

**MAIL AND PARCELS DELIVERED AT CHAMBERS QUARTERS**

HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

૧૨૭

**FILE TITLE/NUMBER/VOLUME**

Goodpasture, Ann L

INCLUSIVE DATES: 10 Feb 1944 - 28 June 1973

CUSTODIAL UNIT/LOCATION: Office of Personnel

ROOM: 5513

**DELETIONS, IF ANY**

ENTRIES MAY BE COPIED OR REVIEWED FROM THIS FILE

2068

GOODPASTURE, ANN L. TERN 52303

**SECRET**  
*(If not filled in)*

<b>REQUEST FOR PERSONNEL ACTION</b>								DATE PREPARED					
1. SERIAL NUMBER	2. NAME (Last-First-Middle)							DATE PREPARED					
057303	GOODPASTURE, Ann L.							28 June 1973					
3. NATURE OF PERSONNEL ACTION		(Disability) Retirement			EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT						
Under CIA Retirement & Disability System FWR, ESL					MONTH	DAY	YEAR	Regular					
6. FUNDS		X	V TO V		V TO CP			8. LEGAL AUTHORITY (Completed by Office of Personnel) Public Law 88-643 Section 231					
			C TO V		CF TO CP								
9. ORGANIZATIONAL DESIGNATIONS								10. LOCATION OF OFFICIAL STATION					
DDO/CI Staff Development Complement								Washington, D.C.					
11. POSITION TITLE Ops Officer								12. POSITION NUMBER 9997	13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01			16. GRADE AND STEP 13 7		17. SALARY OR RATE \$ 23,642						
18. REMARKS  Subject has been on Extended sick leave & Disability retirement since 14 June 1972													
<p style="text-align: right;"><i>Janet R. P. 6-29-73 George Mott 6-29-73 A. O. D. P.</i></p> <p>cc: Finance and Security</p>													
18A. SIGNATURE OF REQUESTING OFFICIAL <i>M. D. McCallum</i>				DATE SIGNED 6/28/73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>K. L. Hernandez</i>				DATE SIGNED 6-29-73			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE <i>AS 40</i>	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGEE CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR <i>11 28 16</i>	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR				
28. NTE EXPIRES <i> </i>	29. SPECIAL REFERENCE <i> </i>	30. RETIREMENT DATA <i> </i>		31. SEPARATION DATA CODE <i> </i>	32. CORRECTION/CANCELLATION DATA <i> </i>	33. SECURITY REG. NO. 34. SCI							
CODE <i> </i>	MO DA YR <i> </i>	CODE <i> </i>		TYPE <i> </i>	MO DA YR <i> </i>	EOD DATA							
35. VET PREFERENCE <i> </i>	36. SERV. COMP. DATE MO DA YR <i> </i>	37. LONG. COMP. DATE MO DA YR <i> </i>	38. CAREER CATEGORY CAR/RSV PROV/TEMP <i> </i>	39. FEGLI/HEALTH INSURANCE 0-BALIERS 1-BIP 2-INELIGIBLE <i> </i>	40. SOCIAL SECURITY NO. 								
CODE <i> </i>	MO DA YR <i> </i>	MO DA YR <i> </i>	CAR/RSV PROV/TEMP <i> </i>	CODE <i> </i>	0-BALIERS 1-BIP 2-INELIGIBLE <i> </i>	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) <i> </i>							
42. LEAVE CAT CODE					43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO					44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO			
45. POSITION CONTROL CERTIFICATION <i>7-5-73</i>					46. O.P. APPROVAL <i>7-5-73</i>					DATE APPROVED <i>7-5-73</i>			
FORM 6-72 1152 USE PREV										CLASSIFIED BY: 01-0332		EX-2 APDIB	

**SECRET**

CLASSIFIED BY: 01-0332

(4)

Executive Registry

228-2-1573

4 September 1973

Miss Ann L. Goodpasture  
4200 Cathedral Avenue, N. W.  
Washington, D. C. 20016

Dear Miss Goodpasture:

As you bring to a close your active career of service to your country, I join your friends and colleagues in wishing you well in your retirement.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I extend to you my sincere appreciation for the important work you have done.

Sincerely,

/s/ W. E. Colby

W. E. Colby  
Director

Distribution:

- 0 - Addressee
- 1 - D/Tors
- 1 - OPF
- 1 - ROB
- 1 - ROB Reader

OP/RAD/ROB/NPM/lks

Originator: /s/ John F. Blake  
Director of Personnel

ADMINISTRATIVE COPY - USE ONLY

OPF

6-30-73

6 September 1973

MEMORANDUM FOR: Chief, CI/OPS  
THROUGH : Deputy Director for Operations  
SUBJECT : Career Intelligence Medal  
for Miss Ann L. Goodpasture.

The Honor and Merit Awards Board is pleased to notify you that the Career Intelligence Medal has been approved for Miss Ann L. Goodpasture. You are requested to inform her of the award and of the security considerations contained in the attached memorandum from the Office of Security. Arrangements for presentation may be made with the Executive Secretary, Honor and Merit Awards Board, extension 3645, room 412, Magazine Building.

/s/ R. L. Austin, Jr.

R. L. Austin, Jr.  
Recorder  
Honor and Merit Awards Board

Att

Distribution:

O & 1 - Addressee  
1 - OPF w/forms 382 & 600  
1 - Exec Sec/HMAB  
1 - Recorder/MMAB

ADMINISTRATIVE COPY - USE ONLY

23-3474  
OFF

REPORT OF HONOR AND MERIT AWARDS BOARD				DATE 14 August 1973
The Honor and Merit Awards Board having considered a recommendation that:				
SERIAL OR ID NO.	NAME (Last, First, Middle)	BIRTHYEAR	SEX	TYPE EMPLOYEE
057303	GOODPASTURE, Ann L.	1918	F	Staff
OFFICE OF ASSIGNMENT DO/CI	SD GS	GRADE 13	STATION	
BE AWARDED <b>Career Intelligence Medal</b>				
<input type="checkbox"/> FOR HEROIC ACTION ON <input checked="" type="checkbox"/> FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD September 1947 - June 1973 <input checked="" type="checkbox"/> RECOMMENDS APPROVAL <input type="checkbox"/> DOES NOT RECOMMEND APPROVAL <input type="checkbox"/> RECOMMENDS AWARD OF				
UNCLASSIFIED CITATION				
<p>Miss Ann L. Goodpasture is hereby awarded the Career Intelligence Medal in recognition of her exceptional achievement for more than 25 years. A charter member of the Central Intelligence Agency, Miss Goodpasture has excelled as an operations officer both overseas and in headquarters. Her performance throughout her career has been outstanding and marked by a high degree of competence and unusual dedication to duty. Miss Goodpasture has contributed substantially to the mission of the Agency, reflecting credit on her and the Federal service.</p>				
REMARKS				
(Recommendation approved by ADD/O on 2 August 1973)				
<b>APPROVED</b>  <i>/s/ W. E. Colby</i>  <small>DIRECTOR OF CENTRAL INTELLIGENCE</small> <b>4 SEP 1973</b>  <small>DATE</small>	<b>SIGNATURE</b> <i>/s/ John F. Blake</i>  <small>TYPED NAME OF CHAIRMAN, HONOR AND MERIT AWARDS BOARD</small> <b>John F. Blake</b>  <b>SIGNATURE</b> <i>/s/ R. L. Austin, Jr.</i>  <small>TYPED NAME OF RECOP</small> <i>R. L. Austin, Jr.</i>			

SECRET  
(When Filled In)

OPF

**RECOMMENDATION FOR HONOR OR MERIT AWARD**  
 (Submit in triplicate - See MR 20-37)

**SECTION A****PERSONAL DATA**

1. EMP. SER. NO.	2. NAME OF PERSON RECOMMENDED (Last, First, Middle)	3. POSITION TITLE	4. GRADE	5. SD
057303	Goodpasture, Ann Lorene	Ops Officer	GS-13	0
6. OFFICE OF ASSIGNMENT	7. OFFICE EXT. (if applicable)	8. STATION		
DDO/CI Staff		X HEADQUARTERS	FIELD (Specify location)	
9. HOME ADDRESS (No., St., City, State, ZIP Code)	10. HOME PHONE	11. CITIZENSHIP AND HOW ACQUIRED		
4200 Cathedral Ave., Wash., D.C.	244-1657	U.S. Birth		
12. RECOMMENDED AWARD	13. IF RETIRING, DATE OF RETIREMENT	14. POSTHUMOUS		
Career Intelligence Medal	23 October 1973	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
15. NAME OF NEXT OF KIN	16. RELATIONSHIP	17. HOME ADDRESS (No., St., City, State, ZIP Code)	18. HOME PHONE	
C. H. Goodpasture	Father	Livingston, Tenn.		

**SECTION B RECOMMENDATION FOR AWARD FOR HEROIC ACTION OR ACCEPTANCE OF HAZARD**

19. WERE YOU AN EYEWITNESS TO THE ACT	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>PERSONNEL IN IMMEDIATE VICINITY OR WHO ASSISTED IN ACT OR SHARED IN SAME HAZARD:</b>				
20. FULL NAME	21. ORGN. TITLE	22. GRADE	23. OFFICE OF ASSIGNMENT	

**LIST ANY OF THE ABOVE PERSONS GIVEN AN AWARD OR RECOMMENDED FOR AWARD FOR PARTICIPATING IN ACT:**

24. FULL NAME	25. AWARD RECOMMENDED

**CONDITIONS UNDER WHICH ACT WAS PERFORMED:**

26. LOCATION	27. INCLUSIVE DATES	28. TIME OF DAY

**29. PREVAILING GEOGRAPHIC CONDITIONS AND OBSTACLES ENCOUNTERED**

30. DATES FOR WHICH AWARD RECOMMENDED	31. ASSIGNMENT COMPLETED	32. NOW IN SAME OR RELATED ASSIGNMENT
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**SECTION C RECOMMENDATION FOR AWARD FOR ACHIEVEMENT, SERVICE, OR PERFORMANCE**

33. DO YOU HAVE PERSONAL KNOWLEDGE OF THE SERVICE OR PERFORMANCE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
34. OFFICIAL ASSIGNMENT OF PERSON RECOMMENDED AT TIME OF SERVICE OR PERFORMANCE	
<b>Headquarters</b>	
35. COMPONENT OR STATION (Designation and location)	
DDO/WH	
36. DUTIES AND RESPONSIBILITIES OF ASSIGNED POSITION	
Operations officer completing 30 years of service in the Agency and its predecessor organizations.	

37. INCLUSIVE DATES FOR WHICH RECOMMENDED	38. ASSIGNMENT COMPLETED	39. NOW IN SAME OR RELATED ASSIGNMENT
1947 - 1973	X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> X NO <input checked="" type="checkbox"/>

**PERSONNEL WHO ASSISTED OR CONTRIBUTED SUBSTANTIALLY TO THE SERVICE OR PERFORMANCE**

40. FULL NAME	41. ORGN. TITLE	42. GRADE	43. OFFICE OF ASSIGNMENT
Mr. Winfield Scott		GS-18	Mexico City

**LIST ANY OF THE ABOVE PERSONS GIVEN AN AWARD OR RECOMMENDED FOR AWARD FOR PARTICIPATING IN THE PERFORMANCE**

44. FULL NAME	45. TYPE OF AWARD
Mr. Winfield Scott	

## SECRET

(When Filled In)

## SECTION D

## NARRATIVE DESCRIPTION

CPT

Award for Heroic Action or Acceptance of Hazard: Was act voluntary? Describe why act was outstanding, and if it was more than normally expected. Explain "why" and "how". If an aerial or marine operation, describe type and position of craft, crew position of individual, and all unusual circumstances. Indicate results of the act. Enclose unclassified citation.

Award for Achievement, Service, or Performance: State character of service during period for which recommended. (Give complete description of administrative, technical, or professional duties and responsibilities if not covered in Section C; include dates of assignment and rated.) What did the individual do that merit the award? Why was this outstanding when compared to others of like grade and experience in similar positions or circumstances? If appropriate, include production records and assistance rendered by other persons or units. What obstacles were encountered or overcome? Indicate results of achievement, service, or performance. Include reference to Fitness Reports, Letters of Commendation, or other documentation already on file which supports this recommendation. Enclose unclassified citation.

Miss Goodpasture has been on sick leave since July 1972 awaiting medical retirement in October 1973. She is a charter member of the Agency, having entered on duty from OSS and its successor organizations. Her career is highly distinguished by virtue of consistently strong to outstanding performance, all of which is fully documented.

In addition to several staff and desk assignments, Miss Goodpasture served in support of the successful coup against the communist government in Guatemala in 1954 and completed tours of duty in Bombay, Monterrey and Mexico City. Undoubtedly, the high point of her career occurred during her service in Mexico City from 1957 through 1970, where she served as a "trouble-shooting" case officer for the incomparable Winfield Scott (deceased), who was then the Chief of Station. Mr. Scott, a stern task-master, described Miss Goodpasture over these years as "intelligent, hard-working, conscientious, versatile, valuable and unquestionably one of the most competent CI/CE officers he ever had the privilege of working with." Miss Goodpasture's fitness reports were totally consistent with this appraisal, and were characterized by outstanding ratings. In her final assignment prior to acute medical problems, she worked for the CI Staff (October 1970-October 1971), earning the following remarks from her supervisor: "...I venture to rate her overall performance, thirty years of it, as Outstanding. Ann is one of the tough warp-threads on which this organization is woven, and when she retires the fabric of this organization will be weakened." The reviewing official agreed with the above and recorded his hope that Miss Goodpasture get the official Agency recognition she so richly deserves for the many years she has made substantive

X-7 CONTINUED ON ATTACHED SHEET

46. ENCLOSURES (List individually) IF ORIGINATOR IS NOT AN EYEWITNESS OR DOES NOT HAVE PERSONAL KNOWLEDGE OF THE ACT OR PERFORMANCE. ATTACH AFFIDAVITS OF EYEWITNESS OR INDIVIDUALS HAVING PERSONAL KNOWLEDGE OF THE FACTS.

1. PROPOSED CITATION
- 2.
- 3.

47. RECOMMENDATION INITIATED BY  David A. Phillips		48. TITLE AND SIGNATURE OF EMPLOYEE MAKING RECOMMENDATION  Chief, WH Division	49. DATE  21 JUN 1973
SECTION E RECOMMENDATION FORWARDED THROUGH OFFICIALS CONCERNED FOR THEIR INFORMATION			
50. HEAD OF D CAREER SERVICE (Career service of nominee)	TITLE AND SIGNATURE  See Item #52		DATE
51. DEPUTY DIRECTOR OF CAREER SERVICE	TITLE AND SIGNATURE  See Item #52		DATE
52. DEPUTY DIRECTOR OF OPERATING COMPONENT	TITLE AND SIGNATURE  See David A. Phillips Deputy Director for Operations		DATE  2 JUL 1973

SECRET

C-N<sup>c</sup> Money

SECRET

(If Applicable)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				10 October 1972		
057303		GOODPASTURE, Ann L.						
3. NATURE OF PERSONNEL ACTION				Extended Sick Leave Disability Retirement		4. EFFECTIVE DATE REQUESTED		
						MONTH	DAY	YEAR
						10	23	72
6. FUNDS		X TO V		Y TO O		7. FINANCIAL ANALYSIS NO.		
		OF TO V		OF TO O		CHARGEABLE		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION		
DDP/CI Staff Development Complement						Washington, D.C.		
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
Ops Officer				9997		D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS		0136.01		13 7		\$ 22,487		
18. REMARKS								
X Other								
NTE: 10-23-73								
19. SIGNATURE OF REQUESTING OFFICIAL <i>M. D. McCallum</i> M. D. McCallum, CI Staff				DATE SIGNED 10/10/72		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>John L. Carpenter</i>		
DATE SIGNED 10/07/1972								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
21. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRATE CODE	24. HOURS CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LB MO. DA. YR.
31	40	31997 CT	75013			11 128 78		
28. RTE EXPRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE	33. SECURITY REQ. NO.	34. SEX		
MO. DA. YR. 10 23 73	S1			MO. DA. YR. EOD DATA				
35. VET PREFERENCE	36. SETY COMB. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGI/HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO			
CODE 0-HOME 1-5 PT 2-10 PT	MO. DA. YR.	MO. DA. YR.	CAR/REST PROV TEMP CODE	0-WAIVER 1-REG 2-REC/OPT 3-INELIGIBLE	HEALTH PRO. CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO					
45. POSITION CONTROL CERTIFICATION <i>R. L. G.</i>		46. O.P. APPROVAL 10-17-72	DATE APPROVED <i>R. L. G.</i> 10/17/72					

**SECRET**

(06 Jan 64)

**EMPLOYEE NOTICE OF RESIGNATION**

I RESIGN EFFECTIVE \_\_\_\_\_ FOR THE FOLLOWING REASON:

(Date)  
01/16/1964

MY LAST WORKING DAY WILL BE—	DATE SIGNED	SIGNATURE OF EMPLOYEE
------------------------------	-------------	-----------------------

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

**INSTRUCTIONS**

Items 1 thru 7  
and  
Items 9 thru 18a) — The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary-Part Time		

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

PART LINE  
 Major Component (Director, Deputy Director, etc.)  
 Office, Major Staff, etc.  
 Foreign Field or U.S. Field (if pertinent)  
 Division or Staff (subordinate to first line)  
 Branch  
 Section  
 Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the *gaining* Career Service should approve and the other Career Service should concur in Item 18, Remarks.

**ROUTING**— The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1; which require advance approval of or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

**SECRET**

SECRET

(When Filled In)

7/25/72 REQUEST FOR PERSONNEL ACTION		DATE PREPARED 12 July 1972						
1. SERIAL NUMBER <b>057303</b>	2. NAME (Last-First-Middle) <b>GOODPASTURE, Ann L.</b>							
3. NATURE OF PERSONNEL ACTION <b>Reassignment - TRANSFER TO X-Y-Z</b>		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>07 23 72</b>	5. CATEGORY OF EMPLOYMENT <b>Regular</b>					
6. FUNDS → XX CP TO V	V TO V XX CP TO V	V TO C CP TO C	7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>3227-0183</b>					
8. ORGANIZATIONAL DESIGNATIONS <b>DDP/CI Staff Development Complement</b>		9. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>						
10. POSITION TITLE <b>Ops Officer</b>		11. POSITION NUMBER <b>9997</b>	12. CAREER SERVICE DESIGNATION <b>D</b>					
14. CLASSIFICATION SCHEDULE (GS, LS, PS, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>13 8/7</b>					
		17. SALARY OR RATE <b>22,487 \$ 21,862</b>						
18. REMARKS  FROM: Pos. No. 0073  NOTE: Subject will be on CIARDS Disability Retirement until <i>23 October 1973</i>  <i>Arthur</i> <i>CCS CIA w/r</i> <i>J. Decker</i> <i>cc: exp/acs/jr</i>								
19. SIGNATURE OF REQUESTING OFFICIAL <i>John J. Decker</i> CI Staff		DATE SIGNED <b>7/12/72</b>	18B. SIGNATURE OF CAREER-SERVICE APPROVING OFFICER <i>Ray P. Morrison</i>					
20. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE <b>16 18</b>	20. EMPLOY CODE <b>21 0971 12</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>75013</b>	22. STATION CODE <b>75013</b>	23. INTEGRATE CODE <b>CO04</b>	24. MOVED CODE <b>1 11 28 18</b>	25. DATE OF BIRTH MO. DA. YE. <b>1 11 28 18</b>	26. DATE OF GRADE MO. DA. YE. <b>1 11 28 18</b>	27. DATE OF LES MO. DA. YE. <b>1 11 28 18</b>
28. RITE EXPIRES MO. DA. YE.	29. SPECIAL REFERENCE 1-CST 2-CPOB 3-CPL 4-RCES 5-RCES	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CORRECTION, CANCELLATION, DATA CODE	33. SECURITY REG. NO. REG. NO.	34. SIX SIX		
35. VET PREFERENCE CODE 0-HOME 1-5 FT 2-10 FT	36. SERV CORP DATA MO. DA. YE.	37. LONG. LOMP DATA MO. DA. YE.	38. CAREER CATEGORY CODE 0-NO PREVIOUS SERVICE 1-10 BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	39. FEGL/HEALTH INSURANCE CODE 0-UNIV 1-REG 2-REG/OPT 3-INELIGIBLE	40. SOCIAL SECURITY NO HEALTH INS. CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-10 BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT CODE CODE 1-YES 2-NO	43. FEDERAL TAX DATA CODE 1-YES 2-NO	44. STATE TAX DATA CODE 1-YES 2-NO					
45. POSITION CONTROL CERTIFICATION  <i>Decker</i> <b>07-20-72</b>	46. O.P. APPROVAL  <i>Decker</i>	47. DATE APPROVED  <b>7/20/72</b>						

**SECRET****EMPLOYEE NOTICE OF RESIGNATION**

I RESIGN EFFECTIVE \_\_\_\_\_ FOR THE FOLLOWING REASONS

JUL 14 1972  
JUL 26 1972

MY LAST WORKING DAY WILL BE—	DATE SIGNED	SIGNATURE OF EMPLOYEE
------------------------------	-------------	-----------------------

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS, AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

**INSTRUCTIONS**

Items 1 thru 7 and Items 9 thru 18a } — The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary-Part Time		

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

Major Component (*Director, Deputy Director, etc.*)  
 Office, Major Staff, etc.

Foreign Field or U.S. Field (*if pertinent*)  
 Division or Staff (*subordinate to first line*)  
 Branch  
 Section  
 Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

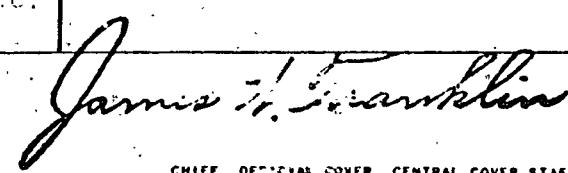
ROUTING— The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1; which require advance approval or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

**SECRET**

SECRET

<b>NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP</b>			DATE	FILE NO.
TO: (check)	CHIEF, CONTROL DIVISION	SS NUMBER		
	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER		
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER		
ATTN:		OFFICIAL COVER	ESTABLISHED	DISCONTINUED
REF:		UNIT		
SUBJECT				

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<b>ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS</b>		<b>CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:</b>		
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-22)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TOY</u> OTHER (Specify) _____		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		EAA: CATEGORY I      CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-11)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD		
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HNB 240-20)		DO NOT WRITE IN THIS BLOCK		
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HNB 240-20)				
EAA: CATEGORY I      CATEGORY II				
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD				
<b>REMARKS AND/OR COVER HISTORY</b>  1. <u>REMARKS</u> - To be written in this column 2. <u>ON ESTABLISHMENT OF COVER</u> - If this is the first time the cover is being established, write the date it was established and the name of the person who established it. 3. <u>ON CANCELLATION OF COVER</u> - If this is the last time the cover is being discontinued, write the date it was discontinued and the name of the person who discontinued it. 4. <u>ON TRANSFER OF COVER</u> - If this is the transfer of the cover from one person to another, write the name of the person who transferred it and the name of the person to whom it was transferred.				
<b>DISTRIBUTION:</b> COPY 1 - CO COPY 2 - OPERATING COMPONENT COPY 3 - D/OS COPY 4 - DL/TELEVC COPY 5 - OF COPY 6 - CCS - FILE		 CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF		

EXPERIENCE

Employed by Central Intelligence Agency and World War II predecessor agencies from 1942 - 1972. Served as clerk, administrative assistant, photo technician, research analyst, and intelligence officer. Assignments were in Washington, D.C., the Far East, and Latin America.

S E C R E T  
(When Filled In)

Name (Last-First-Middle)

## CERTIFICATION OF SEPARATING EMPLOYEE

GOODPASTURE, ANN

## MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

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

1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).

2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).

3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).

4. Standard Form 2802 (Application for Refund of Retirement Deductions).

5. Form 2595 (Authorization for Disposition of Paychecks).

*Continue Deposit to Bank*

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

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

Appointment arranged with Office of Medical Services.

Appointment for Office of Medical Services examination declined.

7. I have been informed of "conflict of interests" policy of the Agency and foresee no problem in this regard concerning my new employment.

8. Form 71 (Application for Leave).

9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).

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

Signature of Employee

Date Signed

Ann L. Goodpasture7 June 72

Address (Street, City, State, Zip Code)

Correspondence

4200 Cathedral Ave. N.W. #412A Court CovertWASH. D.C. 20016

S E C R E T

ADMINISTRATIVE  
INTERNAL USE ONLY

12 JUN 1972

MEMORANDUM FOR : Miss Ann L. Goodpasture  
THROUGH : Head of CS Career Service  
SUBJECT : Notification of Approval of Disability Retirement

1. This is to inform you that the Director of Personnel has approved your request for disability retirement under the CIA Retirement and Disability System. On the basis of medical evidence, the Director of Personnel has determined that your disability is of a permanent nature; therefore, no further medical review of your case will be required.
2. Your retirement will become effective 23 October 1973, the expiration date of your accrued sick leave and excess annual leave. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details required to effect your retirement.

7-3/ B. DeFelice  
B. DeFelice  
Deputy Director of Personnel  
for Special Programs

Distribution:

- 0 - Addressee
- 1 - OMS
- 1 - CS Career Service
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

OP/RAD/ROB/WFMadigan:jat 325 (10 JUN 1972)  
ADMINISTRATIVE  
INTERNAL USE ONLY

**CONFIDENTIAL**

*5 JUN 1972*

**MEMORANDUM FOR THE RECORD**

**SUBJECT : Request for Disability Retirement Under the  
Provisions of the CIA Retirement and Disability  
System - Miss Ann L. Goodpasture**

Based upon my review and evaluation of the evidence listed below, I hereby approve the request of Miss Ann L. Goodpasture for disability retirement under the provisions of the CIA Retirement and Disability System and, on the basis of the medical evidence submitted in this case, I have determined that the disability of Miss Goodpasture is permanent:

- a. Supervisor's statement dated 14 March 1972 submitted in accordance with the provisions of paragraph h.(3) of HR 20-50.
- b. Written report of the Board of Medical Examiners dated 25 May 1972 as submitted by the Chairman of that Board in accordance with the provisions of paragraph h.(4)(c) of HR 20-50.

/s/Harry B. Fisher

**Harry B. Fisher  
Director of Personnel**

**Distribution:**

- 0 - Return to ROB
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

OP/RAD/ROB/WFMadigan:jat/3257 (31 May 1972)

**CONFIDENTIAL**

SECRET  
(Read Faded by)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED			
1. SERIAL NUMBER	2. NAME / Last-First-Middle							23 June 1970			
057303	GOODPASTURE, ANN L.										
3. NATURE OF PERSONNEL ACTION <b>Reassignment</b>				4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT				
				MONTH	DAY	YEAR	Regular				
				10	15	70					
6. FUNDS				V TO V	V TO C	7. FINANCIAL ANALYSIS NO CHARGEABLE 12-2-6170 0000-0170			8. LEGAL AUTHORITY (Completed by Office of Personnel)		
				O TO V	O TO C						
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/CI Staff Operations Group WE Branch</b>				10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>							
11. POSITION TITLE <b>Ops Officer</b>				12. POSITION NUMBER <b>0073</b>			13. CAREER SERVICE DESIGNATION <b>D</b>				
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS</b>			15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>13 6</b>		17. SALARY OR RATE <b>\$ 19,555</b>				
18. REMARKS FROM: DDP/NH/Dev. Comp/Pos. No. 9997 Coordination: <u>Henry L. Berthold</u> C/WH/Personnel Security Approval Granted by Pers. SD/OS/6/30 DB 10121											
CC: Finance and Security				Home Base: WH							
18A. SIGNATURE OF REQUESTING OFFICIAL <u>Henry L. Berthold</u> CI STAFF				DATE SIGNED <b>6-23-70</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <u>John J. Burke</u>				DATE SIGNED <b>6-23-70</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC	22. STATION CODE ALPHABETIC	23. INTEGRITY CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI			
31	10	31400	C.I	95013	1	11/30/18					
28. RITE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA TYPE	MO. DA. YR.	33. SECURITY REQ NO	34. SEX			
35. VET PREFERENCE		36. SERV COMP DATE MO. DA. YR.	37. LONG COMP DATE MO. DA. YR.	38. CAREER CATEGORY	39. FEGL/HEALTH INSURANCE			40. SOCIAL SECURITY NO			
CODE 3-BURE 1-1 PT 2-10 PT				CAR/RSV PROV. TEMP	CODE	0-WAIVER 1-YES	HEALTH INS. CODE				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA			
CODE 0-NO PREVIOUS SERVICE 1-BEFORE 10 SERVICE 2-BEFORE 10 SERVICE (LESS THAN 3 YEARS) 3-BEFORE 10 SERVICE (MORE THAN 3 YEARS)					FORM EXECUTED 1-YES 2-NO	NO. TAX EXEMPTIONS	FORM EXECUTED 1-YES 2-NO	CODE MO. TAX EXEMPT. STATE CODE			
45. POSITION CONTROL CERTIFICATION <b>FROM: W.M.</b>				46. O.P. APPROVAL <b>C. Back</b>			DATE APPROVED <b>6-20-70</b>				

S 1 MARCH 1972

**MEMORANDUM FOR : Chairman, Board of Medical Examiners**

**SUBJECT : Request for Medical Evaluation -  
Miss Ann L. Goodpasture**

1. Miss Ann L. Goodpasture, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Miss Goodpasture and that a written report of the Board of Medical Examiners as prescribed in paragraph h (4) of HR 20-50 be submitted to this office.
2. Miss Goodpasture plans to remain on duty pending a decision on her application for retirement.
3. Attached is a copy of the Supervisor's Statement, a copy of the Application for Disability Retirement, and a private physician's statement.

**Harry B. Fisher  
Director of Personnel**

**Attachments:**

- a. Supervisor's Statement
- b. Application
- c. Private Physician's Statement

**Distribution:**

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

OP/RAD/ROB/W Ladigan:jat/3257 (28 March 1972)

ADMINISTRATIVE  
RETIREMENT AND DISABILITY SYSTEM  
RETIRED PERSONNEL

8 MAR 1972

**MEMORANDUM FOR :** Miss Ann L. Goodpasture  
**THROUGH :** Administrative Officer, CI Staff  
**SUBJECT :** Application to Purchase Service Credit

1. This is to advise you that your application to purchase service credit under the CIA Retirement and Disability System has been processed. The period of your service which is not covered by retirement deductions and the amount due to cover this period are as follows:

<u>Redeposit Period</u>	<u>Total Amount Due</u>
11 Mar 1942 - 8 Sep 1943	\$241.00

2. Postponing payment will cause the amount due to increase because of additional interest at the rate of 3 per cent compounded annually. However, so long as the amount is not paid, you have the use of this money for other purposes. You may postpone payment until you retire.

3. If the redeposit is not made you will receive no credit in the computation of annuity for the period of service covered by the refund. This usually results in a sharp reduction in the amount of your annuity.

4. If you wish to make payment for the redeposit period, please make your check payable to the Treasurer of the United States and forward it to the Chief, Retirement Operations Branch, 205 Magazine Building. If you prefer, you may make installment payments or arrange for bi-weekly payroll allotments of \$25.00 or multiples thereof. A receipt showing a statement of your account will be sent to you acknowledging each installment payment.

FOR THE DIRECTOR OF PERSONNEL

RONALD GAGE

Ronald Gage  
Acting Chief, Retirement Affairs Division

Distribution:

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

OP/RAD/ROB/WFMa Jan:jat/3257 (7 March 1972)

SECRET

302-567  
P/KL-4516

DATE PREPARED

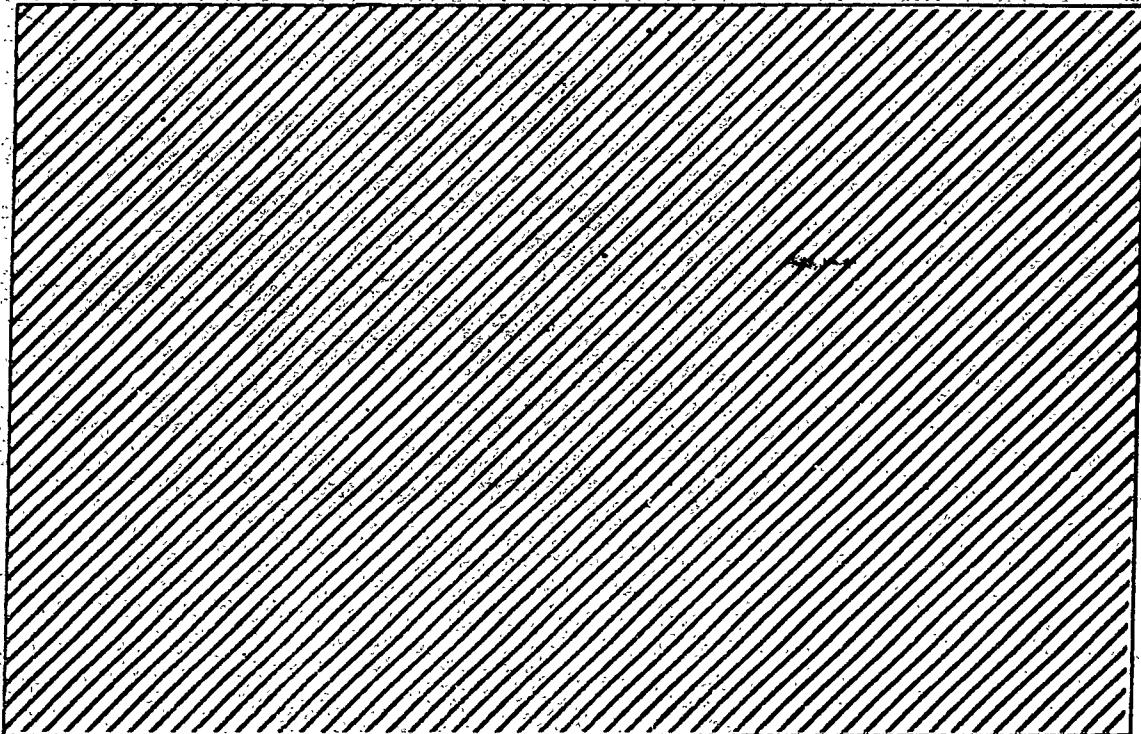
## REQUEST FOR PERSONNEL ACTION

18 NOVEMBER 1968

1. SERIAL NUMBER	2. NAME (Last-First-Middle)		3. EFFECTIVE DATE REQUESTED			4. CATEGORY OF EMPLOYMENT				
057303	GOODPASTURE, ANN L.		MONTH	DAY	YEAR	REGULAR				
5. NATURE OF PERSONNEL ACTION			12	01	68					
REASSIGNMENT										
6. FUNDS	V TO V	V TO O	7. FINANCIAL ANALYSIS NO. CHARGEABLE			8. LEGAL AUTHORITY (Completed by Office of Personnel)				
	CP TO V	XXX	9135 0623							
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION							
DDP/WH DEVELOPMENT COMPLEMENT			WASHINGTON, D.C.							
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
OPS OFFICER			9997		D					
14. CLASSIFICATION SCHEDULE (GS, I.B., etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS		0136.01		13 6		\$ 16809				
18. REMARKS										
<p>FROM: DDP/WH/FOREIGN FIELD/BRANCH 1/MEXICO CITY/POS.# 0418</p> <p><i>Reinstating Retirement - 18 Nov 1968</i></p> <p><i>Benefits for 1968 have been granted for request</i></p> <p><i>DDP/WH/Foreign Field Branch 1/Mexico City</i></p>										
18A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED		
Henry L. Berthold C/WH/Personnel			18 Nov 68							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. POINTS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES		
57	18	51-977	104 72613		1	11 28 58	NO DA YR	NO DA YR		
28. RETIREMENT DATA		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA	33. SECURITY REQ. NO.			34. SEX	
MO. DA. YR	MO. DA. YR	1-PSC 2-DASH 3-FICA 4-NONE	CODE	TYPE	MO. DA. YR	EOD DATA				
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEDERAL HEALTH INSURANCE	40. SOCIAL SECURITY NO				
CODE	0-HOME 1-5 PT 2-10 PT	MO. DA. YR.	MO. DA. YR.	CAR RISK PROV. TEMP	CODE	0-WATER 1-YES	HEALTH INS CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA				
CODE	0-NO PREVIOUS SERVICE 1-NO RECALL IN SERVICE 2-RECALL IN SERVICE (LESS THAN 3 YEARS) 3-RECALL IN SERVICE (MORE THAN 3 YEARS)			FORM EXECUTED	CODE	MO. TAX EXEMPTIONS	FORM EXECUTED	CODE	MO. TAX EXEMPTIONS	STATE CODE
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL					DATE APPROVED	
<p>11-31-68 J. L. J. 11-31-68</p>										

SECRET

(Phone Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Goodpasture, Ann	Self	69-0577

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 15 September 1968

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 OSD REPRESENTATIVE
24 January 1969	R. D. A. [Signature]

**NOTICE OF OFFICIAL DISABILITY CLAIM FILE**

SECRET

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Use pseudo only if SA)		DATE FROM Item S-1		NAME OF SUPERVISOR (true)		DATE (/from item S-2)	
Ann L. Goodpasture		4/24/67		Winston Scott		4/24/67	
DATE RECEIVED AT HEADQUARTERS:		DISPATCH NUMBER:		DATE RECEIVED BY CAREER SERVICES:			
5/4/67		HMMT-7821					
TO BE COMPLETED BY EMPLOYEE							
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE		5. CRYPT FOR CURRENT COVER		
28 Nov 1918		GS-13 Ops Officer	Mexico City		LNGOLD		
6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE				
5 May 1957	1 Sept 1967	10 Sept 1967	31 October 1967				
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:							
None							
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:							
None							
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (See special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 240-8)							
Case Officer for operational support and liaison projects sponsored by high-level contacts of COS.							
Liaison with other agencies on CE cases.							
Special projects assigned by COS							
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS							
None							

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

CE/CI Officer for Mexico Station

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (FOR 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)

BE ASSIGNED TO HQDTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

BE ASSIGNED TO ANOTHER FIELD STATION: INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Chief of Station, Mexico City strongly recommends that this officer be allowed to return to Mexico City for another tour after home leave.

