

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

H a n d l e W i t h C a r e

SECRET

ORIGINAL - Biographic Profile

— see summarized copy in slot

Personnel Actions concerning
Period After Mexico City
Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			15 June 1964		
022592		ZAMBERNARDI, Robert					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT				MONTH DAY YEAR 07 05 64		REGULAR	
6. FUNDS		7. COST CENTER NO. CHANGE-ABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
<input checked="" type="checkbox"/> V TO V <input checked="" type="checkbox"/> CF TO V		<input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		5225-0079		None	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION				WASHINGTON, D. C.			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
PHOTO GEN				0113		D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		1060.02		10 (3)		\$8200	
18. REMARKS							
FROM: DDP/TSD FOREIGN FIELD MEXICO CITY Security Approval Granted by Pers. SA/OS 6/23/64 CC: Security & Vouchered Payroll 6/30/64							
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF OFFICER APPROVING	
H. LEE OLSON						H. LEE OLSON, TSD/CMO	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODE		22. STATION CODE	
16		10		41200		75013	
23. DATE OF BIRTH		24. DATE OF GRADE		25. DATE OF LEI			
1 05 09 35							
26. DATE OF GRADE		27. DATE OF LEI		28. SECURITY REQ. NO.		29. SEX	
30. VET. PREFERENCE		31. SERV. COMP. DATE		32. LONG. LEAVE DATE		33. CAREER CATEGORY	
0 - NONE						34. FECLY / HEALTH INSURANCE	
1 - 5 YR.						35. SOCIAL SECURITY NO.	
2 - 10 YR.							
3 - 15 YR.							
4 - 20 YR.							
5 - 25 YR.							
6 - 30 YR.							
7 - 35 YR.							
8 - 40 YR.							
9 - 45 YR.							
10 - 50 YR.							
11 - 55 YR.							
12 - 60 YR.							
13 - 65 YR.							
14 - 70 YR.							
15 - 75 YR.							
16 - 80 YR.							
17 - 85 YR.							
18 - 90 YR.							
19 - 95 YR.							
20 - 100 YR.							
21 - 105 YR.							
22 - 110 YR.							
23 - 115 YR.							
24 - 120 YR.							
25 - 125 YR.							
26 - 130 YR.							
27 - 135 YR.							
28 - 140 YR.							
29 - 145 YR.							
30 - 150 YR.							
31 - 155 YR.							
32 - 160 YR.							
33 - 165 YR.							
34 - 170 YR.							
35 - 175 YR.							
36 - 180 YR.							
37 - 185 YR.							
38 - 190 YR.							
39 - 195 YR.							
40 - 200 YR.							
41 - 205 YR.							
42 - 210 YR.							
43 - 215 YR.							
44 - 220 YR.							
45 - 225 YR.							
46 - 230 YR.							
47 - 235 YR.							
48 - 240 YR.							
49 - 245 YR.							
50 - 250 YR.							
51 - 255 YR.							
52 - 260 YR.							
53 - 265 YR.							
54 - 270 YR.							
55 - 275 YR.							
56 - 280 YR.							
57 - 285 YR.							
58 - 290 YR.							
59 - 295 YR.							
60 - 300 YR.							
61 - 305 YR.							
62 - 310 YR.							
63 - 315 YR.							
64 - 320 YR.							
65 - 325 YR.							
66 - 330 YR.							
67 - 335 YR.							
68 - 340 YR.							
69 - 345 YR.							
70 - 350 YR.							
71 - 355 YR.							
72 - 360 YR.							
73 - 365 YR.							
74 - 370 YR.							
75 - 375 YR.							
76 - 380 YR.							
77 - 385 YR.							
78 - 390 YR.							
79 - 395 YR.							
80 - 400 YR.							
81 - 405 YR.							
82 - 410 YR.							
83 - 415 YR.							
84 - 420 YR.							
85 - 425 YR.							
86 - 430 YR.							
87 - 435 YR.							
88 - 440 YR.							
89 - 445 YR.							
90 - 450 YR.							
91 - 455 YR.							
92 - 460 YR.							
93 - 465 YR.							
94 - 470 YR.							
95 - 475 YR.							
96 - 480 YR.							
97 - 485 YR.							
98 - 490 YR.							
99 - 495 YR.							
100 - 500 YR.							
101 - 505 YR.							
102 - 510 YR.							
103 - 515 YR.							
104 - 520 YR.							
105 - 525 YR.							
106 - 530 YR.							
107 - 535 YR.							
108 - 540 YR.							
109 - 545 YR.							
110 - 550 YR.							
111 - 555 YR.							
112 - 560 YR.							
113 - 565 YR.							
114 - 570 YR.							
115 - 575 YR.							
116 - 580 YR.							
117 - 585 YR.							
118 - 590 YR.							
119 - 595 YR.							
120 - 600 YR.							
121 - 605 YR.							
122 - 610 YR.							
123 - 615 YR.							
124 - 620 YR.							
125 - 625 YR.							
126 - 630 YR.							
127 - 635 YR.							
128 - 640 YR.							
129 - 645 YR.							
130 - 650 YR.							
131 - 655 YR.							
132 - 660 YR.							
133 - 665 YR.							
134 - 670 YR.							
135 - 675 YR.							
136 - 680 YR.							
137 - 685 YR.							
138 - 690 YR.							
139 - 695 YR.							
140 - 700 YR.							
141 - 705 YR.							
142 - 710 YR.							
143 - 715 YR.							
144 - 720 YR.							
145 - 725 YR.							
146 - 730 YR.							
147 - 735 YR.							
148 - 740 YR.							
149 - 745 YR.							
150 - 750 YR.							
151 - 755 YR.							
152 - 760 YR.							
153 - 765 YR.							
154 - 770 YR.							
155 - 775 YR.							
156 - 780 YR.							
157 - 785 YR.							
158 - 790 YR.							
159 - 795 YR.							
160 - 800 YR.							
161 - 805 YR.							
162 - 810 YR.							
163 - 815 YR.							
164 - 820 YR.							
165 - 825 YR.							
166 - 830 YR.							
167 - 835 YR.							
168 - 840 YR.							
169 - 845 YR.							
170 - 850 YR.							
171 - 855 YR.							
172 - 860 YR.							
173 - 865 YR.							
174 - 870 YR.							
175 - 875 YR.							
176 - 880 YR.							
177 - 885 YR.							
178 - 890 YR.							
179 - 895 YR.							
180 - 900 YR.							
181 - 905 YR.							
182 - 910 YR.							
183 - 915 YR.							
184 - 920 YR.							
185 - 925 YR.							
186 - 930 YR.							
187 - 935 YR.							
188 - 940 YR.							
189 - 945 YR.							
190 - 950 YR.							
191 - 955 YR.							
192 - 960 YR.							
193 - 965 YR.							
194 - 970 YR.							
195 - 975 YR.							
196 - 980 YR.							
197 - 985 YR.							
198 - 990 YR.							
199 - 995 YR.							
200 - 1000 YR.							
201 - 1005 YR.							
202 - 1010 YR.							
203 - 1015 YR.							
204 - 1020 YR.							
205 - 1025 YR.							
206 - 1030 YR.							
207 - 1035 YR.							
208 - 1040 YR.							
209 - 1045 YR.							
210 - 1050 YR.							
211 - 1055 YR.							
212 - 1060 YR.							
213 - 1065 YR.							
214 - 1070 YR.							
215 - 1075 YR.							
216 - 1080 YR.							
217 - 1085 YR.							
218 - 1090 YR.						</	

