - DIA/TELE
COPY 5 - CCS - CHARGE
COPY 6 - CCS - FILE

JC/s1

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

SECRET

REQUEST FOR PERSONNEL ACTION									DATE PREPARED		
1. SERIAL NUMBER	2. NAME (Last-First-Middle)								10 Jan 70		
013842	HUNT, E. HOWARD										
3. NATURE OF PERSONNEL ACTION									4. EFFECTIVE DATE REQUESTED		
TRANSFER TO VOUCHERED FUNDS									MONTH DAY YEAR 01 11 70		
5. FUNDS									7. FINANCIAL ANALYSIS NO. CHARGEABLE 0236 1184		
XX V TO V V TO C									8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS									10. LOCATION OF OFFICIAL STATION		
DDP/RUR OPERATIONS STAFF									WASH., D.C.		
11. POSITION TITLE									12. POSITION NUMBER		
CPS OFFICER									0012		
14. CLASSIFICATION SCHEDULE (GAG, E.R. etc.)									15. OCCUPATIONAL SERIES		
GS									0136.01		
16. GRADE AND STEP									17. SALARY OR RATE		
15 8 .									\$ 26,629		
18. REMARKS											
<p>Effective date of 11 Jan 70 must remain in order for Subject to be eligible for Blue Cross Hospitalization.</p>											
18A SIGNATURE OF REQUESTING OFFICIAL <i>WILLFORD C. TAYLOR, C/E/Pers</i>				DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>J. Bush</i>				DATE SIGNED		
				1/17/70					1-19-70		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRITY CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI			
16. 10	41.00	ALL 1-813		CON	CODE	1 10 09 18	MO DA YR	MO DA YR	MO DA YR		
20. RITE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION, CANCELLATION DATA							
MO. DA YR		CODE	DATA CODE	TYPE	MO DA YR		EOD DATA				
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGAL/HEALTH INSURANCE	40. SOCIAL SECURITY NO						
CODE	MO. DA YR	MO. DA YR	LAW REV PROV TEMP	CODE	CODE	8-WAIVED	1-YES	HEALTH INS. CODE			
0-NO 1-5 PT 2-10 PT											
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA			
CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)					FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT.	STATE CODE
					1-YES 2-NO			1-YES 2-NO			
45. POSITION CONTROL CERTIFICATION 1-20-70 m/w				46. O.P. APPROVAL W. Hunt			DATE APPROVED				
							1/20/70				

SECRET

(When Filled In)

DOD FORM 10-67

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER.		2. NAME (LAST-FIRST-MIDDLE)											
4-13-42		HUNT E HOWARD											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
TRANSFER TO VOUCHERED FUNDS				MO DA YE 01 11 71		REGULAR							
6. FUNDS		V TO V	V TO CF	7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0200 1104 0000		SF USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION									
DDP/EUR OPERATIONS STAFF				WASH DC									
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION							
OFS OFFICER				0100		O							
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
CS			0100.01		15		2632						
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI				
16	16	441001 EUR		75013	1	MO DA YE 01 11 71	MO DA YE 01 11 71	MO DA YE 01 11 71	MO DA YE 01 11 71				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION / CANCELLATION DATA		33. SECURITY REQ NO	34. SEX		
										EOD DATA			
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGI - HEALTH INSURANCE		40. SOCIAL SECURITY NO			
CODE 0. NONE 1. 5 PT. 2. 10 PT.		MO DA YE 00 00 00		MO DA YE 00 00 00		CAR BESY CODE PROV EMP		0 WAVER 1 YRS		HEALTH INS CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE						42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
								FORM EXECUTED CODE 1 YES 2 NO				FORM EXECUTED CODE 1 YES 2 NO	
SIGNATURE OR OTHER AUTHENTICATION													
POSTED 1-22-70 JBC DHS													

FORM
5001100
MAY 1967Use Previous
Edition

SECRET

JBC

CLASSIFIED
Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11414 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	44 100	CF	GS 15 8	\$26,629	

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-216 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	44 050	CF	GS 15 7	\$21,192	\$22,082

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENTS: 14 JULY 1968

SECRET

(When filled in)

JFC: 20 APR 70

NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)		
013642	HUNT E HOWARD		
3. NATURE OF PERSONNEL ACTION RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE MO 008 19 04 130 70	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V <input checked="" type="checkbox"/>	V TO CF <input type="checkbox"/>	7. FINANCIAL ANALYSIS NO CHARGEABLE CSC OR OTHER LEGAL AUTHORITY
	CF TO V <input type="checkbox"/>	CF TO CF <input type="checkbox"/>	8. P.L. 89-643 SECT. 233
9. ORGANIZATIONAL DESIGNATIONS DOP/EUR OPERATIONS STAFF		10. LOCATION OF OFFICIAL STATION WASH. D.C.	
11. POSITION TITLE CPS OFFICER		12. POSITION NUMBER OC 12	13. SERVICE DESIGNATION
14. CLASSIFICATION SCHEDULE (GS, LB etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 R
			17. SALARY OR RATE 22226
18. REMARKS			

1. LAST NAME HUNT	FIRST NAME E	INITIAL(S) HOWARD	2. APPOINTMENT DATA Entered on duty 5/15/48 <input checked="" type="checkbox"/> F.T. <input type="checkbox"/> P.T.	3. TOTAL SERVICE FOR LEAVE (full or date of separation) Years 25
4. DATE AND NATURE OF SEPARATION RETIREMENT VOLUNTARY CIARDS 4/30/70			Subject to Sec 303(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 203(d) on Annual Leave Bal	Months 7
				Days 23
			<input checked="" type="checkbox"/> More than 15 years	
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)			SUMMARY OF HOME LEAVE (DAYS)	
5. Balance from prior leave year ended 1970	1/10	ANNUAL 300	SICK 745	REMARKS SCD: 9/7/44
6. Current leave year accrual through 1970	4/18		56 28	
7. Total		356	773	
8. Reduction in credits, if any (current year)		0	0	14. Date arrived abroad for HI purposes
9. Total leave taken		144	36	15. Current balance as of 19
10. Balance		312	773	16. 12 month accrual rate
11. Total hours paid in lump sum	300 HRS + 1 HOL			17. Dates leave used, prior 24 months
12. Salary rates	28.226			18. Monthly accrual date
13. Lump sum leave dates From 0830, 5/1/70 to 6/24/70	1230	(Hours)		19. Calendar days credit for next accrual date
20. Certified copy by <i>John M. Shee</i> <i>E. J. P. H.</i> (Signature)	Date 113-2585	(Phone)		20. Date last service period completed
for Chief Payroll				MILITARY LEAVE
				21. Dates during current calendar yr _____ to _____
				22. Dates during preceding calendar yr _____ to _____
23. During leave year in which separated			ABSENCE WITHOUT PAY (WOP or AWOL or Furlough/Suspension Hours)	
24. During step increase waiting period which began on 12/3/67			0	
25. During 12 month HI accrual period (dates)			0	

Standard Form 1150
November 1965
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 290-41 AND 990-2

MMW

(When filled in)

SECRET

81 APR 1970 70-3034

MEMORANDUM FOR : Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement
E. Howard Hunt

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.
2. Mr. E. Howard Hunt, GS-15, Operations Officer, European Division, Clandestine Service, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 April 1970.
3. Mr. Hunt has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 51 years old with over 25 years of Federal service. This service includes over 20 years with the Agency of which more than 10 years were in qualifying service overseas. The Head of the Clandestine Service Career Service has recommended that his application for voluntary retirement be approved. I endorse this recommendation.
4. It is recommended that you approve the voluntary retirement of Mr. E. Howard Hunt under the provisions of Headquarters Regulation 20-50j.