This officer is a very important and essential member of the Mexico City Station Staff; and this officer's services are need very much by this Station.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

WH Division recommends that Miss Goodpasture be approved for another tour in Mexico City.

DATE 3/17 TITLE C/WH/Pers SIGNATURE Robert D. Cashman

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Approved second tour

15. EMPLOYEE NOTIFIED BY DISPATCH NO. HQ1217-2250 DATED: 29 May 67

CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: 29 May 1967  
(SIGNATURE)

SECRET

SECRET

Received  
CSNO 28 Aug 63

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW			
8. NAME OF EMPLOYEE (true). Ann L. GLOMPASTER	DATE (from item # 1) 18 June 1963	NAME OF SUPERVISOR (true) John H. Scott	DATE (from item # 2) 18 June 1963
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW R. Farina, MH/Personnel			
NOT COMPLETE ON THIS FORM			
TO BE COMPLETED BY EMPLOYEE			
9. DATE OF BIRTH 28 November 1918	10. GRADE GS-13	11. CURRENT POSITION TITLE Operations Officer - CE	12. EXPECTED RATE OF DEPARTURE FROM FIELD
13. SERVICE DESIGNATION (if known)	14. CURRENT STATION OR FIELD BASE Mexico City	15. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS	
16. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR None		17.	
18. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form)			
<p>1. Liaison with the Legal Attaché (requests for traces and investigations).</p> <p>2. Case Officer for miscellaneous CE operations such as short term physical or technical surveillances.</p> <p>3. Alternate contact with [REDACTED] Inside officer responsible for processing take from three anti-Soviet photo surveillance bases.</p> <p>4. Alternate for station photographer, flaps and seals.</p> <p>5. Prepares briefing papers and other materials used by COS for special briefing of representatives from Headquarters or other U. S. Government and private agencies.</p> <p>6. Case Officer handling [REDACTED] who supervises the intercept center for a semi-official telephone tap operation covering 30 lines simultaneously.</p>			
19. PREFERENCE FOR NEXT ASSIGNMENT			
<p>A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.</p> <p>8. (continued)</p> <p>7. Alternate contact for [REDACTED] who supervises a semi-official support project.</p> <p>8. Pending assignment additional SR ops officer, case officer for [REDACTED] unilateral outside translator.</p> <p>-----</p> <p>9. For next assignment, have no particular preference.</p>			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available)			
<p>To be determined by Headquarters or Chief of Station, based on next assignment.</p>			

NAME OF DIPLOTE	EMPLOYEE SERIAL NO.	COMPLETED BY EMPLOYEE		TELEPHONE EXT.	SECRET (WHEN FILLED IN)			
		YES	NO					
		DO NOT EAT, STAPLE, SPINDLE, OR MUTILATE						
INSTRUCTIONS		DO NOT WRITE IN COLUMN	WHERE SERVICE WAS PERFORMED	PCS-1 TDY-2 ENTER NO. 3 MO. YR. 30 01 1963	DATES FROM TO NO. YR. 30 01 1963	SERVICE AS CIVILIAN-1 MILITARY-2 DENTAL-3 41	RESPONSIBILITIES U. S. GOVT. DEPT. OR AGENCY	DO NOT WRITE IN COLUMN
<p>THIS FORM MUST BE RETURNED WHETHER YOU HAVE HAD OVER SEAS SERVICE OR NOT.</p> <p>PLEASE READ CAREFULLY INSTRUCTIONS ON ACCOMPANYING CARD, THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE.</p>		330	Lima/Leyton	1 0844 08 1963	1	CIA	100	
		145	Colombia	1 0840 03 46	1	"	100	
		330	India	1 0347 12 49	1	"	100	
		450	Mexico	1 0757 10 53	1	"	100	
		300	Guatemala	2 0404 05 54	1	"	100	
		450	Mexico	1 0557 07 68	1	"	100	
IF ADDITIONAL SPACE IS NEEDED, CHECK HERE <input type="checkbox"/> AND ASK YOUR ADMINISTRATIVE OFFICER FOR SUPPLEMENTAL CARDS						SECRET		
TO BE COMPLETED BY SUPERVISOR AT FIELD STATION								
13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:								
WH Division recommends that Subject return to Mexico City for another tour of duty.								
16. NAME OF PERSONNEL OFFICER ROBERT D. Cashman DATE 26 August 1963		SIGNATURE <i>Robert D. Cashman</i> ROBERT D. CASHMAN, C/M/Pers						
FOR USE OF CAREER SERVICE								
17. EMPLOYEE HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT		18. REFERENCE Dispatch HMDS-3143 (20 Sep 63) DISPATCH NO. _____ CABLE NO. _____						
19. TYPED OR PRINTED NAME George W. Dumont		20. SIGNATURE <i>George W. Dumont</i>						
21. TITLE Personnel Officer/CSPO		22. DATE 20 Sep 63						
23. COMMENTS CS Personnel Management Committee approved retention of Miss Goodpasture at Mexico City through January 1965, followed by return to Hq, PCS.								

SECRET

SECRET

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (F/S/N)	DATE (from item 8-2)	NAME OF SUPERVISOR (F/S/N)	DATE (from item 8-2)
GOODPASTURE, Ann L.	24 Jan 61	Winston M. Scott	24 Jan 61
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:		DATE	
<i>J. W. Shanks</i> Washinko, WH/Pers Ofcr		3 Feb 61	

DO NOT COMPLETE

DO NOT COMPLETE

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE	7A. EXPECTED RATE OF DEPARTURE FROM FIELD
28 November 1918	GS-12	Intelligence Officer	August 1961
4. SERVICE DESIGNATION (if known)		5. CURRENT STATION OR FIELD BASE	7B. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
KUTUBA		Mexico City	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			
None			

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

Case Officer - CE Operations. Operational support for five anti-soviet, CE, support-type and technical projects. Flaps and seals, and photo for special projects when other techs not available. Other duties assigned by COS.

## 9. PREFERENCE FOR NEXT ASSIGNMENTS:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

Continuation of above.

## B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

Believe no additional training needed unless decided change in duties.

## SECRET

## 9. PREFERENCE FOR NEXT ASSIGNMENT (CONTINUED)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3-1 FOR 1st, 2nd and 3rd choice IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION.

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:

1ST CHOICE WH

2ND CHOICE

3RD CHOICE

BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:

1ST CHOICE WH

2ND CHOICE WH

3RD CHOICE WH

## 10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS: 45

## 11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

None

## 12. SIGNATURE: COMPLETE ITEM NO. S-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

It is strongly urged by COS that this extremely valuable and all-round officer be returned to the Mexico City Station.

RIGGS would be one of the most difficult persons to replace in the Mexico City Station because of the variety of types of work he does (and all well and efficiently) and because of his detailed knowledge of CE operations, Soviet personalities and targets, and general capabilities.

## 14. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE PERSONNEL OFFICER AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

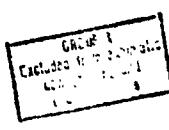
Concur in COS recommendation

28 FEB 1961

16. NAME OF PERSONNEL OFFICER  P.C. BOWERS, DATE 3 Feb 61	SIGNATURE  <i>P.C. Bowers</i>
FOR USE OF CAREER SERVICE	
17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT	18. REFERENCE DISPATCH NO. _____ CABLE NO. _____
19. TYPED OR PRINTED NAME	20. SIGNATURE
21. TITLE	22. DATE
23. COMMENTS	

SECRET

**DISPATCH****SECRET/R Y B A T****PROCESSING ACTION**

		CLASSIFICATION	
		SECRET/R Y B A T	MARKED FOR INDEXING
Chief, WH Division		XX	NO DIRECTS REQUIRED
INFO.			ONLY QUALIFIED DESR CAN JUDGE REQUIRED
FROM	Chief of Station, Mexico City		BUCPHILM
SUBJECT	Recommendation for Promotion -- <i>Ann G. Godparture</i>		<i>Not approved</i> <i>24 Jan 67</i> CK
ACTION REQUIRED - REFERENCES			
Reference: A. HMMT-7514 B. HMMT-6090			
Action : See paragraph 1.			
<p>1. It is strongly recommended that ██████████ be promoted to GS-14.</p> <p>2. This officer has performed outstandingly at this Station for many years; he is a dedicated hard-working employee who is conscientious about and careful with WOFACT funds. This officer has for years been involved in managerial capacities in some of the most sensitive and highly successful operations run by this Station -- one of which has been cited by Headquarters as a model of its type and the most successfully productive (technical) operation in WOFACT.</p> <p>3. ██████████ is an officer of outstanding capabilities of a wide range and variety.</p> <p>4. All these attributes, performance, time in grade, and service time with WOFACT should combine to cause the promotion of this deserving officer.</p>			
 Willard C. CURTIS			
			
Distributions: ✓ 3 - WH			
REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HMMT-7559	8 February 1967	
CLASSIFICATION		FILE NUMBER	
SECRET/R Y B A T			

DISPATCH		CLASSIFICATION	PROCESSING ACTION
		SECRET/R Y B A T	READY FOR RECORDING
TO	Chief, WH Division		XX NO INDEXING REQUIRED
INFO.			ONLY QUALIFIED DESK CAN JUDGE INDEXED
FROM	Chief of Station, Mexico City ✓		MICROFILM
SUBJECT	Recommendations for Promotion		
ACTION REQUIRED - REFERENCES			
<p>References: A. WH Field Memorandum No. 20-2, 28 January 1966            B. CSI-F-20-18, 5 May 1961            C. HMMT-7514, 24 January 1967            D. HMMT-7558, 8 February 1967</p> <p><i>Air Goodpasture</i></p> <p>1. COS, Mexico City, has recommended that both <del>██████████</del> and <del>██████████</del> of this Station be considered for promotion from GS-13 to GS-14 (references C and D).</p> <p>2. These two officers are ranked in the following order in the Station's recommendations for promotion:</p> <p>a. <del>██████████</del> <i>Air Goodpasture</i>            b. <del>██████████</del> <i>Benjamin Pepper</i></p> <p><i>Willard C. CURTIS</i></p>			
Distribution: 3 - WH			
REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HMMT-7617	27 February 1967	
CLASSIFICATION		FILE NUMBER	
SECRET/R Y B A T		800	

SECRET  
(When Filled In)

28 February 1968

*Richard B. Egan signature*

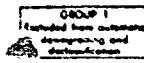
MEMORANDUM FOR: [REDACTED]  
THROUGH : Chief of Station, Mexico City  
SUBJECT : Notification of Designation as a Participant in the Organization Retirement and Disability System.  
REFERENCE : Book Dispatch 5098, dated 12 August 1965.

Recent correspondence on the above subject informed you that I had determined that you met the criteria specified in the applicable regulation for designation as a participant in the Organization Retirement and Disability System. On the basis of this determination and your recently executed election to remain in the System, your designation as a participant was made effective 13 February 1966.

*Richard B. Egan*

RICHARD B. EGAN

SECRET



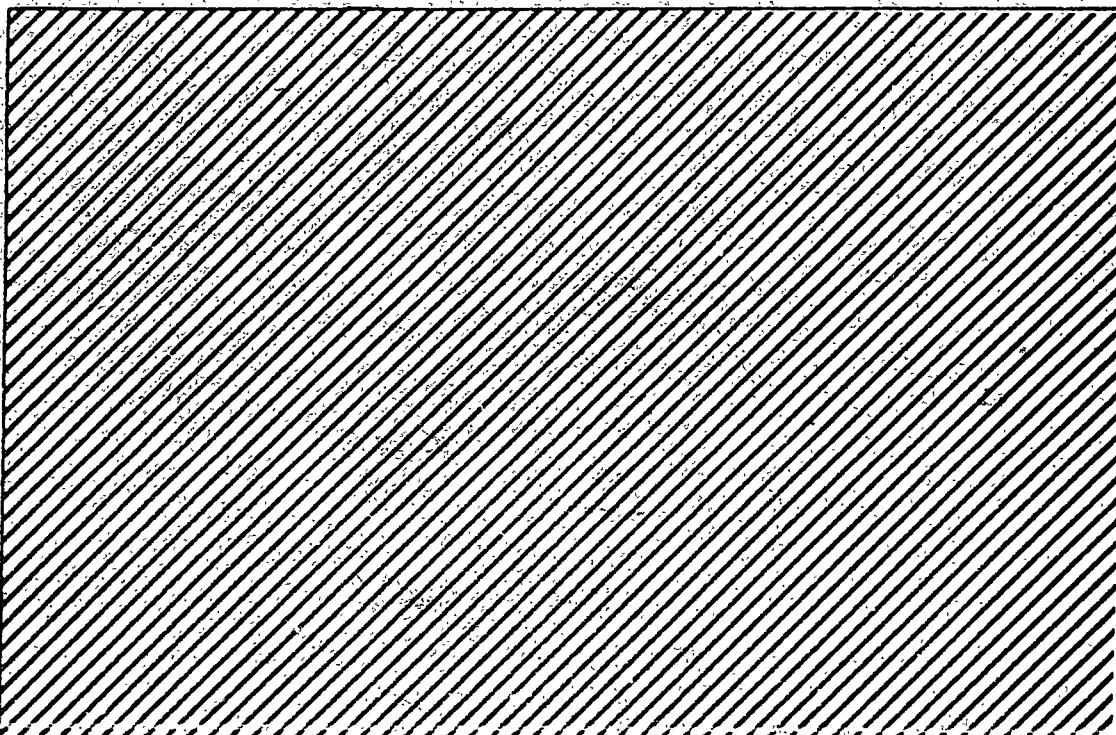
SECRET

G 42

REQUEST FOR PERSONNEL ACTION								DATE PREPARED						
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						18 January 1966						
057303		GOOPASTURE, ANH L.												
3. NATURE OF PERSONNEL ACTION <b>DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM</b>								4. EFFECTIVE DATE REQUESTED						
								MONTH	DAY	YEAR				
								02	13	66				
6. FUNDS		V TO V	V TO C	7. COST CENTER NO CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)								
		C TO V	X O TO O	6135-0990		PL 88-643 Sect. 203								
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH I MEXICO CITY, MEXICO STATION								10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO						
11. POSITION TITLE OPS OFFICER								12. POSITION NUMBER 0418	13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, F.B., etc.) GS				15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 47		17. SALARY OR RATE \$13,815						
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION														
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Philip C. Bellino</i>				DATE SIGNED 12-16-64		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19. ACTION CODE 28	20. EMPLOY CODE 10	21. OFFICE CODING 51624	22. STATION CODE WIL 1273	23. INTEGEE CODE 3	24. HOURS CODE 11	25. DATE OF BIRTH 28 18	26. DATE OF GRADE 11 11 62	27. DATE OF LEI 11 08 64						
28. RIE EXPIRES MO. DA. YR. 		29. SPECIAL REFERENCE 1-CSC 3-FICA 5-BOME	30. RETIREMENT DATA CODE 2	31. SEPARATION DATA CODE TYPE	32. CORRECTION, CANCELLATION DATA MO. DA. YR.	EOD DATA		33. SECURITY REQ NO 34. SEX						
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO. DA. YR	37. LONG COMP DATE MO. DA. YR	38. CAREER CATEGORY CAB/RESY PROV TEMP	39. FEGL, HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT. CODE 43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	45. POSITION CONTROL CERTIFICATION 01-21-66 H	46. O.P. APPROVAL ReBoard Jr + Sherry 20 for 66	DATE APPROVED
47. GROUP I EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION														

**SECRET**

(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle) Goodpasture, Ann L.	NAME AND RELATIONSHIP OF DEPENDENT Self	CLAIM NUMBER 66-691
<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>29 December 1965</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 14 FEB 1968	SIGNATURE OF DPO REPRESENTATIVE 	
<b>NOTICE OF OFFICIAL DISABILITY CLAIM FILE</b>		

SECRET

(When Filled In)

DATE PREPARED  
31 OCTOBER 1962

## REQUEST FOR PERSONNEL ACTION

1. SERIAL NUMBER <b>057303</b>		2. NAME (Last-First-Middle) <b>GOODPASTURE, ANN L.</b>		3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>11 11 62</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS 		V TO V CF TO V	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE <b>3135 5700 1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel) <b>Office of Personnel</b>			
9. ORGANIZATIONAL DESIGNATIONS  <b>DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION</b>		10. LOCATION OF OFFICIAL STATION  <b>MEXICO CITY, MEXICO</b>							
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>852</b>		13. CAREER SERVICE DESIGNATION <b>D</b>					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>13 2</b>		17. SALARY OR RATE <b>\$ 11,515</b>			
18. REMARKS FROM: SAME									
19. SIGNATURE OF REQUESTING OFFICIAL <i>C. Bowers</i> <b>C. BOWERS C/WH/Personnel</b>		DATE SIGNED <b>10/31/62</b>		180. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>C. Bowers</i> <b>C. Bowers</b>		DATE SIGNED <b>11/1/62</b>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE <b>22 10</b>	20. EMPLOY. CODE <b>64900 W/H</b>	21. OFFICE CODING <b>45075</b>	22. STATUS CODE <b>1</b>	23. INTEGRI. CODE <b>3</b>	24. HRS/DHS CODE <b>3</b>	25. DATE OF BIRTH <b>11 11 28 18</b>	26. DATE OF GRADE <b>11 11 62</b>	27. DATE OF LEI <b>11 11 62</b>	
28. NIE EXPIRES <b>NO. DA. YR.</b>	29. SPECIAL REFERENCE <b>NO. DA. YR.</b>	30. RETIREMENT DATA <b>1 - CSC 3 - FICA 5 - NONE</b>	31. SEPARATION DATA CODE <b>COLF</b>	32. CORRECTION/CANCELLATION DATA <b>TYPE</b>	33. SECURITY REG. NO. <b>EOD DATA</b>	34. SEA. REG. NO. <b>34. SOC. SEC. NO.</b>			
35. VET. PREFERENCE <b>CODE</b>	36. SERV. COMP. DATE <b>NO. DA. YR.</b>	37. LONG. COMP. DATE <b>NO. DA. YR.</b>	38. CAREER CATEGORY <b>CAR/RESV PROV/TEMP</b>	39. FEGI / HEALTH INSURANCE <b>CODE</b>	40. FEGI / HEALTH INSURANCE <b>CODE</b>	41. STATE TAX DATA <b>CODE</b>			
42. PREVIOUS GOVERNMENT SERVICE DATA <b>CODE</b>	43. LEAVE CAT. CODE <b>1 - YES 2 - NO</b>	44. FEDERAL TAX DATA <b>FORM EXECUTED</b>	45. FED. TAX EXEMPTION <b>1 - YES 2 - NO</b>	46. STATE TAX DATA <b>FORM EXECUTED</b>	47. STATE TAX DATA <b>CODE</b>				
48. POSITION CONTROL CERTIFICATION  <i>T. D. Kearny 11/1/62</i>	49. O.P. APPROVAL  <i>C. Bowers</i>	50. DATE APPROVED <b>11/1/62</b>							

FORM 1152 OBSOLETE PREVIOUS EDITION  
AND FORM 1152A

SECRET

GROUP 1  
EX-10 AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

14-00000

**SECRET**

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)  
SUBJECT: Recommendation for Promotion to Grade GS-13  
Miss Ann L. Goodpasture

1. Miss Ann L. Goodpasture has been in Mexico City for five years and during this period has functioned as a Case Officer supporting operations against Soviet and Satellite targets. She was recommended for promotion in February 1961 and September 1961.

2. Miss Goodpasture is a seasoned and able employee who excels in the field of CE analysis. Her diligence, imagination, and experience have made her indispensable to the Station, which processes a great mass of information on Soviet and Satellite CE targets. Her knowledge of this field is encyclopedic, and the profundity of her analyses is equal to any occasion. She is a steady, cheerful worker who has the respect and affection of all her colleagues. She does her job without assistance and she is always willing to help with special Station projects.

3. It is recommended that Miss Goodpasture be promoted to GS-13.

R. W. Heyburn  
J. C. KING  
Chief  
Western Hemisphere Division

**SECRET**

~~SECRET~~

19 September 1961

MEMORANDUM FOR: Secretary, CI/CS Panel (Section B)

SUBJECT: Recommendation for Promotion to Grade GS-13 -  
Miss Ann L. Goodpasture

1. Miss Ann L. Goodpasture has been assigned to the Mexico City station since early 1957 as a Case Officer in support of CI/CS operations directed against Soviet targets in Mexico. The Chief of Station recommended Miss Goodpasture for promotion in February of 1961.

2. Miss Goodpasture is a highly competent employee who has shown great strength in performing operational tasks which require a high degree of analytical ability, patience, and initiative. She is particularly strong in the CI/CS field and has made an invaluable contribution to the Mexico City Station's program directed against personnel of the Soviet Embassy and other individuals believed to be engaged in Soviet Bloc espionage activities. Miss Goodpasture is highly motivated, performs all her assignments with great dispatch in a most professional manner, and does have the qualifications found in more senior Case Officers.

3. It is recommended that Miss Goodpasture be promoted to grade GS-13.

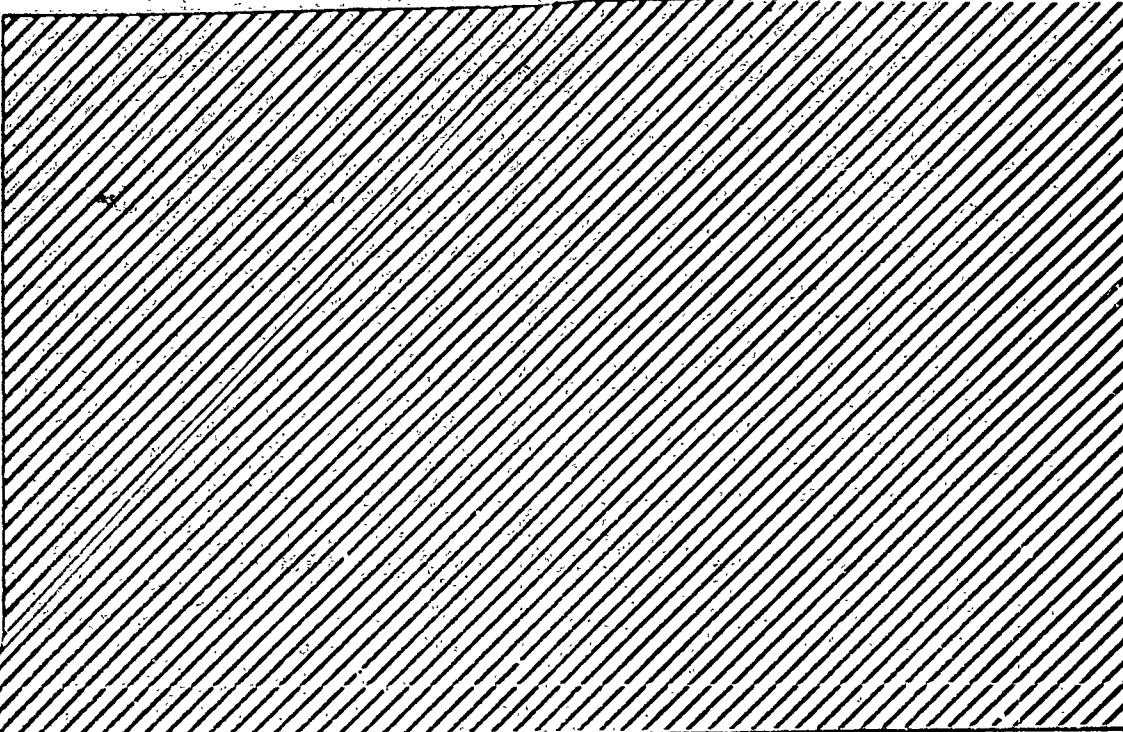
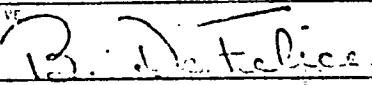
J. C. KING  
Chief,  
Western Hemisphere Division

Approved  
Nov 1962

~~SECRET~~

**SECRET**

(This is a blank form)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE): <b>STOPFASCHER, Ann</b>	DATE OF BIRTH: <b>Unk</b>	CASE OR CLAIM NUMBER: <b>58-400</b>
<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>12 May 58</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 <b>24 Sep 58</b>	SIGNATURE OF ECO REPRESENTATIVE 	
<b>NOTICE OF OFFICIAL DISABILITY CLAIM FILE</b>		

14-00000

15 February 1957

Baokin and Company, Real Estate  
724 - 9th Street, N. W.  
Washington, D. C.

Gentlemen:

At the request of Miss Ann Goodpasture, we are writing to confirm the fact that on or about 1 March 1957, Miss Goodpasture will be transferred to a location away from the Washington, D. C., area for the convenience of the Government.

Any consideration you may give Miss Goodpasture with regard to the termination of the lease she holds with your company will be appreciated.

Very truly yours,

G. H. Stewart  
Director of Personnel

OP/CS/dav(Counseling)

~~SECRET~~

STANDARD FORM 52  
14 MAY 1950  
FEDERAL CIVIL SERVICE COMMISSION  
LAST REVISED 1 JANUARY 1958  
GENERAL CHAPTER II

## REQUEST FOR PERSONNEL ACTION

VOUCHERED TO UNVOUCHERED

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

1. NAME (Last - Middle - First - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mrs. Ann L. COOPASTURE	28 May 1918		30 Jan 57
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
Reassignment		B. APPROVED: J. Mar 57	
8. POSITION (Specify whether establish, change grade or title, etc.)			
FROM— I.O. (FI) GS-0136.51-12 \$7570.00 p.a. DDP/NEA FI Staff  Washington, D. C.	TO— I.O. (FI) GS-0136.51-12 \$7570.00 p.a. DDP/MH Branch III Mexico City, Mexico Station  Mexico City, Mexico	9. POSITION TITLE AND NUMBER B. SERVICE GRADE AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	12. FIELD OR DEPARTMENTAL C. FIELD X DEPARTMENTAL 13. FIELD OR DEPARTMENTAL X DEPARTMENTAL (DI)
14. REMARKS (Use reverse if necessary)			
Transfer TO Unvouchered Funds FROM Vouchered Funds 2 copies to Security			

B. REQUESTED BY (Name and title)  
Julia C. Baumer

D. REQUEST APPROVED BY

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension),  
J. KOELNICK 78242

Signature: Jayelle C. Dawson  
Title: C.S./MCO

CONCURS:

*Thomas R. Fletcher*  
SAC

13. VETERAN PREFERENCE

NONE	WWII	OTHER	3 PT.	13. POINT	
				DISAB	OTHER
X					

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I.A.	REAL

SD-DI

15. APPROPRIATION

FROM 7-3300-20  
TO 7-3570-55-060

17. SUBJECT TO C. S. RETIREMENT ACT (YLS-HO)

Yes

18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)

19. LEGAL RESIDENCE  
 CLAIMED  PROVED  
 STATE:

20. STANDARD FORM 50 REMARKS

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CECIL OR POS. CONTROL		1/25/57	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	OCP	1/25/57	
E.			

22. APPROVED BY

*Thomas R. Fletcher* *Orville C. Dawson 1/21/57*

STANDARD FORM 52  
PROVING DATE OF THE  
U. S. CIVIL SERVICE COMMISSION  
JANUARY 1955 - PERSONNEL PERSONNEL  
MANUAL CHARTED BY

VOUCHERED

## REQUEST FOR PERSONNEL ACTION

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

1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REGUL.
Miss Ann L. Goodpasture	28 Nov. 1918		28 Oct. 56
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  Reassignment		6. EFFECTIVE DATE: A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether established, change grade or title, etc.)		B. APPROVED:	
<b>FROM—</b> IO (FI) BE 27-12 GS-0136.51-12 \$7570.00 p.a. DDP/NEA FI Staff Washington, D.C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<b>TO—</b> IO (FI) BE 571 GS-0136.51-12 \$7570.00 p.a. DDP/NEA FI Staff Washington, D.C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

8. REMARKS (Use reverse if necessary)

*T. J. Hester*  
B. REQUESTED BY (Name and Title)  
T. J. Hester, BEA/ADM/PERSONNEL

C. REQUEST APPROVED BY

Signature: *Paul C. Johnson*

Title: FE/ICM/0 - 10-12

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)  
Shirley Matthews ext. 8671

13. VETERAN PREFERENCE

RANK	WWII	OTHER	5 PT.	10 POINT	
				DISAB.	OTHER
X					

14. POSITION CLASSIFICATION ACTION

NEW  VICE  L.A.  REAI

SD-DI

15. SEX

16. APPROPRIATION  
FROM: 7-3300-20

TO: Shirley

17. SUBJECT TO C. S.  
RETIREMENT ACT  
(YES-NO)

Yes

18. DATE OF APPOINTMENT  
AFFIDAVITS  
(ACCESSIONS ONLY)19. LEGAL RESIDENCE  
 CLAIMED  PROVED

STATE:

20. STANDARD FORM 50 REMARKS

21. CLEARANCES

INITIAL OR SIGNATURE

DATE

REMARKS:

A.

B. CEIL. OR POS CONTROL

C. CLASSIFICATION

D. PLACEMENT OR EMPL.

E.

F. APPROVED BY

*P. J. Hester**Dr. Ready 11/1/56*

STANDARD FORM 52  
PRODUCED BY THE  
U. S. CIVIL SERVICE COMMISSION  
B-10 EDITION, VERSION 1, NOVEMBER  
1954, CHARTERED BY

SECRET

VOUCHERED

## REQUEST FOR PERSONNEL ACTION

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

1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Miss Ann L. Goodpasture	28 Nov 1918		21 Aug 56
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  Promotion		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
		B. APPROVED:	
10 (PI) BE-28  GS-0136.51-11 \$6605.00 per annum  DDP/NEA# PI Staff  Washington, D. C.	E. POSITION TITLE AND NUMBER  B. SERVICE GRADE AND SALARY  10. ORGANIZATIONAL DESIGNATIONS  II. HEADQUARTERS	10 (PI) BE-27-12  GS-0136.51-12 \$7570.00 per annum  DDP/NEA PI Staff  Washington, D. C.	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	(DI)

A. REMARKS (Use reverse if necessary)

B. REQUESTED BY (Name and title) T. J. HESTER, NEA/ADM/PERSONNEL		D. REQUEST APPROVED BY Signature: <i>Robert A. Shieh (w/initials)</i> Title: <i>C/FI</i>	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Audrey Meadows, Ext 8671			
13. VETERAN PREFERENCE NONE / WWII OTHER S.P.T. 10 POINT <input checked="" type="checkbox"/> DISAB OTHER		14. POSITION CLASSIFICATION ACTION NEW / VICE / I A / PEAL	
15. SEX M / F <input checked="" type="checkbox"/> CHANGED ACT. NO. 6-3300-20 <input type="checkbox"/> CHANGED ACT. NO. 7-3300-20		16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	
17. DATE OF APPOINTMENT (ANCESSES ONLY)			
18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVIDED STATE:			

20. STANDARD INFORMATION - REMARKS

*16 Oct 1956 - you only recently established PI  
position*

*APPROVED BY NEA PROMOTION  
AUDREY MEADOWS 11 Aug 56*

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS.
A.			
B. CEIL. OR POS CONTROL		11/28/56	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.		9/7/56	
E.			

F. APPROVED BY

SECRET

*Robert A. Shieh  
Audrey 9/7/56*

~~SECRET~~

17 July 1956.

MEMORANDUM FOR: NEA/AIM  
SUBJECT : Ann L. Goodpasture

1. It is requested that subject employee be promoted from GS-11 to GS-12.
2. Miss Goodpasture was recently assigned to the NEA Division to act as Case Officer on Project PACT, a world-wide project of interest to high ranking officials in the Agency, State and Defense Departments. In addition to all material handled by Miss Goodpasture being slugged RYFAT, there is a further indicator assigned which allows distribution only to DCI, DDCI, DD/P and CNEA, together with the undersigned.
3. Information received under Project PACT is disseminated by the Case Officer to officials mentioned above in addition to DDCI, Chief, CI, CTP, and CPI, and other interested Division Chiefs. Material received is reproduced by subject and disseminated as above. In addition to the above duties, Miss Goodpasture analyzes information for dissemination, handles her own carding and writing of operational reviews.
4. Subject employee has been in grade since 4 July 1954 and her performance on her present assignment has been excellent. It is therefore recommended that this request for promotion be considered at the next NEA Promotion Board meeting.