SECRET
(When Filled In)

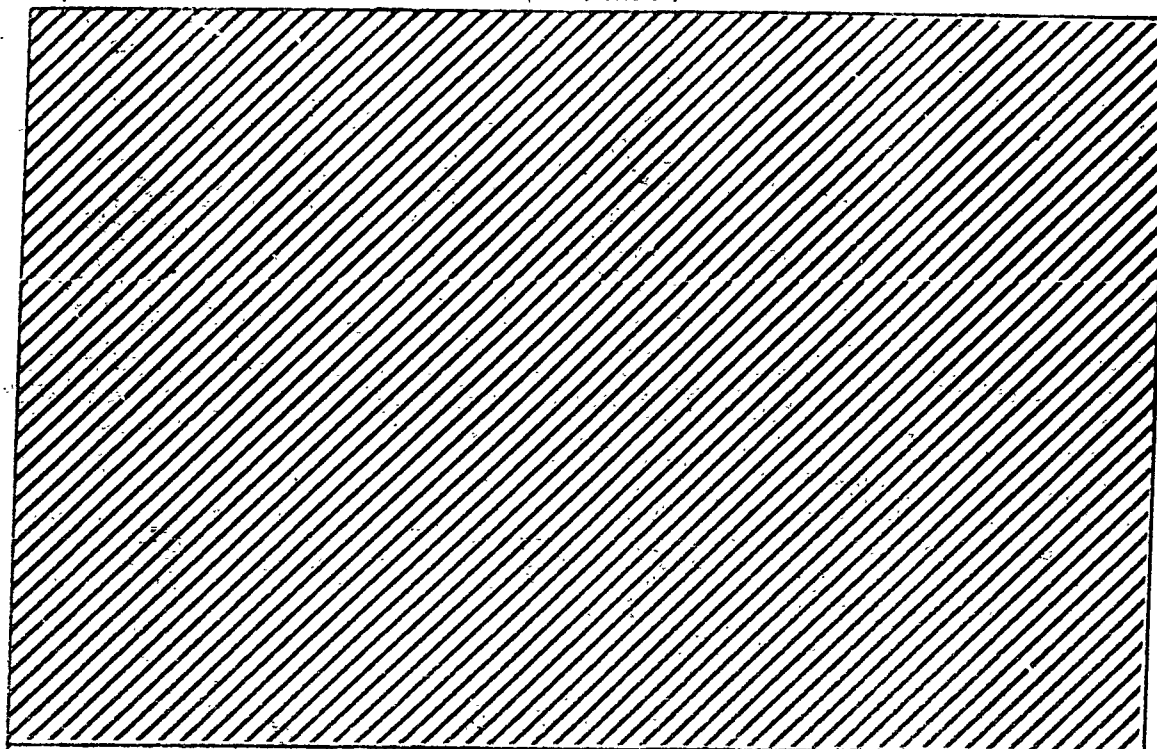
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambernardi, Robert M.	Philip Edward - son	64-184
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>Log burn - 28 December 1963</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	SIGNATURE OF BSC REPRESENTATIVE	
10 FEB 1964	<i>B. De Felice</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 2 April 1963	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FINDS V TO V CP TO V		X V TO CP CP TO CP		7. COST CENTER NO. CHARGE-ABLE 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico			
11. POSITION TITLE IC TECH AIDS				12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136. M 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535	
18. REMARKS FED M: GS-9 (2) P. 74							
19A. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL JAMES R. SHIELDS, TSD/CMO	
DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMP. DT. CODE 10	21. OFFICE CODE 46575 TS	22. STATION CODE 45015	23. INITIALS CODE 3	24. DATE OF BIRTH 05/69/33	25. DATE OF DEATH	26. DATE OF DEATH
27. DATE EXPIRES	28. SPECIAL REFERENCE 80	29. RETIREMENT DATA 1 - YES 2 - NO	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA	32. SOCIAL SECURITY NO.	33. PERM. NO.	34. PERM. NO.
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LEAVE COMP. DATE	38. MIL. SER. PREFERENCE 1 - YES 2 - NO	39. FEELT / HEALTH INSURANCE 1 - YES 2 - NO	40. SOCIAL SECURITY NO.	41. SOCIAL SECURITY NO.	42. SOCIAL SECURITY NO.
43. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE LESS THAN 12 MONTHS 4 - BREAK IN SERVICE MORE THAN 12 MONTHS		44. LEAVE CAT. CODE	45. FEDERAL TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO	46. STATE TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO	47. NO. TAX STATE CODE	48. NO. TAX STATE CODE	49. NO. TAX STATE CODE
43. POSITION CONTROL CERTIFICATION 5 APR 1963				44. O.P. APPROVAL Paul C. Williams		DATE APPROVED 5 Apr 63	

