

Assassination Records Review Board Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10068-10344
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 10

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 8

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10068-10344

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 12/30/76
PAGES : 10

SUBJECTS :
HSCA, ADMINISTRATION
FACTER, JEFFREY

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/07/93

OPENING CRITERIA :

COMMENTS :

Box #:1.

[R] - ITEM IS RESTRICTED

FACTER, Jeffrey

Name of Employee

Address

Address

Phone Number

Position Title

Position Number

Level

Step

DATE OF APPOINTMENT

12-30-76

PRIOR FEDERAL SERVICE

***** Years ***** Months *****

ANNUAL LEAVE
CATEGORY

1.0

1.5

2.0

| Month | DAY OF MONTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Employee Initials | | |
|-------|--------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------|----|------|
| | 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 | |
| Jan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 7 13 |
| Feb. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 14 |
| Mar. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 15 |
| Apr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sept. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- = 0.5 day annual leave
- = 1.0 day annual leave
- = 0.5 day sick leave
- S or S = 1.0 day sick leave
- = 0.5 day administrative leave
- A or A = 1.0 day administrative leave
- U = 0.5 day unauthorized absence
- U or U = 1.0 day unauthorized absence
- = 0.5 day leave without pay
- = 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature

(If employee refuses to sign, state reason below.)

Date

Chief's Signature

Date

Approved:

Clerk of the House

Date

This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder.

EXHIBIT I

BALANCE BROUGHT
FORWARD FROM
PRECEDING YEAR

| Annual Leave | Sick Leave |
|--------------|------------|
| 6 | 12 |

M E M O R A N D U M

TO: All Staff Employees
FROM: Budget Officer
DATE: January 3, 1977
RE: Payroll Certification

Starting with the January, 1977 payroll, the certification to the House Finance Office requires, among other things, the relationship, if any, of each staff employee to any current Member of Congress (those taking office January 3, 1977).

The following are the relationships to be included in the certification:

| | | |
|--------------|-----------------|----------------|
| father | nephew | brother-in-law |
| mother | niece | sister-in-law |
| son | husband | stepfather |
| daughter | wife | stepmother |
| brother | father-in-law | stepbrother |
| sister | mother-in-law | stepsister |
| uncle | son-in-law | half-brother |
| aunt | daughter-in-law | half-sister |
| first cousin | | |

All staff employees are requested to complete this form and return it to the Budget officer.

Approved
Richard A. Sprague

I am not related _____

I am related by the following relationship _____

Jeffrey Fales
Signature of Employee

1/24/77
Date

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initiated by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll actions:

| | |
|--|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Jeffrey Factor | April 1, 1978 |
| Employee Social Security Number | Type of Action |
| 347-54426951 | <input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input checked="" type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) <small>Specify Date _____</small> |
| Employing Office or Committee/Subcommittee | |
| Assassinations | |

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

| Position Title | Gross Annual Salary* |
|----------------|----------------------|
| | |

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. Standing Committee: Staff— Clerical or Professional.
2. Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date April 11, 1978

(Signature of Authorizing Official)

LOUIS STOKES

(Type or print name of Authorizing Official)

CHAIRMAN

(Title—If Member, District and State)

(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

(Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:

Chairman, Committee on House Administration

Office of Finance use only:

ID _____

Office Code _____

Benefits _____

Monthly Annuity \$ _____ .00 as of _____

Payroll _____

Copy for Initiating Office or Committee

(Revised: August 1, 1977)

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**

Washington, D.C. 20515

(Any erasures, corrections, or changes
on this form must be initiated by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| | |
|---|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Jeffrey Factor | December 1, 1977 |
| Employee Social Security Number | Type of Action |
| 367-43-6931 | <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business) |
| Employing Office or Committee/Subcommittee | |
| Assassinations | (Specify Date) |

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

| Position Title | Gross Annual Salary* |
|-----------------------|-----------------------------|
| Staff Counsel | \$27,800 |

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. Standing Committee: Staff— Clerical or Professional.
2. Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date December 1, 1977

(Signature of Authorizing Official).

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State).

(Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:

Chairman, Committee on House Administration

Office of Finance use only:

ID _____

Office Code _____

Benefits _____

Monthly Annuity \$ _____.00 as of _____

Payroll _____

Copy for Initiating Office or Committee

(Revised: August 1, 1977)

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**

Washington, D.C. 20515

(Any erasures, corrections, or changes
on this form must be initiated by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| | |
|--|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Jeffrey Factor | 8/1/77 |
| Employee Social Security Number | Type of Action |
| 343-44-6951 | <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date) |
| Employing Office or Committee | |
| Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|-----------------------|----------------------------|
| Staff Counsel | 26,000 |

(If Committee Employee, complete appropriate item below.)