NEA/CPI

NEA/CPI/PSH:mc

Distribution:

Addressee - orig. and 1  
NEA/CPI - 1  
NEA/FPS - 1  
NEA/CDM - 1

<small>STANDARD FORM 52 PRODUCED BY THE U. S. GOVERNMENT PRINTING OFFICE PURCHASE AND CONTRACTS GENERAL COUNSEL'S OFFICE FEBRUARY 1952</small>																	
<b>REQUEST FOR PERSONNEL ACTION</b>																	
<b>SECRET</b>																	
VOUCHERED																	
<b>REQUESTING OFFICE:</b> Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.																	
<b>1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname).</b> <b>Miss Ann L. Goodpasture</b>		<b>2. DATE OF BIRTH</b> <b>28 Nov 1918</b>	<b>3. REQUEST NO.</b> <b></b>														
<b>4. NATURE OF ACTION REQUESTED:</b> <b>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)</b> <b>Reassignment</b>		<b>5. EFFECTIVE DATE A. PROPOSED:</b> <b></b>	<b>6. C.S. OR OTHER LEGAL AUTHORITY</b> <b></b>														
<b>B. POSITION (Specify whether establish, change grade or title, etc.)</b> <b></b>		<b>B. APPROVED:</b> <b>17 JUN 1956</b>															
<b>FROM—</b> <b>Operations Off. (CE) BB 574-11</b> <b>GS-0132.52-11 \$6605.00 per annum</b> <b>DDP/WE</b> <b>FI Staff</b> <b>Counter Espionage Section, Wash, D.C.</b>		<b>6. POSITION TITLE AND NUMBER</b> <b>7. SERVICE GRADE AND SALARY</b> <b>8. ORGANIZATIONAL DESIGNATIONS</b> <b>9. HEADQUARTERS</b>	<b>TO—</b> <b>10 (FI) BE-28</b> <b>GS-0136.51-11 \$6605.00 per annum</b> <b>DDP/NEA</b> <b>FI Staff</b> <b>Reports &amp; Requirements Section</b> <b>Washington, D.C.</b>														
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL														
<b>A. REMARKS (Use reverse if necessary)</b> <i>Two Copies to see 3/4/56 S. Schaeffer w/ P.P.</i>																	
<b>B. REQUESTED BY (Name and title)</b> <b>T. J. HESTER, NEA/ADM/PERSONNEL</b>		<b>D. REQUEST APPROVED BY</b> <b>Signature: Robert A. Shultz (con)</b> <b>Title: SAC Mo 4 June '56</b>															
<b>C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)</b> <b>Rose M. Mazzucco - Ext 3671</b>																	
<b>13. VETERAN PREFERENCE</b> <table border="1"> <tr> <td>NON-V</td> <td>WWII</td> <td>OTHER</td> <td>S-PT</td> <td>10-POINT</td> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> <td>DISAB. OTHER</td> </tr> </table>		NON-V	WWII	OTHER	S-PT	10-POINT	X				DISAB. OTHER	<b>14. POSITION CLASSIFICATION ACTION</b> <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I.A.</td> <td>REAL</td> </tr> </table> <p style="text-align: center;">SD-DI</p>		NEW	VICE	I.A.	REAL
NON-V	WWII	OTHER	S-PT	10-POINT													
X				DISAB. OTHER													
NEW	VICE	I.A.	REAL														
<b>15. PAY FUND NUMBER</b> <b>16. APPROPRIATION</b> <b>FROM 6-3600-20</b> <b>TO 6-3300-20</b>		<b>17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)</b> <b>YES</b>	<b>18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)</b> <b>19. LEGAL RESIDENCE</b> <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED <b>STATE: Oklahoma</b>														
<b>20. STANDARD FORM 50 REMARKS</b> <i>Approved 3/17/56 S. Schaeffer 6/1/56 7-10-18/56</i>																	
<b>21. CLEARANCES</b> <b>A.</b>	<b>INITIAL CR SIGNATURE</b> <b>7/12/56</b>	<b>DATE</b> <b>22. JUN 1956</b>	<b>REMARKS</b> <i>✓</i>														
<b>B. CEIL. OR POS. CONTROL</b> <b>C. CLASSIFICATION</b> <b>D. PLACEMENT OR EMPL.</b> <b>E.</b>																	
<b>F. APPROVED BY</b> <i>Robert A. Shultz</i>																	

~~SECRET~~

~~SECRET~~

SECRET

STANDARD FORM 52  
 FEBRUARY 1952  
 U. S. GOVERNMENT PRINTING OFFICE  
 JANUARY 1952 EDITION  
 DRAFTED, CHARTERED, AND  
 MAILED

## REQUEST FOR PERSONNEL ACTION

UNVOUCHERED TO VOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.

(If applicable, obtain resignation and fill in separation data on reverse.)

1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Miss Ann L. GOODPASTURE	29 Nov. 1916		10 Feb 55
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  Reassignment		6. EFFECTIVE DATE A. PROPOSED:  ASAP	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		8. APPROVED:  FEB 15 1955	
FROM— Area Ops. Off. B&F 387  GS-0136.01-11 \$5940.00 p.a.  DDP/NEA India, Pakistan, Afghanistan Br.  New Delhi, India	9. POSITION TITLE AND NUMBER B. SERVICE GRADE AND SALARY C. ORGANIZATIONAL DESIGNATIONS D. HEADQUARTERS	TO— Para-Mil. off. BB 101-11  GS-0136.11-11 \$5940.00 p.a.  DDP/WE French Branch, FI, PP, PM  Washington, D. C.	10. FIELD OR DEPARTMENTAL X FIELD      DEPARTMENTAL
11. FIELD OR DEPARTMENTAL X FIELD      DEPARTMENTAL		12. FIELD OR DEPARTMENTAL X FIELD      DEPARTMENTAL	

## A. REMARKS (Use reverse if necessary)

Transfer TO Voucherized Funds FROM Unvoucherized Funds. W-4 following  
 XXX Subject recently returned from the field, and has been assigned various temporary positions, pending permanent reassignment, therefore, no fitness report has been prepared on her, as it was felt she could not be properly evaluated.

CONCUR FOR NEA: P. J. Daniels (Signature)

B. REQUESTED BY (Name and rank)		D. REQUEST APPROVED BY	
A. M. GREGG, Personnel Officer, WE		Signature: _____	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Title: E. T. Con / Feb 15	
H. E. EISSNER X 6422			

13. VETERAN PREFERENCE			14. POSITION CLASSIFICATION ACTION						
None	WVII	OTHER	3 PT.	16-PONT	NEW	VICE	I.A.	REAL	
X				DISAB OTHER					
SD - 100									
15. SEX	16. RACE	17. APPROPRIATION			18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)			20. LEGAL RESIDENCE
M	W	FROM: 5-3340-55-013 TO: 5-3600-20			Yes				<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Okla

## 21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL	PPB	2/16/55	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

## F. APPROVED BY

Ralph L. Farber 25 FEB 15  
 PP/Career Service

STANDARD FORM NO. 64

F CONFIDENTIAL

## Office Memorandum • UN • STATES GOVERNMENT

TO : Chief, WH  
THRU : WH/Admin.  
FROM : Acting Chief, Security Control Staff/SO

DATE: AUG 27 1954

SUBJECT: Clearance, Private Foreign Travel - GOODPASTURE, Ann L.

Reference: Memo dtd 19 Aug 54 to Chief, SCS from Miss Goodpasture

1. This Office interposes no objection to the proposed tour by Miss Goodpasture to Ireland, France, Italy and Portugal between the dates 8 October and 5 November 1954.
2. It is suggested that Miss Goodpasture review the provisions of Agency Regulation 10-10, dated 1 April 1951, and that she contact Miss Richter, extension 692, to make an appointment for a security briefing prior to her departure.
3. If feasible, it is requested that Miss Goodpasture submit to this Office a detailed itinerary of her prospective trip (in triplicate) prior to her departure.
4. Immediately upon return from private foreign travel, Miss Goodpasture will again contact the Security Control Staff and have her passport in her possession when she reports for a security de-briefing.

  
J. H. Lyon

SO/CDS:mkr

## Distribution:

Orig. & 1 - Addressee  
1 - SO File  
1 - SCS File  
1 - Chrono., SCS

F CONFIDENTIAL

HMYA-187  
5 October 1953

TO : Chief, WHD  
FOR : Chief, FD  
FROM : Chief of Substation,  
Monterrey, Mexico  
SUBJ : Administrative  
Settlement Sheet RECORDED  
REF : HMYA-114 dated 21 September 1953

Subject is returning to headquarters on PCS and will  
settle the reference differential overpayment on his arrival  
there which should be on or before 20 October 1953.

*Goodpasture, Ann L.*  
David B. Kenan

RBR:rbr

Distr:  
3-Hqtrs  
2-Mexico City  
2-Monterrey

HMYA-187  
5 Oct 53

*SECRET*

SECURITY INFORMATION

VIA AIR  
(Specify Air or Sea Pouch)DISPATCH NO. WY-1-116

**SECRET**  
Security Classification

**TO** : Chief of Station, Monterrey      **DATE** SEP 21 1953  
**FROM** : Finance Division  
**SUBJECT** { GENERAL Administrative  
                  |  
                  SPECIFIC Settlement Stmt. [REDACTED]

REFERENCE: WYAYA-135 and Attachment

1. Receipt is acknowledged of above reference dispatch and attachment.
2. Headquarters finds that there is no adjustment due on the quarters allowance for the periods covered.
3. Due to the information in item #7 of PSI from #5079 to #5259 effective 7 June 1953, there has been an overpayment made to subject for the period 7 June thru 15 August 1953 in the net amount of \$30.74 as evidenced by attached payroll change notice #271 for the period 16 August-12 September 1953.
4. Since the difference between the K5417 and C14070 salaries is less than 100.00 per annum and settlement is to be made only once a year, it is suggested that a personal check for \$30.74 made payable to Paul Levantrel be forwarded to Headquarters to liquidate this overpayment.

*Elbert T. Overland*  
ELBERT T. OVERLAND

10 September 1953  
Attachment: PCN (1)  
Distribution:  
3 Monterrey

*Answered in WYAYA-187  
5 Oct 1953*

*RECEIVED OCT 5 1953*

**SECRET**  
Security Classification

FORM NO. 51-28  
JUN 1949

14-00000  
SECRET SECURITY INFORMATION

ENYA-135  
20 July 1953

TO : Chief, WWD  
FOR : Chief, WD  
FROM : Chief of Substation,  
 Monterrey, Mexico  
SUBJECT : Administrative  
 Settlement Sheet - Robert B. RIGGS  
REF : Fiscal, Fld Reg 20-S dated 18 August 1951

Attached is settlement sheet for the undersigned.

RGR:rbr

Robert B. Riggs

Attachment: 1

Distribution:

3-Hatrs  
2-Mexico City (w/o attachments)  
2-Monterrey

ENYA-135  
20 July '53

SECURITY INFORMATION

SECRET SECURITY INFORMATION

SETTLEMENT SHEET

(Submit so as to arrive at Headquarters no later than 15 Aug.)

I certify that during the period 1 July 1952 to 30 June 1953, I received the following compensation, salary and allowances from ODACID.

- |   |            |
|---|------------|
| 1. Quarters Allowances  | \$200 p.a. |
| 2. Post Allowances  | 0          |
| 3. Additional Dependency Allowances   | 0          |
| 4. Actual cost of quarters, including utilities   | 906 pa     |
| 5. Traveled outside my country of assignment on official business or annual leave during the period or periods indicated: |            |
- Annual leave in excess of 5 days:
- 19 May 1953 to June 2, 1953 (11 days)
- |   |
|---|
| 6. Promotion from \$ 0 p.a. to \$ 0 p.a.  |
| 7. Periodic pay increase from \$507½ p.a. to \$5259 p.a. effective 7 June 1953. |
| 8. Took one day of sick leave.  |
| 9. Worked no overtime for which compensation was claimed.                       |
| 10. On no leave without pay.  |

30 June 1953

Robert B. Riggs

SECRET SECURITY INFORMATION

HNYA-105  
3 June 1953

TO : Chief, WWD  
FROM : Chief of Substation,  
Monterrey, Mexico  
SUBJECT : Administrative

Robert B. RICOS returned to Monterrey on 2 June.  
Please advise the appropriate KUCLUB individual.

DBK:rbr

David B. Kenan

Distribution:  
3-Wash  
2-Mexico City  
2-Monterrey

HNYA-105  
4 June 1953

~~CONFIDENTIAL~~

SECURITY INFORMATION

Dispatch No: HMYA-7  
30 October 1952

TO : Chief, WHD  
FROM : Chief of Substation,  
Monterrey, Mexico  
SUBJECT : Administrative [REDACTED]  
Personnel - [REDACTED]

1. David Konan has asked that I state my preference with regard to home leave and reassignment. I will be eligible for home leave in July 1953 but it is not urgent that my leave be scheduled exactly when due. I would like, however, to know what opportunities exist with headquarters and whether I should be looking elsewhere for employment after July 1953.

2. With regard to another two year tour of duty in Monterrey, I would prefer a more responsible job than is foreseeable here. Now that the station files are set-up and the administrative routine is established, my job, while termed Administrative Assistant, is mainly that of a clerk-typist. The practice in typing has been good for me but I would like to look forward to a more responsible job for the next tour of duty. For instance, as a GS-9 I am performing the same type job which I did in 1945 at a CAF-4 and a considerably less responsible job than the one performed at headquarters as a P-2. While I have been taking Spanish lessons, I know that I am not proficient enough in the language for an assignment in Latin America, and feel that I would be better off in another area.

3. For the benefit of the case officer in assigning a replacement, Konan has suggested that I outline the duties which my replacement should be trained to perform. The routine can be learned in the field within two or three weeks.

- a) Copy typing. About 75% of the time will be taken up with routine typing.
- b) Index carding. About 600 index cards a week are now being typed for the card files and for the visa section files.
- c) Preparation of courier mail. Couriers usually go to the border approximately every two weeks but there is no regular schedule, and pouches are sometimes prepared on a few hours notice.
- d) Communications. The incumbent should have complete training for our codes for he will not have much practice in the field as only two or three messages are transmitted monthly.

~~CONFIDENTIAL~~

VIA: Air  
(SACIFY AIR OR SEA POUCH)

DISPATCH NO. HMY-N-20

~~SECRET~~  
Sec~~ret~~  
CLASSIFICATION

DATE

31 DEC 1952

TO : Chief of Station, Monterrey, Mexico

FROM : Chief, Western Hemisphere

SUBJECT: GENERAL Personnel

SPECIFIC - ~~RECORDED~~  
Ref: HMY-A-7

1. At the present time, it is headquarters' plan to replace RIGGS with a young officer who is expected to arrive in May 1953. Biographic data will be provided in a subsequent pouch.

2. With regard to RIGGS' future assignment, he may be assigned to a headquarters position, which will offer more responsibility than his present assignment, if he so desires.

*Oliver G. Galbond*  
OLIVER G. GALBOND

*file  
JW*

FORM NO. 51-28  
MAR 1949

~~SECRET~~  
Sec~~ret~~  
CLASSIFICATION

RECEIVED JAN 7 1953

16-42337-1 600

CONFIDENTIAL

SECRET//NOFORN

e) Photography. At the present time, considerable operational use is being made of a darkroom at my residence. In addition to my own photographic equipment, the station photographic equipment is used there. My replacement should be trained in the use of the duo-printer and in 35mm copy work. If he has no personal photographic equipment, headquarters may wish to issue him a camera as there is only one camera at the station. Most of the copy work has been done with my personal rolleiflex and enlarger.

f) Administrative Reports.

(1) Station Funds. He will be responsible for dispensing funds, keeping records and preparation of the monthly accounting reports.

(2) Property. He will be responsible for keeping records of government property and preparation of periodic reports and inventories.

(3) Exchange commodities. He will be responsible for keeping records and preparing periodic reports and inventories.

g) Maintenance of Files. The station files are set-up along the lines recommended by headquarters, and should require little time for upkeep.

h) Information Reports. Dependent upon the clerical workload, he may assist Kenan in the preparation of information reports.

i) Cover Job. None. If there are only two people at the station, the replacement for my job would not have time to perform a cover job and consequently, would have no regular working relationship with the DYMAZON employees.

4. A resourceful person can find Monterrey a very enjoyable post. From a social point of view, the city is not a dull place and either a single girl or man can find plenty of things to do. There are a limited number of single persons here, but one can always find somewhere to go and something to do. The American colony, as a whole, is the friendliest group that I have known at any post and they are very gracious with invitations to their homes. If headquarters has someone in mind for this post and would like elaboration on living conditions in Monterrey, I shall be glad to forward them on request.

RBR:rbr

Distribution:

2-Mexico City

3-Hqtrs

2-Monterrey

Robert B. Riggs

Air

VIA: (SPECIAL AIR OR SEA POUCH)

DISPATCH NO.

WZM-5

**SECRET**  
CLASSIFICATION

SEP 7-1951

DATE

**TO :** Chief Sub-station, Monterrey  
**FROM :** Acting Chief, Western Hemisphere Division  
**SUBJECT: GENERAL-** Administrative  
**SPECIFIC-** [REDACTED]

1. You are hereby notified that approval has been granted for subject to take Spanish lessons at Government expense abroad.

2. The following conditions govern this authorization:

- a. That the employee should receive this training under secure circumstances for reasons of immediate operational necessity;
- b. That the cost to the Government will not exceed \$250.00 during any fiscal year for subject; and
- c. That such language lessons will directly benefit the Government.

3. You may reference this dispatch as authority for payment when recording the disbursements in your monthly accounting reports.

*Dennis K. Copeland*  
DENNIS K. COPLAND

*J.T.*

**SECRET**  
CLASSIFICATION

FORM NO. 51-28  
MAR 1949

16-42007-1 3.0.1

14-00000

10 July 1951

Department of State  
Division of Foreign Service Personnel Records  
Room-A, SA-12  
Washington 25, D. C.

GODFREY, Ann Lorane

Reference Clerk CAF-5 \$2770.00 Oct. 20, 1946 to Apr. 17, 1947.  
Administrative Asst. CAF-7 \$3397.20 Apr. 17, 1947 to Dec. 14, 1947.  
Administrative Asst. CAF-9 \$44479.60 Dec. 14, 1947 to Dec. 6, 1948.  
Administrative Asst. CAF-7 Dec. 7, 1948 to 3 Febr. 1951.  
Administrative Asst. GS-9 4 Febr. 1951 to 7 June 1951.

ADDRESS OFFICIAL COMMUNICATIONS TO  
THE SECRETARY OF STATE  
WASHINGTON D. C.



DEPARTMENT OF STATE  
WASHINGTON

June 20, 1951

Central Intelligence Agency,  
Washington 25, D.C.

Gentlemen:

In accordance with the provisions of Chapter RI-35 of the Federal Personnel Manual, it is requested that the official personnel file and leave record of Ann Lorene Goodpasture  
Administrative Assistant who e.o.d. June 8, 1951  
with this agency, date of birth Nov. 28, 1918,  
employed by CIA from December 1948 to March  
1951 at Washington, D.C. be forwarded to the following address at the earliest practicable date:

Department of State,  
Division of Foreign Service Personnel Records,  
Room-A, SA-12,  
Washington 25, D. C.

Very truly yours,

*Wm. E. Madgear*  
Chief, Field Operations Branch  
Division of Foreign Service Personnel

Form FS-349

*File in N*  
June 7, 19-

Goodpasture Ann Lorene 11-22-1918 PL-724-79th

FSS

Indefinite appointment (E. O. 10180) 6-8-51 6-8-51

## Administrative Assistant

Monterrey

FSS-9 \$4470

la 2 992 110

MY-10

X

Indef

X

X

Female Single

Items: A, b, c, d, i (61a)

SF 84 and 87 executed 6-8-51

No military reserve status

Appointed FSS-9 \$4290 and immediately promoted to FSS-9 \$4470 in accordance with FSR 102-669 (c). Previously employed by another Government agency as GS-9 \$4600

Leave - 30 6-11-51

PERSONNEL ACTION REQUEST		SISTER NO.	
NAME GOODPASTURE, Ann L.		REQUESTED EFFECTIVE DATE <i>coa 26 May 1951</i>	
NATURE OF ACTION <i>Resignation</i>		WHEN LEAVING (VOUCHERED) <i>LAST WORKING DAY</i>	
FROM <i>Intelligence Officer (Ops) GS-9</i>		TO <i>Ann L. Goodpasture</i>	
TITLE <i>Intelligence Officer (Ops) GS-9</i>		EMPLOYEE'S SIGNATURE	
GRADE AND SALARY <i>GS-9 \$1,600.00</i>			
OFFICE <i>OSO</i>			
DIVISION <i>VND/SEA</i>			
BRANCH AND SECTION <i>Branch I</i>			
OFFICIAL STATION <i>Washington, D. C.</i>			
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/>	
REMARKS: <i>To accept other employment. TRANSFER LEAVE TO OV FUNDS</i>			
RECOMMENDED: <u>23 April 1951</u> <small>(DATE)</small>			
<i>Chop</i> <small>(SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR ALM. OFFICER)</small>			
FOR USE OF PERSONNEL ONLY			
PLACEMENT		TRANSACTIONS AND RECORDS	
DATE QUALIFICATIONS APPROVED <i>4/24/51</i>		APPROPRIATION: <i>21157902</i>	
CLEARANCE REQUESTED		ALLOTMENT: <i>957-108</i>	
CLEARANCE APPROVED		C. S. C. AUTHORITY: <i>6-11-31-1-4-Opim</i>	
DATE	TYPE	DATE	TYPE
DATE	SIGNATURE		
CLASSIFICATION			
BUREAU NO. <i>1801</i>	C. S. C. NO. <i>1281</i>	DATE APPROVED <i>12-19-51</i>	
NEW	VICE	L.A.	REAL
X			
DATE	SIGNATURE		
EFFECTIVE DATE			
APPROVALS		<input type="checkbox"/> SUBJECT TO SECURITY CLEARANCE	
DATE		SIGNATURE OF EXECUTIVE	
DATE		SIGNATURE OF DIVISION CHIEF	

**SECRET**

APR 12 1954

## MEMORANDUM FOR THE SECRETARY OF STATE

TO WHOM IT MAY CONCERN: Mr. E. Park Armstrong, Jr.

Subject: Request for appointment in the Foreign Service as Administrative Assistant at Monterrey for Miss Ann Lorene Goodpasture.

Enclosure: a. Form D-144  
b. Standard Form G-10 and G-2  
c. Proposed Biography

1. It is requested that Miss Ann Lorene Goodpasture be appointed in the Foreign Service with the title of Administrative Assistant, GS-3, \$4,170.00, for duty in the American Consulate at Monterrey, Mexico.
2. Miss Goodpasture received her A.B. degree from the University of Oklahoma. She has had approximately seven years of administrative and secretarial experience in Government service and also served for one year as eight months as Administrative Assistant in the American Consulate General at Bombay, India. It is believed that Miss Goodpasture is fully qualified to serve as Administrative Assistant in the American Consulate at Monterrey. She will receive from CIA a basic salary of \$4,600.00 per annum.
3. Miss Goodpasture will perform the administrative duties for the CIA station to be opened in Monterrey.

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE

W. C. WYNN  
 Assistant Director

**SECRET**

PERSONNEL ACTION REQUEST				REGISTER NO.	3019
NAME <b>GOODPASTURE, Ann L.</b>		REQUESTED EFFECTIVE DATE <b>4/7/51</b>			
NATURE OF ACTION <b>Promotion</b>		WHEN LEAVING (VOUCHERED) <b>11/4/56</b>			
EMPLOYEE'S SIGNATURE		LAST WORKING DAY:			
FROM		TO			
TITLE <b>Intelligence Officer (Ops) GS-7</b>		Intelligence Officer (Ops) GS-9			
GRADE AND SALARY <b>GS-7 \$4325.00</b>		GS-9 \$4600.00			
OFFICE <b>OSO</b>		OSO			
DIVISION <b>FDZ/SEA</b>		FDZ/SEA			
BRANCH AND SECTION <b>Branch 1</b>		Branch 1			
OFFICIAL STATION <b>Washington, D. C.</b>		Washington, D. C.			
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>			
REMARKS: <b>S-7 Employee has been in grade since 17 April 1947.</b>					
RECOMMENDED: <b>20 January 1951</b> (DATE) <i>B.M. Underwood</i> (SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR A.I.M. OFFICER)					
FOR USE OF PERSONNEL ONLY					
PLACEMENT				TRANSACTIONS AND RECORDS	
DATE QUALIFICATIONS APPROVED <b>2/3/51 T G Janewa</b>				APPROPRIATION: <b>2115950</b>	
CLEARANCE REQUESTED		CLEARANCE APPROVED		ALLOTMENT: <b>958-108</b>	
DATE	TYPE	DATE	TYPE	C. S. C. AUTHORITY: <b>John E. H. 1160</b>	
DATE	SIGNATURE			DATE SIGNATURE <b>2-3-51</b> SIGNATURE <b>J. E. H. 1160</b>	
CLASSIFICATION					
BUREAU NO. <b>1801</b>	C. S. C. NO. <b>1741</b>	DATE APPROVED <b>12/9/47</b>		PERSONNEL RELATIONS	
NEW	VICE	I. A.	REAL	DATE	SIGNATURE <b>J. E. H. 1160</b>
DATE <b>2/26/51</b>	SIGNATURE <i>Austin J. Thompson</i>			APPROVALS	<input type="checkbox"/> SUBJECT TO SECURITY CLEARANCE
EFFECTIVE DATE <b>2/26/51</b>				DATE	SIGNATURE OF EXECUTIVE
				DATE <b>2/26/51</b>	SIGNATURE OF DIVISION CHIEF <i>J. E. H. 1160</i>

PERSONNEL ACTION REQUEST				REGISTER NO. 2813
NAME GORDONSTON, ALICE L.		REQUESTED-EFFECTIVE DATE <i>8 Dec 50</i>		
NATURE OF ACTION Reassignment		WHEN LEAVING (Voucher/ID) <i># 4025</i>		
		LAST WORKING DATE <i>8 Dec 50</i>		
		EMPLOYEE'S SIGNATURE:		
TITLE <i>Agent Officer</i>		FROM Intell. Off. (Ops) GS-7		
GRADE AND SALARY GS-7 \$4325.00 p.a.		TO GS-7 \$4325.00 p.a.		
OFFICE OSO		OSO		
DIVISION FDIC/SEA		FDIC/SEA		
BRANCH AND SECTION Branch I		Branch I		
OFFICIAL STATION Washington, D.C.		Washington, D.C.		
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		
REMARKS:  <i>S-7</i>				
RECOMMENDED:  <i>13 December 1950</i> (DATE) <i>B. W. Anderson</i> (SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR ADVICE OFFICER)				
FOR USE OF PERSONNEL ONLY				
PLACEMENT				TRANSACTIONS AND RECORDS
DATE QUALIFICATIONS APPROVED <i>12/21/50 FG Javina</i>				APPROPRIATION: <i>21154700</i> ALLOTMENT: <i>95-1-108</i>
CLEARANCE REQUESTED		CLEARANCE APPROVED		C. S. C. AUTHORITY: <i>Seha G. 1164</i>
DATE	TYPE	DATE	TYPE	DATE SIGNATURE <i>12-22-50</i> SIGNATURE <i>J. W. Anderson</i>
DATE		SIGNATURE		
CLASSIFICATION				
BUREAU NO. <i>1803</i>		C. S. C. NO. <i>1740</i>		DATE APPROVED <i>10/19/47</i>
NEW	VOC	L.A.		APPROVALS
DATE <i>20 Dec 50</i>		SIGNATURE <i>August J. Frazee, pastor</i>		SUBJECT TO SECURITY CLEARANCE
EFFECTIVE DATE				DATE <i>21 Dec</i>
				SIGNATURE OF EXECUTIVE <i>J. W. Anderson</i>
				SIGNATURE OF DIVISION CHIEF <i>J. W. Anderson</i>

FORM NO. 37-3  
JUL 1950

~~CONFIDENTIAL~~

## PERSONNEL ACTION REQUEST

Please sign &amp; file

NAME: COOPERATURE, Ann L.	CLASSIFICATION VICE IA VV NEW	INITIAL <i>AW # 1489</i> <i>CSC # 1445</i>	DATE 2-9-49
NATURE OF ACTION: <i>Excepted</i> Appointee	QUALIFICATION & REVIEW INITIAL <i>10-10-47</i>	DATE <i>MM</i>	<i>3-8-49</i>
EFFECTIVE DATE: <i>21 March 1949</i>	21 March 1949	9-59-108	<i>John S. Hayes 3-10-49</i>
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY:	APPROVED:  SIGNATURE (EXECUTIVE DIRECTOR) <i>George E. Miller 2-10-49</i> SIGNATURE (EXECUTIVE FOR AGENT) <i>(Intelligence Officer P-2)</i> SIGNATURE (OFFICE PERSONNEL ISSUED 2-10-49) <i>(Intelligence Officer P-2)</i>		
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE:			
FROM			
TITLE			
GRADE AND SALARY	P-2	\$3978.00	
OFFICE	OSO		
BRANCH	COPS - FBZ		
DIVISION	SEA		
SECTION	Division #1		
OFFICIAL STATION	Washington, D.C.		
DEPT. OR FIELD	Departmental 130		
REMARKS: <i>charge against Slot 48 P-4 Accrued leave Report Officer</i>	This action cancels CONTROL #1434. Security concurrence requested subject EOD in February 1949. Please transfer accrued leave from unvouchered funds. From the only records available at this office, it appears thereafter as a CAF-5. She received her first periodic pay increase as a CAF-5 on 10 March 1946 and returned from the field on 30 March 1946. She returned to departmental rolls on 5 June 1946. She returned to unvouchered funds for duty in the field on 1 December 1946. She received a p.p.i. on 6 April 1947; and a promotion to Ad. Assistant, CAF-7, on 17 April 1947.		
RECOMMENDED: OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE CHIEF	(OVER) <i>Received 10/21/49</i>		
<i>B. J. Brinkley</i>		DATE 7 February 1949	

**CONFIDENTIAL**

*file*

28 April 1949

TO : Personnel Officer  
Attention: Betty Morrison  
FROM : Covert Personnel Branch  
SUBJECT : Ann L. Goodpasture

This is to certify that subject's "Transfer and Change to Lower Grade" has been amended as follows:

<u>From</u>	<u>To</u>	<u>Effective Date</u>
CAF-9, \$4479.60	CAF-7, \$3852.60	7 December 1948.

Subject's last periodic pay increase has been amended as follows:

<u>From</u>	<u>To</u>	<u>Effective Date</u>
CAF-7, \$3852.60	CAF-7, \$3978.00	26 December 1948.

*Harold E. Ballou*  
Harold E. Ballou

**CONFIDENTIAL**

STANDARD FORM NO. 64

Goodpasture

# Office Memorandum • UNITED STATES GOVERNMENT

TO : George E. Malcolm  
FROM : Promotions & Records Division  
SUBJECT:

DATE: 23 March 1949

The unvouchered records of the following employees appointed on vouchered funds effective 21 March 1949, have revealed an error in computing periodic pay increases. In order to determine their last salary increase to establish a date they will be eligible for a periodic on vouchered funds the following information is furnished for action you deem necessary.

Goodpasture, Ann L.

(Temporary) Promotion effective 14 December 47, from CAF-7, \$3397.20 per annum to CAF-9, \$4149.60 per annum.

Return and Change to Lower Grade effective 7 December 1948, to CAF-7, \$3727.20 per annum.

Pay Increase (Periodic) effective 8 December 1948, from \$3727.20 to \$3978 per annum. (This is a jump of 2 steps)

The employee was not eligible for the above periodic until the first pay period following 14 December 1948, at which time she would have completed the one year waiting period since her last salary increase. Then the increase should have been from \$3727.20 to \$3852.60.

Haineman, Erna R.

(Temporary) Promotion effective 16 November 1947 from CAF-5, \$2770.20 per annum to CAF-6, \$3146.40 per annum.

Return and Change to lower grade effective 26 July 1948, to CAF-5, \$3100.20 per annum.

Pay Increase (Periodic) effective 29 July 1948, from \$3100.20 to \$3225.20 per annum.

This employee was not eligible for the above periodic until the pay period following 16 November 1948.

Hannings, Willie May Connick

(Temporary) Promotion effective 16 November 1947, from CAF-6, \$3146.40 per annum to CAF-7, \$3522.60.

14-00000

Return and Change to lower grade effective 4 August 1948, to CAY-6,  
\$3601.80 per annum.

This employee was eligible for a periodic pay increase the first  
pay period following 16 November 1948, provided she met the re-  
quirements.

<del>CONFIDENTIAL</del>			
PERSONNEL ACTION REQUEST			
NAME  GOODPASTURE, Ann L.	CLASSIFICATION		
	VICE IA VV NEW	INITIAL	DATE
NATURE OF ACTION  Appointment	QUALIFICATION & REVIEW		
EFFECTIVE DATE  21 March 1949	INITIAL	DATE	
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY:	APPROVED:		
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE:	SIGNATURE (EXECUTIVE DIRECTOR) SIGNATURE (EXECUTIVE SEC. DIV.) SIGNATURE (CHIEF, PERSONNEL BRANCH)		
FROM:	TO:		
TITLE	Intelligence Officer (Rpts.)		
GRADE AND SALARY	P-2 \$3978.00		
OFFICE	OSO		
BRANCH	COPS - FBI		
DIVISION	SEA		
SECTION	Division f1		
OFFICIAL STATION	Washington, D.C.		
DEPT. OR FIELD	Departmental		
REMARKS:	This action cancels CONTROL #1434. Security concurrence requested Slot 48 7 February 1949. Please transfer accrued leave from unvouchered funds. From the only records available at this office, it appears subject EOD in February 1944 as a Steno., CAF-4. She went to the field thereafter as a CAF-5. She received her first periodic pay increase as a CAF-5 on 10 March 1946 and returned from the field on 30 March 1946. She returned to departmental rolls on 5 June 1946. She returned to unvouchered funds for duty in the field on 1 December 1946. She received a p.p.i. on 6 April 1947; and a promotion to Ad. Assistant, CAF-7, on 17 April 1947.		
RECOMMENDED <i>Reilly</i>	OFFICE CHIEF, BRANCH CHIEF, PERSONNEL OFFICER	(OVER)	
		7 February 1949	

14-00000  
She received a temporary promotion to CAF-9 on December 1947. She returned from the field on 7 December 1948 and reverted to her CAF-7. She received a periodic pay increase on 8 December 1948 to \$3978.00 per annum.

PERSOEL PERSOEL

24 February 1949

ENCL 25 Order for the Chief of Inspection and Security.  
1949 MAR 29 AM 11 16

O.S.C.

*Eugene P. Geiss*  
EUGENE P. GEISS  
Chief, Personnel Security Division

PLC:SGK  
FEB 15 2:30 PM '49

FEB 16 1:25 PM '49

**SECRET***On file*DEC 21 1948  
6

## MEMORANDUM FOR THE SECRETARY OF STATE

ATTENTION: Mr. Fisher Howe

Subject : Cancellation of Foreign Service Title  
of Administrative Assistant at Bombay  
for Miss Ann Lorene Goodpasture

1. This is to advise you that Miss Ann Lorene Goodpasture, CIA representative who has been serving at Bombay, India with the Foreign Service title of Administrative Assistant, has been transferred to Washington for a permanent change of station. It is requested, therefore, that the Foreign Service title for Miss Goodpasture be cancelled.

*as per W. G. Sharp,  
for DONALD H. GALLOWAY  
Assistant Director*

Attachment: Special Passport No. 713

HP:jlm

**SECRET**

COPY

(2)

To: George E. Melton  
From: Transactions & Records Division

The unvouchedered records of the following employees appointed on Vouchered funds effective 21 March 1949, have revealed an error in computing periodic pay increases. In order to determine their last salary increase to establish a date they will be eligible for a periodic on vouchered funds the following information is furnished for action you deem necessary.

✓ Goodpasture, Ann L.

(Temporary) Promotion effective 14 December 47, from CAF-7, \$3397.20 per annum to CAF-9, \$4149.60 per annum

Return and Change to Lower Grade effective 7 December 1948, to CAF-7, \$3727.20 per annum.

Pay Increase (Periodic) effective 8 December 1943, from \$3727.20 to \$3973 per annum. (This is a jump of 2 steps)

The employee was not eligible for the above periodic until the first pay period following 14 December 1948, at which time she would have completed the one year waiting period since her last salary increase. Then the increase should have been from \$3727.20 to \$3852.60.

Heinemann, Erma R.

(Temporary) Promotion effective 16 November 1947 from CAF-5 \$2770.20 per annum to CAF-6, \$3146.40 per annum.

Return and Change to lower grade effective 28 July 1948, to CAF-5 \$3100.20 per annum.

Pay Increase (Periodic) effective 29 July 1948, from \$3100.20 to \$3225.20 per annum.

This employee was not eligible for the above periodic until the pay period following 16 November 1948.

Hennings, Willie May Connick

(Temporary) Promotion effective 16 November 1947, from CAF-6 \$3146.40 per annum to CAF-7, \$3522.60.

**COPY**

Return and Change to lower grade effective 4 August 1948,  
to CAF-6, \$3601.80 per annum.

This employee was eligible for a periodic pay increase the  
first pay period following 16 November 1948, provided she met  
the requirements.