Recorded by
CSPD

SECRET
(When Filled In)



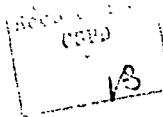
NAME OF EMPLOYEE (Last-First-Middle) <i>Zambarardi, Robert M</i>	NAME AND RELATIONSHIP OF DEPENDENT <i>Paula - SON</i>	CLAIM NUMBER <i>63-460</i>
---	--	-------------------------------

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 22 February 65 *Intestinal disease*.

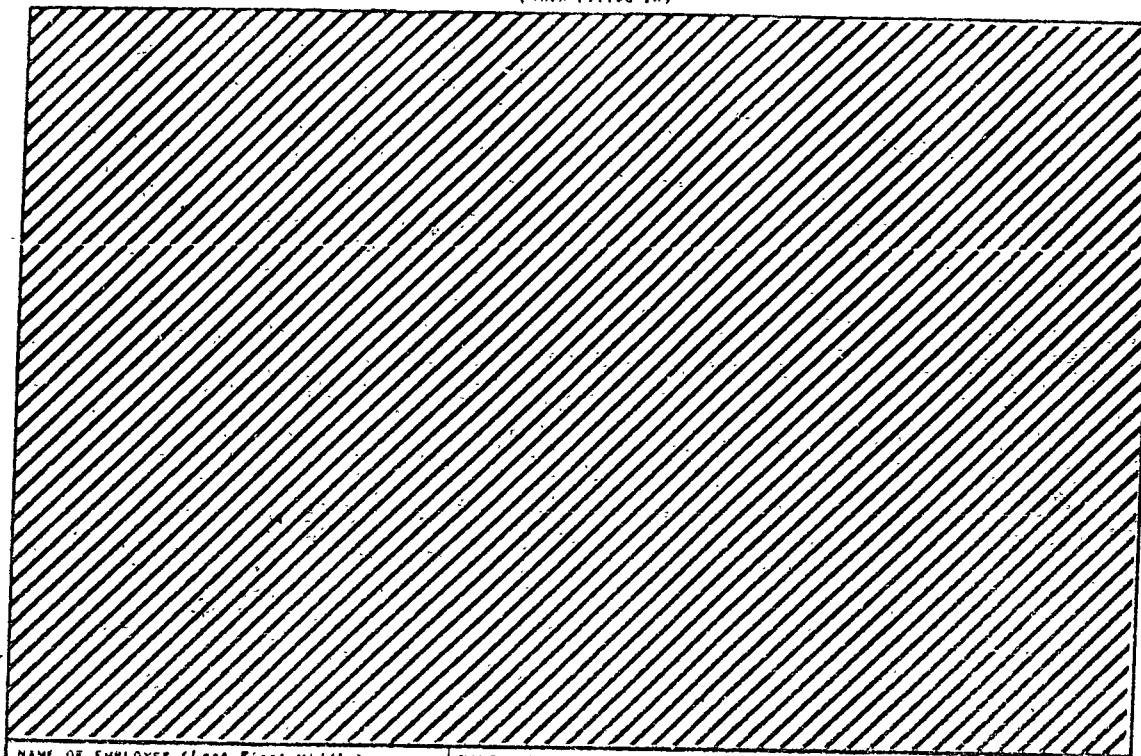
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>8 June 1965</i>	SIGNATURE OF OSD REPRESENTATIVE <i>B. De Felice</i>
NOTICE OF OFFICIAL DISABILITY CLAIM FILE	