/s/ Robert S. Wattles

Robert S. Wattles
Director of Personnel

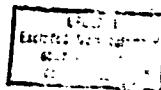
The recommendation contained in paragraph 4 is approved:

/s/ Richard Helms

Richard Helms
Director of Central Intelligence

81 APR 1970

Date



SECRET

SECRET

(This form is valid for)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED															
1 SERIAL NUMBER		2 NAME (Last-First-Middle)						21 APRIL 1970															
013842		HUNT, E. HOWARD ✓																					
RETIREMENT (VOLUNTARY) UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM								4 EFFECTIVE DATE REQUESTED															
								MONTH	COB	YEAR													
								04	30	70													
6 FUNDS		X	V TO V	V TO C	7 FINANCIAL ANALYSIS NO CHARGEABLE		8 CATEGORY OF EMPLOYMENT																
			C TO V	C TO C	0236-1184		REGULAR																
9 ORGANIZATIONAL DESIGNATIONS								10 LOCATION OF OFFICIAL STATION															
DDP/EUR OPERATIONS STAFF								WASHINGTON, D.C.															
11 POSITION TITLE								12 POSITION NUMBER															
OPS OFFICER								13 CAREER SERVICE DESIGNATION															
14 CLASSIFICATION SCHEDULE (GS, F.R., etc.)		(15)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE															
GS		0136.01		15.8		D		\$ 26,639.23.226															
18 REMARKS cc: SECURITY cc: PAYROLL recommend for Agency Reserve program w. ready Approved by CSPS 4/27/70																							
19A SIGNATURE OF REQUESTING OFFICIAL <i>G. T. Taylor</i>				DATE SIGNED <i>4/27/70</i>		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>J. K. Bass</i>				DATE SIGNED <i>4/27</i>													
20 ACTION CODE <i>45 1C</i>										21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE		23 INTEGEE CODE		24 MOGTS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
28 RITE EXPIRES MO. DA YR.		29 SPECIAL REFERENCE 1-NSC 2-ORG 3-FICA 4-NONE		30 RETIREMENT DATA CODE		31 SEPARATION DATA CODE		32 CORRECTION/CANCELLATION DATA TYPE		MO. DA YR.		MO. DA YR.		MO. DA YR.		MO. DA YR.							
33 VET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT		34 SERV COMP DATE MO. DA YR.		35 LONG COMP DATE MO. DA YR.		36 CARRIER CATEGORY CODE CAT RESA PROV TEMP		37 FEGL. HEALTH INSURANCE CODE 0-WARDED 1-YES		38 MO. DA YR.		39 MO. DA YR.		40 MO. DA YR.		41 MO. DA YR.							
42 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-0 PREVIOUS SERVICE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)								43 LEAVE CAT CODE		44 FEDERAL TAX DATA FORM EXECUTED CODE 1-EZ 2-60		45 STATE TAX DATA FORM EXECUTED 1-YES 2-NO		46 O.P. APPROVAL <i>4-29-70</i>		47 DATE APPROVED <i>4/24/70</i>							
48 POSITION CONTROL CERTIFICATION <i>4-29-70</i>										49 GROUP I EXCLUDED FROM AUTOMATIC DOWNGRADING AND DELAYED RELEASE		50											

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION
OF OFFICIAL COVER BACKSTOP

April 23, 1970

<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL		FILE NUMBER 1088
TO: (Check)	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) SUR	ID CARD NUMBER
ATTN: Chief Support Staff	OFFICIAL COVER	BACKSTOP ESTABLISHED
REF: Retirement Debriefing		<input checked="" type="checkbox"/> DISCONTINUED
SUBJECT: HUNT, E. Howard	UNIT	Department of State
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPW 20-800-22)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPW 20-800-23)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE XXXXXX
B. CONTINUING AS OF COB		From EOD
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (MMR 20-73)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (MMR 20-73)
ASCERTAIN THAT _____ W-2 BEING ISSUED (MMR 20-123)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (MMR 240-24)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (MMR 240-24)		
SUBMIT FORM 2888 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD		

REMARKS AND/OR COVER HISTORY

Cover History:

NOV 49 - DEC 50 HQS/OVERT
 DEC 50 - MAR 53 MEXICO/STATE INT
 MAR 53 - JAN 54 HQS/OVERT
 JAN 54 - OCT 56 JAPAN/DAC NOM
 OCT 56 - JAN 57 HQS/OVERT
 JAN 57 - JUN 60 URUGUAY/STATE INT
 JUL 60 - JUL 65 HQS/OVERT
 JUL 65 - SEP 66 HQS/OVERT
 SEP 66 - Present HQS/STATE NOM

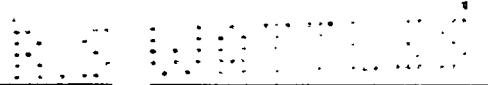
DISTRIBUTION: COPY 1 - HQS
 COPY 2 - OPERATING COMPONENT
 COPY 3 - GPO
 COPY 4 - DIA/USIA
 COPY 5 - CCS - CDRSS
 COPY 6 - CSC - FIPS

CD/sl

SECRET

1551 (20 PAGES)

JSC: 29 APR 70

NOTIFICATION OF PERSONNEL ACTION NEP			
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)		
013842	HUNT E HOWARD		
3. NATURE OF PERSONNEL ACTION RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE 02 08 70	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS 	V TO V	V TO CF	7. Financial Analyst No Chargeable CSC OR OTHER LEGAL AUTHORITY P.L. 88-643 0238 1184 0000 SECT. 213
8. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0012	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0138.01	16. GRADE AND STEP 15 B	17. SALARY OR RATE 28228
18. REMARKS			
SIGNATURE OR OTHER AUTHENTICATION 			

SECRET

1 MAY 1970

MEMORANDUM FOR : Mr. E. Howard Hunt
THROUGH : Head of CS Career Service
SUBJECT : Notification of Approval of Request for
Voluntary Retirement

1. I am pleased to inform you that your request for voluntary retirement under the CIA Retirement and Disability System has been approved by the Director of Central Intelligence.

2. Your retirement will become effective 30 April 1970. Your annuity will commence as of 1 May 1970 and is payable on 1 June 1970. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative processing required to effect your retirement.

3. You will receive a lump-sum payment for your accrued annual leave up to 30 days or for whatever amount of leave credit you carried over from the last leave year if that amount is more than 30 days.

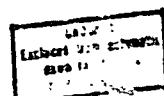
/s/ H. R. Fisher

Robert S. Wattles
Director of Personnel

Distribution:

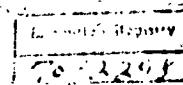
0 - Addressee
1 - D/Pers
1 - OPF
1 - ROB Reader
1 - ROB Soft File

OP/RAD/ROB/DEMorris;jat/3257 (30 April 1970)



SECRET

70-1825



Mr. E. Howard Host 6 MAY 1970
 11120 River Road
 Potomac, Maryland 20854

Dear Howard:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride and satisfaction in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Dick
Richard Helms

Richard Helms
Director

Good Luck and Best Wishes!

Distribution:

0 - Addressee	Originators:	/s/ H. B. Fisher	6 MAY 1970
1 - DDCI			
1 - ER		Director of Personnel	
1 - C/EAB/OS			
1 - D/Pers			
1 - OPF		SIGNED	
1 - ROB Soft File	Concur:		
1 - ROB Reader		C/EAB/OS	

20 APR 1970

OP/RAD/ROB/DEMorrisonat/3257 (20 April 1970)

14-00000

Mr. E. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Mr. Hunt:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Buchay
Personnel Officer

Enclosures:
Questionnaire
Return Envelope

Distribution:
Original - Addressee
1 - O&F
1 - RAD Subject's File

O&F/RAD/REAS/MLShebe:mlp (9 October 1970)

*Howard Hunt
CIA/CIA
4829*

NO SECURITY CLEARANCE

CENTRAL INTELLIGENCE AGENCY

Career Profile

4 pgs

*Howard Hunt
CIA/CIA
4829*

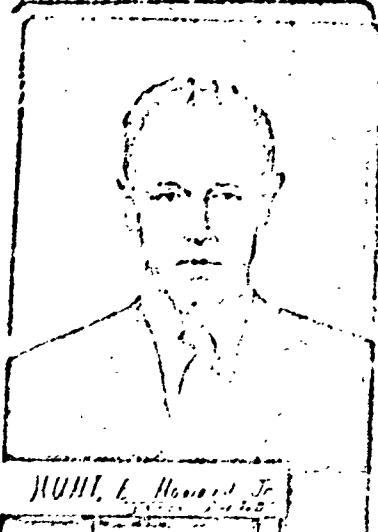
From 1949 to the present I have been a career official of the Central Intelligence Agency. My foreign assignments have been in Europe, Latin America and the Far East where my duties involved the collection, evaluation, and reporting of high priority intelligence in the national interest. This intelligence information related to the economic, political, social and military aspects of nations and regions where I was located. During two crisis periods I was a senior member of special task forces organized to confront the crises, and took part in White House conferences. At other times I have served as a regional trouble-shooter.