**SECRET**

CENTRAL INTELLIGENCE AGENCY

COMMUNICATIONS DIVISION

SIGNAL SECURITY AND CONTROL SECTION

COMMUNICATIONS OBLIGATION

I, Anne L. Goodpasture, DO SOLEMNLY SWEAR (OR AFFIRM) NOT TO DIVULGE ANY CLASSIFIED INFORMATION CONCERNING THE COMMUNICATIONS OF THE CENTRAL INTELLIGENCE AGENCY AS TO ORGANIZATION, PERSONNEL, LOCATION, METHODS OF OPERATION, CRYPTOGRAPHIC SYSTEMS, COMMUNICATIONS CHANNELS AND FACILITIES USED.

I DO FURTHER SOLEMNLY SWEAR (OR AFFIRM) THAT I SHALL NOT DISCLOSE, DIVULGE, PUBLISH OR CAUSE TO BE PUBLISHED ANY INFORMATION CONCERNING THE CRYPTOGRAPHIC FACILITIES, SYSTEMS, OR PROCEDURES EMPLOYED BY OTHER UNITED STATES GOVERNMENT DEPARTMENTS OR AGENCIES OF WHICH I AM COGNIZANT BY VIRTUE OF MY COMMUNICATIONS DUTIES WITH C.I.A.

I DO FURTHER SWEAR (OR AFFIRM) THAT I SHALL NOT DISCLOSE, DIVULGE, PUBLISH OR CAUSE TO BE PUBLISHED ANY CLASSIFIED INFORMATION OR INTELLIGENCE OF WHICH I AM COGNIZANT BY VIRTUE OF MY COMMUNICATIONS DUTIES WITH C.I.A. UNLESS SPECIFICALLY AUTHORIZED IN WRITING IN EACH CASE BY THE DIRECTOR OF CENTRAL INTELLIGENCE.

I HAVE READ THE PROVISIONS OF THE ESPIONAGE ACT AND UNDERSTAND THAT AFTER REVERTING MY RELATIONS WITH THE COMMUNICATIONS DIVISION, C.I.A., I AM STILL BOUND BY THAT ACT AND IF IT IS VIOLATED, I AM SUBJECT TO ITS PENALTIES.

I DO FURTHER SOLEMNLY SWEAR (OR AFFIRM) THAT NO CLASSIFIED PAPERS, BOOKLETS, MATERIAL, OR EQUIPMENT REMAIN IN MY POSSESSION AND THAT ALL COMMUNICATIONS PROPERTY, CLASSIFIED AND UNCLASSIFIED, HAVE BEEN RETURNED TO THE PROPER AUTHORITIES OF COMMUNICATIONS DIVISION, C.I.A.

I TAKE THIS OBLIGATION FREELY, WITHOUT ANY MENTAL RESERVATION OR PURPOSE OF EVASION.

SIGNED: Anne L. Goodpasture  
DATER: 9 Dec 68

WITNESS: W. H. Collier

POSITION: \_\_\_\_\_

DATE: 9/10/68

**SECRET**

SECRET

3

MEMORANDUM FOR THE RECORD

SUBJECT: ANN E. GEORGE

The subject entered on duty with the predecessor organization in February 1944. She served in India and in China from November 1944 to March, 1946. She arrived at her present overseas post on 17 April 1947 under an 18 month overseas agreement. She is being returned FOB to the United States upon completion of her present tour of duty for reassignment, which will be determined upon her arrival in Washington. No per diem will be paid the subject while on duty in the United States.

JER  
Paw  
HMH  
PJS  
WYS

SECRET

*SECRET**Dines**ZIBA-136**AIR*

Chief of Station, Bombay, India

29 March 1960

Chief, Administration and Services

Administrative

APR 6

*ANN GOOD PASTURE ✓*

1. In reference to ZIBA-85 and enclosure, you may inform Robert M. Diggs that he will be returned to the United States at the completion of his 11-month tour of duty. However, because of the fact that this tour of duty will not be completed until October, 1963, authorization for return will be pouchcd at a future date. In the meantime, efforts will be made to recruit a replacement for the slot which Diggs is now occupying.

E. M. TERRELL

O.S.O.

1048 1008 P BW S S2

James H. Drum

bEBCOMMEL R.S.W.

W. Lloyd George

*SECRET*

## **OFFICIAL DISPATCH**

**VIA: AIR**  
SPECIFY AIR OR SEA POUCH

**DISPATCH NO:** ZIBA-85

SECRET

## **CLASSIFICATION**

TO : Chief, Foreign Branch Z DATE: 8 March 1948  
FROM : Chief of Station, Bombay, India  
SUBJECT: GENERAL-Administrative  
SPECIFIC [REDACTED]

APR 6

1. The enclosed memorandum was given to me by [REDACTED] this date and its contents are self explanatory. I want to emphasize the fact that Riggs has definitely made up his mind and intends to comply with the plan as stated in the enclosure.
  2. I desire to convey my unqualified commendation for the attitude and performance of duties offered by [REDACTED] during the past 11 months. In every instance he has been 100% cooperative with never a display of selfishness. All members of the Consulate are very fond of [REDACTED] as are the people of Bombay.

L-E-Y

Lester E. Yorke

0.3 C  
C 0.3  
163 100 C 17 S 52  
163 100 C 17 S 52

**REGISTRY COPY**

**SECRET  
CLASSIFICATION**

## MEMORANDUM

8 March 1948

TO : Lester E. Yorke  
FROM: [REDACTED]  
SUBJ: Return to US within 7 $\frac{1}{2}$  months.

1. It is my desire to be returned to the United States upon completion of 18 months' overseas duty for the purpose of resignation after my arrival at headquarters.
2. This notice is given so that the organization will have ample time to replace me prior to October '48 should they desire to do so. Should they replace me immediately, all expenses incurred by the organization in connection with my return transportation will be reimbursed. APR 6
3. I desire to depart for the United States immediately upon completion of 18 months' overseas which will be October 18, 1948. Travel at that time will be at the expense of the organization in accordance with an agreement prior to my departure for overseas duty.



REF ID: A. S. 52

b6  
b7c

ENCLOSURE #1

**SECRET***File*

(2)

17 December 1947

## MEMORANDUM FOR THE ASSISTANT DIRECTOR, SPECIAL OPERATIONS

THROUGH Chief, Administration and Services

DEC 22

SUBJECT: Temporary Promotion of Anne L. Goodpasture

1. Forwarded herewith is a memorandum and attachments from the Chief, FBZ, to Chief, Personnel Division, recommending a temporary promotion from CAP-7 to CAP-9 of Anne L. Goodpasture.
2. The memorandum from the Branch and the attachments, an excerpt from the Consul General's dispatch to the Secretary of State, indicate that the cost of living at her station has reached a most burdensome point.
3. This office concurs in the recommendation that such temporary promotion be made.

*Robert S. Wattles*ROBERT S. WATTLES  
Acting Chief, Personnel Division, OSO

RECOMMEND APPROVAL:

*James H. Dunn*  
Chief, Administration and Services

APPROVED: Subject to concurrence Personnel Div. low.

*Donald R. Kennedy*  
Assistant Director, Special Operations*Recommended by  
WSS***SECRET**36  
1/2

**SECRET****Office Memorandum • UNITED STATES GOVERNMENT**

TO : CPD  
 FROM : Chief, FEC  
 SUBJECT: Ann L. Goodpasture  
 Temporary Promotion

DATE: 12 December 1947

1. Subject is administrative assistant at our installation in Bombay, India. Due to the increased cost of living in Bombay, request is made that she be given a temporary promotion from a CAF-7 to a CAF-9. The increase in salary, plus the additional cost-of-living and quarters allowances, will be sufficient to permit Miss Goodpasture to meet the highly inflated cost of living in Bombay, an impossibility for the past several months.

2. A review of subject's reports on living conditions in Bombay reveals that since her arrival in April, she has had to live in temporary quarters on a day-to-day or week-to-week basis. The rooms occupied by subject have been shared with at least one other girl and sometimes two or three. Bathroom facilities are also shared with the other occupants of the hotel. During a period of several months, subject and her roommate occupied a nine by twelve room on the fifth floor of a "walk-up" and shared a bath with four men. This room cost them \$150 a month each. At the present time subject and her roommate are living in a single room, without private bath, and for the privilege are paying \$ Rs. 200 a week each (approximately \$60.).

3. In a dispatch dated 28 November, subject stated that "I am now spending more than my combined salary and allowances to maintain only a moderate standard of living. It appears at present that it is unlikely that any permanent quarters will be found for unmarried members of the staff. . .since four officers' families are en route to Bombay and three such families presently in Bombay are without places to live. Any accommodations secured through the Consulate will of course be made available first to the highest ranking officer in need of housing. Any accommodations found through other channels have so far been prohibitive in price. . . ."

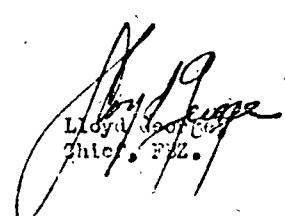
4. In support of subject's statement of conditions she attached, at the Consul General's suggestion, a copy of his report to the State Department dated November 7, 1947. Pertinent portions of the Consul General's dispatch have been

**SECRET**

SECRET

excerpted and are appended to this memorandum.

5. Subject's present salary, minus retirement and income tax, is \$105.12 per two-week pay period; her present living and quarters allowance amounts to \$78.45. The proposed increase to a CAF-9 would bring her net salary to \$127.42 per two-week pay period and her living allowance to \$103.07 - a difference of \$46.92 every two weeks. A promotion to a CAF-8 would be insufficient, since her allowances would remain the same and the salary increase would amount only to \$10.75 per pay period.



Lloyd George  
Chief, FIZ.

ORIGINATOR

: Virginia Pryor SP

DEPUTY CHIEF FOR SFA: Don S. Gorden

- 2 -

SECRET

Despatch No. 637  
File No. 125.42  
JOHN J. MACDONALD, ad

AMERICAN CONSULATE GENERAL

Bombay, India, November 7, 1947

THE HONORABLE  
THE SECRETARY OF STATE  
WASHINGTON

SIR:

I have the honor to refer to my despatches numbered 93, 281 and 480 dated April 3, June 19 and September 13, 1947 respectively, and to report that the housing situation in Bombay is getting more critical daily.

\*\*\*\*\*

Not only is living at hotels unsatisfactory in this climate, but it is far more expensive than any member of this staff can afford. So far the staff has accepted the unsatisfactory and expensive living conditions without undue complaints but this situation cannot continue without seriously affecting morale and forcing resignations, or requests for transfers which I cannot conscientiously disapprove. The local authorities have been requested on numerous occasions to assist this office in obtaining living quarters and, although they have been making vague promises ever since my arrival last February, no houses or apartments have materialized. It is not likely that anything will be obtained through the Government unless a substantial bribe known locally as "pugree" is paid. It is generally recognized now that only persons and firms paying "pugree" get living accommodations.

An endeavor is being made to find a suitable residence for the Consul General and staff quarters that can be purchased, but the demand for all types of dwellings has resulted in fantastically high prices and it is doubtful that anything will be obtained.

This office had an opportunity of leasing a floor of a building that could have been made into three apartments as reported in my telegram No. 366 dated October 13, 1947. This request was disapproved by the Department and it is most unlikely that another opportunity of this sort will arise. It must be pointed out that if any places do become available, the landlord will demand a lease on behalf of the Department before he will even consider renting the place. Landlords with whom I have talked informed me that if any of their places do become available they will not lease them to members of the staff but will lease them to the Department.

I cannot stress sufficiently the seriousness of the present situation particularly, from the financial standpoint and request that the Department increase the rent allowance for members of the staff who are

14-00000

forced to live in temporary quarters. If this is not done it will be impossible for them to live within their income if they remain at this post.....

Respectfully yours,

John J. MacDonald,  
American Consul General

14-00000

**SECRET**

Special Funds

30 April 1947

Acting Chief, FBZ

Ann L. Goodpasture

1. Above subject arrived in Bombay, India 17 April 1947 according to a letter received from her last week.

2. Subject's promotion to CAF-7 becomes effective upon arrival.

*pwf*  
Harry W. Little, Jr.  
Acting Chief, FBZ

ORIGINATOR: Virginia Fryor

ACTING CHIEF, DIV. 1, FBZ: Don S. Gardan *Dgj*

cc: Captain Roger Hillsman

**SECRET**

SECRET

6 February 1947

MEMORANDUM FOR THE ACTING CHIEF, PBZ  
Through: ACOPSSubject: Request for Designation of Ann Lorene  
GoodpastureReference: Memorandum for Mr. Zagier via Mr.  
Penrose from Mr. Joyce, subject,  
"Request from FEL for Foreign Service  
Title for Mr. Eric W. Tamm", dated 14  
January 1947Enclosure: Memorandum for Control via COPS from  
PBZ, subject, "Request for Designation  
of Ann Lorene Goodpasture", dated 30  
January 1947 (triplicate) 1528

1. There is returned herewith the branch request  
for a Foreign Service title for Miss Ann Lorene Good-  
pasture. Before this title can be requested from the  
Department of State, complete information must be  
furnished.

2. EDUCATION is not to be combined with EXPERIENCE,  
but is to be set up as in sample personal history state-  
ment furnished on 13 September, and is to include names  
and locations of schools and colleges, dates attended and  
degrees conferred. The sample statement also specified  
that language qualifications are to be indicated by  
speaking, reading and writing abilities.

Robert P. Joyce  
Control

SECRET

**SECRET**

30 January 1947

## MEMORANDUM

TO : Control  
VIA : COPS *W*  
FROM : Acting Chief, FBZ  
SUBJECT : Request for Designation of Ann Lorene Goodpasture

i. Will you please request the State Department to designate Ann Lorene Goodpasture as administrative assistant to the United States Consulate in Bombay, India.

(1) This station is not, and has never been, in operation by CIG. However, an intelligence officer has completed his training and will depart from the United States in February to implement the station.

(2) An intelligence officer will depart in February for assignment to the Bombay station. No CIG personnel are on duty there now.

(3) Miss Goodpasture has been an employee of OSS, SSU, and CIG since February 1944.

(4) Miss Goodpasture is now residing in Washington, D. C. She will complete her CIG training course on 7 February 1947, and will then be ready for entry in the Department of State's Foreign Service School.

(5) There has been no previous request for a designation for Miss Goodpasture.

(6) Miss Goodpasture will serve CIG in the capacity of administrative assistant to the senior intelligence officer.

(7) Miss Goodpasture will be the second employee to be assigned to the Consulate in Bombay.

(8) Miss Goodpasture's previous experience with OSS in India and China qualify her for the position of administrative assistant.

(9) For the present it is contemplated that Miss Goodpasture and the senior intelligence officer will be sufficient CIG representation in Bombay.

*Interviewed by Mr. Say***SECRET**14-1637  
1575

SECRET

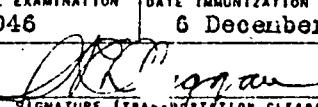
- 2 -

(10) Miss Goodpasture's present salary is \$2644.80 base, per annum, CAF-5. Upon her arrival in Bombay her base salary per annum will be \$3397.20, CAF-7.

(11) Miss Goodpasture's personal history statement is attached.

SECRET

1637

REQUEST FOR OVERSEAS TRANSPORTATION		SECRET
SEC.	TO: Assistant Executive for Personnel	8 January 1947
A	YOUR APPROVAL IS REQUESTED FOR THE OVERSEAS TRANSPORTATION OF ANN FERGUSON GOODPASTURE NAME OF TRAVELER	
JUSTIFICATION FOR THE TRIP IS:		
<p>Miss Goodpasture is being transferred from Washington, D. C. to Bombay, India,        where she will be assigned as Administrative Assistant at the American Con-        late in Bombay.</p> <p>Designation has not been requested.</p>		
<u>8 January 1947</u> DATE		 SIGNATURE (INITIATING OFFICER)
THE FOLLOWING ACTIONS CONCERNING THE ABOVE TRAVELER WERE COMPLETED ON THE DATES INDICATED BELOW:		
DATE ASSESSED AND APPROVED <u>23 August 1944</u>	DATE SECURITY APPROVED <u>19 February 1944</u>	
DATE ENTERED ON DUTY <u>1 December 1946</u>	DATE OF OVERSEAS PHYSICAL EXAMINATION <u>9 December 1946</u>	DATE IMMUNIZATION INITIATED <u>6 December 1946</u>
<u>10 January 19</u> DATE		 SIGNATURE (TRANSPORTATION CLEARANCE OFFICER)

DATE 8 Jan 87

TRANSPORTATION ACTION SHEET

NAME Goddard, Anna L. BRANCH 702

Letter of Commitment \_\_\_\_\_

Draft Status \_\_\_\_\_

Navy or Marine Reserve \_\_\_\_\_

FORM 36-2

Sec. A.

Justification \_\_\_\_\_

Assessment \_\_\_\_\_

Security \_\_\_\_\_

EDU \_\_\_\_\_

Overseas Physical

Immunizations \_\_\_\_\_

Sec. B.

Travel Sponsor \_\_\_\_\_

Availability Date \_\_\_\_\_

Sec. C.

Completed \_\_\_\_\_

Transfer Letter

PCS \_\_\_\_\_

TDY \_\_\_\_\_

Auth. For Auto \_\_\_\_\_

To Duggan \_\_\_\_\_

To ADSO \_\_\_\_\_

Returned From ADG \_\_\_\_\_

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Copy to Special Funds \_\_\_\_\_

Copy to Strohl 7 March 87

FORM 36-27

Trans. for Family

Person to be contacted \_\_\_\_\_

Date of Movement

Trans. of Household Effects \_\_\_\_\_

Person to be contacted \_\_\_\_\_

Date of Movement

Strohl \_\_\_\_\_

Pfeifer \_\_\_\_\_

To ADSO \_\_\_\_\_

Returned TDY ADG \_\_\_\_\_

Copy to Special Funds \_\_\_\_\_

Copy to Strohl \_\_\_\_\_

FORM 36-5 Cargo No. 11575

Completed \_\_\_\_\_

2 copies to Strohl \_\_\_\_\_

Pick-up date \_\_\_\_\_

Strohl \_\_\_\_\_

Pfeifer \_\_\_\_\_

FORM 36-5 (Auto.) Cargo No. \_\_\_\_\_

Completed \_\_\_\_\_

2 copies to Strohl \_\_\_\_\_

Pick-up Date \_\_\_\_\_

Strohl \_\_\_\_\_

Pfeifer \_\_\_\_\_

FORM 36-4 Cargo No. 11575

Completed \_\_\_\_\_

Copy to Strohl 5 March 87

Misc. \_\_\_\_\_

FORM 36-4 (Auto.) Cargo No. \_\_\_\_\_

Completed \_\_\_\_\_

Copy to Strohl \_\_\_\_\_

Misc. \_\_\_\_\_

Agreement for Auto.

Completed \_\_\_\_\_

Authorized \_\_\_\_\_

Cards/Cards checked 5 April 87

Passport No. \_\_\_\_\_

Misc. \_\_\_\_\_

Filed 9 April 87

Departed 13 April 87

8 JAN 47  
(Date)

Central Intelligence Group  
New War Department Building  
21st & Virginia Avenue, N.W.  
Washington, D. C.

Gentlemen:

Pursuant to Section 7, Public Law 600, 79th Congress, 2nd Session, approved 2 August 1946, I hereby agree to remain in the Government service for the twelve months following my appointment, unless separated for reasons beyond my control. In case of a violation of this agreement, any moneys expended by the United States on account of my travel, expenses of transportation of my immediate family and expenses of transportation of my household goods and personal effects from any place of actual residence at time of appointment to place of employment outside the continental United States, and for such expenses on my return from such post of duty to my place of actual residence at time of assignment to duty outside the United States, shall be considered as a debt due by me to the United States.

It is further understood and agreed by me that I shall be required by Central Intelligence Group to serve a minimum period of ~~twenty-four~~<sup>18\*</sup> months at my place of employment outside the continental United States, and, if I wish to resign or terminate my appointment or return to the United States before the expiration of ~~twenty-four~~<sup>18</sup> months after the date of departure for my overseas post, the Central Intelligence Group will pay my return travel expenses from such station outside the United States.

Ann Louise Goodpasture

WITNESS:

Harold Pfeifer

\* Agreement with this individual made before  
24 mon. order was promulgated.

J. H. George

14-00000

SECRET

22 November 1946

TO : Assistant Executive Officer.

FROM : FBI. G.

THROUGH: ADO.

SUBJECT: Request For Waiver of Assessment of Ann Lorone GOODPASTURE.

Will you please grant a Waiver of Assessment for the proposed assignment of Ann Lorone GOODPASTURE as administrative assistant attached to the American Consulate at Bombay, India?

Miss GOODPASTURE was previously assessed in August 1944. She has been employed by OSS, SSU and CIG continuously since February 1944. From February 1944 to November 1944, she served as secretary to the Chief, East Asia Economic Section, Far East Division, R&A Branch. From November 1944 to October 1945, she served as secretary and chief clerk to the Chief, OSS, R&A Branch, India, Burma and China Theaters, in New Delhi, India, Rangoon, Ceylon and Kunming, China. From October 1945 to December 1945, she was assigned as secretary and chief clerk, IRIS, China Theater in Kunming, China and Shanghai, China. From December 1945, until the present time, she has been assigned as reference clerk, Order of Battle Section, SI, Shanghai, and to Registry, Washington.

O/H  
abf

SECRET

FORM 1001  
(Rev. 4-12-41)PERSONNEL ACTION REQUEST  
(TO BE SIGNED AND SUBMITTED IN TRIPPLICATE)

NAME	BODPASHIRE, Ann L.	
NATURE OF ACTION	Termination to accept exempted appointment.	
EFFECTIVE DATE	17 December, 1946	
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY 15 November 1946		
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE:		
SPECIAL INSTRUCTIONS: 1 FOR MILITARY LEAVE WITHOUT PAY - ATTACH 3 COPIES OF MILITARY ORDERS AT LEAST ONE OF WHICH MUST BE A PHOTO- STAT OR CERTIFIED COPY. 2 EFFECTIVE DATE SHALL BE FILLED IN BY THE LEAVE UNIT, FINANCE BRANCH, FOR SEPARATIONS OR RESIGNATIONS.		
FROM	TO	
TITLE	Clark	
GRADE AND SALARY	CAB-S \$2730.20	
BRANCH	Director's Office, Executive	
DIVISION	Regulatory	
SECTION	FIELD	
OFFICIAL STATION	Washington, D. C.	
DEPT. OR FIELD	Departmental	

## REMARKS OR PROPOSED DUTIES:

Please transfer leave to Special Funds.

APPROVED

DEC 26 1946

RECOMMENDED:

*Gillies*

DAT

*9/12/46*

OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER

**SECRET**

ENGAGEMENT SHEET

1. To be filled out in duplicate by the Unit Administrator who will pay all prospective employees to be paid from Special Funds.
2. To be accompanied by detailed job description, complete biographical sketch, and a formal notice of security clearance, and Personnel Action Request if engagement is overseas.
3. To be approved or accepted by the officers in the order listed below.
4. Original to be retained by S.F.; copy to be returned to initiating Administrative Officer.

12 November 1946

1. NAME: Ann L. GOODFASTURE
2. LEGAL RESIDENCE: Oklahoma
3. ADDRESS OF LOCAL LIVING QUARTERS: 1514 17th St., NW Apt. 111 TEL. De 0300, X-1112
4. ENTRANCE ON DUTY DATE: 1 December 1946
5. ANNUAL SALARY: \$2616.50 2775.60 CLASSIFICATION: CAP-5
6. PERMANENT SECTION: Bombay
7. POSITION: clerk CONTROL NO. \_\_\_\_\_
8. IF SUBJECT HAS BEEN TRANSFERRED, STATE BUREAU, BRANCH, OR DEPARTMENT OF THE U.S. GOVERNMENT FROM WHICH TRANSFERRED: CIA, Civil Service
9. GENERAL REMARKS: Please request leave balances from unchored payroll.

APPROVAL AND ACCEPTANCE

(in accordance with existing personnel engagement procedures)

- A. ADMINISTRATIVE OFFICER R. H. Morgan DATE 13 Nov
- B. BRANCH CHIEF \_\_\_\_\_ DATE \_\_\_\_\_
- C. CHAIRMAN, PERSONNEL REVIEW COMMITTEE \_\_\_\_\_ DATE \_\_\_\_\_
- D. (For the) ASSISTANT DIRECTOR Wm G. Murphy DATE 15 Nov 1946
- E. CHIEF, SPECIAL FUNDS Emmett J. Esho DATE 18 Nov 46

FORM NO. 33-1  
SEP 1946

**SECRET**

STANDARD FORM NO. 64

~~SECRET~~

## Office Memorandum • UNITED STATES GOVERNMENT

TO : ADO

Through: Acting Chief, FEZ  
FROM : Acting Chief, Div. 1, FBZ *AG*

SUBJECT: Ann Lorene Goodpasture

DATE: 5 November 1946

Division 1, FBZ, requests that the above subject be transferred from SSU Registry to Div. 1, FBZ. Three copies of her Form 57 are attached.

It is planned to send Miss Goodpasture to Bombay upon completion of her CIG and State Department training. Her present grade is a CAF-5, but her duties in her new position entitle her to a promotion to a CAF-7 upon her arrival in Bombay. A job description is attached.

When Miss Goodpasture first made known her desire to return to the Far East, this division contacted Registry and found that they were willing to release her for an overseas assignment. A replacement has already been obtained for her and Miss Goodpasture will be on leave from 4 November to 2 December, 1946. Registry agreed to carry her on their rolls until their personnel is terminated by SSU or until she can be picked up by CIG—which ever is sooner.

JOB DESCRIPTION~~SECRET~~

## Junior Intelligence Officer

## Clerk in State Department establishment abroad -- CIF-7

Perform cryptographic duties for Senior Intelligence Officer; set up and maintain counter-intelligence-card files and such other personality or intelligence files and records as are necessary for the use and information of the Principal State Department officer and the Senior CIG representative; assist in preparation of positive and counter-intelligence reports to Washington; collect and report to the Senior CIG officer such intelligence as she may be requested to obtain; perform secretarial and clerical duties as are required by Senior CIG officer.

OSS FORM 2001  
(Rev. 4-11-44)OSS PERSONNEL ACTION REQUEST  
(TO BE SIGNED AND SUBMITTED IN TRIPPLICATE)

NAME: Ann L. Goodpasture

NATURE OF ACTION: Transfer w/SCU

EFFECTIVE DATE: 5 June 1946

FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS  
LAST WORKING DAY:FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY:  
SIGNATURE OF EMPLOYEE:

## SPECIAL INSTRUCTIONS:

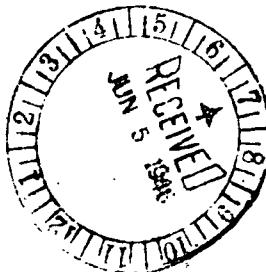
1. FOR MILITARY LEAVE WITHOUT PAY—ATTACH 3 COPIES OF MILITARY ORDERS AT LEAST ONE OF WHICH MUST BE A PHOTOSTAT OR CERTIFIED COPY.
2. EFFECTIVE DATE SHALL BE FILLED IN BY THE LEAVE UNIT, FINANCE BRANCH, FOR SEPARATIONS OR RESIGNATIONS.

	INITIAL	DATE
CLASSIFICATION	Civil	16410 5/31/46
VICE		
IA	W	Code # 9 Bu # 916 7/1/46
VV		
NEW		
BUDGET	135	5729
EMPLOYMENT		6/3
Reg XII dec 2		
CHIEF, CIVILIAN PERSONNEL, BRANCH		6/5

FROM	TO
TITLE	Clark-Stene
GRADE AND SALARY	CAF-S, \$2450 per annum
BRANCH	SI
DIVISION	
SECTION	Field
OFFICIAL STATION	Washington, D. C.
DEPT. OR FIELD	Field

## REMARKS OR PROPOSED DUTIES:

Miss Goodpasture is on an A-1-7 which expires on  
30 June. She is to be assigned to the position  
being vacated by Louise M. White.



4  
JUN 5 1946



*Louise M. White*  
RECOMMENDED: *Karl*

24 May 46  
DATE:

14-00000

Mr. Karlow, Secretariat  
via Mr. May  
C. J. Gilbert, Registry

22 May, 1948

Anne Goodpasture

It is requested that action be started to transfer Mrs. Anne Goodpasture, CAF-5, to Registry, Document Analysis Unit, to replace Mrs. Louise White, CAF-5, who is being transferred to Files.



26131-462

Leave Unit

2 April 1948

Staffs I and III, SI

Miss Ann L. Goodpasture

(1)

Miss Ann L. Goodpasture reported back to SI Washington from Shanghai on 1 April 1948. On the trip back, she developed a rather serious ear ailment, and it is feared that an operation may be necessary. Dr. Thompson of the Medical Division was going to attempt to have her admitted to a hospital Monday night for further attention and treatment. After release from the hospital she will go to her home in Tipton, Oklahoma.

In view of the above facts, we shall show Miss Goodpasture as being on sick leave (approximately one month) until her return to duty, at which time she will fill out the form 71 and any other necessary papers.

Livia M. Domien

14-00000  
SPE25731

Mr. Chester J. Botticelli  
Payroll Section

2 April 1946

Staffs I and III, SI

Miss Ann L. Goodpasture

Miss Ann L. Goodpasture who returned from Shanghai on 1 April 1946 has informed me that she has cancelled her "Power of Attorney" in writing and that she has not been paid since 9 February.

It is requested that her case be checked and necessary steps be taken to reimburse her. Miss Goodpasture has been a Clerk-Steno, CAF-5, #2320 with the SI office since 16 Dec. 1945. She departed from Shanghai on 5 March and arrived in Washington on 30 March.

Miss Goodpasture is being hospitalized immediately, due to a serious ear ailment which developed on the trip back, and will probably be out for approximately one month. Any payments should be mailed to her in Tipton, Oklahoma (no Street address), until further notice.

Livia W. Denian

OSS FORM 1001  
(Rev. 4-14-44)OSS PERSONNEL ACTION REQUEST  
BE SIGNED AND SUBMITTED IN TRIPARTITE

NAME: <u>Goodpasture, Ann L.</u>	INITIAL DATE
CLASSIFICATION <u>Civil</u>	<u>St. C</u> <u>4/1/46</u>
VICE <input checked="" type="checkbox"/>	
IA <input type="checkbox"/>	
VV <input type="checkbox"/>	
NEW <input type="checkbox"/>	
BUDGET	<u>F-506.5</u> <u>4-3</u>
EMPLOYMENT	<u>A-1-7</u> <u>F-5</u>
CHIEF, CIVILIAN PERSONNEL BRANCH <u>Ac. Secy. to Secy. of State</u>	
FROM	TO
TITLE <u>Clark-Stens</u>	<u>Clark-Stens</u>
GRADE AND SALARY <u>CAF-E, \$2220 per annum</u>	<u>CAF-E, \$2220 per annum</u>
BRANCH <u>SI</u>	<u>SI</u>
DIVISION	
SECTION	
OFFICIAL STATION <u>Shanghai, China</u>	<u>Washington, D. C.</u>
DEPT. OR FIELD <u>Field</u>	<u>Field</u>
REMARKS OR PROPOSED DUTIES: <i>* Not to exceed 70 days without continual U.S.</i>	
RECEIVED APR 3 3 49 PM '46 CIVILIAN PERSONNEL SECTION SAC DA	APR 8 1946 EX-CHIEF COPY Luria M. Remond RECOMMENDED: <u>Luria M. Remond</u> APR 11 1946 OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER

OSS FORM 1001  
(Rev. 6-11-44)OSS PERSONNEL ACTION REQUEST  
(TO BE SIGNED AND SUBMITTED IN TRIPPLICATE)

NAME: Goodpasture, Anne		INITIAL	DATE
NATURE OF ACTION: Transfer		CLASSIFICATION: 5065 1-22-46	
EFFECTIVE DATE: 16 Dec 45		VICE	
		IA	
		VV	
		NEW	
		BUDGET 1-14	
		EMPLOYMENT 1-24	
		CHIEF, CIVILIAN PERSONNEL BRANCH 1-25	
<p>FROM</p> <p>TITLE: Clerk-Steno</p> <p>GRADE AND SALARY: CAF-5, \$2320</p> <p>BRANCH: RRA</p> <p>DIVISION:</p> <p>SECTION:</p> <p>OFFICIAL STATION: Shanghai</p> <p>DEPT. OR FIELD: Field</p>			
<p>TO</p> <p>Clerk-Steno</p> <p>CAF-5, \$2320</p> <p>SI</p> <p></p> <p></p> <p>Shanghai</p> <p>Field</p>			

## REMARKS OR PROPOSED DUTIES:

Information from Cable #30712, 5 Jan 46

RECEIVED  
JAN 25 1946 PM 10:45  
CIVILIAN PERSONNEL  
OFFICE OF  
OPERATIONAL SERVICES

APPROVAL  
COPY

JAN 29 1946

JAN 14 1946 AM 10:45  
CIVILIAN PERSONNEL  
OFFICE OF  
OPERATIONAL SERVICES

RECEIVED

*Elizabeth B. Campbell* 9 Jan 46

Form 2806 Revised  
U. S. Civil Service Commission  
April 1941

## REQUEST FOR SERVICE RECORD

### OFFICE OF STRATEGIC SERVICES

(Department, Bureau, independent office, and branch)

march 3, 1944

(Date)

*Chief, Retirement Division,*

*U. S. Civil Service Commission, Washington, D. C.*

It is requested that the complete official service record and retirement deductions by fiscal years be furnished for the following-named employee:

1. Name in full Goodpasture, Ann L.  
(Surname, first name, and middle initial; if married woman give maiden name)
2. Date of birth November 28, 1918
3. Date last appointed to this office February 29, 1944
4. Date deductions began
5. Service claimed as follows:

DEPARTMENT, BRANCH, OR INDEPENDENT OFFICE	BUREAU, AGENCY, ETC., AND LOCATION	TITLE OF POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
War Relocation Authority	Personnel Mgr Wash. D. C.	Clerk, Steno	1620	12	1	43	2	28	44

**REMARKS:**

(Signature of appointing officer)

(Title) Director of Personnel

FOR USE OF CIVIL SERVICE COMMISSION				To
DATE	FORM FORWARDER TO—	Basic earnings	Additional services	

(Read carefully instructions on back)

14-417

Please furnish the Commission with a certified record of service and retirement deductions on Form 2806 for the periods indicated by mark (X) on the above schedule, together with a copy of this request. Prompt compliance with this request will be appreciated.

By direction of the Commission:  
Very respectfully,

*Lewis H. Fisher*  
Lewis H. Fisher,  
*Chief, Retirement Division.*

RECOMMENDED POSITION: SECRETARY TO THE CHIEF, MANPOWER AND MILITARY SUPPLY SECTION  
OF STRATEGIC SERVICES

February 10, 1946

2087

XXXXXX Indefinite  
XXXXXX

for the duration of the  
emergency.

1 P Clerk-Typewriter

Research & Analysis  
CAF-4, 11600 Far East  
Manpower and Military  
Supply

REGULATION IX

The transfer of Miss Ann L. Goodpasture from her location authority, \$1630 per annum, under Regulation IX is requested. Date of birth: November 20, 1916; place of birth: Colina, Tennessee; address: 247 Delaware Avenue, S.E., Apartment 308, Washington, D.C.

Under the general supervision of the Chief, Manpower and Military Supply Section, serves as his secretary; assembles and digests information and data for use by her superior in preparing intelligence and research reports and documents; takes and transcribes difficult dictation consisting of correspondence, memoranda and reports involving foreign geographic terminology; determines priority on office work distribution; takes verbatim transcripts of important telephone calls, conferences and meetings; independently composes correspondence in reply to requests for specific strategic information; receives callers and disposes of their business personally or refers them to the proper official; answers telephone inquiries requiring an intimate knowledge of the activities of the section; arranges appointments, meetings and conferences; maintains leave and attendance records for the section; is responsible for the maintenance of complex office files of research documents. (CVAR)

Form 57 attached.