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								16 January 1962	
022592 ✓		ZAMBERNARDI, Robert									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
PROMOTION					MO. DAY YEAR 01 21 62			REGULAR XXXXXX			
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		2125-5700-3007					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP/TSD - Foreign Field Western Hemisphere Mexico					Mexico City, Mexico						
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION			
IO TECH AIDS					0575			D			
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE			
GS			0136.63		4 9 (1)			6435 ✓			
18. REMARKS											
FROM: GS-8 (1)											
<div style="text-align: right;">  </div>											
104. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		105. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
JAMES R. SHIELDS						James R. Shields TSD/CMO					
SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTER-STATE CODE	24. DATE OF BIRTH	25. DATE OF DEATH	26. DATE OF DEPART	27. DATE OF LEI		
22	10	46575 TS		45025		3	05/09/35	1/21/62	1/21/62		
28. NIE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECT. CHANGES, ACTION DATA		33. SECURITY REQ. NO.		34. SEA	
				1 - CSC 2 - FICA 3 - RUC		FOD DATA					
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. CODE		39. SEC. / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
1 - NONE 2 - 5 PT 3 - 10 PT						1 - YES 2 - NO		1 - YES 2 - NO			
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)						FEDERAL TAX DATA 1 - YES 2 - NO		STATE TAX DATA 1 - YES 2 - NO			
45. POSITION CONTROL CERTIFICATION					46. G.P. APPROVAL			DATE APPROVED			
NA 1-29 62					[Signature]			1/2/62			

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
ZAMBERNARDI, Robert	Wife - Martha Cecilia	51-286

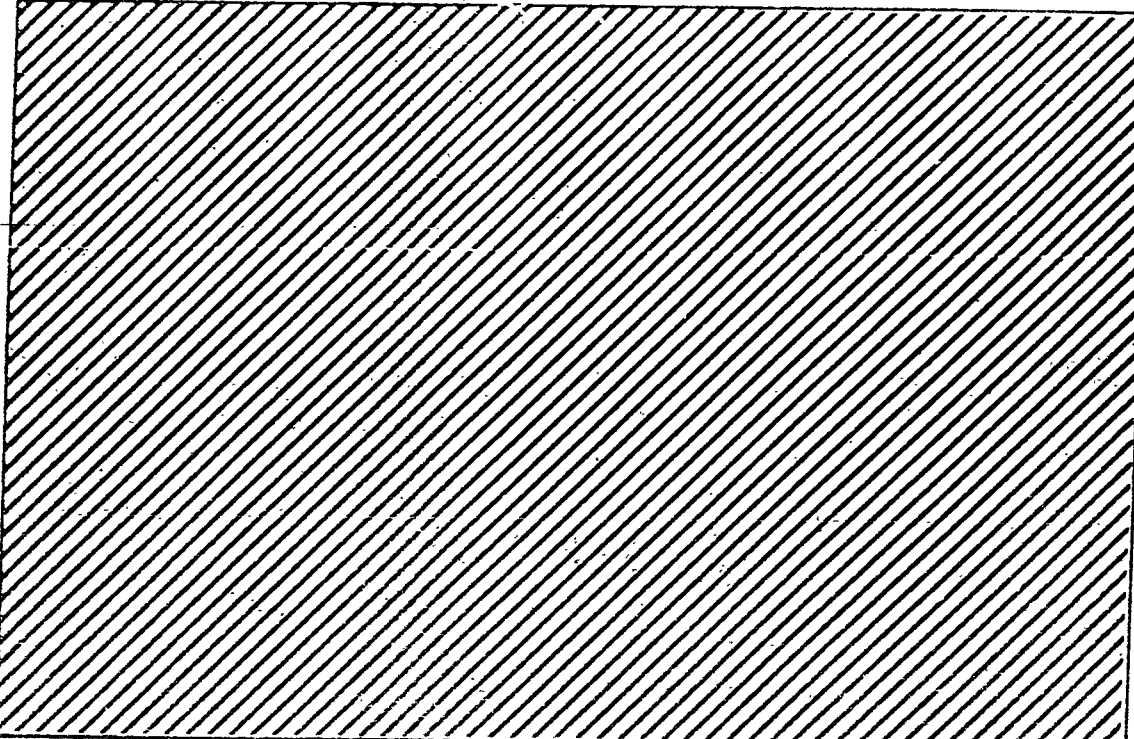
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 March 1961 - Leukemia of Uterus