1. Standing Committee: Staff - Clerical or Professional.
2. Special or Select Committee: Authority - H. Res. 465 of 95th Congress.
3. Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date August 2

, 19 77

(Signature of Authorizing Official)

LOUIS STOKES

(Type or print name of Authorizing Official)

CHAIRMAN

(Title - If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initiated by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| | |
|-----------------------------------|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Jeffrey Factor | 5/9/77 |
| Employee Social Security Number | Type of Action |
| 241-44-6951 | <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date) |
| Employing Office or Committee | |
| Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|----------------|---------------------|
| | \$25,000 |

(If Committee Employee, complete appropriate item below.)

1. Standing Committee: Staff— Clerical or Professional.
2. Special or Select Committee: Authority—H. Res. 465 of 95th Congress;
3. Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date May 10, 1977

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____ .00

PD S/11

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**

Washington, D.C. 20515

(Any erasures, corrections, or changes
on this form must be initiated by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| | |
|--|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Jeffrey Facter | 4/1/77 |
| Employee Social Security Number | Type of Action |
| 341 44 6951 | <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date) |
| Employing Office or Committee | |
| Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|-----------------------|----------------------------|
| | \$47,500 |

(If Committee Employee, complete appropriate item below.)

1. Standing Committee: Staff - Clerical or Professional.
2. Special or Select Committee: Authority - H. Res. 465 of 95th Congress.
3. Joint Committee.

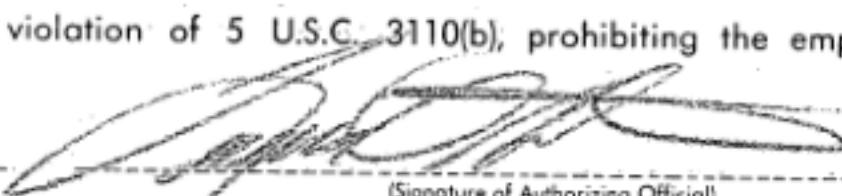
(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date April 29, 1977

(Signature of Authorizing Official)


Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title - If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515(Any erasures, corrections, or changes
on this form must be initiated by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| | |
|------------------------------------|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Jeffrey Facter | 2-1-77 |
| Employee Social Security Number | Type of Action |
| 341-44-6951 | <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date) |
| Employing Office or Committee | |
| Select Committee on Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|----------------|---------------------|
| | \$15,375. |

(If Committee Employee, complete appropriate item below.)

1. Standing Committee: Staff - Clerical or Professional.2. Special or Select Committee: Authority - H. Res. 11 of 95 Congress.3. Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date 2-28-771977

(Signature of Authorizing Official)

Henry B. Gonzalez

(Type or print name of Authorizing Official)

Chairman

(Title - If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ 1,100.00**Copy for Initiating Office or Committee**

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**

Washington, D.C. 20515

(Any erasures, corrections, or changes
on this form must be initiated by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| | |
|------------------------------------|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Jeffrey Facter | 1/3/77 |
| Employee Social Security Number | Type of Action |
| 369-44-6951 | <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date) |
| Employing Office or Committee | |
| Select Committee on Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|----------------|---------------------|
| | \$16,250. |

(If Committee Employee, complete appropriate item below.)

1. Standing Committee: Staff— Clerical or Professional.
2. Special or Select Committee: Authority—H. Res. 11 of 95th Congress.
3. Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date 19 77

(Signature of Authorizing Official)

Henry S. Gonzalez

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM(Please Use Typewriter
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**

Washington, D.C. 20515

(Any erasures, corrections, or changes
on this form must be initiated by the
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| | |
|--|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Jeffrey Factor | December 30, 1976 |
| Employee Social Security Number | Type of Action |
| 341-44-6951 | <input checked="" type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date) |
| Employing Office or Committee | |
| Select Committee on Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|--------------------------|----------------------------|
| Staff Counsel-Legal Unit | \$25,000 |

(If Committee Employee, complete appropriate item below.)

1. Standing Committee: Staff— Clerical or Professional.
2. Special or Select Committee: Authority—H. Res. 1540 of 94th Congress.
3. Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____ If applicable, Level _____ Step _____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date December 15, 1976

(Signature of Authorizing Official)

Thomas H. Downing, Chairman

(Type or print name of Authorizing Official)

Select Committee on Assassinations

(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:

Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____

Monthly Annuity \$ _____.00

Copy for Initiating Office or Committee