C.M.P. No. A-9854  
2/21/47

Acting Director, Employment and  
Personnel Division

SECRET

(When Filled In)

1. SERIAL NO. 057303		BIOGRAPHIC PROFILE (PART I) - SCD: 2 Jan 1961			
2. NAME (Last, First, Middle) COOPERSTINE, Ann Loreno		3. SEX F	4. DATE OF BIRTH 28 Nov 1918	5. LONGEVITY CODE, DATE 18 Sep 1947	
6. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		7. DEPENDENTS <input type="checkbox"/> 0	8. YEAR OF BIRTH 1918	9. US NATURALIZATION STATUS NA	
10. CARRIER STATUS <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> Retired		11. OTHER STATUS <input checked="" type="checkbox"/> None	12. LAST ED. OPT. QUAL. <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College	13. MEDICAL STATUS MedRetired	
14. CURRENT SERVICE STATUS <input checked="" type="checkbox"/> X		15. GRADE <input type="checkbox"/> E-1 <input type="checkbox"/> E-2 <input type="checkbox"/> E-3 <input type="checkbox"/> E-4 <input type="checkbox"/> E-5 <input type="checkbox"/> E-6 <input type="checkbox"/> E-7 <input type="checkbox"/> E-8 <input type="checkbox"/> E-9 <input type="checkbox"/> E-10 <input type="checkbox"/> E-11 <input type="checkbox"/> E-12 <input type="checkbox"/> E-13 <input type="checkbox"/> E-14 <input type="checkbox"/> E-15 <input type="checkbox"/> E-16 <input type="checkbox"/> E-17 <input type="checkbox"/> E-18 <input type="checkbox"/> E-19 <input type="checkbox"/> E-20 <input type="checkbox"/> E-21 <input type="checkbox"/> E-22 <input type="checkbox"/> E-23 <input type="checkbox"/> E-24 <input type="checkbox"/> E-25 <input type="checkbox"/> E-26 <input type="checkbox"/> E-27 <input type="checkbox"/> E-28 <input type="checkbox"/> E-29 <input type="checkbox"/> E-30 <input type="checkbox"/> E-31 <input type="checkbox"/> E-32 <input type="checkbox"/> E-33 <input type="checkbox"/> E-34 <input type="checkbox"/> E-35 <input type="checkbox"/> E-36 <input type="checkbox"/> E-37 <input type="checkbox"/> E-38 <input type="checkbox"/> E-39 <input type="checkbox"/> E-40 <input type="checkbox"/> E-41 <input type="checkbox"/> E-42 <input type="checkbox"/> E-43 <input type="checkbox"/> E-44 <input type="checkbox"/> E-45 <input type="checkbox"/> E-46 <input type="checkbox"/> E-47 <input type="checkbox"/> E-48 <input type="checkbox"/> E-49 <input type="checkbox"/> E-50 <input type="checkbox"/> E-51 <input type="checkbox"/> E-52 <input type="checkbox"/> E-53 <input type="checkbox"/> E-54 <input type="checkbox"/> E-55 <input type="checkbox"/> E-56 <input type="checkbox"/> E-57 <input type="checkbox"/> E-58 <input type="checkbox"/> E-59 <input type="checkbox"/> E-60 <input type="checkbox"/> E-61 <input type="checkbox"/> E-62 <input type="checkbox"/> E-63 <input type="checkbox"/> E-64 <input type="checkbox"/> E-65 <input type="checkbox"/> E-66 <input type="checkbox"/> E-67 <input type="checkbox"/> E-68 <input type="checkbox"/> E-69 <input type="checkbox"/> E-70 <input type="checkbox"/> E-71 <input type="checkbox"/> E-72 <input type="checkbox"/> E-73 <input type="checkbox"/> E-74 <input type="checkbox"/> E-75 <input type="checkbox"/> E-76 <input type="checkbox"/> E-77 <input type="checkbox"/> E-78 <input type="checkbox"/> E-79 <input type="checkbox"/> E-80 <input type="checkbox"/> E-81 <input type="checkbox"/> E-82 <input type="checkbox"/> E-83 <input type="checkbox"/> E-84 <input type="checkbox"/> E-85 <input type="checkbox"/> E-86 <input type="checkbox"/> E-87 <input type="checkbox"/> E-88 <input type="checkbox"/> E-89 <input type="checkbox"/> E-90 <input type="checkbox"/> E-91 <input type="checkbox"/> E-92 <input type="checkbox"/> E-93 <input type="checkbox"/> E-94 <input type="checkbox"/> E-95 <input type="checkbox"/> E-96 <input type="checkbox"/> E-97 <input type="checkbox"/> E-98 <input type="checkbox"/> E-99 <input type="checkbox"/> E-100 <input type="checkbox"/> E-101 <input type="checkbox"/> E-102 <input type="checkbox"/> E-103 <input type="checkbox"/> E-104 <input type="checkbox"/> E-105 <input type="checkbox"/> E-106 <input type="checkbox"/> E-107 <input type="checkbox"/> E-108 <input type="checkbox"/> E-109 <input type="checkbox"/> E-110 <input type="checkbox"/> E-111 <input type="checkbox"/> E-112 <input type="checkbox"/> E-113 <input type="checkbox"/> E-114 <input type="checkbox"/> E-115 <input type="checkbox"/> E-116 <input type="checkbox"/> E-117 <input type="checkbox"/> E-118 <input type="checkbox"/> E-119 <input type="checkbox"/> E-120 <input type="checkbox"/> E-121 <input type="checkbox"/> E-122 <input type="checkbox"/> E-123 <input type="checkbox"/> E-124 <input type="checkbox"/> E-125 <input type="checkbox"/> E-126 <input type="checkbox"/> E-127 <input type="checkbox"/> E-128 <input type="checkbox"/> E-129 <input type="checkbox"/> E-130 <input type="checkbox"/> E-131 <input type="checkbox"/> E-132 <input type="checkbox"/> E-133 <input type="checkbox"/> E-134 <input type="checkbox"/> E-135 <input type="checkbox"/> E-136 <input type="checkbox"/> E-137 <input type="checkbox"/> E-138 <input type="checkbox"/> E-139 <input type="checkbox"/> E-140 <input type="checkbox"/> E-141 <input type="checkbox"/> E-142 <input type="checkbox"/> E-143 <input type="checkbox"/> E-144 <input type="checkbox"/> E-145 <input type="checkbox"/> E-146 <input type="checkbox"/> E-147 <input type="checkbox"/> E-148 <input type="checkbox"/> E-149 <input type="checkbox"/> E-150 <input type="checkbox"/> E-151 <input type="checkbox"/> E-152 <input type="checkbox"/> E-153 <input type="checkbox"/> E-154 <input type="checkbox"/> E-155 <input type="checkbox"/> E-156 <input type="checkbox"/> E-157 <input type="checkbox"/> E-158 <input type="checkbox"/> E-159 <input type="checkbox"/> E-160 <input type="checkbox"/> E-161 <input type="checkbox"/> E-162 <input type="checkbox"/> E-163 <input type="checkbox"/> E-164 <input type="checkbox"/> E-165 <input type="checkbox"/> E-166 <input type="checkbox"/> E-167 <input type="checkbox"/> E-168 <input type="checkbox"/> E-169 <input type="checkbox"/> E-170 <input type="checkbox"/> E-171 <input type="checkbox"/> E-172 <input type="checkbox"/> E-173 <input type="checkbox"/> E-174 <input type="checkbox"/> E-175 <input type="checkbox"/> E-176 <input type="checkbox"/> E-177 <input type="checkbox"/> E-178 <input type="checkbox"/> E-179 <input type="checkbox"/> E-180 <input type="checkbox"/> E-181 <input type="checkbox"/> E-182 <input type="checkbox"/> E-183 <input type="checkbox"/> E-184 <input type="checkbox"/> E-185 <input type="checkbox"/> E-186 <input type="checkbox"/> E-187 <input type="checkbox"/> E-188 <input type="checkbox"/> E-189 <input type="checkbox"/> E-190 <input type="checkbox"/> E-191 <input type="checkbox"/> E-192 <input type="checkbox"/> E-193 <input type="checkbox"/> E-194 <input type="checkbox"/> E-195 <input type="checkbox"/> E-196 <input type="checkbox"/> E-197 <input type="checkbox"/> E-198 <input type="checkbox"/> E-199 <input type="checkbox"/> E-200 <input type="checkbox"/> E-201 <input type="checkbox"/> E-202 <input type="checkbox"/> E-203 <input type="checkbox"/> E-204 <input type="checkbox"/> E-205 <input type="checkbox"/> E-206 <input type="checkbox"/> E-207 <input type="checkbox"/> E-208 <input type="checkbox"/> E-209 <input type="checkbox"/> E-210 <input type="checkbox"/> E-211 <input type="checkbox"/> E-212 <input type="checkbox"/> E-213 <input type="checkbox"/> E-214 <input type="checkbox"/> E-215 <input type="checkbox"/> E-216 <input type="checkbox"/> E-217 <input type="checkbox"/> E-218 <input type="checkbox"/> E-219 <input type="checkbox"/> E-220 <input type="checkbox"/> E-221 <input type="checkbox"/> E-222 <input type="checkbox"/> E-223 <input type="checkbox"/> E-224 <input type="checkbox"/> E-225 <input type="checkbox"/> E-226 <input type="checkbox"/> E-227 <input type="checkbox"/> E-228 <input type="checkbox"/> E-229 <input type="checkbox"/> E-230 <input type="checkbox"/> E-231 <input type="checkbox"/> E-232 <input type="checkbox"/> E-233 <input type="checkbox"/> E-234 <input type="checkbox"/> E-235 <input type="checkbox"/> E-236 <input type="checkbox"/> E-237 <input type="checkbox"/> E-238 <input type="checkbox"/> E-239 <input type="checkbox"/> E-240 <input type="checkbox"/> E-241 <input type="checkbox"/> E-242 <input type="checkbox"/> E-243 <input type="checkbox"/> E-244 <input type="checkbox"/> E-245 <input type="checkbox"/> E-246 <input type="checkbox"/> E-247 <input type="checkbox"/> E-248 <input type="checkbox"/> E-249 <input type="checkbox"/> E-250 <input type="checkbox"/> E-251 <input type="checkbox"/> E-252 <input type="checkbox"/> E-253 <input type="checkbox"/> E-254 <input type="checkbox"/> E-255 <input type="checkbox"/> E-256 <input type="checkbox"/> E-257 <input type="checkbox"/> E-258 <input type="checkbox"/> E-259 <input type="checkbox"/> E-260 <input type="checkbox"/> E-261 <input type="checkbox"/> E-262 <input type="checkbox"/> E-263 <input type="checkbox"/> E-264 <input type="checkbox"/> E-265 <input type="checkbox"/> E-266 <input type="checkbox"/> E-267 <input type="checkbox"/> E-268 <input type="checkbox"/> E-269 <input type="checkbox"/> E-270 <input type="checkbox"/> E-271 <input type="checkbox"/> E-272 <input type="checkbox"/> E-273 <input type="checkbox"/> E-274 <input type="checkbox"/> E-275 <input type="checkbox"/> E-276 <input type="checkbox"/> E-277 <input type="checkbox"/> E-278 <input type="checkbox"/> E-279 <input type="checkbox"/> E-280 <input type="checkbox"/> E-281 <input type="checkbox"/> E-282 <input type="checkbox"/> E-283 <input type="checkbox"/> E-284 <input type="checkbox"/> E-285 <input type="checkbox"/> E-286 <input type="checkbox"/> E-287 <input type="checkbox"/> E-288 <input type="checkbox"/> E-289 <input type="checkbox"/> E-290 <input type="checkbox"/> E-291 <input type="checkbox"/> E-292 <input type="checkbox"/> E-293 <input type="checkbox"/> E-294 <input type="checkbox"/> E-295 <input type="checkbox"/> E-296 <input type="checkbox"/> E-297 <input type="checkbox"/> E-298 <input type="checkbox"/> E-299 <input type="checkbox"/> E-300 <input type="checkbox"/> E-301 <input type="checkbox"/> E-302 <input type="checkbox"/> E-303 <input type="checkbox"/> E-304 <input type="checkbox"/> E-305 <input type="checkbox"/> E-306 <input type="checkbox"/> E-307 <input type="checkbox"/> E-308 <input type="checkbox"/> E-309 <input type="checkbox"/> E-310 <input type="checkbox"/> E-311 <input type="checkbox"/> E-312 <input type="checkbox"/> E-313 <input type="checkbox"/> E-314 <input type="checkbox"/> E-315 <input type="checkbox"/> E-316 <input type="checkbox"/> E-317 <input type="checkbox"/> E-318 <input type="checkbox"/> E-319 <input type="checkbox"/> E-320 <input type="checkbox"/> E-321 <input type="checkbox"/> E-322 <input type="checkbox"/> E-323 <input type="checkbox"/> E-324 <input type="checkbox"/> E-325 <input type="checkbox"/> E-326 <input type="checkbox"/> E-327 <input type="checkbox"/> E-328 <input type="checkbox"/> E-329 <input type="checkbox"/> E-330 <input type="checkbox"/> E-331 <input type="checkbox"/> E-332 <input type="checkbox"/> E-333 <input type="checkbox"/> E-334 <input type="checkbox"/> E-335 <input type="checkbox"/> E-336 <input type="checkbox"/> E-337 <input type="checkbox"/> E-338 <input type="checkbox"/> E-339 <input type="checkbox"/> E-340 <input type="checkbox"/> E-341 <input type="checkbox"/> E-342 <input type="checkbox"/> E-343 <input type="checkbox"/> E-344 <input type="checkbox"/> E-345 <input type="checkbox"/> E-346 <input type="checkbox"/> E-347 <input type="checkbox"/> E-348 <input type="checkbox"/> E-349 <input type="checkbox"/> E-350 <input type="checkbox"/> E-351 <input type="checkbox"/> E-352 <input type="checkbox"/> E-353 <input type="checkbox"/> E-354 <input type="checkbox"/> E-355 <input type="checkbox"/> E-356 <input type="checkbox"/> E-357 <input type="checkbox"/> E-358 <input type="checkbox"/> E-359 <input type="checkbox"/> E-360 <input type="checkbox"/> E-361 <input type="checkbox"/> E-362 <input type="checkbox"/> E-363 <input type="checkbox"/> E-364 <input type="checkbox"/> E-365 <input type="checkbox"/> E-366 <input type="checkbox"/> E-367 <input type="checkbox"/> E-368 <input type="checkbox"/> E-369 <input type="checkbox"/> E-370 <input type="checkbox"/> E-371 <input type="checkbox"/> E-372 <input type="checkbox"/> E-373 <input type="checkbox"/> E-374 <input type="checkbox"/> E-375 <input type="checkbox"/> E-376 <input type="checkbox"/> E-377 <input type="checkbox"/> E-378 <input type="checkbox"/> E-379 <input type="checkbox"/> E-380 <input type="checkbox"/> E-381 <input type="checkbox"/> E-382 <input type="checkbox"/> E-383 <input type="checkbox"/> E-384 <input type="checkbox"/> E-385 <input type="checkbox"/> E-386 <input type="checkbox"/> E-387 <input type="checkbox"/> E-388 <input type="checkbox"/> E-389 <input type="checkbox"/> E-390 <input type="checkbox"/> E-391 <input type="checkbox"/> E-392 <input type="checkbox"/> E-393 <input type="checkbox"/> E-394 <input type="checkbox"/> E-395 <input type="checkbox"/> E-396 <input type="checkbox"/> E-397 <input type="checkbox"/> E-398 <input type="checkbox"/> E-399 <input type="checkbox"/> E-400 <input type="checkbox"/> E-401 <input type="checkbox"/> E-402 <input type="checkbox"/> E-403 <input type="checkbox"/> E-404 <input type="checkbox"/> E-405 <input type="checkbox"/> E-406 <input type="checkbox"/> E-407 <input type="checkbox"/> E-408 <input type="checkbox"/> E-409 <input type="checkbox"/> E-410 <input type="checkbox"/> E-411 <input type="checkbox"/> E-412 <input type="checkbox"/> E-413 <input type="checkbox"/> E-414 <input type="checkbox"/> E-415 <input type="checkbox"/> E-416 <input type="checkbox"/> E-417 <input type="checkbox"/> E-418 <input type="checkbox"/> E-419 <input type="checkbox"/> E-420 <input type="checkbox"/> E-421 <input type="checkbox"/> E-422 <input type="checkbox"/> E-423 <input type="checkbox"/> E-424 <input type="checkbox"/> E-425 <input type="checkbox"/> E-426 <input type="checkbox"/> E-427 <input type="checkbox"/> E-428 <input type="checkbox"/> E-429 <input type="checkbox"/> E-430 <input type="checkbox"/> E-431 <input type="checkbox"/> E-432 <input type="checkbox"/> E-433 <input type="checkbox"/> E-434 <input type="checkbox"/> E-435 <input type="checkbox"/> E-436 <input type="checkbox"/> E-437 <input type="checkbox"/> E-438 <input type="checkbox"/> E-439 <input type="checkbox"/> E-440 <input type="checkbox"/> E-441 <input type="checkbox"/> E-442 <input type="checkbox"/> E-443 <input type="checkbox"/> E-444 <input type="checkbox"/> E-445 <input type="checkbox"/> E-446 <input type="checkbox"/> E-447 <input type="checkbox"/> E-448 <input type="checkbox"/> E-449 <input type="checkbox"/> E-450 <input type="checkbox"/> E-451 <input type="checkbox"/> E-452 <input type="checkbox"/> E-453 <input type="checkbox"/> E-454 <input type="checkbox"/> E-455 <input type="checkbox"/> E-456 <input type="checkbox"/> E-457 <input type="checkbox"/> E-458 <input type="checkbox"/> E-459 <input type="checkbox"/> E-460 <input type="checkbox"/> E-461 <input type="checkbox"/> E-462 <input type="checkbox"/> E-463 <input type="checkbox"/> E-464 <input type="checkbox"/> E-465 <input type="checkbox"/> E-466 <input type="checkbox"/> E-467 <input type="checkbox"/> E-468 <input type="checkbox"/> E-469 <input type="checkbox"/> E-470 <input type="checkbox"/> E-471 <input type="checkbox"/> E-472 <input type="checkbox"/> E-473 <input type="checkbox"/> E-474 <input type="checkbox"/> E-475 <input type="checkbox"/> E-476 <input type="checkbox"/> E-477 <input type="checkbox"/> E-478 <input type="checkbox"/> E-479 <input type="checkbox"/> E-480 <input type="checkbox"/> E-481 <input type="checkbox"/> E-482 <input type="checkbox"/> E-483 <input type="checkbox"/> E-484 <input type="checkbox"/> E-485 <input type="checkbox"/> E-486 <input type="checkbox"/> E-487 <input type="checkbox"/> E-488 <input type="checkbox"/> E-489 <input type="checkbox"/> E-490 <input type="checkbox"/> E-491 <input type="checkbox"/> E-492 <input type="checkbox"/> E-493 <input type="checkbox"/> E-494 <input type="checkbox"/> E-495 <input type="checkbox"/> E-496 <input type="checkbox"/> E-497 <input type="checkbox"/> E-498 <input type="checkbox"/> E-499 <input type="checkbox"/> E-500 <input type="checkbox"/> E-501 <input type="checkbox"/> E-502 <input type="checkbox"/> E-503 <input type="checkbox"/> E-504 <input type="checkbox"/> E-505 <input type="checkbox"/> E-506 <input type="checkbox"/> E-507 <input type="checkbox"/> E-508 <input type="checkbox"/> E-509 <input type="checkbox"/> E-510 <input type="checkbox"/> E-511 <input type="checkbox"/> E-512 <input type="checkbox"/> E-513 <input type="checkbox"/> E-514 <input type="checkbox"/> E-515 <input type="checkbox"/> E-516 <input type="checkbox"/> E-517 <input type="checkbox"/> E-518 <input type="checkbox"/> E-519 <input type="checkbox"/> E-520 <input type="checkbox"/> E-521 <input type="checkbox"/> E-522 <input type="checkbox"/> E-523 <input type="checkbox"/> E-524 <input type="checkbox"/> E-525 <input type="checkbox"/> E-526 <input type="checkbox"/> E-527 <input type="checkbox"/> E-528 <input type="checkbox"/> E-529 <input type="checkbox"/> E-530 <input type="checkbox"/> E-531 <input type="checkbox"/> E-532 <input type="checkbox"/> E-533 <input type="checkbox"/> E-534 <input type="checkbox"/> E-535 <input type="checkbox"/> E-536 <input type="checkbox"/> E-537 <input type="checkbox"/> E-538 <input type="checkbox"/> E-539 <input type="checkbox"/> E-540 <input type="checkbox"/> E-541 <input type="checkbox"/> E-542 <input type="checkbox"/> E-543 <input type="checkbox"/> E-544 <input type="checkbox"/> E-545 <input type="checkbox"/> E-546 <input type="checkbox"/> E-547 <input type="checkbox"/> E-548 <input type="checkbox"/> E-549 <input type="checkbox"/> E-550 <input type="checkbox"/> E-551 <input type="checkbox"/> E-552 <input type="checkbox"/> E-553 <input type="checkbox"/> E-554 <input type="checkbox"/> E-555 <input type="checkbox"/> E-556 <input type="checkbox"/> E-557 <input type="checkbox"/> E-558 <input type="checkbox"/> E-559 <input type="checkbox"/> E-560 <input type="checkbox"/> E-561 <input type="checkbox"/> E-562 <input type="checkbox"/> E-563 <input type="checkbox"/> E-564 <input type="checkbox"/> E-565 <input type="checkbox"/> E-566 <input type="checkbox"/> E-567 <input type="checkbox"/> E-568 <input type="checkbox"/> E-569 <input type="checkbox"/> E-570 <input type="checkbox"/> E-571 <input type="checkbox"/> E-572 <input type="checkbox"/> E-573 <input type="checkbox"/> E-574 <input type="checkbox"/> E-575 <input type="checkbox"/> E-576 <input type="checkbox"/> E-577 <input type="checkbox"/> E-578 <input type="checkbox"/> E-579 <input type="checkbox"/> E-580 <input type="checkbox"/> E-581 <input type="checkbox"/> E-582 <input type="checkbox"/> E-583 <input type="checkbox"/> E-584 <input type="checkbox"/> E-585 <input type="checkbox"/> E-586 <input type="checkbox"/> E-587 <input type="checkbox"/> E-588 <input type="checkbox"/> E-589 <input type="checkbox"/> E-590 <input type="checkbox"/> E-591 <input type="checkbox"/> E-592 <input type="checkbox"/> E-593 <input type="checkbox"/> E-594 <input type="checkbox"/> E-595 <input type="checkbox"/> E-596 <input type="checkbox"/> E-597 <input type="checkbox"/> E-598 <input type="checkbox"/> E-599 <input type="checkbox"/> E-600 <input type="checkbox"/> E-601 <input type="checkbox"/> E-602 <input type="checkbox"/> E-603 <input type="checkbox"/> E-604 <input type="checkbox"/> E-605 <input type="checkbox"/> E-606 <input type="checkbox"/> E-607 <input type="checkbox"/> E-608 <input type="checkbox"/> E-609 <input type="checkbox"/> E-610 <input type="checkbox"/> E-611 <input type="checkbox"/> E-612 <input type="checkbox"/> E-613 <input type="checkbox"/> E-614 <input type="checkbox"/> E-615 <input type="checkbox"/> E-616 <input type="checkbox"/> E-617 <input type="checkbox"/> E-618 <input type="checkbox"/> E-619 <input type="checkbox"/> E-620 <input type="checkbox"/> E-621 <input type="checkbox"/> E-622 <input type="checkbox"/> E-623 <input type="checkbox"/> E-624 <input type="checkbox"/> E-625 <input type="checkbox"/> E-626 <input type="checkbox"/> E-627 <input type="checkbox"/> E-628 <input type="checkbox"/> E-629 <input type="checkbox"/> E-630 <input type="checkbox"/> E-631 <input type="checkbox"/> E-632 <input type="checkbox"/> E-633 <input type="checkbox"/> E-634 <input type="checkbox"/> E-635 <input type="checkbox"/> E-636 <input type="checkbox"/> E-637 <input type="checkbox"/> E-638 <input type="checkbox"/> E-639 <input type="checkbox"/> E-640 <input type="checkbox"/> E-641 <input type="checkbox"/> E-642 <input type="checkbox"/> E-643 <input type="checkbox"/> E-644 <input type="checkbox"/> E-645 <input type="checkbox"/> E-646 <input type="checkbox"/> E-647 <input type="checkbox"/> E-648 <input type="checkbox"/> E-649 <input type="checkbox"/> E-650 <input type="checkbox"/> E-651 <input type="checkbox"/> E-652 <input type="checkbox"/> E-653 <input type="checkbox"/> E-654 <input type="checkbox"/> E-655 <input type="checkbox"/> E-656 <input type="checkbox"/> E-657 <input type="checkbox"/> E-658 <input type="checkbox"/> E-659 <input type="checkbox"/> E-660 <input type="checkbox"/> E-661 <input type="checkbox"/> E-662 <input type="checkbox"/> E-663 <input type="checkbox"/> E-664 <input type="checkbox"/> E-665 <input type="checkbox"/> E-666 <input type="checkbox"/> E-667 <input type="checkbox"/> E-668 <input type="checkbox"/> E-669 <input type="checkbox"/> E-670 <input type="checkbox"/> E-671 <input type="checkbox"/> E-672 <input type="checkbox"/> E-673 <input type="checkbox"/> E-674 <input type="checkbox"/> E-675 <input type="checkbox"/> E-676 <input type="checkbox"/> E-677 <input type="checkbox"/> E-678 <input type="checkbox"/> E-679 <input type="checkbox"/> E-680 <input type="checkbox"/> E-681 <input type="checkbox"/> E-682 <input type="checkbox"/> E-683 <input type="checkbox"/> E-684 <input type="checkbox"/> E-685 <input type="checkbox"/> E-686 <input type="checkbox"/> E-687 <input type="checkbox"/> E-688 <input type="checkbox"/> E-689 <input type="checkbox"/> E-690 <input type="checkbox"/> E-691 <input type="checkbox"/> E-692 <input type="checkbox"/> E-693 <input type="checkbox"/> E-694 <input type="checkbox"/> E-695 <input type="checkbox"/> E-696 <input type="checkbox"/> E-697 <input type="checkbox"/> E-698 <input type="checkbox"/> E-699 <input type="checkbox"/> E-700 <input type="checkbox"/> E-701 <input type="checkbox"/> E-702 <input type="checkbox"/> E-703 <input type="checkbox"/> E-704 <input type="checkbox"/> E-705 <input type="checkbox"/> E-706 <input type="checkbox"/> E-707 <input type="checkbox"/> E-708 <input type="checkbox"/> E-709 <input type="checkbox"/> E-710 <input type="checkbox"/> E-711 <input type="checkbox"/> E-712 <input type="checkbox"/> E-713 <input type="checkbox"/> E-714 <input type="checkbox"/> E-715 <input type="checkbox"/> E-716 <input type="checkbox"/> E-717 <input type="checkbox"/> E-718 <input type="checkbox"/> E-719 <input type="checkbox"/> E-720 <input type="checkbox"/> E-721 <input type="checkbox"/> E-722 <input type="checkbox"/> E-723 <input type="checkbox"/> E-724 <input type="checkbox"/> E-725 <input type="checkbox"/> E-726 <input type="checkbox"/> E-727 <input type="checkbox"/> E-728 <input type="checkbox"/> E-729 <input type="checkbox"/> E-730 <input type="checkbox"/> E-731 <input type="checkbox"/> E-732 <input type="checkbox"/> E-733 <input type="checkbox"/> E-734 <input type="checkbox"/> E-735 <input type="checkbox"/> E-736 <input type="checkbox"/> E-737 <input type="checkbox"/> E-738 <input type="checkbox"/> E-739 <input type="checkbox"/> E-740 <input type="checkbox"/> E-741 <input type="checkbox"/> E-742 <input type="checkbox"/> E-743 <input type="checkbox"/> E-744 <input type="checkbox"/> E-745 <input type="checkbox"/> E-746 <input type="checkbox"/> E-747 <input type="checkbox"/> E-748 <input type="checkbox"/> E-749 <input type="checkbox"/> E-750 <input type="checkbox"/> E-751 <input type="checkbox"/> E-752 <input type="checkbox"/> E-753 <input type="checkbox"/> E-754 <input type="checkbox"/> E-755 <input type="checkbox"/> E-756 <input type="checkbox"/> E-757 <input type="checkbox"/> E-758 <input type="checkbox"/> E-759 <input type="checkbox"/> E-760 <input type="checkbox"/> E-761 <input type="checkbox"/> E-762 <input type="checkbox"/> E-763 <input type="checkbox"/> E-764 <input type="checkbox"/> E-765 <input type="checkbox"/> E-766 <input type="checkbox"/> E-767 <input type="checkbox"/> E-768 <input type="checkbox"/> E-769 <input type="checkbox"/> E-770 <input type="checkbox"/> E-771 <input type="checkbox"/> E-772 <input type="checkbox"/> E-773 <input type="checkbox"/> E-774 <input type="checkbox"/> E-775 <input type="checkbox"/> E-776 <input type="checkbox"/> E-777 <input type="checkbox"/> E-778 <input type="checkbox"/> E-779 <input type="checkbox"/> E-780 <input type="checkbox"/> E-781 <input type="checkbox"/> E-782 <input type="checkbox"/> E-783 <input type="checkbox"/> E-784 <input type="checkbox"/> E-785 <input type="checkbox"/> E-786 <input type="checkbox"/> E-787 <input type="checkbox"/> E-788 <input type="checkbox"/> E-789 <input type="checkbox"/> E-790 <input type="checkbox"/> E-791 <input type="checkbox"/> E-792 <input type="checkbox"/> E-793 <input type="checkbox"/> E-794 <input type="checkbox"/> E-795 <input type="checkbox"/> E-796 <input type="checkbox"/> E-797 <input type="checkbox"/> E-798 <input type="checkbox"/> E-799 <input type="checkbox"/> E-800 <input type="checkbox"/> E-801 <input type="checkbox"/> E-802 <input type="checkbox"/> E-803 <input type="checkbox"/> E-804 <input type="checkbox"/> E-805 <input type="checkbox"/> E-806 <input type="checkbox"/> E-807 <input type="checkbox"/> E-808 <input type="checkbox"/> E-809 <input type="checkbox"/> E-810 <input type="checkbox"/> E-811 <input type="checkbox"/> E-812 <input type="checkbox"/> E-813 <input type="checkbox"/> E-814 <input type="checkbox"/> E-815 <input type="checkbox"/> E-816 <input type="checkbox"/> E-817 <input type="checkbox"/> E-818 <input type="checkbox"/> E-819 <input type="checkbox"/> E-820 <input type="checkbox"/> E-821 <input type="checkbox"/> E-822 <input type="checkbox"/> E-823 <input type="checkbox"/> E-824 <input type="checkbox"/> E-825 <input type="checkbox"/> E-826 <input type="checkbox"/> E-827 <input type="checkbox"/> E-828 <input type="checkbox"/> E-829 <input type="checkbox"/> E-830 <input type="checkbox"/> E-831 <input type="checkbox"/> E-832 <input type="checkbox"/> E-833 <input type="checkbox"/> E-834 <input type="checkbox"/> E-835 <input type="checkbox"/> E-836 <input type="checkbox"/> E-837 <input type="checkbox"/> E-838 <input type="checkbox"/> E-839 <input type="checkbox"/> E-840 <input type="checkbox"/> E-841 <input type="checkbox"/> E-842 <input type="checkbox"/> E-843 <input type="checkbox"/> E-844 <input type="checkbox"/> E-845 <input type="checkbox"/> E-846 <input type="checkbox"/> E-847 <input type="checkbox"/> E-848 <input type="checkbox"/> E-849 <input type="checkbox"/> E-850 <input type="checkbox"/> E-851 <input type="checkbox"/> E-852 <input type="checkbox"/> E-853 <input type="checkbox"/> E-854 <input type="checkbox"/> E-855 <input type="checkbox"/> E-856 <input type="checkbox"/> E-857 <input type="checkbox"/> E-858 <input type="checkbox"/> E-859 <input type="checkbox"/> E-860 <input type="checkbox"/> E-861 <input type="checkbox"/> E-862 <input type="checkbox"/> E-863 <input type="checkbox"/> E-864 <input type="checkbox"/> E-865 <input type="checkbox"/> E-866 <input type="checkbox"/> E-867 <input type="checkbox"/> E-868 <input type="checkbox"/> E-869 <input type="checkbox"/> E-870 <input type="checkbox"/> E-871 <input type="checkbox"/> E-872 <input type="checkbox"/> E-873 <input type="checkbox"/> E-874 <input type="checkbox"/> E-875 <input type="checkbox"/> E-876 <input type="checkbox"/> E-877 <input type="checkbox"/> E-878 <input type="checkbox"/> E-879 <input type="checkbox"/> E-880 <input type="checkbox"/> E-881 <input type="checkbox"/> E-882 <input type="checkbox"/> E-883 <input type="checkbox"/> E-884 <input type="checkbox"/> E-885 <input type="checkbox"/> E-886 <input type="checkbox"/> E-887 <input type="checkbox"/> E-888 <input type="checkbox"/> E-889 <input type="checkbox"/> E-890 <input type="checkbox"/> E-891 <input type="checkbox"/> E-892 <input type="checkbox"/> E-893 <input type="checkbox"/> E-894 <input type="checkbox"/> E-895 <input type="checkbox"/> E-896 <input type="checkbox"/> E-897 <input type="checkbox"/> E-898 <input type="checkbox"/> E-899 <input type="checkbox"/> E-900 <input type="checkbox"/> E-901 <input type="checkbox"/> E-902 <input type="checkbox"/> E-903 <input type="checkbox"/> E-904 <input type="checkbox"/> E-905 <input type="checkbox"/> E-906 <input type="checkbox"/> E-907 <input type="checkbox"/> E-908 <input type="checkbox"/> E-909 <input type="checkbox"/> E-910 <input type="checkbox"/> E-911 <input type="checkbox"/> E-912 <input type="checkbox"/> E-913 <input type="checkbox"/> E-914 <input type="checkbox"/> E-915 <input type="checkbox"/> E-916 <input type="checkbox"/> E-917 <input type="checkbox"/> E-918 <input type="checkbox"/> E-919 <input type="checkbox"/> E-920 <input type="checkbox"/> E-921 <input type="checkbox"/> E-922 <input type="checkbox"/> E-923 <input type="checkbox"/> E-924 <input type="checkbox"/> E-925 <input type="checkbox"/> E-926 <input type="checkbox"/> E-927 <input type="checkbox"/> E-928 <input type="checkbox"/> E-929 <input type="checkbox"/> E-930 <input type="checkbox"/> E-931 <input type="checkbox"/> E-932 <input type="checkbox"/> E-933 <input type="checkbox"/> E-934 <input type="checkbox"/> E-935 <input type="checkbox"/> E-936 <input type="checkbox"/> E-937 <input type="checkbox"/> E-938 <input type="checkbox"/> E-939 <input type="checkbox"/> E-940 <input type="checkbox"/> E-941 <input type="checkbox"/> E-942 <input type="checkbox"/> E-943 <input type="checkbox"/> E-944 <input type="checkbox"/> E-945 <input type="checkbox"/> E-946 <input type="checkbox"/> E-947 <input type="checkbox"/> E-948 <input type="checkbox"/> E-949 <input type="checkbox"/> E-950 <input type="checkbox"/> E-951 <input type="checkbox"/> E-952 <input type="checkbox"/> E-953 <input type="checkbox"/> E-954 <input type="checkbox"/> E-955 <input type="checkbox"/> E-956 <input type="checkbox"/> E-957 <input type="checkbox"/> E-958 <input type="checkbox"/> E-959 <input type="checkbox"/> E-960 <input type="checkbox"/> E-961 <input type="checkbox"/> E-962 <input type="checkbox"/> E-963 <input type="checkbox"/> E-964 <input type="checkbox"/> E-965 <input type="checkbox"/> E-966 <input type="checkbox"/> E-967 <input type="checkbox"/> E-968 <input type="checkbox"/> E-969 <input type="checkbox"/> E-970 <input type="checkbox"/> E-971 <input type="checkbox"/> E-972 <input type="checkbox"/> E-973 <input type="checkbox"/> E-974 <input type="checkbox"/> E-975 <input type="checkbox"/> E-976 <input type="checkbox"/> E-977 <input type="checkbox"/> E-978 <input type="checkbox"/> E-979 <input type="checkbox"/> E-980 <input type="checkbox"/> E-981 <input type="checkbox"/> E-982 <input type="checkbox"/> E-983 <input type="checkbox"/> E-984 <input type="checkbox"/> E-985			