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 BSO REPRESENTATIVE
	<i>[Signature]</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DOCKRYKATX Dependent	CASE OR CLAIM NUMBER
Zambernardi, Robert M.	Wife Martha	56-226
<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>16 February 1960</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	SIGNATURE OF REPRESENTATIVE	
8 April 1960	B. De Felice	
NOTICE C OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 15 Dec 1960																																					
1. SERIAL NUMBER 522592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert																																							
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH 12 DAY 25 YEAR 60		5. CATEGORY OF EMPLOYMENT REGULAR																																				
6. FUNDS <input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input checked="" type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHANGE-ABLE 1125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)																																					
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Western Hemisphere MEXICO			10. LOCATION OF OFFICIAL STATION Mexico, City, Mexico																																						
11. POSITION TITLE IO TECH AIDS			12. POSITION NUMBER 575		13. CAREER SERVICE DESIGNATION D3																																				
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS-9		15. OCCUPATIONAL SERIES 0136.63		17. SALARY OR RATE \$ 5885																																					
16. GRADE AND STEP 08 01																																									
18. REMARKS <div style="text-align: right; margin-top: 50px;"></div>																																									
19A. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS			19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i> JAMES R. SHIELDS TSD/CMD																																						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1. ACTION CODE</td> <td>2. EMPLOYEE CODE</td> <td>3. EMPLOYEE CODE</td> <td>4. EMPLOYEE CODE</td> <td>5. EMPLOYEE CODE</td> <td>6. EMPLOYEE CODE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. DATE OF ACTION</td> <td>8. DATE OF ACTION</td> <td>9. DATE OF ACTION</td> <td>10. DATE OF ACTION</td> <td>11. DATE OF ACTION</td> <td>12. DATE OF ACTION</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">13. PREVIOUS EMPLOYMENT SERVICE DATA</td> <td colspan="3">14. PREVIOUS EMPLOYMENT SERVICE DATA</td> </tr> <tr> <td colspan="3"></td> <td colspan="3"></td> </tr> </table>						1. ACTION CODE	2. EMPLOYEE CODE	3. EMPLOYEE CODE	4. EMPLOYEE CODE	5. EMPLOYEE CODE	6. EMPLOYEE CODE							7. DATE OF ACTION	8. DATE OF ACTION	9. DATE OF ACTION	10. DATE OF ACTION	11. DATE OF ACTION	12. DATE OF ACTION							13. PREVIOUS EMPLOYMENT SERVICE DATA			14. PREVIOUS EMPLOYMENT SERVICE DATA								
1. ACTION CODE	2. EMPLOYEE CODE	3. EMPLOYEE CODE	4. EMPLOYEE CODE	5. EMPLOYEE CODE	6. EMPLOYEE CODE																																				
7. DATE OF ACTION	8. DATE OF ACTION	9. DATE OF ACTION	10. DATE OF ACTION	11. DATE OF ACTION	12. DATE OF ACTION																																				
13. PREVIOUS EMPLOYMENT SERVICE DATA			14. PREVIOUS EMPLOYMENT SERVICE DATA																																						
15. POSITION CONTROL CERTIFICATION <i>[Signature]</i> 12-21-60																																									

FORM 1152 (REVISED 1-1-58) (When Filled In)

SECRET

517

Personnel Actions Committee
Room 7F, Resonant Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR TSD ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	
ATTN:	Personnel	FILE NO. 4954
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☒ Block Records: (OPMEMO 20-400-11) Resignation effective 20 Aug 65

a. Temporarily for _____ days, effective _____

b. Continuing, effective EOD Jul 56

☐ NA Submit Form 642 to change limitation category.
(AR 20-7)

☐ NA Ascertain that Army W-2 being issued.
(AR 20-281-1)

☐ NA Submit Form 1322 for any change affecting this cover.
(R 240-210)

☐ NA Submit Form 1323 for transferring cover responsibility.
(R 240-250)

☒ Remarks: 1. Will use DAFC for entire period, with detail to State for use in Mexico City. 2. Will use CIA for entire period if in US. 3. Will check with Station for guidance.

☒ Cover History: July 56-Nov 56 overt Jun 57-Jul 59 DAC/Washington
Nov 56-Jun 57 DAFC/Japan Jul 59-May 64 Lt Stato/Mexico C
May 64-May 65 DAFC/Washington

Forwarding Address:
c/o American Embassy
Mexico City, Mexico
Employment Address:
Unknown

James J. Franklin

NM/al COVER MILITARY COVER DEN

DISSEMINATION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D OS, Copy 4-OS (TSPM), Copy 5-PSD/OS, Copy 6-File

FORM 1551 1-64

SECRET

100-10-430

SECRET
(When Filled In)

N.M. 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION											
OEF											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						08 20 65		REGULAR			
6. 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		6125 0079 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
PHOTO GEN						0113		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				1060.02		11 3		9240			
18. REMARKS											
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIATES CODE		24. HOURS CODE	
45		10		NUMERIC ALPHABETIC							
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LST	
05 09 35											
31. SPECIAL REFERENCE		32. RETIREMENT DATA		33. SEPARATION DATA CODE		34. CANCELLATION DATA		35. SECURITY RISK NO		36. SEX	
				3ACOM				EOD DATA			
37. NET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CENTER CATEGORY		41. PEGIT / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE		4		4		CODE		CODE		CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA		44. LEAVE CAT		45. FEDERAL TAX DATA		46. STATE TAX DATA		47. FEDERAL TAX DATA		48. STATE TAX DATA	
CODE		CODE		CODE		CODE		CODE		CODE	
49. SIGNATURE OR OTHER AUTHENTICATION		50. SIGNATURE OR OTHER AUTHENTICATION		51. SIGNATURE OR OTHER AUTHENTICATION		52. SIGNATURE OR OTHER AUTHENTICATION		53. SIGNATURE OR OTHER AUTHENTICATION		54. SIGNATURE OR OTHER AUTHENTICATION	

FORM 1150
11 67

Use Previous
Edition

SECRET

GROUP 1
(Excluded from automatic
downgrading and
declassification)

When Filled In

1. Serial No.	2. Name		3. Cost Center Number		4. LWOP Hours
022592	ZAMBERNARDI ROBERT		41 575 CF		
5. OLD SALARY RATE			6. NEW SALARY RATE		7. TYPE ACTION
Grade	Step	Salary	Grade	Step	Salary
GS 10	2	\$ 7,945	GS 10	3	\$ 8,200
		04/14/63			04/12/64
8. Remarks and Authentication					
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY					
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.					
SIGNATURE: <i>E. E. Miller</i>			DATE: <i>6 March 1964</i>		
PAY CHANGE NOTIFICATION					

Form 560

Obsolete Previous Edition

(4 51)