Abroad I have dealt and negotiated with senior officials including Presidents of foreign nations and members of their Cabinets.

In Washington I have represented CIA at high levels of our government including the Psychological Strategy Board, Operations Coordinating Board and Interdepartmental Groups chaired by the Assistant Secretary of State. I have had extensive responsibilities for the development and review of large-scale budgets, and for their successful presentation.

I have also had broad experience in dealing with key non-governmental figures in the United States and abroad, including major corporate and industrial personalities at the highest level.

SECRET

SERIAL NO. 013782	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) HOST, (Everett) Howard	DATE OF BIRTH 9 Oct 1918	
 EVERTT E. HOWARD, JR.		
16. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
18. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL		
18. ADDITIONAL INFORMATION		
Appreciation 1953 from Chief, PP, for assistance rendered in the preparation of "PP Operational Aids."		
Appreciation 1953 from P. T. Culbertson, American Embassy, Mexico City, for ability, discretion and judgment displayed while assigned to Mexico City.		
Comendation 1954 from W. D. Playdon (P) for superior performance in connection with project PROGRESS.		
Appreciation 1960 from Chief, US Secret Service, Treasury Dept, to the DCI, for excellent cooperation provided prior to and during President Eisenhower's visit to Uruguay.		
Comendation 1961 from Ch, WH for performance of duties with distinction in support of the mission outlined in Project JUATE.		
28 Mar 1973	pm1/cal	1200 (PART 2) 1660 1960 1961 1962 1963 1964 1965 1966 1967 CL BY 010025 PROFILE 2561

Form No. 1200 (PART 2) 1660 1960 1961 1962 1963 1964 1965 1966 1967
1 Feb 69 **SECRET** 1660 1960 1961 1962 1963 1964 1965 1966 1967
CL BY 010025 PROFILE 2561

SECRET

(When Filled In)

1. FILE SERIAL NO. 013042		BIOGRAPHIC PROFILE (PART I) SD: 7 Sep 1974				
2. NAME (Last-First-Middle) HUNT, E(verett) Howard		3. SEX M	4. DATE OF BIRTH 9 Oct 1918	5. CONCURRENCE (Date) 8 Nov 1949		
6. MARRITAL STATUS Married		7. DEPENDENTS (Freel. empl.) D	8. PLACE OF BIRTH 5 1920 1951 1952 1954 1956 1963	9. US NATIONALIZATION DATES NA NA		
10. CAREER STATUS STAFF 11. CURRENT RESUME STATUS X		12. MEMBERSHIP D Jul 1954	13. JOINER STATUS None	14. LAST MOS. APP. DUTY Feb 1967	15. DUTY LOC. DIA/CIA CAT-1	16. EVAL. FOR TDI Standby TDI Standby
17. ASSESSMENT DATA None		18. PROFESSIONAL TEST DATA None		19. LANGUAGE ABILITY TEST DATA None		
20. NON-CIA EMPLOYMENT 1940-42 Military Service, US Navy, Ensign 1942-43 "The March of Time," NYC - Script Writer 1943 "Tir," Inc, NYC - War Correspondent (South Pacific, 9 mo) 1943-46 Military Service, USAF, 1st Lt (1945-46, OSS in China) 1946-49 Free Lance Writer 1948-49 Economic Cooperation Administration, Paris, France - US Media Specialist						
21. NON-CIA EDUCATION 1934 AAFSIT, Orlando, Fla - Air Combat Intelligence (4 mos) 1936-40 Brown Univ - AB, English, English Literature, Economics 1950 Berlitz School of Languages, DC - Spanish						
22. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R,P Inter; W,S,U High (Apr 1967) Transl & Interpr - May 1957 German - R,W,S,U Slight P, inter; T, none - May 1957 (declined testing) French - R,P Elan; W,S,U Slight; T None - Sep 1960 - disc prof Apr 1968				
23. AGENCY SPONSORED TRAINING 1950 Admin Proc 1953 Photography 1950 Secret Writing 1953 Ops Famil 1953 Flaps & Scales						
24. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
25. EFFECTIVE DATE	26. POSITION TITLE & OCCUPATIONAL CODE	27. GRADE	28. SD	29. ORGANIZATION & DUTY LOC. TIME (If App)	30. LOCATION	
Nov 1949	I.O. (Editor) 0130.00	13		OPC/P&P Stf/Program Cpt II	Hq	
Dec 1950	I.O. 0132.00	13		OPC/Latin America/Cps/CDS	Mexico City	
Jun 1951	" 0132.00	14		OPC/Latin America/CDS	" "	
Aug 1953	Ops Off 0132.00	15	PP	DDP/SE/Ch, PP Staff	Hq	
Jun 1954	Ops Off (PP) 0136.31	15	DP	DDP/FS/SR-NA/Ch, PP Staff	Tokyo	
Feb 1957	Area Ops Off 0136.01	15	DP	DDP/WH-II/Urusay Station/OOS	Montevideo	
Nov 1960	Ops Off 0136.01	15	D	DDP/MIL-4	Hq	
Nov 1961	Ops Off 0136.01	15	D	DDP/CAST/PLANT/ResInt/Ch, EvalBr	" "	
Jan 1962	" 0136.01	15	D	DDP/CA Staff/DC	" "	
Jul 1962	" 0136.01	15	D	DDP/DOTS/Facilities Br/Ch, MFTSec	" "	
Aug 1964	" 0136.01	15	D	DDP/DOD/U.S. Field Ch, CA Staff	" "	
Feb 1965	" 0136.01	15	D	DDP/Off of the DDP, Ops Group	" "	
Sep 1965	Jul 1965-Sep 1966 Contract Employee					
Oct 1966	Ops Off 0136.01	15	D	DDP/W/E/Operations Stf	Hq	
Jan 1967	" 0136.01	15	D	DDP/Eur/Spec Act Stf	" "	
Aug 1968	" 0136.01	15	D	DDP/EUR/Operations Staff	" "	
Apr 1970	Retirement--Voluntary under CIADS					
31. DATE REVIEWED 28 Mar 1973	32. PROFILE REVIEWED BY E 2 LIF/SD rrd/cal CL NY 010026	33. RIGHTS TO BE REVIVED BY 28 Mar 1973	34. REVIEWED BY 28 Mar 1973	35. NO		

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

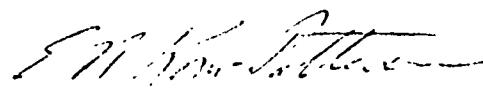
SECRET

PROFILE

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.