SECRET

(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I - Continued)					
057303							
NAME (Last, First, Middle)		DATE OF BIRTH					
GOODPASTURE, Ann Lorene		28 Nov 1918					
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)							
EFFECTIVE DATE	POSITION TITLE & DESC.	NATIONAL CODE / GRADE	SD	ORGANIZATION & ORGAN. TITLE (If Any)	LOCATION		
Oct 1970	Ops Officer	0136.01	13	D DDP/CISf/OpSGp/REBranch	Hq		
Jul 1972	" "	0136.01	13	D DDP/CISf/Dev Comp	"		
DATE REVIEWED 6 Mar 1973		PROFILE REVIEWED BY hrc/cal		E 2 INFDET CL BY 010026			

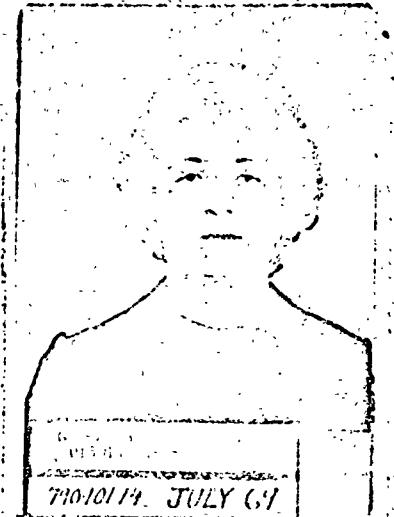
FORM 1200-1a  
7-67

SECRET

PROFILE

(4)

**SECRET**  
(When Filled In)

PERS. SERIAL NO. <b>057303</b>	<b>BIOGRAPHIC PROFILE (PART 2)</b>	
NAME (Last-First-Middle) <b>GOODPASTURE, Ann Lorene</b>	DATE OF BIRTH <b>28 Nov 1918</b>	
13. SUMMARIES OF EVALUATIVE REPORTS FOR THE PAST TWO YEARS		
 <p>7101014 JULY 69</p>		
14. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
15. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL		
16. ADDITIONAL INFORMATION		
<p><u>Commendation 1954 from the DCI for splendid contribution to a project of special sensitivity and importance.</u></p> <p><u>Commendation 1959 from COS, Mexico City, for contribution to the preparation of charts for General Cassidy's visit.</u></p>		
17. DATE REVIEWED <b>6 Mar 1973</b>	18. PROFILE REVIEWED BY <b>hms/cal</b>	E 2 DPFDET CL BY 010006

FORM NO. 1200 (PART 2) REPLACES FORM 1000 (PART 2) SECRET  
1 FEB 67  
GIVEN IN QUADRATIC

PROFILE

(4)

SECRET  
(When Filled In)

<b>FITNESS REPORT</b>					<b>EMPLOYEE SERIAL NUMBER</b>
					<b>057303</b>
<b>SECTION A</b>					
<b>GENERAL</b>					
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
GOODPASTURE ANN L.	11/28/18	F	13	D	
6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR. OF ASSIGNMENT	8. CURRENT STATION			
Ops Officer	DDP/CI/OPS	Washington, D.C.			
9. CHECK (X) TYPE OF APPOINTMENT	10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.	12. REPORTING PERIOD (From - To)				
30 November 1971	1 October 1970 - 31 October 1971				
<b>SECTION B</b>					
<b>PERFORMANCE EVALUATION</b>					
<b>U-Unsatisfactory</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.				
<b>M-Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.				
<b>P-Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.				
<b>S-Strong</b>	Performance is characterized by exceptional proficiency.				
<b>O-Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.				
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
<b>SPECIFIC DUTY NO. 1</b> Monitors all operational correspondence from the Far East Division Stations for counterintelligence leads and evidence of hostile espionage operations.					RATING LETTER
<b>SPECIFIC DUTY NO. 2</b> Reviews field project outlines for evidence of penetrations, provocations, or foreign intelligence relationships. Advises Headquarters officers in preparation of security reviews. Represents CI Staff at DDP project review meetings when the <del>XXXXXX</del> senior officer is not available.					RATING LETTER
3 Alternate Headquarters case officer to the Chief, CIOPS/FE for sensitive Prescribed and Limited Distribution counterintelligence projects handled by CI Staff.					RATING LETTER
<b>SPECIFIC DUTY NO. 4</b> Coordinates cables and dispatches from FE Division Headquarters to field stations on CI cases and agent clearances.					RATING LETTER
<b>SPECIFIC DUTY NO. 5</b> Maintains background files for use in consultation with FE Division officers on CI problems.					RATING LETTER
<b>SPECIFIC DUTY NO. 6</b> Prepares for Chief, CI, summaries of counterintelligence incidents which suddenly develop such as arrests, defections, and newspaper exposures.					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comments on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

FCB 17-2-2011-72

*See memorandum in lieu of Fitness Report.*

**SECTION D****CERTIFICATION AND COMMENTS**

1.

**BY EMPLOYEE**

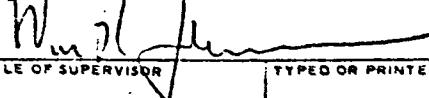
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
------	-----------------------

2.

**BY SUPERVISOR**HOEY IS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

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



DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
------	------------------------------	-------------------------------------

3.

**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
------	--------------------------------------	-------------------------------------

**SECRET**

**SECRET**

**MEMORANDUM IN LIEU OF FITNESS REPORT**

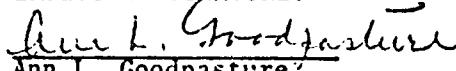
**SUBJECT:** Ann L. GOODPASTURE  
18 October 1970 - 31 October 1971

To the immense regret of this writer Ann Goodpasture is retiring very soon. It would be silly to rate her competitively against any of her colleagues, male or female, young or merely well-preserved. Concerning her fitness be it recorded that she is very fit indeed to perform any of the tasks listed as her current ones or almost any others I can think of at almost any grade. I venture to rate her over-all performance, thirty years of it, as OUTSTANDING. Ann is one of the tough warp-threads on which this organization is woven, and when she retires the fabric of this organization will be weakened.

  
William R. Johnson

Chief, CI/OPS/FE

**EMPLOYEE SIGNATURE:**

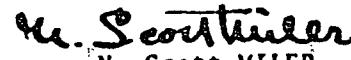
  
Ann L. Goodpasture

16 FEB 1972

Date

**COMMENTS OF REVIEWING OFFICIAL:**

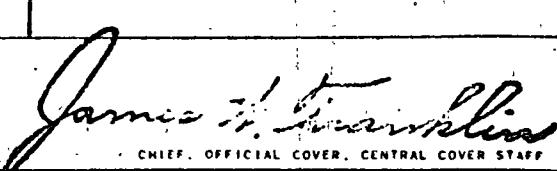
Miss Goodpasture is indeed a fine officer who consistently turns in a Strong performance when she is not doing an outstanding job. She is an excellent office and project manager who is cost conscious and she is a careful thorough instructor and briefer. Her retirement will leave a great gap in CI/OPS and, as Mr. Johnson has said, in the organization. I hope she gets the official Agency recognition she deserves for the many years she has made substantive contribution to the CS.

  
N. Scott MILLER  
Chief, CI Operations

17.2.72.

**SECRET**

SECRET

<b>NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP</b>		DATE <b>14 June 1972</b>	FILE NO. <b>336</b>
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION	SS NUMBER <b>446-14-9768</b>	EMPLOYEE NUMBER <b>057303</b>
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION		
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) <b>CI</b>	ID CARD NUMBER	
ATTN: <b>Chief Support Staff</b>	OFFICIAL COVER	ESTABLISHED	
REF: <b>Retirement Debriefing</b>		<input checked="" type="checkbox"/>	DISCONTINUED
SUBJECT <b>GOODPASTURE, Ann L.</b>	UNIT		
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		X CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: <b>EOD</b>	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <b>TDY</b> OTHER (Specify) _____		X SUBMIT FORM 3254 <b>CIA</b> W-2 TO BE ISSUED. (HHR 20-11)	
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHR 20-7)		X SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHR 20-7)	
SUBMIT FORM 3254 <b>W-2</b> TO BE ISSUED. (HHR 20-11)		NA EAA: CATEGORY I <b>  </b> CATEGORY II <b>  </b> X RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)		NA SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)		DO NOT WRITE IN THIS BLOCK	
EAA. CATEGORY I <b>  </b> CATEGORY II <b>  </b>			
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
Subject will be acknowledged as CIA for entire period of employment and is not to reveal specific places or locations of cover assignments.			
<b>DO NOT REMOVE</b> <b>FILE</b>			
Forwarding address: 4200 Cathedral Avenue Washington, D.C. Employment address: None		 James H. Tinker CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	
DISTRIBUTION: COPY 1 - CO COPY 2 - OPERATING COMPONENT COPY 3 - D/OS COPY 4 - OL/TELSVC COPY 5 - OF COPY 6 - GCS - FILE			

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE
TO: (Check)	X	CHIEF, CONTROL DIVISION	13 May 1971
		CHIEF, CONTRACT PERSONNEL DIVISION	FILE NUMBER 336
	X	CHIEF, OPERATING COMPONENT (For action) WH	EMPLOYEE NUMBER 057303 ID CARD NUMBER
ATTN:	Chief/WH Support Staff	OFFICIAL COVER	BACKSTOP ESTABLISHED
REF:	Form 1413 dated 11 May 1971		X
SUBJECT:	GOODPASTURE, Ann L.	UNIT	Department of State

## KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____	DATE  From EOD	
B. CONTINUING AS OF		
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
X ASCERTAIN THAT <u>CIA</u> W-2 BEING ISSUED. (HNB 20-11)	NA RETURN ALL OFFICIAL DOCUMENTATION TO CCS. NA	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2a)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2a)		
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD		

## REMARKS AND/OR COVER HISTORY

Subject is to indicate CIA as place of employment for entire period and not to reveal specific places or locations of cover assignments.

DISTRIBUTION: COPY 1 - CO  
COPY 2 - OPERATING COMPONENT  
COPY 3 - D/SOS  
COPY 4 - OL/TELSVC  
COPY 5 - OF  
COPY 6 - CCS - FILE

RF:km

James J. Trawhulli, Jr.  
CHIEF, OFFICIAL COVER, CENTRAL COVER STAFFFORM 1551 USE PREVIOUS EDITION  
12-70

SECRET

(13-20-63)

VIA AIR MAIL

DISPATCH NO. 1115A

**SECRET**

CLASSIFICATION

TO Chief, WH Division  
 FROM Chief of Station, Mexico City  
 SUBJECT GENERAL WH Administrative

DATE 15 June 1957

SPECIFIC **Anne Goodpasture**

ACTION REQUESTED: See Para 5.

1. The following is submitted for consideration of C/MH/ADMN and the additional information is considered necessary.

2. On 25 May 1957 the personal automobile owned by subject was hit by a tornado, removing the hood and other parts of the body. The auto was in custody of subject's brother (in the United States) who contacted the Lawton, Oklahoma, claims adjuster for subject's car insurance (the GEICO Government Employees Insurance Company, Washington, D.C.) who authorised complete coverage. Subject was unaware of the accident until repairs had been completed. There were no personal injuries and no newspaper accounts as this loss was insignificant compared to catastrophic flood and tornado damages in the area.

3. On the insurance policy taken out in 1955, Subject's employment was shown as U.S. Government with the N.Y.-D.C. address. The claim to be valid had to show the same. The policy could not be amended to reflect subject's potential unemployment as this type of insurance is available only to U.S. Government employees.

4. Subject brought his automobile into service on 1 June 1957 and is advising the GEICO that he expects to be in service indefinitely and desires that his U.S. insurance be cancelled with receipt of the letter (probably about 10 June 1957.)

5. If queried by GEICO, it is requested that we acknowledge subject's E-PARM employment to cover the period of the accident.

RBR  
 3 June 57.  
 Distribution:  
 3-Hqtrs  
 2-Files

**THIS INFORMATION IS UNCLASSIFIED**  
**ON TOP OF FILE**

**SECRET**

CLASSIFICATION

W-1-28A

**SECRET**  
(When Filled In)

RCS: 5 JULY 73

NOTIFICATION OF PERSONNEL ACTION														
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)												
057303		GOOPASTURE ANN L.												
3. NATURE OF PERSONNEL ACTION		RETIREMENT / DISABILITY		EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM ESL				MO DA 06 30 73		REGULAR								
6. FUNDS		V TO V		V TO CF		7. FINANCIAL ANALYSIS		No Chargeable						
		CF TO V		CF TO CF		8. CSC OR OTHER LEGAL AUTHORITY		3227 0163 0000 PL 88-643 SECT. 231						
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION								
DOC/CIA STAFF DEVELOPMENT COMPLEMENT						WASH., D.C.								
11. POSITION TITLE						12. POSITION NUMBER								
OPS OFFICER						9997								
14. CLASSIFICATION SCHEDULE (GS, LS, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP								
GS			0136.01			13 7								
18. REMARKS														
 GOOPASTURE ANN L. 013914 1918 7/10/14 JULY 69														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF														
19. ACTION CODE	20. Employ Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Hdqrs Code	25. DATE OF BIR							
45	40	Numeric	Alphabetic			MO DA	11 28							
28. MTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. Correction / Cancellation								
MO DA YR		1-LSC 2-CIA 3-FICA 4-NONE	CODE		G-IE(GOO)	Type	MO. DA							
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG COMP DATE		38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO						
CODE		MO DA YR	MO DA YR		SAR BSV PROV. TEMP	CODE	CODE	O-WAIVER	HEALTH INS CODE					
1 YES 2 YES 3 NO							1 YES 2 YES							
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE						42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE							FORM EXECUTED	CODE	NO TAX EXEMPTIONS		FORM EXECUTED	CODE	NO TAX EXEMPT	STATE CODE
0 NO PREVIOUS SERVICE 1- NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3-BREAK IN SERVICE (MORE THAN 3 YRS)							1 YES 2 NO				1 YES 2 NO			
SIGNATURE OR OTHER AUTHENTICATION														
 1-6-73 MM														

1150  
Mfg. 11-71

Use Previous Edition

**SECRET****DMS**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

14-51

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER  
11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL / ORGN. FUNDS GR-STEP	NEW SALARY
GOODPASTURE ANN L	057303 31 997 V GS 13 7	\$23,642

SECRET

(When Filled In).

DML: 24 OCT 72

## NOTIFICATION OF PERSONNEL ACTION

OCF

1 SERIAL NUMBER	2 NAME (LAST-FIRST MIDDLE)							
057303	GOODFASTURE ANTHONY L.							
3. NATURE OF PERSONNEL ACTION EXTENDED SICK LEAVE DISABILITY RETIREMENT								
6 FUNDS	V TO V CF TO V	V TO CF CF TO CF						
7. Financial Analysis No Chargeable								
8 CSC OR OTHER LEGAL AUTHORITY 3227 0163 0000 50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS DDP/CI STAFF DEVELOPMENT COMPLEMENT								
10 LOCATION OF OFFICIAL STATION WASH., D.C.								
11 POSITION TITLE OPS OFFICER								
12 POSITION NUMBER 9897								
13 SERVICE DESIGNATION D								
14 CLASSIFICATION SCHEDULE (GS, LS, etc) GS		15 OCCUPATIONAL SERIES 0136.01						
16 GRADE AND STEP 13 7		17 SALARY OR RATE 22457						
18 REMARKS OTHER								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20 Employ Code	21. OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE	23 INTEGREF CODE	24 Hdrqrs Code	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
31	40	31897 CI	75013			11 28 18		
28 HIRE EXPIRES MO DA YR 10 23 73		29 SPECIAL REFERENCE 1 CSC 2 CIA 3 FICA 5 NONE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE	32 Correction / Cancellation Data TYPE	MO DA YR	33 SECURITY REQ. NO. 34. SEX	
					EOD DATA			
35 VET PREFERENCE CODE 0-NONE 1 5 PT. 2-10 PT		36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CAR BESV PROV TEMP	39 FEGLI / HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO HEALTH INS CODE		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 yrs) 3 BREAK IN SERVICE (MORE THAN 3 yrs)			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44 STATE TAX DATA FORM EXECUTED 1-YES 2 NO	CODE NO TAN EXEMPT STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION  MR. MILK								
POSTED MILK 11-23-72								

FORM 5-66 1150 Use Previous Edition  
Mfg 11-71

SECRET

EXCLUDED FROM AUTOMATIC  
DECLASSIFICATION AND  
DECLASSIFICATION

(When Filled In)

SECRET

(When Filled In)

H: 28 JUL 72

NOTIFICATION OF PERSONNEL ACTION												
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE) <b>057303. GOODPASTURE ANN L</b>										
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS</b>				4 EFFECTIVE DATE <b>07 23 72</b>		5 CATEGORY OF ENLISTMENT <b>REGULAR</b>						
6 FUNDS ➡ <b>X CFT TO V</b>		7 V TO CP <b>CFT TO CP</b>		7 Financial Analysis No Chargeable		8 CSC OR OTHER LEGAL AUTHORITY <b>3227 0183 0000 50 USC 403 J</b>						
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/CI STAFF DEVELOPMENT COMPLEMENT</b>		10 LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>										
11 POSITION TITLE <b>OPS OFFICER</b>		12 POSITION NUMBER <b>9997</b>		13 SERVICE DESIGNATION <b>D</b>								
14 CLASSIFICATION SCHEDULE GS-18 etc. <b>GS</b>		15 OCCUPATIONAL SERIES <b>0138.01</b>		16 GRADE AND STEP <b>13 7</b>		17. SALARY OR RATE <b>22487</b>						
18 REMARKS <b>OTHER W2 INFO: CIA</b>												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE <b>16 18</b>	20 EMPLOY. CODE <b>31997</b>	21 OFFICE CODING <b>01</b>	22 STATION CODE <b>75013</b>	23 INTEGREE CODE <b>1</b>	24 MEDIUM CODE <b>11 28 18</b>	25 DATE OF BIRTH <b>00 04 78</b>	26 DATE OF GRADE <b>00 00 78</b>	27 DATE OF LES <b>00 00 78</b>				
28 INTE EXPRIES <b>MO DA 78</b>		29 SPECIAL REFERENCE <b>1 CSC 2 CIA 3 NCIA 4 NCIS</b>	30 RETIREMENT DATA <b>COD</b>	31 SEPARATION DATA CODE <b>TYPE</b>	32 Correction/Cancelation Data <b>CODE</b>	33 SECURITY REQ NO <b>EOD DATA ➡</b>	34 SEX <b>M</b>					
35 VET. PREFERENCE <b>CODE 0 NONE 1 SEP 2 12M</b>		36 SERV. COMP. DATE <b>MO DA 78</b>	37 LONG. COMP. DATE <b>MO DA 78</b>	38 CAREER CATEGORY <b>1 SA 2 SV 3 TEMP</b>	39 FED. / HEALTH INSURANCE <b>CODE 1 MAJOR 2 MINOR</b>	40 SOCIAL SECURITY NO <b>HEALTH NO 0000</b>						
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE <b>CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 2 yrs 3 BREAK IN SERVICE MORE THAN 2 yrs</b>			42 LEAVE CAT. CODE <b>1</b>	43 FEDERAL TAX DATA <b>CODE 1 YES 2 NO</b>	44 STATE TAX DATA <b>CODE 1 YES 2 NO</b>							
SIGNATURE OR OTHER AUTHENTICATION <b>POSTED MLH 67-28-72</b>												

FORM  
500 1150  
Mfg 6-72Use Previous  
Edition

SECRET

GROUP I  
Enclasse from automated  
storage, coding and  
dissemination

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND  
EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL ORGN. FUNDS GR-STEP	NEW SALARY
GOODPASTURE ANN L	057303 31 400 CF GS 13 7	\$22,487

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND  
EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL ORGN. FUNDS GR-STEP	NEW SALARY
GOODPASTURE ANN L	057303 31400 CF GS 13 7	\$21,313

I.52

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. PAYROLL	5. LWOP HOURS					
297303	GRUPPASTURE ANN	51 997	CE						
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION					
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 13	6	819.555	11/03/68	GS 13	7	920.114	11/01/70		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE	DATE								
<i>Paul E. Chest</i>	9/16/70								
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLEPKS INITIALS	00	00	0000	0	0000	0000	0	AUDITED BY	01/11/91
7-60 560 E. Use previous editions	PAY CHANGE NOTIFICATION								
(4-31)									

**SECRET**

(When Filled In)

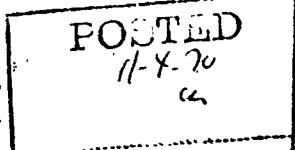
FWD: 3 NOV 70

EX-1A

EX-2B

(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

1 SERIAL NUMBER	2 NAME (LAST FIRST MIDDLE)					
057303	GOODPASTURE ANN L					
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE			
REASSIGNMENT (CORRECTION)			10 18 70			
5 FUNDS 		V TO V	V TO CF			
		CF TO V	X CF TO CF			
6 ORGANIZATIONAL DESIGNATIONS			7 FINANCIAL ANALYSIS NO CHARGEABLE			
DOP/CI STAFF OPERATIONS GROUP WE BRANCH			8 CSC OR OTHER LEGAL AUTHORITY			
			1127 0170 0000			
			50 USC 403 J			
9 POSITION TITLE			10 LOCATION OF OFFICIAL STATION			
OPS OFFICER			WASH., D.C.			
11 POSITION NUMBER		12 POSITION NUMBER	13 SERVICE DESIGNATION			
0073			D			
14 CLASSIFICATION SCHEDULE (GS 18-18)		15 OCCUPATIONAL SERIES	16 GRADE AND STEP			
GS		0136.01	13 6			
			17 SALARY OR RATE			
			19555			
18 REMARKS THIS ACTION CORRECTS FORM 1150 EFFECTIVE 10/18/70 AS FOLLOWS: ITEM #6 FUNDS WHICH READ V TO V TO READ CF TO CF. ITEM #7 FAN WHICH READ 1227 0170 0000 TO READ 1127 0170 0000.						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19 ACTION CODE	20 EMPLOYEE CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGRITY CODE	24 HOURS CODE	25 DATE OF BIRTH
		NUMBER ALPHABETIC			MO DA YR	MO DA YR
					11 28 18	MO DA YR
26 VTE EXPIRES	27 SPECIAL REFERENCE	28 RETIREMENT DATA	29 SEPARATION DATA CODE	30 Correction / Cancellation Data		
MO DA YR		CCOE		MM	MO DA YR	33 SECURITY REQ NO
		1 EOC 2 CCA 3 PCC 4 NONE				34 SEE
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG. COMP DATE	38 CAREER CATEGORY	39 FECH - HEALTH INSURANCE	40 SOCIAL SECURITY NO	
CODE	MO DA YR	MO DA YR	CAB ESSV COCE	CODE 0 WALTER 1 YES	HEALTH INS COCE	
	1 3 mos 2 6 mos 3 12 mos		PROV 1EMP			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE	42 LEAVE CAT CODE	43 FEDERAL TAX DATA	44 STATE TAX DATA			
CODE	0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 mos) 3 BREAK IN SERVICE (MORE THAN 3 mos)	FORM EXECUTED 1 YES 2 NO	NO TAX EXEMPTIONS	FORM EXECUTED 1 YES 2 NO	CODE	NO TAX EXEMPT STATE CODE
SIGNATURE OR OTHER AUTHENTICATION						
						

FORM 500 1150  
MFG 6-70

Use Previous Edition

**SECRET** BSJExcluded from automatic  
downgrading and  
declassification

(When Filled In)

14-51

SECRET

(When Filed/In)

FVD: 27 OCT 70

OCF		NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER	2 NAME (LAST FIRST MIDDLE)												
057303	GOODPASTURE ANN L												
3 NATURE OF PERSONNEL ACTION		4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT									
REASSIGNMENT		MO DA		REGULAR									
10 18 70													
FUNDING		X	V TO V		V TO CF	7 Financial Analyst No Chargeable						8 CSC OR OTHER LEGAL AUTHORITY	
			CF TO V		CF TO CF	1227 0170 0000						50 USC 403 J	
9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION											
DDP/C1 STAFF OPERATIONS GROUP WE BRANCH		WASH., D.C.											
11 POSITION TITLE		12 POSITION NUMBER		13 SERVICE DESIGNATION									
OPS OFFICER		0073		D									
14 CLASSIFICATION SCHEDULE (GS, GS-14)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE							
GS		0136.01		13 6		19555							
18 REMARKS													
HOME BASE: WH													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE	20 EMPLOYEE CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGEE CODE	24 MASTERS CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF RET				
37	10	31400 C1		75013	1	MO DA	18	MO DA	18				
28 NITE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 Correction / Cancellation Data		33 SECURITY REG NO	34 SEX			
MO DA YR				CIV USA FCA NONE		TYPE	MO DA	18					
EOD DATA													
35 VET PREFERENCE		36 SERV. COMP. DATE		37 LONG. COMP. DATE		38 CAREER CATEGORY	39 FEULY / HEALTH INSURANCE		40 SOCIAL SECURITY NO				
CODE		MO DA 18		MO DA 18		CAR RESV CODE	CODE	O WORKER 1 YES	HEALTH INS CODE				
0 NO 1 3 PT 2 10 PT						PROV TEMP							
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA							
CODE		0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 yrs. 3 BREAK IN SERVICE MORE THAN 3 yrs.		1 YES 2 NO		NO TAXEXEMPTIONS		1 YES 2 NO		CODE	NO TAXEXEMPT 1 YES 2 NO		
SIGNATURE OR OTHER AUTHENTICATION													
FROM: WH													
POSTED 10-27-70 by													

FORM 566 1150 Mfg 6-70

Use Previous Edition

SECRET

DMB

Excluded from automatic download and distribution  
(When Filed/In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND  
EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL ORGN, FUNDS GR-STEP	NEW SALARY
GOODPASTURE ANN L	057303 31 997 CF GS-13 5	\$19,555

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	GRDN.	FUNDS	GR-STEP	NEW SALARY
GEOGPASTURE ANN L	057303	51	957	CF 06 13 6	\$18,447

SF: 2 DEC 68

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
057303		GOODPASTURE ANN L		NO	DA	YE	REGULAR	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				12. 01 68		7. FINANCIAL ANALYSIS NO CHARGEABLE		
6. FUNDS ➡		V TO V	V TO CF	8. CSC OR OTHER LEGAL AUTHORITY				
		CF TO V	X CF TO CF	9135 0623 0000		50 UGC 403 J		
9. ORGANIZATIONAL DESIGNATIONS  DDP WH DEVELOPMENT COMPLEMENT				10. LOCATION OF OFFICIAL STATION  WASH., D.C.				
11. POSITION TITLE  OPS OFFICER				12. POSITION NUMBER  9997		13. SERVICE DESIGNATION  D		
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)  GS		15. OCCUPATIONAL SERIES  0136.01		16. GRADE AND STEP  13 6		17. SALARY OR RATE  16809		
18. REMARKS OTHER								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 37	20. EMPLOY CODE 18	21. OFFICE CODING 51997	22. STATION CODE WH	23. INTEGEE CODE 75013	24. HGT/WS 1	25. DATE OF BIRTH 11 28 18	26. DATE OF GRADE MO DA YE	27. DATE OF LEI MO DA YE
28. NTE EXPIRES NO DA YE	29. SPECIAL REFERENCE 1 CSC 2 GA 3 WPA	30. RETIREMENT DATA CGO	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA EOD DATA ➡			33. SECURITY REQ. NO 34. SEX	
35. VET. PREFERENCE CODE 1 - NONE 1 - 5 yrs 2 - 10 yrs	36. SEPV. COMP. DATE NO DA YE	37. LONG COMP. DATE NO DA YE	38. CAREER CATEGORY CAR BSV CGO MON TEMP	39. FEGLI. HEALTH INSURANCE CGO D. WAIVER 1 YES 2 NO	40. SOCIAL SECURITY TWO HEALTH INS CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs.) 3 - BREAK IN SERVICE (MORE THAN 3 yrs.)	42. LEAVE CAT CODE 1 - NO 2 - NO	43. FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO	44. STATE TAX DATA FORM EXECUTED 1 YES 2 NO	CODE NO TAX EXEMPT STATE CODE				
SIGNATURE OR OTHER AUTHENTICATION ... : . : .								
<b>POSTED</b> PJC								

FORM  
500  
1150  
MAY 10-67Use Previous  
Edition**SECRET**

GROUP I  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

651

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS
057303	GOODPASTURE ANN L	51 620	CF	
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION
Grade	Step	Salary	Last Eff. Date	Grade Step Salary EFFECTIVE DATE
GS 13	9	\$16,329	11/06/66	GS 13 6 \$16,809 11/03/68
CERTIFICATION AND AUTHENTICATION				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.				
SIGNATURE	DATE			
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD <span style="float: right;">S. C. J. P.</span>				
CLERKS INITIALS				
FORM 7-65 560-E Use previous editions	PAY CHANGE NOTIFICATION			(451)

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND  
EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT  
OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
GOODPASTURE ANN L	057303	51 620	CF	GS 13 5	\$15,307	\$16,329

14-00000

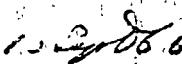
\*PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-266  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
GOODPASTURE ANN L	057303	51 620	CF	GS 13 5	\$14,665	\$15,307

C10411

C46

1. Serial No.	2. Name			3. Cost Center Number			4. LWOP Hours				
057303	GOODPASTURE ANN L			51 620 CF							
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION			
Step	Grade	Step	Salary	Step	Grade	Step	Salary	Effective Date	PSI	ESI	ADI
	GS 13	4	\$14,217	11/08/64	GS 13	5	\$14,805	11/08/66			
3. 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:  DATE 											
PAY CHANGE NOTIFICATION											

FSC 500E MIG 3-65

(45)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF RL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS 3 JULY 1966

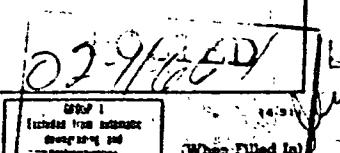
NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
GOODPASTURE ANN L	057303	51-620	CF	GS 13 4	\$13,815	\$14,217

**SECRET**  
(When Filled In)

PUM: - 11 FEB 66

OCF

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)		3. EFFECTIVE DATE		4. CATEGORY OF EMPLOYMENT					
057303		COODRASSTURE ANN L		MO DA YR		REGULAR					
5. NATURE OF PERSONNEL ACTION		6. FUNDS		7. COST CENTER NO./CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		V TO V OF TO V		001-13 GS 6135 0000 0000		SECTION 203 P.L. 89-343					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
DDP/MH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION				MEXICO CITY, MEXICO							
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION					
OPS OFFICER				0418		D					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS		0136.01		13:4		13S15					
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGEE CODE	24. Hqrrn. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEA			
28	10	51620 WH	45075	3	MO DA YR	MO DA YR	MO DA YR	MO DA YR			
29. NTC EXPIRES	30. SPECIAL REFERENCE	31. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	32. SEPARATION DATA CODE CODE	33. CORRECTION/CANCELLATION DATA TYPE	34. SECURITY REG NO.	35. SEX					
		2		MO DA YR							
36. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE 0 - NONE 1 - 9 PT 2 - 10 PT		MO DA YR		MO DA YR		CAR RESV PRIV TEMP		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 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)				FORM EXECUTED 1 - YES 2 - NO		NO TAX EXEMPTIONS				FORM EXECUTED 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
 											

FORM 11-62 1150

Use Previous Edition

SECRET

WDP 1  
Excluded from automatic  
downgrading and  
declassification14-00000  
(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
GOODPASTURE ANN L.	057303	51 620	CF	GS 13 4	\$13,335	\$13,815

SECRET

(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

OCS 05/27/65

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)		
057303	GOODPASTURE ANN L		
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4. EFFECTIVE DATE MO DA 05 31 65	5. CARRIER OF EMPLOYMENT
6. FUNDS →	V 10 V	V 10 O	7. COST CENTER NO CHARGEABLE \$ CSC OR OTHER LEGAL AUTHORITY 5135 0990 0000
8. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH DIVISION</b>		9. LOCATION OF OFFICIAL STATION <b>MEXICO CITY, MEXICO</b>	
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER 0418	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0136,01	16. GRADE AND STEP 13
18. REMARKS			
<span style="border: 1px solid black; padding: 5px; display: inline-block;">POSTED 6-9-65 H</span>			
SIGNATURE OR OTHER AUTHENTICATION			

Form 11509  
163 MFG. 1-63Use Previous  
Edition

SECRET

SF20 P 1  
Replaces Form, automatic  
downgrading and  
declassification

(When Filled In)

13

560 Obsolete Previous Edition

DATE 25/12/86

(4-31)

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1962.

**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE  
AND STEP AS INDICATED IN CHART BELOW.**

**GENERAL SCHEDULE RATES**  
**Federal Employees Salary Act of 1964**

14-00000

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCT  
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 3 JANUARY 1964.