SECRET
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
022502		ZAMBERNARDI ROBERT							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
PROMOTION (CORRECTION)					04/14/63		REGULAR		
6. FUNDS		7. TO V		8. TO CF		7. COST CENTER NO (CHARGEAGE)		8. CAC OR OTHER LEGAL AUTHORITY	
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		X				3125 5700 3007		50 USC 403	
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
10 TECH AIDS					0575		D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.63		10 2		7535		
18. REMARKS									
THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. OFFICE CODING		21. STATION CODE		22. INTEREST CODE		23. HOURS CODE	
		ALPHABETIC							
24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LEI		27. DATE OF BIRTH		28. DATE OF GRADE	
04/14/63						04/14/63			
29. NTE EXPIRATION		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. SEPARATION DATA CODE		33. CORRECTION/CANCELLATION DATA	
								LOD DATA	
34. VET PREFERENCE		35. SENY COMP DATE		36. LONG COMP DATE		37. EARLIER CATEGORY		38. FECS / HEALTH INSURANCE	
								FECS / HEALTH INSURANCE	
39. PREVIOUS GOVERNMENT SERVICE DATA		40. LEAVE CAT		41. FEDERAL TAX DATA		42. STATE TAX DATA		43. SOCIAL SECURITY NO	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="text-align: right;"> POSTED 15 APR 1963 <i>[Signature]</i> </div>									

FORM 1150-1
1150-1
15 APR 1963
1150-1
1150-1
1150-1

Use Previous Edition

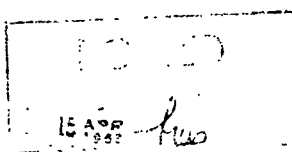
SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

SECRET
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MO. DA. YR. 04 14 63		REGULAR			
6. 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		3125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0130.01		10 2		7535			
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. INTERPRET CODE	24. HEIGHT CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST		
22	10	105-75 75		10575		3	05 14 63	04 14 63	04 14 63		
28. NIE EXPIRY		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY	
NO DA. YR.		NO		1. CSC 2. PICA 3. OTHER		TYPE		NO DA. YR.		219 NO	
34. VET. PREFERENCE		35. SERV. COMP. DATE		36. LONG. COMP. DATE		37. CAREER CATEGORY		38. FEGLI / HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
COFF		MO DA. YR.		MO DA. YR.		CODE		CODE		CODE	
1. NONE 2. TO PT						1. YES 2. NO		1. YES 2. NO		1. YES 2. NO	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT. 43		FEDERAL TAX DATA		42. STATE TAX DATA			
CODE				CODE		CODE		CODE			
1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE 3. BREAK IN SERVICE (1945-1955) 4. BREAK IN SERVICE (1955-1960)				1. YES 2. NO		1. YES 2. NO		1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">  15 APR 1963 </div>											

FORM 1150

11 52

11 APR 1963

Use Previous Edition

SECRET

(When Filled In)

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GH-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575	CF GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
022592		ZAMBERNARDI ROBERT							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
PROMOTION					01 21 62		REGULAR		
6. 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		2125 5700 3007		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO				
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
10 TECH AIDS					0575		D		
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.01		09 1		6435		
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. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LFI
22	10	H0575 TS		45075	3		05 09 35	01 21 62	01 21 62
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION-CANCELLATION DATA	
								EOD DATA	
33. VET PREFERENCE		34. LEAVE CLMP DATE		35. LONG CLMP DATE		36. MIL SERV CREDIT/CD		37. FECLT / HEALTH INSURANCE	
38. PREVIOUS GOVERNMENT SERVICE DATA				39. LEAVE CAT CODE		40. FEDERAL TAX DATA		41. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 1/25/62 <i>Qm</i> </div>									

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-732 AND
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 16 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD OLD NEW NEW
 GR- ST SALARY GR- ST SALARY
 ZAMBERNARDI ROBERT 022592 46575 CF 09 1 \$ 6435 09 1 \$ 6675

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours	
022592		ZAMBERNARDI ROBERT		46 575 CF 10			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 09	15	\$ 6,675	01/21/62	GS 09	23	\$ 6,900	01/20/63
7. TYPE ACTION							
PSI LSI ADI							
8. Remarks and Authentication / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>[Signature]</i> DATE <i>[Date]</i> PAY CHANGE NOTIFICATION							

Form 560

Obsolete Previous Edition

(4-51)

SECRET
 (When Filled In)

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours	
022592		ZAMBERNARDI ROBERT		09/150 UV			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 08	1	\$ 5,885	12/25/61	GS 08	2	\$ 6,055	12/24/61
7. TYPE ACTION							
PSI LSI ADI							
8. Remarks and Authentication / / IN LWOP STATUS AT END OF WAITING PERIOD / / NO EXCESS LWOP / / IN PAY STATUS PAY CHANGE NOTIFICATION							

Form 560

Obsolete Previous Edition

SECRET

(4-51)

BLT: 23
28 DEC 1960SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
OCF											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
PROMOTION				MO DA YR 12 25 60		REGULAR					
6. 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		1125 5700 3007		50 USC 403 d	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
DDP TSO WESTERN HEMISPHERE MEXICO				MEXICO CITY, MEXICO							
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
10 TECH AIDS				0575		D					
14. CLASSIFICATION SCHEDULE (GS, WD, etc)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
by		0136.63		08 1		5885					
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. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
22	10	46575 TS		45075		3	MO DA YR 05 09 35		MO DA YR 12 25 60		MO DA YR 12 25 60
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY RLO NO.	
NO DA YR				1. CBL 2. FICA 3. NONE		TYPE		MO DA YR		EOD DATA	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LEO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		1. YES 2. NO		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				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)		FORM EXECUTED 1. YES 2. NO		NO TAX EXEMPTIONS		FORM EXECUTED 1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;"> <p>POSTED</p> <p><i>[Signature]</i></p> <p>7/20/61</p> </div>											