E.N. Korn-Patterson
Deputy Chief,
European Division

SECRET

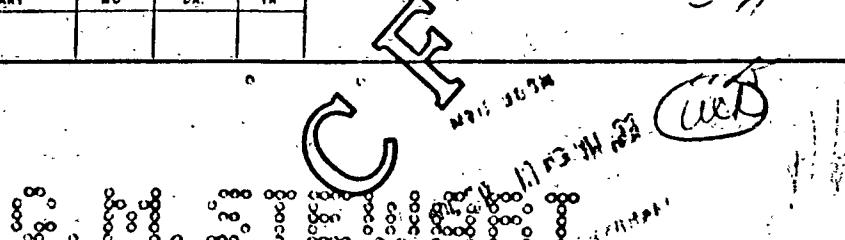
14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND
EXECUTIVE ORDER 11526 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 5 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 1 December 1968

NAME	SERIAL ORGN, PLUS GR-STEP	NEW SALARY
Humb E. Howard	013642 44 100 OF GS-15 6	\$21,220

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME			3. ASSIGNED OAGAS			4. FUND	5. ALLOWMENT		
513842	HUNT HOWARD E			DDP/WH			UV			
6. OLD SALARY RATE				7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE			
GS 15	4	\$12,670	02 12 56	GS 15	5	\$13,670	08	09	59	
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER										
8. CHECK ONE: <input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD				9. NUMBER OF HOURS LWOP 10. INITIALS OF CLERK 11. AUDITED BY						
TO BE COMPLETED BY THE OFFICE OF PERSONNEL										
12. PROJECTED SALARY RATE AND EFFECTIVE DATE					13. REMARKS					
GRADE	STEP	SALARY	MO	DA	YR					
						5/1				
14. AUTHENTICATION										
										
PERIODIC STEP INCREASE - AUTHENTICATION										

FORM NO.
1 MAR. 56 560a

SECRET

PERSONNEL FOLDER

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE

12 JANUARY 1958 AUTHORIZED BY, P. L. 85 - 462 AND DCI

DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HUNT HOWARD E	513842	GS-15-4	\$12,670	\$13,670
GORDON M. STEWART /S/ DIRECTOR OF PERSONNEL				

SECRET

1. EMP. SERIAL NO.	2. NAME			3. ASSIGNED OAGAS			4. FUND	5. ALLOWMENT		
513842	HUNT HOWARD F			DDP/WH			UV			
6. OLD SALARY RATE				7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE			
15	3	\$12,670	08 12 56	15	4	\$13,670	02	09	59	
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER										
8. CHECK ONE: <input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> EXCESS LWOP IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD				9. NUMBER OF HOURS LWOP 10. INITIALS OF CLERK 11. AUDITED BY						
TO BE COMPLETED BY THE OFFICE OF PERSONNEL										
12. PROJECTED SALARY RATE AND EFFECTIVE DATE					13. REMARKS					
GRADE	STEP	SALARY	MO	DA	YR					
						190				
14. AUTHENTICATION										
										

SECRET
(Blank Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				013742	
SECTION A					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH 3. SEX		
HORN, E. Howard			2 Oct 1910 M		
4. GRADE 5. SD			GS-15 D		
6. OFFICIAL POSITION TITLE			7. OFF/Div/BN OF ASSIGNMENT		
Ops Officer (C)			DOD/DODG/R&P		
8. CURRENT STATION			Wasn., D.C.		
9. CHECK (X) TYPE OF APPOINTMENT					
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	10. CHECK (X) TYPE OF REPORT		
CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> INITIAL	REASSIGNMENT SUPERVISOR	
SPECIAL (Specify):			<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.R.			12. REPORTING PERIOD (From - To)		
26 April 1963			1 March 1962 - 31 March 1963		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Supervises all Division propaganda operations. (4 employees, 7 projects)			RATING LETTER S		
SPECIFIC DUTY NO. 2 Project Officer WURONSON.			RATING LETTER P		
SPECIFIC DUTY NO. 3 Project Officer WUEUSTLER.			RATING LETTER S		
SPECIFIC DUTY NO. 4 Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODG foreign and domestic propaganda operations.			RATING LETTER A		
SPECIFIC DUTY NO. 5			RATING LETTER		
SPECIFIC DUTY NO. 6			RATING LETTER		
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					
17 APR 1963			RATING LETTER P/S		

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 013842	
SECTION A - GENERAL					
1. NAME HUNT, E. HOWARD		2. DATE OF BIRTH 10/09/18	3. SEX M	4. GRADE GS-15	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer (Ch)		7. OFF/DIV/BR OF ASSIGNMENT DDP/DODS/R&F		8. CURRENT STATION Wash., D.C.	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL		REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P. 31 May 1964		12. REPORTING PERIOD (From To) 31 March 1963 - 31 March 1964			
SECTION B - PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Supervises all Division propaganda operations.				RATING LETTER S	
SPECIFIC DUTY NO. 2 Project Officer WUHUSTLER, WUBONBON				RATING LETTER S	
SPECIFIC DUTY NO. 3 Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODS foreign & domestic propaganda				RATING LETTER S	
SPECIFIC DUTY NO. 4 Operations.				RATING LETTER	
SPECIFIC DUTY NO. 5				RATING LETTER	
SPECIFIC DUTY NO. 6				RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					
26 MAY 1964				RATING LETTER S	

SECRET

SECTION C

NARRATIVE COMMENTS

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

Subject has performed in a manner quite consistent with his long and broad experience in many aspects of the craft of intelligence. His senior grade, his special expertise in the field of propaganda and publication and his very high intellect have contributed to the division's operations in the public media field a sharp focus, an economical concentration of money and effort and a consequently heightened impact. In the WUHUSTLER project, Subject vindicated his faith in a moribund clandestine asset by demonstrating, after about a year and a half under his personal direction, that it is one of the most effective activities of its kind. Before Subject assumed direct responsibility for this project, it had suffered from visionary and diffuse direction and from poor case officer-agent rapport. Subject's personal handling of this operation is marked by excellent rapport and the project prospers on an entirely reoriented basis which the agent himself enthusiastically welcomes.

Subject's supervisory responsibility has extended over two secretaries, from one to two professional staffers under official cover and three professional career employees under unofficial cover. The fairness and precision of his management has patently won their respect and inspired their performance.

(Continued on additional sheet)

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

20 May 64

SIGNATURE

Edward H. Kirt

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

24 months

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

DATE

19 May 1964

OFFICIAL TITLE OF SUPERVISOR

DCOS

TYPE OR PRINT NAME AND SIGNATURE

Stanley H. Gaines

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

C. Davis -

DATE

20 May 1964

OFFICIAL TITLE OF REVIEWING OFFICIAL

C. Davis -

TYPE OR PRINT NAME AND SIGNATURE

C. Davis -

SECRET

SECRET

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 013842
SECTION A				
1. NAME Hunt, E. Howard			GENERAL	
2. DATE OF BIRTH 10/09/18			3. SEX M	4. GRADE GS-15
5. SD D			6. OFFICIAL POSITION TITLE Ops Officer (CH)	
7. OFF/DIV/BR OF ASSIGNMENT DDP/DOD/CA			8. CURRENT STATION Washington, D. C.	
9. CHECK (X) TYPE OF APPOINTMENT X CAREER RESERVE TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify): 30 April 1965			10. CHECK (X) TYPE OF REPORT INITIAL ANNUAL SPECIAL (Specify): 1 April 64 - 28 February 1965	
11. DATE REPORT DUE IN O.P. 30 April 1965				
12. REPORTING PERIOD (From: to) 1 April 64 - 28 February 1965				
SECTION B				
PERFORMANCE EVALUATION				
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1 Supervises all DO Division propaganda operations.				RATING LETTER S
SPECIFIC DUTY NO. 2 Project officer for WUHUSTLER, WUBONBON, WUPUNDIT.				RATING LETTER S
SPECIFIC DUTY NO. 3 Conducts liaison with USIA, Staffs and Area Divisions to coordinate DO propaganda operations.				RATING LETTER S
SPECIFIC DUTY NO. 4 Supervises one CS staff officer and secretary under official and two career agents and several witting proprietary hires under project cover.				RATING LETTER S
SPECIFIC DUTY NO. 5				RATING LETTER
SPECIFIC DUTY NO. 6				RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION				
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p>13 APR 1965</p>				
				RATING LETTER S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Mr. Hunt continued to direct the propaganda activities of the DO Division in a superior professional manner until 12 October 1964, when he was incapacitated by illness. On his return from sick leave on 7 December, he was detailed to the Office of the DD/P and officially transferred to that office on 28 February 1965. DO Division can only view this transfer with considerable regret.