NAME	SERIAL	ORGN FUNDS	GR-ST	OLD SALARY	NEW SALARY
GOODPASTURE ANN L	057303	51 700	CF GS 13 3	\$11,880	\$12,495



**SECRET**  
(When Filled In)

LLG: 9 NOV. 62

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
057303		GOODPASTURE ANN L											
3. NATURE OF PERSONNEL ACTION													
PROMOTION													
4. FUNDS		V TO V		V TO CF		5. EFFECTIVE DATE		6. CATEGORY OF EMPLOYMENT					
			X		DO 11	DA 11	YR 62	REGULAR					
7. COST CENTER NO. CHARGEABLE													
8. CSC OR OTHER LEGAL AUTHORITY													
3135 5700 1000 50 USC 403 J													
9. ORGANIZATIONAL DESIGNATIONS													
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION													
10. LOCATION OF OFFICIAL STATION													
MEXICO CITY, MEXICO													
11. POSITION TITLE													
OPS OFFICER													
12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION											
0852		D											
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
GS		0136.01		13 2		11515							
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Hdgtn. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI				
22	10	NUMERIC	ALPHABETIC	464700	WH	45075	MO 11 DA 28 YR 18	MO 11 DA 11 YR 62	MO 11 DA 11 YR 62				
28. LTC EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SER. REQ NO.		
							TYPE	MO. DA. YR.					
EOD DATA													
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY	39. FEGL / HEALTH INSURANCE		40. SOCIAL SECURITY NO.				
CODE		O - NONE 1 - 8 PT 2 - 10 PT	MO. DA. YR	MO. DA. YR	CAR. RESV. PROV. TEMP	CODE	CODES	O - WAIVER 1 - YES	HEALTH INS CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA							
CODE		O - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX STATE CODE			
		1 - YES 2 - NO			1 - YES 2 - NO			1 - YES 2 - NO					
SIGNATURE OR OTHER AUTHENTICATION													
POSTED <i>11/11/62 JK</i>													

FORM  
4-62

1150

Use Previous  
Edition  
*Clg 11/11/62***SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-31)

(When Filled In)

14-00000

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND  
DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS:  
EFFECTIVE 14 OCTOBER 1952

NAME	SERIAL	ORGN	FUNDS	OLD GRST SALARY	OLD SALARY	NEW GRST SALARY	NEW SALARY
GOODPASTURE ANN L	057333	64700	CF 12 5	\$ 9995	12 5	\$10735	

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours							
057303	GOODPASTURE ANN L	64 700 CF 8								
5. OLD SALARY RATE		6. NEW SALARY RATE								
Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date	PSI	LSD	ADL
GS 12	4	\$ 9,735	03/19/61	GS 12	5	\$ 9,995	09/16/62			
8. Remarks and Authentication										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> EXCESS LWOP <i>M.B 9/11/62</i> <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD										
CLERKS INITIALS      AUDITED BY <i>EJK</i> 										
PAY CHANGE NOTIFICATION										

Form 9-61 560 Obsolete Previous Edition

(4-51)

**SECRET**  
(When Filled In)

1. Serial No.	2. Name			3. Cost Center Number			4. LWOP Hours			
557303	GOODPASTURE, ANN L			DDP/WH 8 UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	Adv.
GS 12	3	\$ 9,475	09/20/59	12	4	\$ 9,735	03/19/61			
8. Remarks and Authentication										
<p style="text-align: center;">✓ NO EXCESS LWOP      ✓ IN PAY STATUS AT END OF WAITING PERIOD      ✓ IN LWOP STATUS AT END OF WAITING PERIOD</p> <p style="text-align: right;">7/1</p>										
PAY CHANGE NOTIFICATION										

Form 7-60 560

Obsolete Previous Edition

**SECRET**

(6-51)

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

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
01	GOODPASTURE ANN L	557303	46 52	GS-12 3	\$ 8,810	\$ 9,475

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED CPGAN	4. FUND	5. ALLOTMENT							
557303	GOODPASTURE ANN L.	DDP/WH	8	UV							
6. OLD SALARY RATE			7. NEW SALARY RATE								
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA	YR.				MO.	DA	YR.
GS 12	2	\$ 8,570 03	23	58		GS 12	3	\$ 8,810 09	20	59	
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE			<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP			9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:											
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO.	DA	YR.	4 J39					
						JF RB 9/3/59					
14. AUTHENTICATION											
 P.M. TEAGUE											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560a  
1 MAR. 58**SECRET**

PERSONNEL FOLDER (4)

S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE

12 JANUARY 1958 AUTHORIZED BY P. L. 85-7462 AND DCI

DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

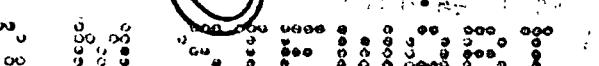
NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
GOODPASTURE ANN L	557303	GS-12-2	\$ 7,785	\$ 8,570

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

S E C R E T

**SECRET**

(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME					3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT			
557303	GOODPASTURE ANN L					DDP/WH	UV				
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE NO. DA. YR.			GRADE	STEP	SALARY	EFFECTIVE DATE NO. DA. YR.		
12	1	\$ 7,570	09	23	56	12	2	\$ 7,785	03	23	58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> EXCESS LWOP IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						9. NUMBER OF HOURS LWOP					
						10. INITIALS OF CLERK					
						11. AUDITED BY					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	NO.	DA.	YR.	4 317420 4705					
14. AUTHENTICATION											
 <b>PERIODIC STEP INCREASE - AUTHENTICATION</b>											

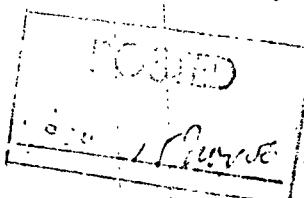
FORM NO. 560a  
1 MAR. 66**SECRET**

PERSONNEL FOLDER (4)

**STANDARD FORM 50 (18 PARTS)**  
FEDERAL PERSONNEL  
REGULATIONS  
U. S. Civil Service Commission  
CHAPTER OF FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

# **NOTIFICATION OF PERSONNEL ACTION**

1. NAME (ONE-GIVEN NAME, INITIALS), AND SURNAME <b>MISS ANN L. GOODPASTURE</b>		2. DATE OF BIRTH <b>28 Nov 1918</b>	3. JOURNAL OR ACTION NO. <b>13 November 56</b>
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (USA STANDARD FORM NO. 70)		6. EFFECTIVE DATE <b>13 Nov 1956</b>	
<b>RECLASSIFICATION</b>		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USC 403 j</b>	
FROM  <b>BB-27-12</b>		TO  <b>BB (PI) BB-571</b>	
08-0136.51-12 \$7370.00 per annum		08-0136.51-12 \$7370.00 per annum	
9. SERVICE, SERIES, GRADE, SALARY  <b>501600</b>		10. ORGANIZATIONAL DESIGNATIONS  <b>DDP/NSA VI Staff</b>	
11. HEADQUARTERS  <b>2</b>		12. FIELD OR DEPT'L  <b>Washington, D. C.</b>	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE			
<input checked="" type="checkbox"/> HOME <input type="checkbox"/> WWII <input type="checkbox"/> OTHER		<input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <small>BILB &amp; OTHER</small>	14. POSITION CLASSIFICATION ACTION  <b>SD-II</b>
15. SEX  <b>F</b>		16. APPROPRIATION  <b>FROM: 7-3300-80 TO: 750-13</b>	
17. SUBJECT TO C. S. RETIREMENT ACT  <b>Yes</b>		18. DATE OF APPOINT- MENT AFFIDAVIT (EXCESSIONS ONLY)  <b>13 NOV 1956</b>	
19. LEGAL RESIDENCE  <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED  <b>STATE:</b>			
20. REMARKS:  <b>3 EOD 09/18/47</b>			
			

**ENTRANCE PERFORMANCE RATINGS:**

**Director of Personnel**

#### **4. PERSONNEL FOLDER COPY**

★ U. S. GOVERNMENT PRINTING OFFICE: 1922-221847

STANDARD FORM 50 (8 PART)  
REV. APRIL 1951  
PROUULISHED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER 61, FEDERAL PERSONNEL RABUL

## CENTRAL INTELLIGENCE AGENCY

## NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MRS. - MRS. - ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE												
MISS ANN L. GOODPASTURE 197303		23 Nov 1918		20 Sep 1956												
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)																
PROMOTION		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY													
30		23 Sep 56	50 USCA 403-j													
8. POSITION TITLE																
BB-28 GS-0136.51-11 \$6605.00 per annum		9. SERVICE SERIES, GRADE, SALARY	10 (VI) BB-27-12 GS-0136.51-12 \$7770.00 per annum													
10. ORGANIZATIONAL DESIGNATIONS																
501600 DDP/RRA VI Staff																
11. HEADQUARTERS																
2 Washington, D. C.																
13. FIELD DEPARTMENTAL		12. FIELD OR DEPT'L	FIELD DEPARTMENTAL													
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION														
NONE WWII OTHER 5-Pt. 10 POINT <input checked="" type="checkbox"/> STAR <input type="checkbox"/> HONOR		NEW	VICE	I.A. REAI												
15. APPROPRIATION SEX FROM: 7-3300-20 TO: 750-13		16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		17. DATE OF APPOINT- MENT AFFIDAVIT (ACCSSIONS ONLY)												
2		Yes		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:												
20. REMARKS: 3 EOD 09/18/47																
<div style="border: 1px solid black; padding: 5px; display: inline-block;">POSTED <i>JMC 25 Sept 56</i></div>																
ENTRANCE PERFORMANCE RATING:																
Director of Personnel <table border="1" style="display: inline-table;"><tr><td>000</td><td>000</td><td>000</td><td>000</td><td>000</td><td>000</td><td>000</td><td>000</td><td>000</td><td>000</td><td>000</td><td>000</td></tr></table>					000	000	000	000	000	000	000	000	000	000	000	000
000	000	000	000	000	000	000	000	000	000	000	000					
4. PERSONNEL FOLDER COPY																
5. SIGNATURE OR OTHER AUTHENTICATION																

S-E-C-R-E-T

Combined Personnel Action

Page 2 of 43 pages

Vouchered to    VoucheredAllotment No. 7-3300-20

Used in lieu of SF-52 and SF-50 to document actions involving the movement of employees into current NEA Division T.O. Positions in accordance with T.O. authorisation No. 972 approved 25 June 1956, and effective 29 July 1956.

<u>Serial No.</u>	<u>Name</u>	<u>Position Number</u>	<u>Occupational Series</u>	<u>Organ. Code</u>	<u>Organizational Title</u>
					FOREIGN INTELLIGENCE STAFF
	Kaiser, Minnie, R.	BE-27	GS-0136.51-13		I.O. FI
	Morgan, D. Kathryn	BE-28	GS-0136.51-09		I.O. FI
	Goodpasture, Ann, L.	BE-28	GS-0136.51-11		I.O. FI
	Parish, Johnny, E.	BE-357	GS-0132.44-07		REPORTS OFFICER
	Steele, Belle, S.F.	BE-329	GS-0301.28-07		Intelligence Assistant
	Carlson, Mabel	BE-29	GS-0322.01-06		Clerk Typist
	Chandler, Dolores, A.	BE-404	GS-0322.01-05		Clerk Typist
	Leidy, Mildred	BE-38911	GS-0322.01-05		Clerk Typist

Approved: James S. Hoff  
NSA Division

Date: 29 July 1956

*James S. Hoff*  
Records & Services Division  
Office of Personnel

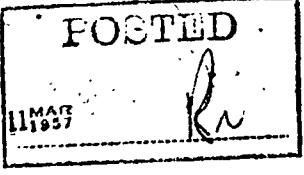
29 July 56  
Date

S-E-C-R-E-T

**STANDARD FORM 50 (18 PART)**  
REV. APRIL 1951  
PRODUCED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER IV, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

## **NOTIFICATION OF PERSONNEL ACTION**

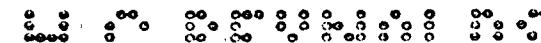
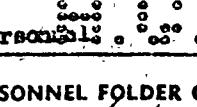
1. NAME (ONE - MAX-805 - ONE GIVEN NAME, INITIAL(S) AND SURNAME)				2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE											
<b>Miss Ann L. Goodpasture 557303</b>				28 Nov 1918	7 MAY 1957												
This is to notify you of the following action affecting your employment:																	
5. NATURE OF ACTION (USE STANDARD TECHNOLOGY)				6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY												
Reassignment 06				BOB 10 May 1957	50 USC 403(j)												
FROM				TO													
IO (PI) BE-571				I. O. (PI) BAF-400													
GS-0136.51-12 \$7570.00 per annum				GS-0136.51-12 \$7570.00 per annum													
DDP/DEA VI Staff				DDP/DEA Branch III Mexico City, Mexico Station													
Washington, D. C.				Mexico City, Mexico													
FIELD <input checked="" type="checkbox"/>		X DEPARTMENTAL		FIELD <input checked="" type="checkbox"/>		DEPARTMENTAL											
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION													
<table border="1"> <tr> <td>NONE</td> <td>WWII</td> <td>OTHER</td> <td>S-PT</td> <td>10 POINT</td> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> <td>DIAAD OTHER</td> </tr> </table>				NONE	WWII	OTHER	S-PT	10 POINT	X				DIAAD OTHER	NEW	VICE	I.A.	REAL
NONE	WWII	OTHER	S-PT	10 POINT													
X				DIAAD OTHER													
15. APPROPRIATION				16. SUBJECT TO C. S. RETIREMENT ACT (Y/N) NO			17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)										
FROM: Y W TO: 7-3300-20 450-75 7-3570-55-060				Yea			60/DT <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:										
20. REMARKS:  Subject to approved medical clearance prior to being sent overseas.																	
				3 EOD 09/18/47													
'Transfer TO Unvouchored funds FROM Voucherred funds.'																	
ENTRANCE PERFORMANCE RATING: 																	
Director of Personnel 18 3 																	
4. PERSONNEL FOLDER COPY																	

STANDARD FORM 50 (8 PART)  
REV. APRIL 1951  
PROULGATED BY  
U. S. CIVIL SERVICE COMMISSION,  
CHAPTER III, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

lvi

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIAL(S) AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE					
Miss Ann L. Goodpasture	28 Nov 1918		19 Jun 1956					
This is to notify you of the following action affecting your employment:								
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY						
Reassignment	57	17 Jun 1956	50 USC 403 j					
FROM		TO						
Operations Off. (CE) RR-574-11 GS-0132.51-11 DDP/WE PI Staff Counter Espionage Section	8. POSITION/TITLE  9. SERVICE, SERIES, GRADE, SALARY  10. ORGANIZATIONAL DESIGNATIONS  500130	IO (PI) RR-28  GS-0136.51-11 \$6605.00 per annum  DDP/WE PI Staff Reports & Requirements Section	11. HEADQUARTERS  2  Washington, D. C.					
FIELD	DEPARTMENTAL	12. FIELD OR DEPTL	FIELD					
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION						
NONE	WWII OTHER	5-PT.	10 POINT	NEW	VICE	I. A.	REAL	SD/DI
X								
15. SEX	16. APPROPRIATION FROM: 6-3600-20 TO: 6-3300-20			17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	18. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
2	F	W	6-3600-20	750-13	Yes			
20. REMARKS:  3 EOD								
<p style="text-align: center;">POSTED 21 Jun 56</p>								
ENTRANCE PERFORMANCE RATING: 								
Director of Personnel  SIGNATURE OR OTHER AUTHENTICATION								

4. PERSONNEL FOLDER COPY

7/3/56/56

U. S. GOVERNMENT PRINTING OFFICE: 1955 - 550000

## PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL  
(Not to be filed in)

U. S. GOVERNMENT PRINTING OFFICE: 1954-50000

1. Agency and organizational designation:						2. Payroll period	3. Check No.	4. Slip No.		
3. Employee's name (and social security account number when appropriate): <b>GOODPASTURE, Ann L.</b>						5. Grade and salary: <b>G-11 86390.00</b>				
PAYROLL CHANGE DATA										
	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										
10. Remarks: 11. Approver(s): ME 1						12. Prepared by: WMA 11-8-55			13. Audited by:	
<input checked="" type="checkbox"/> Payable step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase						14. Effective date 15. Date last equivalent increase 16. Old salary rate 17. New salary rate 18. Performance rating (if satisfactory or better) EXCELLENT SATISFACTION			(Signature or other authentication)	
19. LWOP data (fill in appropriate spaces covering LWOP during following periods): To today <input type="checkbox"/> No excess LWOP. Total excess LWOP:						20. Performance rating (if satisfactory or better) and pay period: EXCELLENT SATISFACTION			Initials of Clerk	

CONFIDENTIAL

PAYROLL CHANGE SLIP — PERSONNEL COPY

STANDARD FORM NO. 1126d—Revised  
Form prescribed by Comp. Gen. U. S.  
October 26, 1954, General Regulation No. 102

STANDARD FORM 50 (8 PART)

REV. APRIL 1951  
PROLULATED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER XI, FEDERAL PERSONNEL MANUAL

## CENTRAL INTELLIGENCE AGENCY

## NOTIFICATION OF PERSONNEL ACTION

dah

1. NAME (MR., MRS., MRS. - GIVE NAME, INITIAL(S), AND SURNAME) <b>Mina Ann L. Goodpasture</b>	2. DATE OF BIRTH <b>28 Nov 1913</b>	3. JOURNAL OR ACTION NO. <b>50 USCA 603</b>	4. DATE <b>21 Oct 1955</b>
5. NATURE OF ACTION (USE STANDARD TERM, IF ANY) <b>Reassignment</b>		6. EFFECTIVE DATE <b>23 Oct 1955</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>TO</b>
FROM  <b>Par-Off. Off. BB-101-11 GS-0136.11-11 \$6390.00 Per Annum  French Branch, FI, PP, BN</b>	8. POSITION TITLE  <b>Operations Off. (CE) BB-574-11 GS-0132.52-11 \$6390.00 Per Annum  DDB/WE FI Staff Counter Espionage Section  Washington, D.C.</b>	9. SERVICE, SERIES, GRADE, SALARY  <b>10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS</b>	
FIELD  <b>DEPARTMENTAL</b>	12. FIELD OR DEPT'L  <b>13. VETERAN'S PREFERENCE  NONE WWII OTHER 5-PT. 10-POINT DISABD OTHER</b>	FIELD  <b>14. POSITION CLASSIFICATION ACTION  NEW VICE I. A. REAL</b>	DEPARTMENTAL  <b>SD/DI</b>
SEX  <b>F H</b>	16. APPROPRIATION  <b>FROM: 6-3600-20 TO: Same</b>	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)  <b>Yes</b>	18. DATE OF APPOINT- MENT AFFIDAVIT (ACCESSIONS ONLY)  <b>19. LEGAL RESIDENCE CLAIMED PROVED STATE:</b>
20. REMARKS:			
ENTRANCE PERFORMANCE RATINGS:  <b>Director of Personnel</b>		21. SIGNATURE OR OTHER AUTHENTICATION	

**STANDARD FORM 50 IS PART**  
**REV. APRIL 1951**  
**PROMULGATED BY**  
**U. S. CIVIL SERVICE COMMISSION**  
**CHARGE OF FEDERAL PERSONNEL MATERIA**

**CENTRAL INTELLIGENCE AGENCY**

# **NOTIFICATION OF PERSONNEL ACTION**

NAME - MR. - MRS. - MS. - ONE GIVEN NAME, INITIALS, AND SURNAME				2 DATE OF BIRTH	3 JOURNAL OR ACTION NO.	4 DATE			
John L. Goodpasture				28 Nov 1918	75 Feb 1955				
This is to notify you of the following action affecting your employment:									
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)				6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY				
Reassignment				B.O.B. 27 Feb 1955	50 USC 403 TO				
FROM									
Area Ops. Off. BAF 387				Paramil. Off. BB 101-11					
GS-0136.01-11 \$5940.00 per annum  DDP/ME India, Pakistan, Afghanistan Br.				GS-0136.11-11 \$5940.00 per annum  DDP/ME French Branch, FT, PP, PM					
New Delhi, India				Washington, D. C.					
FIELD		DEPARTMENTAL		FIELD		DEPARTMENTAL			
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION					
<input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUD <input type="checkbox"/> OTHER <input type="checkbox"/> S.P.T. <input type="checkbox"/> DISAL <input type="checkbox"/> OTHER				<input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REG.					
15. SEX		16. RACE		17. APPROPRIATION			18. SUBJECT TO C. S. RETIREMENT ACT 1962-1963	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Oklahoma
M		W		FROM: TO: 5-3340-55-013			TO: 5-3340-55-013	Feb 1955	
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.									
							<p>"Transfer TO Vouchered funds FRC! Unvouchered funds."</p> <p>EFB 1 Mar 55</p>		
ENTRANCE PERFORMANCE RATING									
Deputy Director of Personnel							DEPARTMENT OF DEFENSE AUTHENTICATION		

#### **4. PERSONNEL FOLDER COPY**

★ U. S. GOVERNMENT PRINTING OFFICE: 1994-315-798

~~SECRET~~12/14/54  
Zom

STANDARD FORM 52 PROT. 14-10000 U. S. GOVERNMENT PRINTING OFFICE: 1954 MILITARY PERSONNEL REASSIGNMENT BASIC CHARTER B		UNVOUCHERED																					
<b>REQUEST FOR PERSONNEL ACTION</b>																							
<b>REQUESTING OFFICE:</b> Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.																							
<b>1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)</b> <b>MISS ANN L. GOODPASTURE</b>		<b>2. DATE OF BIRTH</b> <b>28 Nov. 1918</b>	<b>3. REQUEST NO.</b> <b>21 Nov. 54</b>																				
<b>4. DATE OF REQUEST</b> <b>19 DECEMBER 1954</b>		<b>5. EFFECTIVE DATE A. PROPOSED:</b> <b>7. C. S. OR OTHER LEGAL AUTHORITY</b>																					
<b>6. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) REASSIGNMENT</b>																							
<b>7. POSITION (Specify whether establish, change grade or title, etc.)</b>																							
<b>FROM--</b> <b>Intelligence Officer (FI) BA(P) 8085</b> <b>GS-0136.51-11 \$5940 per annum</b> <b>DDP/WH</b> <b>Project PBSUCCESS</b> <b>Washington, D. C.</b>		<b>8. POSITION/TITLE AND NUMBER</b> <b>B. SERVICE, GRADE, AND SALARY</b> <b>10. ORGANIZATIONAL DESIGNATIONS</b> <b>11. HEADQUARTERS</b> <b>New Delhi, India</b>	<b>TO--</b> <b>Area Ops Off. BRF 387</b> <b>GS-0136.01-11 \$5940 p a</b> <b>DDP/NEA</b> <b>India Pakistan Afghanistan Br.</b>																				
<b>XXOO FIELD</b> <input type="checkbox"/> DEPARTMENTAL		<b>12. FIELD OR DEPARTMENTAL</b> <input checked="" type="checkbox"/> FIELD	<b>13. FIELD</b> <input type="checkbox"/> DEPARTMENTAL																				
<b>14. REMARKS (Use reverse if necessary)</b> <b>Grade of position BRF 387 is GS-12.</b>																							
<b>B. REQUESTED BY (Name and title)</b> <b>Thomas J. HESTER, NEA/ADM/PERSONNEL</b>		<b>D. REQUEST APPROVED BY</b> <b>Signature: Jerome P. Humphries (w/m)</b> <b>Title: FIC/CMO 23 Nov '54</b>																					
<b>C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)</b> <b>Zella Neel X 8571</b>																							
<b>13. VETERAN PREFERENCE</b> <table border="1" style="float: right;"> <tr> <th>NEW</th> <th>VICE</th> <th>I.A.</th> <th>REAL</th> </tr> </table>				NEW	VICE	I.A.	REAL																
NEW	VICE	I.A.	REAL																				
<table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="2">NONE</th> <th rowspan="2">WVII</th> <th rowspan="2">OTHER</th> <th rowspan="2">S.P.T.</th> <th colspan="2">10-POINT</th> <th rowspan="2">SUBJECT TO C. S. RETIREMENT ACT (YES-NO)</th> <th rowspan="2">19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)</th> <th rowspan="2">20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: OKLA.</th> </tr> <tr> <th>DISAB</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>X</td> <td></td> <td></td> <td></td> <td>1</td> <td>Permit Funds Available:</td> <td></td> <td></td> <td>SD: FI</td> </tr> </tbody> </table>				NONE	WVII	OTHER	S.P.T.	10-POINT		SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: OKLA.	DISAB	OTHER	X				1	Permit Funds Available:			SD: FI
NONE	WVII	OTHER	S.P.T.					10-POINT					SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: OKLA.								
				DISAB	OTHER																		
X				1	Permit Funds Available:			SD: FI															
15. RACE	16. APPROPRIATION	17. APPROPRIATION	18. RATING	19. RATING	20. RATING	21. RATING	22. RATING	23. RATING															
SCX	RACE	FRONT:	CHARGE	5-3500-51-081	5-3340-55-013	5-3340-55-013	5-3340-55-013	5-3340-55-013															
F	W	TO:	AMIA FOR HEAVY L.																				
<b>21. STANDARD FORM 51 REMARKS</b> <i>Disseminated 12/10/54 12/13/54 Employed 28 Dec 1954 per Zella Neel NEA 12/14/54 Zom</i>				<b>14. POSITION CLASSIFICATION ACTION</b> <table border="1" style="float: right;"> <tr> <th>NEW</th> <th>VICE</th> <th>I.A.</th> <th>REAL</th> </tr> </table> <b>OFFICE/DIVISION WITHIN CEILING</b> <i>12/10 Date</i> <i>Position Con CIR</i>					NEW	VICE	I.A.	REAL											
NEW	VICE	I.A.	REAL																				
<b>22. CLEARANCES</b> <b>A.</b> <b>B. CEL. OR POS. CONTROL</b> <b>C. CLASSIFICATION</b> <b>D. PLACEMENT OR ENPL.</b> <b>E.</b>				<b>POSTED</b> <i>12/17/54 GJ</i>																			
<b>F. APPROVED BY</b> <i>Donald P. Rose SERBFTO A. Busby</i>																							

STANDARD FORM 52  
MAY 1952 EDITION  
G-2, G-3, G-4, G-5  
ARMED FORCES PERSONNEL  
ARMED FORCES PERSONNEL  
ARMED FORCES PERSONNEL

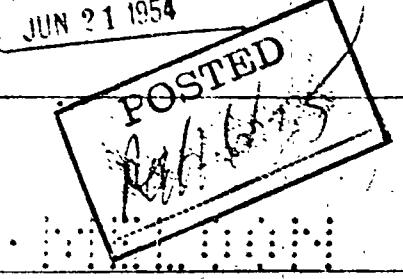
*SECRET**F1000  
6/24/54  
8am*

## CONFIDENTIAL FURNIS

## REQUEST FOR PERSONNEL ACTION

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

1. NAME (Mr - Miss - Mrs - One given name, middle initial and surname).	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST		
Miss Ann L. Goodpasture	28 Nov. 1918		10 June 1954		
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Promotion</b>		6. EFFECTIVE DATE A. PROPOSED	7. C. S. OR OTHER LEGAL AUTHORITY		
B. POSITION (Specify whether established, change grade or title, etc.)		8. APPROVED	<i>July 5/4</i>		
<b>FROM:</b> Intelligence Officer (FI) BA(P)-S03 GS-0136.51-9 \$5435 per annum DDP/AWH Project PBSUCCESS Washington, D.C. <input checked="" type="checkbox"/> REG <input type="checkbox"/> CONFIDENTIAL		<b>TO:</b> Intelligence Officer (FI) BA(P) 8C85 GS-0136.51-11 \$5910 per annum DDP/AWH Project PBSUCCESS Washington, D.C. <input checked="" type="checkbox"/> REG <input type="checkbox"/> CONFIDENTIAL			
A. REMARKS (Use reverse if necessary)					
B. REQUESTED BY (Name and title) <b>P. C. BOWERS, Personnel Officer</b> C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Marion Mazuzan, X-4161		D. REQUEST APPROVED BY <i>Howard J. Preston</i> Signature: <b>Howard J. PRESTON</b> Title: <b>Administrative Officer, PBS</b>			
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION			
NONE <input type="checkbox"/> WNU <input type="checkbox"/> OTHER <input type="checkbox"/> S. PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> DISAB. OTHER		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REG <b>CD-FI</b>			
15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE <b>OKLAHOMA</b>
F	W	FROM: 4-3500-51-081 TO: 4-3500-51-081			
21. STANDARD FORM 50 REMARKS <i>This action also corrects Reassignment notification dated APPROVED BY          4 Dec. 53, to show the correct salary, previously shown as          \$5310.00 per annum.</i>					
DATE: JUN 21 1954					
22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS		
A.					
B. CEIL. OR POS. CONTROL		<i>7/23</i>			
C. CLASSIFICATION					
D. PLACEMENT OR EMPL.	<i>P. Taylor</i>	<i>23 June 54</i>			
E.					
F. APPROVED BY	<i>P. Taylor</i>	<i>7/23</i>			

*SECRET*

16-67259-6

S E C R E T

COMBINED PERSONNEL ACTION  
UNVOUCHERED TO UNVOUCHERED

USED IN LIEU OF SF-52 TO DOCUMENT PERSONNEL ACTIONS INVOLVING THE MOVEMENT OF EMPLOYEES INTO CURRENT T/O POSITIONS AND REFLECT CHANGES IN TITLE AND/OR ADDING SIX DIGIT CLASS SERIES NUMBERS.

DATE OF T/O APPROVAL: 29 April 1954

EFFECTIVE DATE OF ACTION: 23 May 1954

DDP/WH  
PROJECT PBSUCCESS

Name	FROM Title	TO			Code/Grade Pos No.
		Code/Grade Pos No.	Title	Code/Grade Pos No.	
<b>WASHINGTON HEADQUARTERS</b>					
PRESTON, Howard J.	Admin Off.	GS-0301.01-15	BAP-29 Admin Off.	GS-0301.03-15	BAP-8002
DUDLEY, Thomas J.	Fin. Ops. Off.	GS-0510.15-12	BAP-30 Fin. Ops. Off.	GS-0510.15-12	BAP-8003
SHOEMAKER, M. P.	Log. Off.	GS-2010.01-12	BAP-31 Log. Off.	GS-2010.01-12	BAP-8004
BOWERS, Philip C.	Personnel Off.	GS-0201.01-11	BAP-32 Personnel Off.	GS-0201.01-11	BAP-8005
BERTRAND, Eileen A.	Dispatch Anal.	GS-0305.12-7	BAP-33 Dispatch Anal.	GS-0305.12-7	BAP-8011
STONE, Cynthia H.	Clerk Typist	GS-0322.01-5	BAP-35 Clerk Typist	GS-0322.01-5	BAP-8014
HARRISCH, Cynthia M.	Clerk Steno	GS-0312.01-4	BAP-36 Clerk Steno	GS-0312.01-4	BAP-8015
<b>STATION LINCOLN</b>					
HANEY, Albert R.	Ops Off (Ch,FI)	GS-0132.06-15	BAP-1 Ops Off, PP	GS-0136.31-15	BAP-8016
HOBBING, Enno R.	Ops Off (Dep Ch)(PP)	GS-0136.31-14	BAP-2 Ops Off, PP	GS-0136.31-14	BAP-8018
DOUGHERTY, John S.	Ops Officer	GS-0132.06-13	BAP-3 Intel Off (FI)	GS-0136.51-13	BAP-8019
JACOBSON, Harry G.	Ops Officer	GS-0132.06-13	BAP-4 Intel Off (FI)	GS-0136.51-13	BAP-8020
NOLAN, William F.	Air Ops Off	GS-0136.16-13	BAP-13 Air Ops Off	GS-0136.16-13	BAP-8021
KING, Michael J.	Fiscal Acct	GS-0501.03-11	BAP-11 Fiscal Acct.	GS-0501.03-11	BAP-8022
STEWART, Jack	Intel Off (FI)	GS-0132.06-9	BAP-12 Intel Off (FI)	GS-0136.51-9	BAP-8023
BAUMAN, Jack McV.	Invest. (Con)	GS-1810.12	BAP-18 Security Off.	GS-1810.01-12	BAP-8024
ROCKETT, Alice E.	Reports Off.	GS-0132.44-9	BAP-6 Reports Off.	GS-0132.44-9	BAP-8025
SANCHEZ, Nestor D.	Intel Off (FI)	GS-0132.06-11	BAP-23 Intel Off (FI)	GS-0136.51-11	BAP-8028
STARK, Robert L.	Sec. Ops. Off.	GS-1810.03-10	BAP-24 Security Off	GS-1810.01-10	BAP-8029

S E C R E T

S E C R E T

Page 2

DDP/WH  
PROJECT PBSUCCESS

FROM

TO

Name	Title	Code/Grade	Pos No.	Title	Code/Grade	Pos No.
<b>STATION LINCOLN (Continued)</b>						
Trottin, Carl E.	Intel Asst	GS-0301.27-7	BAP-9	Intel Asst	GS-0301.35-7	BAP-8031
Ebert, Louis V.	Intel Off (FI)	GS-0132.06-7	BAP-10	Intel Off (FI)	GS-0132.51-7	BAP-8032
GOODPASTURE, Ann L.	Intel Off (FI)	GS-0132.06-9	BAP-13	Intel Off (FI)	GS-0132.51-9	BAP-8033
CANN, Ruth E.	Trng Instr (F.L.)	GS-1710.04-9	BAP-25	Trng Instr (F.L.)	GS-1710.04-9	BAP-8034
MIRUS, Lucille V.	Admin Asst	GS-0301.02-7	BAP-19	Admin Asst	GS-0301.02-7	BAP-8037
EGENNAH, Raymond J.	Admin Asst	GS-0301.02-7	BAP-46	Admin Asst	GS-0301.02-7	BAP-8038
MORRIS, Dorothy J.	Secretary	GS-0318.03-7	BAP-27	Secretary	GS-0318.03-7	BAP-8039
HAGGARD, Peggy M.	Secretary (Gen)	GS-0318.03-7	BAP-14	Secretary	GS-0318.03-7	BAP-8040
OYLER, Mary C.	Secretary (Gen)	GS-0318.03-4	BAP-16	Secretary	GS-0318.03-4	BAP-8041
WEBER, Lydia F.	Secretary (Gen)	GS-0318.03-6	BAP-15	Secretary	GS-0318.03-6	BAP-8042
KEIRSTEAD, Rosemary J.	Secretary (Gen)	GS-0318.03-4	BAP-21	Secretary	GS-0318.03-4	BAP-8043
BROWNIE, Muriel F.	Secretary	GS-0318.03-4	BAP-22	Secretary	GS-0318.03-4	BAP-8045
LOVELL, Nancy J.	Secretary (Gen)	GS-0318.03-4	BAP-12	Secretary	GS-0318.03-4	BAP-8046
CONNELLY, Jean	Secretary (Gen)	GS-0318.03-4	BAP-20	Secretary	GS-0318.03-4	BAP-8047
BEYERS, Barbara C.	Secretary	GS-0318.03-5	BAP-28	Secretary	GS-0318.03-5	BAP-8048
DALRYMPLE, Joan	Secretary (Steno)	GS-0318.01-5	BAP-49	Secretary (Steno)	GS-0318.01-5	BAP-8049
ADAMES, Hilda	Clerk Typist (Sp)	GS-0322.01-4	BAP-45	Clerk Typist	GS-0322.01-4	BAP-8051
KUNZ, Laurean M.	Secretary (Typ)	GS-0318.02-4	BAP-47	Secretary (Typ)	GS-0318.02-4	BAP-8052
HENNESSEY, Geraldine C.	Clerk Steno	GS-0312.01-4	BAP-50	Clerk Steno	GS-0312.01-4	BAP-8053

FJHOPEFUL

STILLER, Thomas L.	Supply Off	M.Sgt	BAP-53	Supply Off.	M/Sgt	BAP-8056
SANDY, James H.	Med Tech (Gen)	GS-0645.01-9	BAP-55	Med Tech (Gen)	GS-0645.01-9	BAP-8058
KENNEY, Edward T.	Supply Clerk	GS-2010.5	S-71	Supply Asst	GS-2001.01-5	BAP-8059
WASHINKO, John	Admin Asst	GS-7	S-59	Admin Asst	GS-0301.02-7	BAP-8060

APPROVED BY:

S E C R E T

GOVERNMENT PRINTING OFFICE, 1893. 237374.