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vol. Prof.		5. Sex		6. CS - FOD	
522592		ZAMBERNARDI ROBERT		Mo. Da. Yr. 05 05 35		None-0 5 Pt-1 10 Pt-2		1 M 1		Mo. Da. Yr. 07 30 56	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidavit		11. FEGLI		12. TCD	
Mo. Da. Yr. 08 02 54		Yes-1 No-2		Code 1		Mo. Da. Yr. 08 02 54		Yes-1 No-2		Code 1	

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR		4448		WASH.D.C.		75013	
16. Dept. - Field		17. Position Title		18. Position Flz.		19. Serv.	
Dept - 1 USfld - 3 Frqn - 5		2		PHOTOG GEN		0513	
20. Occup. Series		21. Grade & Step		22. Salary Or Rate		23. SD	
1060.02		07 1		\$ 4980		DT	
24. Date Of Grade		25. Pst Duo		26. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

ACTION

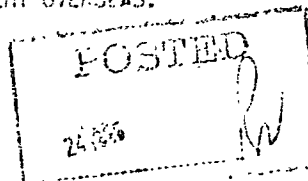
27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		04 19 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO		4455		MEXICO		45000	
33. Dept. - Field		34. Position Title		35. Position Flz.		36. Serv.	
Dept - 1 USfld - 3 Frqn - 5		5		10 TECH AIDS		0575	
37. Occup. Series		38. Grade & Step		39. Salary Or Rate		40. SD	
0136.63		07 1		\$ 4980		DT	
41. Date Of Grade		42. Pst Duo		43. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.



NOV 1961

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER
22592

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE
ZAMBERNARDI, Robert M.		9 May 1935	M	CG-8
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT	
KURIOT	IO TECH AIDS		WH/III/MEXI	
8. CAREER STAFF STATUS			9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OFFERED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		
31 AUGUST 1961		From 7/1/60 - 6/30/61 To		
		SPECIAL (Specify)		

SECTION B

EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number 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).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 KURIOT support for COs in ops, particularly photo work - concealed, telephoto, movies and documentary		RATING NO. 6	SPECIFIC DUTY NO. 4 S/W - writing and developing S/W communications in direct support of COs		RATING NO. 5	
SPECIFIC DUTY NO. 2 Routine lab work, microfilming documents, printing & reproduction of photos - montage etc.		RATING NO. 5	SPECIFIC DUTY NO. 5 Surveillances, casing and selection of meeting sites, security stake outs and other ops duties as directed		RATING NO. 5	
SPECIFIC DUTY NO. 3 Opening, processing, photographing re-sealing operational mail		RATING NO. 6	SPECIFIC DUTY NO. 6		RATING NO.	

SECTION C

EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance barely meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
5

SECTION D

DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree							
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
					1	2	3	4	5		
GETS THINGS DONE											X
RELIABLE											X
ACCEPTS RESPONSIBILITIES											X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES											X
DOES HIS JOB WITHOUT STRONG SUPPORT											X
FACILITATES SMOOTH OPERATION OF HIS OFFICE											X
WRITES EFFECTIVELY										X	
SECURE; CONSCIOUS											X
THINKS CLEARLY											X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS											X
OTHER (Specify)											

SEE SECTION "B" ON REVERSE SIDE

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

██████████ was commended by COS, Mexico in January 1961 and a review of this file should include a review of HMT-1798 dated 12 January 1961.

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

13 September 1961

SIGNATURE OF EMPLOYEE

/s/ Robert M. Zambernardi

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 months

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

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

13 September 1961

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

13 September 1961

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

SECRET

14-00000

Fitness Reports for period After, and
Personnel Actions for period prior to —
Assignment Mexico City

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 22592						
SECTION A GENERAL										
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert			2. DATE OF BIRTH 9 May 1935		3. SEX M					
4. GRADE GS-7		7. OFF/DIV/BR OF ASSIGNMENT KURIOT/Mexico								
5. SERVICE DESIGNATION KURIOT		6. OFFICIAL POSITION TITLE IO TECH AIDS								
8. CAREER STAFF STATUS			9. TYPE OF REPORT							
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE							
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To SPECIAL (Specify)								
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES										
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).										
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding										
SPECIFIC DUTY NO. 1 Duties levied upon KURIOT by Station CO's in support of their ops and info. This constitutes using concealment devices, telephoto lens.		RATING NO. 5	SPECIFIC DUTY NO. 4 S/W (two systems). Writing S/W for CO's. Rec'g messages for development.		RATING NO. 4					
SPECIFIC DUTY NO. 2 Routine lab work. Micro-filming docs, printing docs, reprod. photos, maintenance of Photo Lab.		RATING NO. 6	SPECIFIC DUTY NO. 5 Stake out surveillance, agent mtgs and other duties that may be requested.		RATING NO. 4					
SPECIFIC DUTY NO. 3 Opening, photographing and resealing operational mail of Station CO's.		RATING NO. 5	SPECIFIC DUTY NO. 6 Purchasing all photo supplies which can be procured on local market. Supplying some basehouses with supplies.		RATING NO. 6					
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION										
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.										
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4					
SECTION D DESCRIPTION OF THE EMPLOYEE										
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee										
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree		
CHARACTERISTICS				NOT APPLI- CABLE	NOT OB- SERVED	RATING				
						1	2	3	4	5
GETS THINGS DONE									X	
RESOURCEFUL								X		
ACCEPTS RESPONSIBILITIES									X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									X	
DOES HIS JOB WITHOUT STRONG SUPPORT									X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE									X	
WRITES EFFECTIVELY							X			
SECURITY CONSCIOUS									X	
THINKS CLEARLY							X			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS									X	
OTHER (Specify):										