Mr. Hunt, by virtue of his personal background, has a unique flair and competence in the propaganda field. Over and above, but complementary to these special skills, his extensive experience in the CS, his sound judgment, high and creative intellect and other commendable personal qualities contributed significantly to the successful prosecution of DO's efforts in the media field. These same attributes attest, in my judgment, to his suitability for employment as a Station Chief or in any other position requiring broad knowledge of and skill in the CS business. He is very cost conscious and an effective supervisor. He enjoys the respect of all personnel under his supervision, official and non-official, as well as that of all his co-workers in the Division and Station.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

7 April 65

E. Michael Hunt

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

16

DATE

OFFICIAL TITLE OF SUPERVISOR

8 APR 1965

DO/Executive Officer

TYPE OR PRINTED NAME AND SIGNATURE

Thos. P. Schreyer

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur generally with the foregoing. I would however, be less inclined to recommend him for a COS job. He could do it but I do not consider that details of management or handling of people his forte -

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPE OR PRINTED NAME AND SIGNATURE

5 April 1965

Chief, DO Division

C. Tracy Barnes

SECRET

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee Number 013842, DOB: October 1918; EUR/CA; Career; Service Designation: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1969

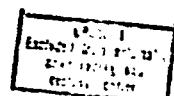
MONTHS UNDER MY SUPERVISION: 7

OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.

**SECRET**

14-00000

SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.

Edward Fenimore
Edward Fenimore
Chief of Operations
European Division

I certify that I have seen the above fitness report.

Edward Hunt _____ Date: 7/5/69

SECRET

14-00000

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.



E.N. Korn-Patterson
Deputy Chief,
European Division

SECRET

CONFIDENTIAL
(Other Filled In)

SECURITY APPROVAL

DATE : 21 September 1966

YOUR
REFERENCE:

CASE NO. : 23500

TO : Director of Personnel

ATTN : John Stocks

SUBJECT : HUNT, Everette Howard Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made for entrance on duty within 150 days, this approval becomes invalid.
3. As part of the entrance on duty processing:

- A personal interview in the Office of Security must be arranged.
 A personal interview is not necessary.
 Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a Conversion Action. This is issued in advance of Form f377.

FOR THE DIRECTOR OF SECURITY:

Steven L. Kuhn
Steven L. Kuhn
Chief, Personnel Security Division

Form 1173 10-66
1000 1173 10-66

CONFIDENTIAL

100

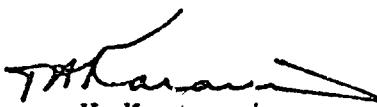
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to Spain for a special undertaking in behalf of the DD/P. He left for Spain in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".


Thomas H. Karamessines
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel
via C/EUR
1 - ADD/P

SECRET

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 any part.

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
HUNT	B.	Howard	10/9/18	126 05 1970
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

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

Mark here _____
if you
WANT BOTH
optional and
regular
insurance

 (A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

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

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

 (B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

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

Mark here _____
if you
WANT NEITHER
regular nor
optional
insurance

 (C)

WAIVER OF LIFE INSURANCE COVERAGE

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

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

SIGNATURE (do not print)

E. Howard Hunt
DATE
Feb. 13, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
FEB 13 1968
OFFICE OF PERSONNEL
89 MM 10 19 68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

STANDARD FORM 81
REVISED JUNE 1943
U.S. CIVIL SERVICE COMMISSION
F.P.M. CHAP. 28
G-124

APPOINTMENT AFFIDAVITS

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

..... (Department or agency) (Bureau or division) (Place of employment)

I, Henry E. Schwarz, 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.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

18 Sept 66
(Date of entrance on duty)

H. E. Schwarz
(Signature of appointee)

Subscribed and sworn before me this 13 day of September, A. D. 1966,

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

[SEAL]

J. P. Schlesinger
(Signature of officer)
Henry E. Schwarz
(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 13, or by a person designated to administer oaths under Section 206, Act of June 28, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)			
River Road Potomac, Md. 20854			
2. (A) DATE OF BIRTH	(B) PLACE OF BIRTH (city and State or city and foreign country)		
Oct. 9, 1918	Hamburg, N.Y.		
3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY	(B) RELATIONSHIP	(C) STREET AND NUMBER, CITY AND STATE	(D) TELEPHONE NO.
Dorothy L. Hunt	wife	11120 River Rd, Potomac Md.	299 7366

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? YES NO
If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

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

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?		X		10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?		X
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 12.</i>			X	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?		
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes," give details in Item 12.</i>		X		11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?		Y
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL, STATE, LOCAL, COUNTY, OR MUNICIPAL LAW, REGULATION OR ORDINANCE? (DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED). <i>If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.</i>		X		B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	X	
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? <i>If your answer is "Yes," give dates of and reasons for such disbarment in Item 12.</i>		X		C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? <i>If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.</i>		X

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.	ITEM NO.	ITEM NO.	ITEM NO.

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

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(When Filled In)

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

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
EAT		Howard	126 05 4970

RESIDENCE DATA			
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Washington, D.C.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)		
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Potomac, Maryland	HOME LEAVE RESIDENCE		
MARRITAL STATUS (Check one)			
SINGLE	<input checked="" type="checkbox"/> MARRIED	SEPARATED	DIVORCED
IF MARRIED, PLACE OF MARRIAGE Hillbrook, N.Y.		WIDOWED	
IF DIVORCED, PLACE OF DIVORCE DECREE		ANNULLED	
IF WIDOWED, PLACE SPOUSE DIED		DATE OF MARRIAGE 6 Sept. 1949	
		DATE OF DECREE	
		DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			

MEMBERS OF FAMILY			
NAME OF SPOUSE Dorothy Louise Eunt	ADDRESS (No., Street, City, Zone, State) 11120 River Rd. Potomac, Md.	TELEPHONE NO. 299 7366	
NAMES OF CHILDREN Lisa Kevan Howard S. David	ADDRESS	SEX	DATE OF BIRTH
		<input checked="" type="checkbox"/> M	9 Dec 16 '50
		<input type="checkbox"/> F	17 Nov. '52
		<input type="checkbox"/> M	22 Dec 6 '54
		<input type="checkbox"/> M	15 Apr. '65
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.	
	deceased		
NAME OF YOUR MOTHER (Or female guardian)	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

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle) Mrs. E. Howard Eunt	RELATIONSHIP wife	HOME TELEPHONE NUMBER	
HOME ADDRESS (No., Street, City, Zone, State) 11120 River Road	Potomac 20854 Md.	299 7366	BUSINESS TELEPHONE & EXTENSION
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE			

IS THE INDIVIDUAL NAMED ABOVE HAVING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

yes

YES	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
YES	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>

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

yes

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
YES	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>

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

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

5.

VOLUNTARY ENTRIES

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

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

Riggs National Bank of Washington (RBN Branch)
Washington 7, DC

Dorothy L. and/or
Howard Hunt

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?)

SD box, Riggs Bank

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? YES NO. (If "Yes", give name(s) and address(es))

Mr. & Mrs. F. Buckley, Jr. Wallacks Point, Stamford, Conn.

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

wife

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

SIGNATURE

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SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

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

Mr. Hunt is an officer with real ability, creative and ^{MANAG}erial. During the period under review, he has done a great deal to tighten up the operation of his shop. The amorphous aspects of some projects he inherited have been eliminated or cut down to size. He has a pleasant and engaging personality and a broadly based background.

