

Assassination Records Review Board Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10147-10261
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 8

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: 6

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

Released under the John F.
Kennedy Assassination
Records Collection Act of
1992 (44 USC 2107 Note).
Case#:NW 88326 Date:
2025

Date : 07/08/95
Page : 1

JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10147-10261
RECORDS SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :
TITLE :
DATE : 12/28/76
PAGES : 8
SUBJECTS : STRICKLAND, ANN L.

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : UNCLASSIFIED
RESTRICTIONS : 3
CURRENT STATUS : RELEASED WITH DELETIONS
DATE OF LAST REVIEW : 10/26/95
OPENING CRITERIA :
COMMENTS : Box 3

[R] - ITEM IS RESTRICTED

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
PERSONAL LEAVE RECORD

BALANCE BROUGHT
FORWARD FROM
PRECEDING YEAR

Annual Leave	Sick Leave
2	12

STRICKLAND, Ann
Name of Employee
Address
Address
Phone Number
Position Title
Position Number Level Step

DATE OF APPOINTMENT
12-28-76

ANNUAL LEAVE
CATEGORY
1.0 ☐
1.5 ☐
2.0 ☐

PRIOR FEDERAL SERVICE
Years Months

Month	DAY OF MONTH																															Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	EMP 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.												SS																				1	1	3	13		2	3	11		
Feb.																																1	1					4	12		
Mar.		X																														1	1	5	13	1		4	13		
Apr.				A	S								X																			1	1	5	14	1	1	4	13		
May																			X						SS							1	1	5	14	1	2	4	12		
June								S					XXX					X														1	1	5	13	5	1	0	12		
July																																									
Aug.																																									
Sept.																																									
Oct.																																									
Nov.																																									
Dec.																																									

Terminated 6/19/78

- ☒ = 0.5 day annual leave
- ☒ = 1.0 day annual leave
- ☒ = 0.5 day sick leave
- ☒ or ☒ = 1.0 day sick leave
- ☒ = 0.5 day administrative leave
- ☒ or ☒ = 1.0 day administrative leave
- ☒ = 0.5 day unauthorized absence
- ☒ or ☒ = 1.0 day unauthorized absence
- ☒ = 0.5 day leave without pay
- ☒ = 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature _____ Date _____
(If employee refuses to sign, state reason below.)

Chief's Signature _____ Date _____

Approved: _____ Date _____
Clerk of the House

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

(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 initialed 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
Ann Lyon Strickland	June 19, 1978
Employee Social Security Number	Type of Action
227-76-3525	<input type="checkbox"/> Appointment
Employing Office or Committee/Subcommittee	<input type="checkbox"/> Salary Adjustment
Assassinations	<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 _____ Specify Date _____)

(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.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
- ☐ 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 June 21, 1978

(Signature of Authorizing Official)

LOUIS STOKES, CHAIRMAN

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

(Type or print name of Authorizing Official)

(Type or print name and title of above official)

(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 _____

ID _____

Benefits _____

Monthly Annuity \$ _____ .00 as of _____

Payroll _____

(Revised: August 1, 1977)

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
Ann Lyon Strickland	December 1, 1977
Employee Social Security Number	Type of Action
227-76-3525	<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 _____) Specify Date
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*
Secretary	\$15,000

* 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

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

(Type or print name and title of above official)

(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:	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 initialed 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
Ann Lyon Strickland	5/1/77
Employee Social Security Number	Type of Action
227-76-3525	<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
	\$14,000

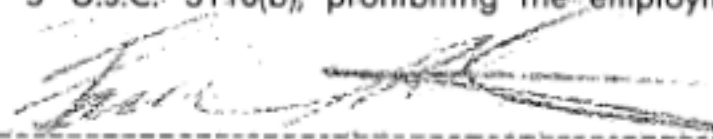
(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- ☐ 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, 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

FD 5/11

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 initialed 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
Ann Lyon Strickland	4/1/77
Employee Social Security Number	Type of Action
227 76 3525	<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
	\$26,000

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- ☐ 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, 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 initialed 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
Ann Lyon Strickland	1/3/77
Employee Social Security Number	Type of Action
227 76 3525	<input type="checkbox"/> Appointment
Employing Office or Committee	<input checked="" type="checkbox"/> Salary Adjustment
Select Committee on Assassinations	<input type="checkbox"/> Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
	\$10,000.

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special or Select Committee: Authority—H. Res. 11 of 95 Congress.
- ☐ 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 _____, 1977

(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 \$ _____ .00

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 initialed 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
Ann Lyon Strickland	December 28, 1976
Employee Social Security Number	Type of Action
Employing Office or Committee	<input checked="" type="checkbox"/> Appointment
Select Committee on Assassinations	<input type="checkbox"/> Salary Adjustment
	<input type="checkbox"/> Termination (At close of business on effective date)

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

Position Title	Gross Annual Salary
Secretary	\$14,000.00

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☒ Special or Select Committee: Authority—H. Res. 1549 of 94th Congress.
- ☐ 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 23, 1976

(Signature of Authorizing Official)

Thomas N. 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

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:

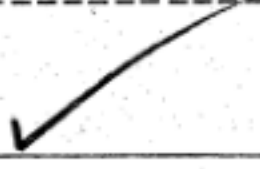
father
 mother
 son
 daughter
 brother
 sister
 uncle
 aunt
 first cousin

nephew
 niece
 husband
 wife
 father-in-law
 mother-in-law
 son-in-law
 daughter-in-law

brother-in-law
 sister-in-law
 stepfather
 stepmother
 stepbrother
 stepsister
 half-brother
 half-sister

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 _____

Ann Lyon Strickland
 Signature of Employee

January 10, 1977
 Date