SEE SECTION "E" ON REVERSE SIDE

19601/224

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

Oct 20 11 04 AM '60
MAIL ROOM

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
27 Oct 1960	Subject signed form 45a in pseudo.	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 Oct 1960		Winston Scott
3. BY REVIEWING OFFICIAL		
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
I CANNOT JUDGE THESE EVALUATIONS: I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

13 AUG 1959

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 122592		
SECTION A GENERAL						
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert M.		2. DATE OF BIRTH 9 May 1935		3. SEX M	4. GRADE GS-7	
5. SERVICE DESIGNATION DT		6. OFFICIAL POSITION TITLE PHOTOG GEN		7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PSD		
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR			
<input checked="" type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P. 30 June 1959		11. REPORTING PERIOD Dec 1958 to Jun 1959				
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 USING ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.		RATING NO. 3	SPECIFIC DUTY NO. 4 MIXING ALL STANDARD CHEMICALS & SPECIAL FORMULAE FOR THE PROPER DEVELOPMENT OF VARIOUS FILM AND PAPERS - FOREIGN & DOMESTIC.		RATING NO. 4	
SPECIFIC DUTY NO. 2 PROCESSING OF BLACK & WHITE AND COLOR FILM, BOTH FOREIGN AND DOMESTIC, RANGING FROM 35mm TO 20"x24"		RATING NO. 4	SPECIFIC DUTY NO. 3 WASHING, DRYING AND SORTING OF PHOTOGRAPHIC PRINTS		RATING NO. 5	
SPECIFIC DUTY NO. 3 DOCUMENT PHOTOGRAPHY USING 20"x24" PROCESS CAMERA, MOD. D AND E RECORDAKS AND VARIOUS PORTABLE COPYING EQUIPMENT		RATING NO. 4	SPECIFIC DUTY NO. 4 USES STILL AND NP CAMERAS RANGING FROM 35mm SUB-MINIATURE TO 8 x 10.		RATING NO. 3	
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4	
SECTION D DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING	
					1 2 3 4 5	
GETS THINGS DONE					XX	
RESOURCEFUL					XX	
ACCEPTS RESPONSIBILITIES					XX	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					XX	
DOES HIS JOB WITHOUT STRONG SUPPORT					XX	
FACILITATES SMOOTH OPERATION OF HIS OFFICE					XX	
WRITES EFFECTIVELY			XX			
SECURITY CONSCIOUS					XX	
THINKS CLEARLY					XX	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			XX			
OTHER (Specify):						
SEE SECTION "E" ON REVERSE SIDE						

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

25 JUNE 1959

C/TSS/PSD/OSL

Harold M. Sprague
HAROLD M. SPRAGUE

3. BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THEIR EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

25 JUNE 1959

I. O. TECH. AIDS

Ralph W. Harris
RALPH W. HARRIS

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 122592	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert			2. DATE OF BIRTH 5 Sept 1935		3. SEX M
4. GRADE GS-5			5. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PD		
6. SERVICE DESIGNATION DT		7. OFFICIAL POSITION TITLE PHOTOG GEN		8. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
9. DATE REPORT DUE IN O.P. December 1958		10. REPORTING PERIOD Dec 1957 to Dec 1958		11. SPECIAL (Specify) Also Promotion	
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).					
<div style="display: flex; justify-content: space-between; font-size: small;"> 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding </div>					
SPECIFIC DUTY NO. 1 PHOTOGRAPHIC DARKROOM TECHNICIAN. USE ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.			SPECIFIC DUTY NO. 4 MIXING OF PHOTOGRAPHIC SOLUTIONS FROM BULK AND PREPARED CHEMICALS.		RATING NO. 4
SPECIFIC DUTY NO. 2 DOCUMENT PHOTOGRAPHY - USING CONSOLIDATED PROCESS CAMERA, "E" & "D" RECORDAK, AND OTHER 35MM CAMERAS			SPECIFIC DUTY NO. 5 WASHING, DRYING AND SORTING PRINTS.		RATING NO. 4
SPECIFIC DUTY NO. 3 FILM PROCESSING, BOTH BLACK & WHITE AND COLOR.			SPECIFIC DUTY NO. 6		RATING NO.
3					
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree		3 - Normal degree	
4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING
					1 2 3 4 5
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY			X		
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			X		
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E 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

8

Subject on leave, will be shown to him later

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

23/12/58

DC/TSS/PSD/CSC

Harold M. Sprague
HAROLD M. SPRAGUE

3. BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

23 DECEMBER 1958

DC/TSS/PSD

John D. Marco
JOHN D. MARCO

SECRET

14-00000

Fitness Reports and other
Personnel Documents During Period
prior His Assignment to Mexico City