If there are any areas of weakness in his performance it is only because his potential is so considerable. For example, it is possible that the staff and planning aspects of his job could receive more attention although, admittedly, there is a large grey area between the responsibilities of the CA Staff and the responsibilities of DODS in this respect.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
13 APR 1963	DODS/EXO	R. H. Cunningham

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
14 April 1963	Chairman	C. Ray Bauer

SECRET

SECRET

(When Filled In)

Cler
QUALIFICATIONS UPDATE

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

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I

BIOGRAPHIC AND POSITION DATA

EMP. SER. NO.	NAME (Last-First-Middle)	DATE OF BIRTH
0135842	Hunt, E. Howard	OCT 2, 1918

SECTION II

EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, County)	YEARS ATTENDED (From-To)	GRADUATE
Hanover High	Hanover, N.Y. USA	1932 - 36	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM--TO--	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/QTR. HRS. (Specify)
	MAJOR	MINOR				
1. Brown U., Providence, P.R. English			1936-40	A.B.	'40	
2.						

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 SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III

MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:

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

Hunt Debra L. Lorris E. WEITZL

3. DATE OF BIRTH

4. PLACE OF BIRTH (City, State, County)

5. OCCUPATION

6. PRESENT EMPLOYER

7. CITIZENSHIP

8. FORMER CITIZENSHIP(S) COUNTRY(IES)

9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV

DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

SECRET

(Formerly Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATE OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY:	CHARTS	
				REFERENCE	TRAVEL	STUDY
		OCT 23 1968				

SECTION VI TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (FPM)	2. SHORTHAND (BPM)	3. INDICATE SHORTHAND SYSTEM USED - CHECK THE APPROPRIATE ITEM	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREGG	<input type="checkbox"/> SPEEDWRITING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> STENOTYPE	<input type="checkbox"/> OTHER SPECIFY

SECTION VII SPECIAL QUALIFICATIONS						
PROVIDE INFORMATION ON Hobbies, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED						

SECTION VIII MILITARY SERVICE						
CURRENT DRAFT STATUS						
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?		2. NEW CLASSIFICATION				
<input type="checkbox"/> YES	<input type="checkbox"/> NO					
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		4. IF DEFERRED, GIVE REASON				
MILITARY RESERVE, NATIONAL GUARD STATUS						
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG		<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD	
		<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/>	<input type="checkbox"/> AIR NATIONAL GUARD	
5. CURRENT RANK, GRADE OR RATE		6. DATE OF APPOINTMENT IN CURRENT RANK		7. EXPIRATION DATE OF CURRENT OBLIGATION		
8. CHECK CURRENT RESERVE CATEGORY		<input type="checkbox"/> READY RESERVE	<input type="checkbox"/> STANDBY(ACTIVE)	<input type="checkbox"/> STANDBY(reacting)	<input type="checkbox"/> RETIRED	<input type="checkbox"/> DISCHARGED
9. MILITARY MOBILIZATION ASSIGNMENT		10. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED				
MILITARY SCHOOLS COMPLETED (Exceeded Active, Reserve Duty, or as Civilian)						
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED		RESIDENT AGENCY SPONSORED

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS						
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)			DATE OF MEMBERSHIP		
				FROM	TO	
1.						
2.						
3.						

SECTION X REF/PKS	

DATE	SIGNATURE - EMPLOYEE
OCT 7, 1968	E. Edward Clark

SECRET

SECRET

(WHEN FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE**APPLICANT CODING DATA**

1. ID	2. APPL. NO.	3. NAME 6-DIGITS "MUST CONTAIN 20-DIGITS"								
< 2 0		*								
4. DATE OF BIRTH		5. DATE CODED								
MO	DA	YR								
*	*	*								
			THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.							

LANGUAGE CODING DATA - FORM 414C

1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE				
< 3 0		*	BASE CODE R W P S U T YR				
5. DATE SUBMITTED		6. DATE OF BIRTH					
MO	DA	YR	MO DA YR				
*	*	*	*				
WHEN FORM 414C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)							

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST						
< 5 0		13842 HUN	C-A-D	BASE CODE R W P S U T YR						
6. LANGUAGE DATA AFTER TEST		7. DATE OF TEST	DATA FOR ITEM 2 2042W196211 EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.							
BASE CODE	R	W	P	S	U	T	YR	MO	DA	YR
BK50	2	1	2	1	1	4	66	19	19	66

QUALIFICATIONS RECORD CHANGE

1. ID	2. EMP/APPL NO.	3. NAME	ENTER UNDER "TYPE" -													
< 4 0		*	A - ADDITION TO RECORD C - CHANGE TO EXISTING RECORD D - DELETION OF DATA FROM EXISTING RECORD													
TYPE	CODE # 1								CODE # 2							
	BASE	1	2	3	YR	BASE	1	2	3	YR	BASE	1	2	3	YR	
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		

SECRET

When Filled In:

CERTIFICATION OF CLAIMED LANGUAGE PROFICIENCY

FORM 444C OBSOLETE PREVIOUS
4-68 EDITIONS

SIGNATURE

SECRET

14-431

SECRET

(DO NOT FILL IN)

QUALIFICATIONS SYSTEM RECORD CHANGE**APPLICANT CODING DATA**

1. ID	2. APPL. NO.	3. NAME								
6-DIGITS		MUST CONTAIN 20-DIGITS								
<•2•		•								
4. DATE OF BIRTH		5. DATE CODED								
MO	DA	YR								
•	•	•								
			THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1062, MASTER QUALIFICATIONS CODING RECORD.							

LANGUAGE CODING DATA - FORM 444C

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

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST						
<•5•		• 13742 • HUN	C-A-D	BASE CODE R W P S U T YR						
<•5•		• 13742 • HUN	C	• BL18 H H H H H H 362						
6. LANGUAGE DATA AFTER TEST		7. DATE OF TEST	DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.							
BASE CODE R W P S U T YR		MO DA YR	BL18 1 H I H H 367 04 18 67 JUL 1967							

QUALIFICATIONS RECORD CHANGE

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

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY														
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)			3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST							
		HUNT, E. EDWARD			A=ADD C=CHANGE D=DELETE	CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR
5. LANGUAGE DATA AFTER TEST		6. DATE TESTED			7. DATE OF BIRTH		8. GRADE	9. OFFICE OR DIVISION						
LAN. CODE	R	W	P	S	U	I/T	YEAR							
								64/18/67	10/09/18	15	EUR			
NOTICE TO PERSON TESTED														
TO: ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD) BL18</u> AND YOUR TEST SCORES ARE AS FOLLOWS:														
READING	WRITING	PRONUNCIATION	SPEAKING	UNDERSTANDING	TEST RATING	A = ZERO I = INTERMEDIATE S = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE								
I	+ I	I	H	H										
11. REMARKS		12. SIGNATURE												
CODED		Kia												
CERTIFICATIONS		13. LD NUMBER												
		12670												

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS (10-45) SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

I - OP/QAB

SECRET

When filled in

OFFICIAL USE ONLY (Hand filled in)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

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

SECTION I BIOGRAPHIC AND POSITION DATA			
1 EMP. SER. NO.	2 NAME (Last, First, Middle)	3 SEX	4 DATE OF BIRTH
C13842	HUNT E HOWARD	M	30/09/18
5 GS	6 POSITION TITLE	7 OFFICE OF ASSIGNMENT	8 LOCATION (Country/City)
D	CRS OFFICER	EUR	WASH D.C.
SECTION II AGENCY OVERSEAS SERVICE			
AREA	TYPE OF TOUR	FROM	TO
MEXICO	PCS 64	30/12/51	33/04/61
EUROPEAN AREA	TDY 64	54/01/61	54/03/61
JAPAN	PCS 64	54/09/61	56/10/61
URUGUAY	PCS 64	57/01/62	60/05/62
ASIA AREA	TDY 63	63/01/63	63/01/63
THE 64	TDY	64/2/64	64/10/64
<i>New PTS made Safel 67</i>			
OVERSEAS DATA			
CODE:	INITIALS:		
DATE: 22 Jun 67	INITIALS: MHE		
SECTION III EDUCATION			
DEGREE	MAJOR FIELD	COLLEGE	YEAR
BACH	ENGLISH LITERATURE	BROWN UNIV. RI	40

SECRET

6-7 JUL 1967

SECRET

(When Filled In)

SECTION IX				
MARITAL STATUS				
1. PRESENT STATUS (e.g. Married, Widowed, Separated, Divorced, Abandoned, Remarried) SPECIFY				
2. NAME OF SPOUSE				
3. DATE OF BIRTH				
4. PLACE OF BIRTH (City, State, Country)				
5. OCCUPATION				
6. PRESENT EMPLOYER				
7. CITIZENSHIP		8. FORMER CITIZENSHIP/13 COUNTRIES		9. DATE U. S. CITIZENSHIP ACQUIRED
SECTION X				
DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
SECTION XI				
PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS				
NAME AND CHAPTER	ADDRESS (Number Street City State & Zip)			DATE OF MEMBERSHIP FROM TO
DATE	SIGNATURE OF APPLICANT			
	<i>P. Ward Ward</i>			

SECRET

Washington, D.C. 20585

6 May 1971

Mr. Howard Hunt
11120 River Road
Potomac, Maryland 20854

Dear Howard:

I have taken so long in answering your letter of April 5th because of the careful consideration given to your request by all concerned, particularly as we have not had this problem before.

I am sorry to tell you that our answer is in the negative, although we have taken every approach we can think of to comply with your wishes. Very simply, the problem is as follows:

The statute states--

At the time of retirement, any married participant may elect to receive a reduced annuity and to provide for an annuity payable to his wife or her husband, commencing on the date following such participant's death . . .
(emphasis added).

Our regulation on the subject repeats the language of the statute above and in addition states--

A participant may not change his election under this provision . . .

We considered the possibility of a waiver of the regulation but ran into another problem here. The act specifically provides that the Director may prescribe rules and regulations but continues with the language that, "such rules and regulations are to become effective after approval by the chairman and ranking minority members of the Armed Services Committees of the House and Senate." The regulations as presently enacted were specifically reviewed by those Committees and approved in their present form.

Looking back into the legislative history of the act, we believe it is clear that the Committees desired our act to conform as closely as possible to Civil Service requirements, which definitely would not permit a change of election after retirement. There does not appear to have been any administrative error or misunderstanding at the time you retired and made your election, therefore, we have been unable to find any basis for making the change you request.

I think you know me well enough to agree that I like to stay as flexible in the law as I possibly can, but this seems to be one case where we are bound by specific provisions with no leeway to meet the requests of individual employees.

Sincerely,



Lawrence R. Houston
General Counsel

cc: Executive Director
DDS
Director of Personnel
OGC chrono
✓subject: Retirement
OGC:LRH:jeb

14-00000

HOWARD HUNT

11120 RiverRoad,
Potomac, Maryland 20854.,
May 12, 1971.

The Honorable
Lawrence R Houston,
General Counsel,
The Central Intelligence Agency,
Washington, D. C. 20505.

Dear Larry:

I thoroughly appreciate the thought and study you gave my problem, and while your findings are disappointing to me, I must regard them as definitive.

Reflecting on the statute, however, I find myself wondering whether such irrevocable limitation on personal choice is, first, in the public interest, and second in the interest of annuitants whose personal circumstances and civil status are subject to unanticipated change. This could be the subject of an interesting class action challenge in which, I imagine, more than a few annuitants would be eager to join.

All that aside, I'm most grateful for your efforts to help me once again.

Cordially,

Howard

14-00000

SECRET

21 June 1972

MEMORANDUM FOR THE RECORD

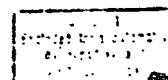
SUBJECT: Mr. E. Howard Hunt

1. On 21 June 1972 Mr. Robert Tegethoff, INR, Department of State, informed Mr. James Franklin, Chief, CCS/OCE, that the Department of State had received press inquiries in regard to Mr. E. Howard Hunt's service with the Department of State. INR had arranged for withholding any Department of State replies until CIA had been consulted. Mr. Hunt's cover record showed that he was in Integrated Department of State status in Mexico from 1950 until 1953 and in Montevideo from 1957 until 1960. He also had nominal domestic Department of State cover from 1966 until he retired in 1970. Upon retirement, Mr. Hunt was "opened up" as a CIA employee back to EOD in November 1949.

2. In the absence of both Messrs. Osborn, Director of Security, and Geiss, Deputy Director, I discussed the State Department request with Mr. Leo Dunn, Acting Deputy Director of Security for Personnel Security. He concluded that everything considered, the Department should say that Mr. Hunt was assigned to the Department while in integrated status but, when pressed, not deny his basic CIA status. While trying to clear this line with the ADDP, Mr. Geiss called and at the end of our discussion, cautioned that any guidance to the Department of State in regard to Mr. Hunt should be cleared with the DCL.

3. I then talked to Mr. Sam Halpern, EA/DDP, to determine the whereabouts of Mr. Meyer. He recommended that I talk to both Messrs. Meyer and Colby who were in the OPPB think tank.

SECRET



SECRET

4. As I was leaving my office, Mr. Tegethoff called Mr. Franklin a second time to say that in the evening of 20 June 1972, Mr. John King, Department of State's Press Office, and Mr. John Unumb of CIA had discussed press inquiries in regard to Mr. Hunt which were made to the Department of State in the afternoon of 20 June 1972. These inquiries had particular reference to Mr. Hunt's biography in WHO'S WHO IN AMERICA showing him as Department of State employee since 1968 and listing his office at the Department of State. Messrs. Unumb and King agreed the press should be informed that he was not on the State Department's payroll during the period. Mr. Unumb confirmed this arrangement when I called him and said that he had added that Mr. Hunt retired in good standing from CIA in April 1970. I also cleared the proposed guidance with Mr. Ted Shackley, Chief, WH Division.

5. I then saw Messrs. Colby and Meyer, outlined the Department of State's request and our proposed reply that Mr. Hunt, during his integrated service in Mexico and Montevideo, was assigned to the Department of State. This information would not be volunteered by the Department of State, and Mr. Hunt's basic status as a CIA employee would not be denied if raised by members of the press. Messrs. Colby and Meyer agreed that this was the only feasible line to take. I then asked Mr. Colby whether additional clearance from the DCI was required. He replied that it was not, and that he would brief the DCI.

6. I informed Mr. Geiss of Messrs. Colby's and Meyer's decision and then called Mr. Tegethoff and provided him the agreed guidance.

/s/ ERICH W. ISENSTEAD

ERICH W. ISENSTEAD
Chief, Central Cover Staff

Orig - C/OCB/CCS: File 1088 (Hunt)
EA/DDP, ADOP
DD/Security --
Mr. Unumb, Deputy Asst to the DCI

Chrono

-2-

SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED	CONFIDENTIAL	SECRET	
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	Chief, TRB		
2			
3			
4			
5			
6			
ACTION	DIRECT REPLY	PREPARE REPLY	
APPROVAL	DISPATCH	RECOMMENDATION	
COMMENT	FILE	RETURN	
CONCURRENCE	INFORMATION	SIGNATURE	
Remarks:			
<p>Janet: Please file the attached document in the Official Personnel Folder on E. Howard Hunt. The Hunt OPF was returned to you for retention on 6 May 1976. Thanks.</p>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.		DATE	
Bonnie, OD/Pers		21 May 6	
UNCLASSIFIED	CONFIDENTIAL	SECRET	(40)

FORM NO. 237 Use previous editions
1-67

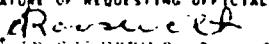
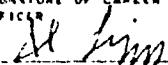
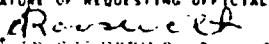
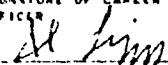
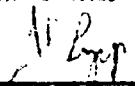
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UNCLASSIFIED	CONFIDENTIAL	SECRET	
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	DD/Security, 4E-60	6/22	<i>BB</i>
2	<i>DIOS</i>	22 JUN 67	<i>BB</i>
3			
4	<i>ADD/PS</i>	6/26/67	<i>D</i>
5	<i>File</i>		
6			
ACTION	DIRECT REPLY	PREPARE REPLY	
APPROVAL	DISPATCH	RECOMMENDATION	
COMMENT	FILE	RETURN	
CONCORRENCE	INFORMATION	SIGNATURE	
Remarks:			
E. Howard Hunt <i>BY [initials]</i>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO		DATE	
C/CCS (9164)		21-67	
UNCLASSIFIED	CONFIDENTIAL	SECRET	

FORM NO. 237 Use previous editions
1-67

(40)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED		
1. SERIAL NUMBER <input checked="" type="checkbox"/>	2. NAME (Last, First, Middle) Group, E. Brown									
3. NATURE OF PERSONNEL ACTION Reemployment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR C/I 10 01 62		5. CATEGORY OF EMPLOYMENT Reemployment				
6. FUNDS 	V TO V CP TO V	V TO CF CF TO V	7. COST CENTER NO. CHARGEABLE 0201-1000-1000	8. LEGAL AUTHORITY (Completed by Office of Personnel)						
9. ORGANIZATIONAL DESIGNATIONS DIA/CIA Staff C Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.						
11. POSITION TITLE CIA Director				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS-12				15. OCCUPATIONAL SERIES 0101-00		16. GRADE AND STEP GS-12		17. SALARY OR RATE \$15,200		
18. REMARKS DPAE: Same as above/Unit 0274/Plans & Research Group PTA in accordance with R 20-500, 3(a)										
<input checked="" type="checkbox"/> No - Property <input type="checkbox"/> Yes - Payroll				 APPROVED AND AUTHORIZED, DIA, C/CO, 10/10/62						
 22 JUN 62										
18A. SIGNATURE OF REQUESTING OFFICIAL  APPROVED AND AUTHORIZED, DIA, C/CO, 10/10/62				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  22 JUN 62			DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. OFFICE CODE	21. STATE CODE	22. ZIP CODE	23. MO/DO	24. DATE OF BIRTH	25. DATE OF HIRE	26. DATE OF GRAD	27. DATE OF RET		
3-7 10 101-003	NUMERIC ALPHABETIC			/	10 01 62	01 01 62				
28. PAYMENT PERIOD		29. SPECIAL REFERENCE	30. RETIREMENT DATE	31. SEPARATION DATA CODE	32. CORRECT PAYMENT DATE					
MO. ON. YR.		1 = CSC 2 = FICA 3 = WASH	1 = CSC 2 = FICA 3 = WASH	1 = CSC 2 = FICA 3 = WASH	MO. ON. YR.					
33. PAY PREFERENCE		34. STATE, COMM, CITY	35. MO/DO, COMM, CITY	36. STATE CREDITED CO	37. FEDERAL TAX DATA		38. STATE TAX DATA			
CODE 1 = NONE 2 = 10% 3 = 20%		MO. ON. YR.	MO. ON. YR.	1 = CSC 2 = FICA 3 = WASH	MO. ON. YR.		MO. ON. YR.			
39. PREVIOUS GOVERNMENT SERVICE DATA		40. CURRENT CO. CODE	41. FEDERAL TAX DATA	42. STATE TAX DATA						
CODE 1 = NO PREVIOUS SERVICE 2 = NO RECENT SERVICE 3 = ONE TO SERVICE LESS THAN 12 MOS 4 = ONE TO SERVICE THREE THAN 12 MOS			43. PREVIOUS CO. CODE	44. PREVIOUS CO. CODE	45. PREVIOUS CO. CODE		46. STATE TAX DATA			
47. POSITION CONTROL CERTIFICATION 				48. O.P. APPROVAL 						

SECRET

PAS: 23 JUNE 1960

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD	
513842	HUNT E HOWARD	Mo. Da. Yr. 10 09 18	None-0 Code Sgt 1 100pt 2	M 1	Mo. Da. Yr. 11 08 49	
7. SCD	8. CSC Rating	9. CSC Or Other Legal Authority	10. Grade At ASN	11. FEGLI	12. LCD	13. CSC Rating
Mo. Da. Yr. 05 24 44	Yes - 1 No - 2	Code 1 Yes - 1 No - 2 50 USCA 403	Mo. Da. Yr. 11 08 49	Mo. Da. Yr. 11 08 49	Mo. Da. Yr. 11 08 49	Code 1 Yes - 1 No - 2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code	
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION		MONTEVIDEO, URUGUAY		
16. Dept - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series	
Deox - 1 Code USMld - 3 Frpn - 5	ATT POL OF 1STSEC CON CHIEF OF STATION	0162	FSR GS 0136.01	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade / 25. PSN	26. Appropriation Number
03 15 5	\$ 13640 \$ 13970	D	Mo. Da. Yr. Ma. Da.	0135 5870 3000

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
CONVERSION FROM PSR STATUS	60	Mo. Da. Yr. 06 06 60	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code		
DDP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION	4651	MONTEVIDEO, URUGUAY	76031		
33. Dept - Field	34. Position Title	35. Person No.	36. Serv. 37. Occup. Series		
Deox - 1 Code USMld - 3 Frpn - 5	CHIEF OF STATION	0162	GS 0136.01		
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade / 42. PSN	43. Appropriation Number	
15 5	\$ 13970	D	Mo. Da. Yr. Ma. Da.	0135 5870 3000	
44. Remarks					

POSED

06-24-60 WJK

~~SECRET~~

REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Year Prof.	5. Grade	6. CS-EOD
	HUME, E. HOWARD	10 09 18	10 Prof	1 M 1	Mo Da Yr 5 21 1
7. SCD	8. CSC Form	9. CSC Or Other Legal Authority	10. Age At All Due	11. FEGLF	12. TCD
Mo Da Yr Mo Da Yr Yes - 1 No - 2	1		Mo Da Yr Mo Da Yr Yes - 1 No - 2	13. FEGLF	

5-A

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DIP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION		MONTEVIDEO, URUGUAY	
16. Dept - Field	17. Position Title	18. Person No.	19. Serv. 20. Occup. Series
Dept - Code Bldg. Pgns	ATTACHE POL GFC 1ST SEC CONSUL CHIEF OF STATION	BAP-162	PSR 05 0136.01
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade 25. PSI Due
3 15 5	13,640 13,970	D	Mo Da Yr Mo Da Yr 06 24 60
26. Appropriation Number			
0135 5820 3000			

ACTION

27. Nature Of Action	Code	28. Err. Date	29. Type Of Employee	Code	30. Separation Date
CONVERSION FROM PSR STATUS	W/	Mo Da Yr 06 24 60	REGULAR	L-1	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DIP WH BRANCH 2 MONTEVIDEO, URUGUAY STATION	1	MONTEVIDEO, URUGUAY	16 31
33. Dept - Field	34. Position Title	35. Person No.	36. Serv. 37. Occup. Series
Dept - Code Bldg. Pgns	CHIEF OF STATION	BAP-162	PSR 05 0136.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade 42. PSI Due 43. Appropriation Number
15 5	13,970	D	Mo Da Yr Mo Da Yr C 81 16 53 p 21 05 1 0135 5820 3000

SOURCE OF REQUEST

C. Request Approved By (Signature And Title)

P. E. POWERS WH/PERSONNEL OFFICER
For Additional Information Call (None & Telephone Ext.)
JOHN WASHINGTON X8292

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Fluorosc.		
B. Pos. Control			E.		
C. Classification			F. Approved	166221027	

Remarks Subject resigned from **The Department of State** effective COB 24 June 1960.

No. 1152

~~SECRET~~

14-00000

Attachment to Fitness Report of Howard Hunt 31 March 63 - 31 March 64

Section C (Continued)

Special mention should be made of Subject's objectivity and integrity in carrying out his responsibilities. These were best demonstrated when he promptly and swiftly terminated a large and effective radio broadcasting project, to establish which he and his subordinates had labored hard, immediately upon belated discovery that insuperable, practical obstacles precluded realization of the project's theoretical potential.

Subject's professional background has attuned his constant attention to FI operational opportunities arising in the course of his current CA activities, a practice consistent with his habit of seeking maximum benefit for every dollar spent in time, effort or cash.