1. Agency and organizational designation		2. Pay period		3. Date of birth		4. Step No.			
						UV			
5. Employee's name (and social security account number when appropriate)				6. Grade and salary					
GOODPASTER, ANN T.				GS-3 \$5310					
PAY-ROLL CHANGE DATA									
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.	NET PAY
7. Previous normal									
8. New normal									
9. Pay this period									
10. Remarks				11. Appropriation(s)		12. Prepared by			
				DDF/WII 8		MK 27 Nov. 58			
								13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase		<input type="checkbox"/> Pay adjustment		<input type="checkbox"/> Other step-increase		O O			
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.					
31 Jan 54	1 Feb. 58	\$5310	\$5310						
(Check applicable box in case of excess LWOP) Kew								(Signature or other authentication)	
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s):									
<input type="checkbox"/> No excess LWOP. Total excess LWOP _____									

2-14-54  
48

<small>STANDARD FORM 52 FEBRUARY 1952 U. S. GOVERNMENT PRINTING OFFICE SALARY AND PAYMENT FORMS REGULAR CHAPTER II</small>				UNVOCERED	
<b>REQUEST FOR PERSONNEL ACTION</b>					
<b>REQUESTING OFFICE:</b> Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.					
1. NAME (Mr.—Miss—Mrs.—One given name, initials, and surname)		2. DATE OF BIRTH		3. REQUEST NO.	
Miss Ann L. GOODPASTURE		28 Nov. 1910		4. DATE OF REQUEST	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. POSITION (Specify whether establish, change grade or title, etc.)		7. EFFECTIVE DATE A. PROPOSED:	
Reassignment				8. APPROVED: FEB 14 1954	
FROM— INTEL OFCR, BA-182 GS-132-9, \$5310.00 p.a. DDP/WH <u>TIL</u> Monterrey, Mexico		8. POSITION TITLE AND NUMBER B. SERVICE, GRADE, AND SALARY C. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS		TO— INTEL OFFICER (FI) -13 GS-0132-06-9, \$5310.00 p.a. DDP/WH PROJECT PBSUCCESS <u>unclassified</u> Presently at hqtrs.	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
<b>A. REMARKS (Use reverse if necessary)</b> Slot #13 <i>Established &amp; in place by per separation 15 days.</i> Presently at hqtrs.					
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> S.P.T. <input type="checkbox"/> 10 POINT <input checked="" type="checkbox"/> DISAB. <input type="checkbox"/> OTHER			14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL CD: FI		
15. SEX <input checked="" type="checkbox"/> M	16. RACE <input checked="" type="checkbox"/> W	17. APPROPRIATION FROM: 4-3570-55-060 TO: 4-3500-51-081		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINT- MENT AFFIDAVIT (ACCESSIONS ONLY)
20. LEGAL RESIDENCE STATE:		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED			
<b>21. STANDARD FORM 50 REMARKS</b> <i>Approved 3 Feb. 1954</i> <i>50-13500</i> <i>FOS-BJ</i> <i>URU 2/19/54</i>					
22. CLEARANCES		INITIAL OR SIGNATURE	DATE	REMARKS	
A.					
B. CEIL. OR POS. CONTROL					
C. CLASSIFICATION					
D. PLACEMENT OR EMPL.					
E.					
<b>F. APPROVED BY</b> <i>Attn: on Schaefer</i> <i>OK complete file</i>					

**SECRET**

STANDARD FORM 52  
PROVING LETTER BY THE  
U. S. CIVIL SERVICE COMMISSIONER  
JANUARY 1948 - FEDERAL PERSONNEL  
REGULATIONS CHAPTER IV

**REQUEST FOR PERSONNEL ACTION** *Initials* **UNCOUCHED***12/17/53  
gg*

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

1. NAME (Mr., Miss, Mrs. — One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Miss Ann L GOODPASTURE	28 Nov. 1918		30 Nov. 53
5. NATURE OF ACTION REQUESTED.		6. EFFECTIVE DATE A. PROPOSED: cob 12 Oct 53	
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  Conversion from FSS Status		7. C. S. OR OTHER LEGAL AUTHORITY IT	
B. POSITION (Specify whether establish, change grade or title, etc.)		8. APPROVED: <i>Cast 13 Oct 53</i>	
<b>FROM—</b> Administrative Assistant, FSS-9 <i>Intell Officer BA-182</i> FSS-9 \$4470.00 65-132-7 13310.00 DDP/MH <i>11</i> Monterrey, Mexico		<b>TO—</b> INTELL OFFICER BA-182 GS-132-9 \$5310.00 DDP/MH <i>11</i> Monterrey, Mexico	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
12. FIELD OR DEPARTMENTAL			

## A. REMARKS (Use reverse if necessary)

BA-182

#Resigned from State in field.

## B. REQUESTER (Name and title)

*M. G. Weston* C/MR

(For additional information call (Name and telephone extension))

V. G. Lynch X157

## D. REQUEST APPROVED BY

*Davis B. Powell*

Signature:

Title: F/1/C/MO:

## 13. VETERAN PREFERENCE

NONE	WWII	OTHER	S-P.T.	10-POINT	
				DISAB.	OTHER
X					

## 14. POSITION CLASSIFICATION ACTION

NEW	VICE	I.A.	REAL
			CD-FI

## 15. SEX RACE

16. APPROPRIATION  
FROM: 3592-600-0004-3570-55-060  
TO: 3522-00-000

Same

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

STATE: TOS-143

## 21. STANDARD FORM 50 REMARKS

*Cast 13 Oct 53*

## 22. CLEARANCES

## INITIAL OR SIGNATURE

## DATE

## REMARKS:

A. *ak file*

B. CEIL. OR POS CONTROL

C. CLASSIFICATION

D. PLACEMENT OR EMPL

E.

## F. APPROVED BY

Security Information

**SECRET SECURITY INFORMATION UNVOUCHERED**

**REQUEST FOR PERSONNEL ACTION**

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

1. NAME (Mr. - Mrs. - Miss - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Miss Ann L. Goodpasture	28 Nov 1918		7 Mar 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  Reassignment		6. EFFECTIVE DATE A. PROPOSED:  29 Mar 53	7. C.S. OR OTHER LEGAL AUTHORITY:  29 Mar 53
B. POSITION (Specify whether establish, change grade or title; etc.)		B. APPROVED:  29 Mar 53	
FROM— (Adm Assistant) Intell Ofcr (Ops) (FSS-9 \$4470.00) GS-9 \$5310.00 000 DDP WH		8. POSITION TITLE AND NUMBER  9. SERVICE, GRADE, AND SALARY  10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS	TO— (Adm Assistant) INTELL OFFICER BA-182 (FSS-9 \$4470.00) GS-132-9 \$5310.00 DD/P WH III Monterrey, Mexico
<input checked="" type="checkbox"/> FIELD	DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD
A. REMARKS (Use reverse if necessary)			
BA-182			
B. REQUESTED BY (Name and Grade)		C. REQUEST APPROVED BY Signature: Edward C. McNamee Title: for F1/100	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)			
V. C. LYNCH X-457			
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
HOME WWII OTHER S-PT. 10 POINT DISAB OTHER		NEW VICE I.A. REAL	
15. SEX	16. RACE	17. APPROPRIATION FROM: TO: 3532-00-000	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)
			19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
			20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
21. STANDARD FORM 50 REMARKS			
22. CLEARANCES		INITIAL OR SIGNATURE	DATE
A.			REMARKS:
B. CEIL. OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			
F. APPROVED BY 3-17-53 J.M. Gress			

POSTED  
M/12 Mar

★ U. S. GOVERNMENT PRINTING OFFICE: 1948-603489

1. Agency and organizational designations		2. Pay roll No.		3. Block No.		4. Ship No.					
		7		17		17					
5. Employee's name (and social security account number when appropriate)		6. Grade and salary									
JOHN D. STONE, Ann L.		GS - 9 \$5185									
PAY-ROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	REV.	TAX	BOND	F.I.C.A.			NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks					17/1				14		12. Prepared by on 1/28/53
						VR				13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase		<input type="checkbox"/> Pay adjustment		<input type="checkbox"/> Other step-increase							
14. Effective date		15. Date last equivalent increase		16. Old salary rate		17. New salary rate		18. Performance rating is satisfactory or better.			
1 Jan 53		3 Feb 52		\$5185		\$5310				(Signature or other authentication)	
19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s)) <input type="checkbox"/> No excess LWOP    Total excess LWOP <input type="checkbox"/> In pay status at end of working period.											
Initials of Clerk											
STANDARD FORM NO. 1126-Revised Form prescribed by Comp. Gen., U.S. Nov. 8, 1950, General Regulations, No. 102											
PAY ROLL CHANGE SLIP PERSONNEL CCRV-1950											

Pre

1. Agency and organizational designation <b>CENTRAL INTELLIGENCE AGENCY</b>		2. Pay rate period	3. Block No.	4. Slip No.					
5. Employee's name (and social security account number when appropriate) <b>COUPERTHURS, Ann L.</b>		6. Grade and salary <b>GS-8 \$5080.00</b>							
PAY ROLL CHANGE DATA									
	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F.I.C.A.		NET PAY
7. Previous normal									
8. New normal									
9. Pay this period									
10. Remarks <b>Please return to FDC prior to 14 Feb 62</b>					11. Appropriation(s) <b>614 56-24</b>		12. Prepared by <i>[Signature]</i>		
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase 14. Effective date   15. Date last equivalent increase   16. Old salary rate   17. New salary rate   18. Performance rating as satisfactory or below <b>3 Feb 62   4 Feb 61   \$5080.00   \$5135.00</b>					(Check applicable box in case of LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. <i>[Signature]</i> Initials of Clerk				
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods). Period(s): <input type="checkbox"/> No excess (WOP. Total excess LWOP.)									
STANDARD FORM NO. 1176d-Revised <small>Form prescribed by Comp. Gen. U. S. Nov. 8, 1950, General Regulations No. 102</small>									
PAY ROLL CHANGE SLIP—PERSONNEL COPY <i>ar</i>									

16-61111-2e U. S. GOVERNMENT PRINTING OFFICE

SECRET

## CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME Ann L. Goodpasture		DATE 7 June 1951
NATURE OF ACTION Integration		EFFECTIVE DATE 8 June 1951
FROM	TO	
TITLE Intelligence Officer GS-9	Administrative Assistant FSS-9	
GRADE AND SALARY GS-9 \$4600.00	FSS-9 \$4470.00 *	
OFFICE OSO	OSO	
DIVISION SNT	FDT	
BRANCH		
OFFICIAL STATION Monterrey	Monterrey	
APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER	
<i>A. C. Glavin 6/16/51</i>		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED PURSUANT TO DCI DIRECTIVE ENTERED ON DUTY DATE 21 OCT 1951 SALARY ADJUSTED TO \$ <u>5060</u>		
(SIGNATURE OF AUTHENTICATING OFFICER)		
REMARKS:  * Subject integrated into the Department of State as FSS-9, with a salary of \$4470.00. Subject is to be paid the difference between CIA salary of \$4600.00 and salary of \$4470.00 to be paid by the Department of State and allowances in accordance therewith.  Subject is due a lump sum payment for annual leave to be paid up to 7 June 1951.		
POSTED <i>pw m Chase</i>		<i>CW</i> CURL IN FAIRFILE FILES CONFIDENTIAL FUNDS BRANCH

SECRET

## CONFIDENTIAL FUNDS PERSONNEL ACTION

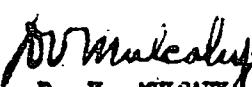
NAME GO. DPMAS N. E., Ann L.		DATE 23 April 1951
NATURE OF ACTION Appointment		EFFECTIVE DATE 27 May 1951
TITLE	FROM Intelligence officer (S-2)	TO Intelligence officer (S-2) Long
GRADE AND SALARY	S-2 \$1600.00	
OFFICE	OSO	
DIVISION	INT	
BRANCH		
OFFICIAL STATION	Monterrey	
APPROVAL		
QUALIFICATIONS <i>Han Dunes</i> CLASSIFICATION <i>1 May 51 F-594</i>	FOR ASSISTANT DIRECTOR <i>C. O. Dlynn</i> PERSONNEL OFFICER	EXECUTIVE <i>3532 C-3</i>
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON <i>22 May 1951</i>		
SECURITY CLEARED ON <i>CONFIDENTIAL</i>		
OVERSEAS AGREEMENT SIGNED <i>22 May 1951</i>		
ENTERED ON DUTY <i>27 May 1951</i>		
<i>Helen McLean</i> (SIGNATURE OF AUTHENTICATING OFFICER)		
REMARKS: Slot 2. Please transfer leave from V funds.		

*ff fm  
24 April*

STANDARD FORM 50  
OCTOBER 1949  
PROLIFERATED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER VI. FEDERAL PERSONNEL MANUAL

## CENTRAL INTELLIGENCE AGENCY

## NOTIFICATION OF PERSONNEL ACTION (b1)

1. NAME (MR.-MRS.-MRS.-ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL-ON-ACTION NO.	4. DATE
<b>Mrs. Ann L. Cochrane</b> <i>This is to notify you of the following action affecting your employment:</i>		08 Nov. 1918	6653	27 June 1951
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
<b>Resignation*</b>		and 5/26/51		
FROM  Intelligence Officer (Ops.)  GS-9-130 \$4600.00 per. annum.  080 FDZ/SEA Branch I		G. POSITION/TITLE  H. SERVICE, SERIES, GRADE, SALARY	TO	
		I. ORGANIZATIONAL DESIGNATIONS		
		J. HEADQUARTERS  Washington, D. C.		
FIELD	DEPARTMENTAL	12. FIELD OR DEPTL	FIELD	DEPARTMENTAL
13. VETERAN'S PREFERENCE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> S-P-T <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISABILITY		14. POSITION CLASSIFICATION/ACTION  Bu-41801 CSC-1741 12/19/47		
15. SEX	16. RACE	17. APPROPRIATION FROM: \$15900 TO: 951-160	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINT- MENT OR AFFIDAVITS (ACCESSIONS ONLY)
				20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Oklahoma
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
*To accept other employment.				
END: 5/25/51 LHL: 90 hrs., 5/28/51 thru 2 hrs., 6/13/51 inc 1 holiday 5/30/51				
ENTRANCE EFFICIENCY RATING:				
 <b>D. V. MULCAHY</b> <i>Paragonaut, Pinicola AUTHENTICATION</i>				

4. PERSONNEL FOLDER COPY

★ U. S. GOVERNMENT PRINTING OFFICE: 1949-50-1250

*YR*

STANDARD FORM 50  
5-1-54  
EFFECTIVED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER XI, FEDERAL PERSONNEL REGULS.

## CENTRAL INTELLIGENCE AGENCY

## NOTIFICATION OF PERSONNEL ACTION

1. NAME (FIRL - MI. & L. LAST - GIVE FIRST, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
<b>Miss Ann L. Goodpasture</b>		<b>28 Nov. 1918</b>	<b>44656</b>	<b>3 Feb. 1951</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION: USE STANDARD TERMINOLOGY		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		4 Feb. 1951	Schedule A-6.116(b)	
FROM <b>Intelligence Officer (Ops) GS-7</b>		8. POSITION TITLE <b>Intelligence Officer (Ops) GS-9</b>	TO	
GS-7-132-\$4325.00 per annum Bu. #1803 CSC#1740		9. SERVICE, SERIES, GRADE, SALARY <b>GS-9-130-\$4600.00 per annum</b>		
080 FDZ/SEA Branch I		10. ORGANIZATIONAL DESIGNATIONS <b>080 FDZ/SEA Branch I</b>		
Washington, D. C.		11. HEADQUARTERS <b>Washington, D. C.</b>		
12. FIELD	DEPARTMENTAL	13. FIELD OR DEPTL	FIELD	DEPARTMENTAL
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> OTHERS <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> <b>X</b>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <b>X</b>		
15. SEX <b>F</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: <b>2115900</b> TO: <b>951-100</b>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>	19. DATE OF APPOINT- MENT OF AFFIDAVITS (ACCESSIONS ONLY) <b>12/19/47</b>
20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <b>Oklahoma</b>				
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
22. BY NATURE OF OTHER AUTHENTICATION <i>H. C. Clinkecale</i>				
ENTRANCE EFFICIENCY RATING: <i>71.3</i>				
H. C. CLINKECALE Personnel Branch				
4. PERSONNEL FOLDER COPY				

1. Agency and organizational designations CENTRAL INTELLIGENCE AGENCY		2. Pay period		3. Block No.		4. Slip No.	
				252-206			
5. Employee's name Attn: T. J. ...				6. Grade and salary GS-7 \$1,200.00			
PAY ROLL CHANGE DATA							
7. Previous normal	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	NET PAY
8. New normal							
9. Pay rate period							
10. Remarks: <b>CCO, PDC, SEA DIVISION #1</b>				11. Appropriation(s)		12. Prepared by	
						13. Audited by	
<input type="checkbox"/> Permissible step-increase		<input type="checkbox"/> Pay adjustment:		<input type="checkbox"/> Other step-increase			
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. (a) Effective date of change in pay rate or than if less than 1 month and service add	19. Suspense date		
21 Dec 50	25 Dec 49	\$1,200.00	\$1,325.00		8 Dec 50		
20. LWOP data (Put in appropriate spaces covering LWOP during following periods) Periods:							
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP _____ <small>STANDARD FORM NO. 11264 Form approved by Comp. Gen., U. S. Feb 3, 1944, General Regulations No. 102</small>							
(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. <small>Initials of C.A. 241</small>							
PAY ROLL CHANGE SLIP—PERSONNEL COPY							

STANDARD FORM 50  
OCTOBER 1949  
PROLIFERATED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER VI, FEDERAL PERSONNEL MANUAL

## CENTRAL INTELLIGENCE AGENCY

## NOTIFICATION OF PERSONNEL ACTION

(MRS)

1. NAME (FR. MIDDLE-MRS - USE GIVEN NAME, INITIALS AND SURNAME)				2. DATE OF BIRTH	3. DURATION OF ACTION	4. DATE
<b>Miss Ann L. Goodpasture</b>				26 Nov. 1919	1/18/53	22 Dec. 1950
This is to notify you of the following action affecting your employment:						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)				6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment				24 Dec. 1950	Schedule A-6, 116(b)	
FROM  Reports Officer, GS-7 (Intelligence Officer)  GS-7-130-\$4325.00 per annum Bu. #1489 CSC#1443				8. POSITION TITLE	Intelligence Officer (Ops) GS-7	
TO  080 FDZ/SEA Branch I  Washington, D. C.				9. SERVICE, SERIES, GRADE, SALARY	GS-7-132-\$4325.00 per annum	
				10. ORGANIZATIONAL DESIGNATIONS	080 FDZ/SEA Branch I	
				11. HEADQUARTERS	Washington, D. C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L			<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION		
ONE	WWII	OTHER	S-P-T	10-POINT	NEW	VICE
X					X	I. A. REAL
				Bu. #1803 FEB 17 1951		
15. SLA	16. RACE	17. APPROPRIATION		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINT- MENT OR AFFIDAVITS ACCSSIONS ONLY	20. LEGAL RESIDENCE
F	A	FROM:	213-5000	Yes		CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>
		TO:	952-100			STATE: Oklahoma
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.						
H. C. Clinchscale						
H. C. CLINCHSCALE RECORDED IN PERSONNEL RECORDS						
22. SIGNATURE FOR APPROVAL AND SIGNIFICATION						
ENTRANCE EFFICIENCY RATING: 100						
4. PERSONNEL FOLDER COPY H J W						

STANDARD FORM 80 (8 PARTS)  
MAY 1948  
PROLIFERATED BY  
COMMITTEE ON FEDERAL PERSONNEL POLICY  
U. S. CIVIL SERVICE COMMISSION

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

(Rev) 130

1. NAME (MR., MRS., OR MISS, INITIALS, AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL CLASSIFICATION NO.	4. DATE					
Miss Ann L. Goodpasture	28 Nov 1913	#1809	2/13/50					
This is to notify you of the following action affecting your employment.								
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY						
Pay Increase - (Periodic) FROM	12/23/49	CIA Admin. Inst. 20-1 Dated 12/3/49						
Reports Officer, GS-7 (Intelligence Officer)	8. POSITION TITLE	Reports Officer, GS-7 (Intelligence Officer)						
GS-7, \$4075.00 per annum	9. SERVICE, SERIES, GRADE, SALARY	GS-7, \$4200.00 per annum						
OSO COPS - VDZ SEA Division #1	10. ORGANIZATIONAL DESIGNATIONS	OSO COPS - FDZ SEA Division #1						
Washington, D. C.	11. HEADQUARTERS	Washington, D. C.						
FIELD <input checked="" type="checkbox"/>	DEPARTMENTAL <input type="checkbox"/>	FIELD <input type="checkbox"/>	DEPARTMENTAL <input checked="" type="checkbox"/>					
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION						
None <input type="checkbox"/>	Other <input type="checkbox"/>	S-PT. <input type="checkbox"/>	10-POINT <input type="checkbox"/>	NEW <input type="checkbox"/>	VICE <input type="checkbox"/>	I.A. <input type="checkbox"/>	REAL <input type="checkbox"/>	Bu. #1389 CSO 1445 12/10/49
X				X				
15. SEX	16. RACE	17. APPROPRIATION		18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO)		19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Oklahoma
F	W	FROM:	TO:	210500	Yes			
21. REMARKS. THIS ACTION IS SUBJECT TO APPLICABLE LAWS, RULES, AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.								
Last Salary Increase ..... 12/26/48								
Efficiency Rating ..... Excellent Dated ..... 12/20/49								
Complaint Report ..... satisfactory Dated ..... 12/23/49								
ENTRANCE EFFICIENCY RATING:								
ROBERT S. WATTERS Employee Division								
22. SIGNATURE OR OTHER AUTHENTICATION								
ROBERT S. WATTERS								
* U. S. GOVERNMENT PRINTING OFFICE 1-17								

4. PERSONNEL FOLDER COPY

STANDARD FORM 90 (6 PARTS)  
UNITED STATES  
CIVIL SERVICE COMMISSION  
OCTOBER 1966

FORM APPROVED  
BUDGET BUREAU NO. 30-R066.

# CENTRAL INTELLIGENCE AGENCY

## NOTIFICATION OF PERSONNEL ACTION 1ba 130

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Miss Ann L. Goodpasture		28 Nov 1916	526	10-28-69
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Conversion-Class. Act of 1949		10-30-69	Letter - DCI - 10-28-69	
FROM				
Reports Officer P-2 (Intelligence Officer)		8. POSITION TITLE	Reports Officer GS-7 (Intelligence Officer)	
P-2 \$3978.00 per annum		9. SERVICE, GRADE, SALARY	GS-7 \$4075.00 per annum	
OSO COPS SEA DIVISION #1		10. ORGANIZATIONAL DESIGNATIONS	OSO COPS - FDZ SEA DIVISION #1	
Washington, D.C.		11. HEADQUARTERS	Washington, D.C.	
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS				
<i>R. G. Johnson</i>				
Acting Chief, Employees Division				
14. SIGNATURE OR OTHER AUTHENTICATION				
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION	
None	S. P.T.	10 POINT	WWII	WWI OTHER
<input checked="" type="checkbox"/>		DISAB. WIFE WIDOW		
NEW	VICE	I. A.	REAL	
	X			
17. SEX			18. APPROPRIATION	
SEX	RACE	FROM:	2105900	21. DATE OF OATH (ACCESSIONS ONLY)
P	G	TO:	950-108	Yes
20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)			22. LEGAL RESIDENCE	
Yes			Oklahoma	

\* U. S. GOVERNMENT PRINTING OFFICE 1966 12-6666

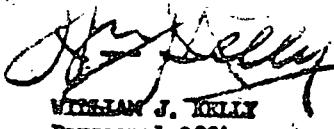
4. PERSONNEL FOLDER COPY

STANDARD FORM 50 (5 PART)  
UNITED STATES  
CIVIL SERVICE COMMISSION  
OCTOBER 1946

FORM APPROVED  
BUDGET BUREAU NO. 30-R046

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION *24 (pl) 130*

1. NAME (MR - MISS - MRS) FIRST MIDDLE INITIAL LAST	2. DATE OF BIRTH	3. JOURNAL OF ACTION NO.	4. DATE					
<b>Miss Ann L. Goodpasture</b>	<b>26 Nov 1918</b>	<b>21 March 1949</b>						
<i>This is to notify you of the following action affecting your employment.</i>								
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY						
<b>Excepted Appointment</b>	<b>21 March 1949</b>	<b>Schedule A-43</b>						
FROM	TO							
		8. POSITION TITLE	P-2					
		<b>Reports Officer (Intelligence Officer)</b>						
		9. SERVICE GRADE SALARY	P-2 \$3978.00 per annum					
		10. ORGANIZATIONAL DESIGNATIONS	<b>CIO COPS - YBZ SEA Division #1</b>					
		11. HEADQUARTERS	<b>Washington, D.C.</b>					
12. FIELD	13. DEPARTMENTAL	14. FIELD	15. DEPARTMENTAL					
16. REMARKS								
<p>Previously employed at \$3978.00 per annum</p> <p>No-Strike Affidavit has been properly executed.</p> <p>This appointment is subject to the satisfactory completion of a trial period of six months.</p>								
 <b>WILLIAM J. KELLY</b> <b>Personnel Officer</b>								
17. VETERAN'S PREFERENCE								
NONE	SPT	18. PLANT		19. APPROPRIATION		20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
		DISAB	WIFE	WIDOW	FROM TO	2199900 999-108	Yes	<b>21 March 1949</b>
17. SEX	18. RACE	19. APPROPRIATION		20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE	
<b>F</b>	<b>W</b>							
14. SIGNATURE OR OTHER AUTHENTICATION								
U. S. GOVERNMENT PRINTING OFFICE 1948 783364								

4. PERSONNEL FOLDER COPY

**SECRET****PERSONNEL ACTION REQUEST  
SPECIAL FUNDS**

NOTE: See Instructions on reverse side.

NAME	GOODPASTURE, Ann L.			DATE	7 February 1949
LEGAL ADDRESS	Oklahoma			MARITAL STATUS	Single
LOCAL ADDRESS				NUMBER OF DEPENDENTS	
TELEPHONE	CITIZENSHIP	USA	SEX	P	AGE 30
NATURE OF ACTION	Resignation			EFFECTIVE DATE	20 March 1949
FROM				TO	
Title	Administrative Assistant				
Grade and Salary	GAF-7 \$3978.00			REF ID: A611001 CONFIDENTIAL - 100% BRANCH SERIALS	
Office - Branch	OSO - FBZ				
Division					
Section					
Official Station	Washington, D.C. (Field)				
ALLOWANCES (Per Annum)					
Quarters					
Cost of Living					
Special Foreign Living					
REMARKS: (May be continued to reverse side) Please transfer accrued leave to vouchered funds.					
APPROVAL					
FIELD				HEADQUARTERS U.S.	
CHIEF OF STATION	DATE			PERSONNEL OFFICER	DATE
SPECIAL FUNDS OFFICER	DATE			BRANCH CHIEF	DATE
	DATE			E. M. JESSELL FOR THE ASSISTANT DIRECTOR	DATE
	DATE			J. E. MILLER CHAIRMAN PERSONNEL REVIEW COMMITTEE	3/10/49
	DATE			SPECIAL FUNDS OFFICER	DATE

**SECRET**

SECRET

## CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME <b>GOODPASTURE, Ann L.</b>				DATE <b>1 April 1949</b>	
RESIDENCE AT TIME OF EMPLOYMENT					
LOCAL ADDRESS					
CITIZENSHIP USA	SEX F	DATE OF BIRTH 28 Nov. 1918	MARITAL STATUS Single	NO. OF DEPENDENTS	DATE OF APPOINTMENT
NATURE OF ACTION <b>Amendment to Periodic Pay Increase</b>				EFFECTIVE DATE <b>26 December 1948</b>	
TITLE		FROM		TO	
GRADE AND SALARY		<b>Administrative Assistant</b>		<b>Administrative Assistant</b>	
CAF-7 \$3852.60				CAF-7 \$3978.00	
OFFICE		<b>OSO - FBZ</b>		<b>OSO - FBZ</b>	
BRANCH					
DIVISION					
OFFICIAL STATION		<b>Washington, D.C. (Field)</b>		<b>Washington, D.C. (Field)</b>	
APPROVAL					
FIELD			HEADQUARTERS		
CHIEF OF STATION			COPY IN PAYROLL FILES FOR THE ASSISTANT CONFIDENTIAL FUNDS BRANCH <i>Amw</i> INITIALS		
			<i>George E. Melon</i>		
PERSONNEL OFFICER					
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>Deputy Personnel Officer</i>		
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____					
SECURITY CLEARED ON _____					
OVERSEAS AGREEMENT SIGNED _____					
ENTERED ON DUTY _____					
POSTED <b>AE 4/27/49</b>					
AUTENTICATED BY <i>(Signature)</i>					
REMARKS <b>Original action amended to reflect the correct effective date.</b>					

~~SECRET~~

**PERSONNEL ACTION REQUEST  
SPECIAL FUNDS**

*B*

NOTE: See Instructions on reverse side.

NAME	Ann L. GOODPASTURE			DATE	7 December 1948	
LEGAL ADDRESS	Oklahoma			MARITAL STATUS	Single	
LOCAL ADDRESS				NUMBER OF DEPENDENTS		
TELEPHONE	CITIZENSHIP	USA	SEX	P	AGE	30
NATURE OF ACTION	Periodic Pay Increase			EFFECTIVE DATE <i>8 Dec 48</i>		

Title	FROM	TO
	Administrative Assistant	
	Grade and Salary	CAF-7 \$3727.20
	Office - Branch	OSO - FBI
	Division	
	Section	
Official Station	Washington, D.C. (Field)	Washington, D.C. (Field)
ALLOWANCES (Per Annum)		
Quarters		
Cost of Living	<i>Arte 2/3/49</i>	
Special Foreign Living		

REMARKS: (May be continued to reverse side)

Subject has received no increase in salary since 14 December 1947 when she received a temporary promotion to a CAF-9, effective only while at her field post. Subject returned from the field on 7 December and was downgraded to CAF-7, \$3727.20. Subject was promoted to CAF-7 on 17 April 1946. I certify that subjects service and conduct have been satisfactory in all respects.

APPROVAL

*Henry W. Hall*

FIELD	HEADQUARTERS U.S.		
CHIEF OF STATION	DATE	<i>H. C. Chidester</i>	DATE
SPECIAL FUNDS OFFICER	DATE	PERSONNEL OFFICER	DATE
	DATE	<i>Robert H. Davis</i>	DATE
	DATE	BRANCH CHIEF FOR THE ASSISTANT DIRECTOR	DATE
	DATE	CHAIRMAN PERSONNEL REVIEW COMMITTEE	DATE
	DATE	<i>Robert H. Davis</i>	DATE
	DATE	SPECIAL FUNDS OFFICER	DATE

~~SECRET~~

SECRET

## CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME <b>GOODPASTURE, Ann L.</b>		DATE <b>1 April 1949</b>	
RESIDENCE AT TIME OF EMPLOYMENT			
LOCAL ADDRESS			
CITIZENSHIP <b>USA</b>	SEX <b>F</b>	DATE OF BIRTH <b>28 Nov. 1918</b>	MARITAL STATUS <b>Single</b>
NATURE OF ACTION <b>Amendment to Transfer and Change to a Lower Grade</b>			EFFECTIVE DATE <b>7 December 1948</b>
TITLE		FROM	TO <b>Administrative Assistant</b>
GRADE AND SALARY		<b>CAF-7 \$3852.60</b>	
OFFICE		<b>OSO - FBZ</b>	
BRANCH			
DIVISION			
OFFICIAL STATION		<b>Washington, D.C. (Field)</b>	
APPROVAL			
FIELD		HEADQUARTERS	
CHIEF OF STATION <i>(Signature)</i> C. M. Wilson		FOR THE ASSISTANT DIRECTOR	
		PERSONNEL OFFICER <i>(Signature)</i> Carol E. Wilson	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
AUTENTICATED BY <i>(Signature)</i>			
REMARKS <b>Original action amended to reflect correct salary.</b>			

**SECRET**

**PERSONNEL ACTION REQUEST  
SPECIAL FUNDS**

*(B)*

NOTE: See Instructions on reverse side.

NAME	Ann L. GOODPASTURE			DATE	7 December 1948	
LEGAL ADDRESS	Oklahoma			MARITAL STATUS	Single	
LOCAL ADDRESS				NUMBER OF DEPENDENTS		
TELEPHONE	CITIZENSHIP	USA	SEX	P	AGE	30
NATURE OF ACTION	Transfer and Downgrade - Change to lower grade					EFFECTIVE DATE 7 December 1948

Title	FROM	TO
	Administrative Assistant	
	CAF-9 \$4479.60	
	OSO - FBZ	
Official Station	Bombay	Washington, D.C. (Field)
ALLOWANCES (Per Annum)		
Quarters		
Cost of Living		
Special Foreign Living		

REMARKS: (May be continued to reverse side)

Subject has completed tour of duty in the field.

*AWB 2/3/49  
JF*

**APPROVAL**

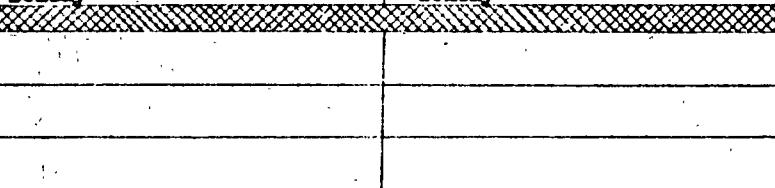
FIELD	HEADQUARTERS U.S.		
CHIEF OF STATION	DATE	<i>J. M. Russell</i>	12/8/48
SPECIAL FUNDS OFFICER	DATE	PERSONNEL OFFICER	DATE
		BRANCH CHIEF	DATE
		FOR THE ASSISTANT DIRECTOR	DATE
		CHAIRMAN PERSONNEL REVIEW COMMITTEE	DATE
		<i>A. H. W. C. -</i>	1/17/48
		SPECIAL FUNDS OFFICER	DATE

**SECRET**

PERSONNEL ACTION REQUEST  
SPECIAL FUNDS

*18*  
*NET*  
*Comm*

NOTE: See instructions on reverse side.

NAME	Anne L. Goodpasture		DATE	23 December 1947
LEGAL ADDRESS	Oklahoma	MARITAL STATUS	Single	
LOCAL ADDRESS			NUMBER OF DEPENDENTS	
TELEPHONE	CITIZENSHIP	SEX	AGE	29
NATURE OF ACTION	Tamp Promotion	EFFECTIVE DATE		14 Dec 47
		FROM	TO	
Title	Administrative Assistant		Administrative Assistant	
Grade and Salary	In accordance with Federal Employees Salary Act of CAF-7 \$3397.20 1948 CAF-9 \$4149.60			
Office - Branch	OSO-FBZ		OSO-FBZ	
Division				
Section				
Official Station	Bombay		Bombay	
ALLOWANCES (Per Annum)				
Quarters				
Cost of Living				
Special Foreign Living				

REMARKS: (May be continued to reverse side)

Subject has had no pay increase since 17 April 1947.  
 See attached justification. This promotion to be effective while on  
 duty in Bombay only. *DG 02/04/51*  
*Adj EOD 09/18/47*  
*LCD 09/14/47*

APPROVAL

FIELD	HEADQUARTERS U.S.	
CHIEF OF STATION	DATE	<i>E. M. Jewell</i> <i>26 Dec 1947</i>
SPECIAL FUNDS OFFICER	DATE	<i>PERSONNEL OFFICES</i> <i>23 DEC 47</i>
	DATE	<i>BRANCH CLIP</i> <i>29 Dec 47</i>
	DATE	<i>FOR THE ASSISTANT DIRECTOR</i> <i>29 Dec 47</i>
	DATE	<i>Chairman Personnel Review Committee</i> <i>10 Dec 47</i>
	DATE	<i>SPECIAL FUNDS OFFICER</i> <i>10 Dec 47</i>

## DISTRIBUTION OF SALARY

To be paid by	Bombay	Office	\$ 148.50
	(FIELD)		
Tax withheld in the United States			<u>48.40</u>
Insurance to be withheld in the United States (Amount subject to change if premium is increased or decreased)			<u>12.50</u>
Retirement withheld in United States			<u>15.96</u>
Other (Specify in detail)			<u>-----</u>
Allotments			<u>93.84</u>
Name of Allottee	<u>C.H. Goodpasture</u>		
Address	<u>Box S-2, Tipton, Okla.</u>		
Total Gross Salary Per Pay Period		\$	<u>319.20</u>

I HEREBY AUTHORIZE AND DIRECT THE DISBURSING OFFICE TO MAKE THE ABOVE ALLOTMENTS FROM MY COMPENSATION. ALL ADJUSTMENTS IN SALARY TO BE EFFECTED AS:

NET OVERSEAS PAYMENT	<u>_____</u>
INITIAL ONE	<u>_____</u>
U. S. ALLOTMENT	<u>_____</u>

SIGNATURE OF EMPLOYEE

REMARKS: (Continued from reverse side)

HEADQUARTERS BRANCH

W-7 DEC 20 14 30

INSTRUCTIONS: 1. Prepare in triplicate. 2. Note under "Remarks" whether action is transfer from vouchered funds or another government agency. 3. If form is prepared in the field, enter distribution of salary over signature of employee. 4. If job descriptive other information is appropriate, enter in "Remarks."

## PERSONNEL ACTION REQUEST

~~SECRET~~

This form is to be submitted in triplicate by the appropriate Branch or Office Chief for processing in accordance with existing personnel procedures. Upon approval, the original and one copy will be retained by the Disbursing Office and one copy returned to the originating office.

NAME Anne L. GOODPASTURE DATE 12 November 1946NATURE OF ACTION Promotion NUMBER OF DEPENDENTS \_\_\_\_\_EFFECTIVE DATE 12 Apr. 1947 LOCATION OF DEPENDENTS \_\_\_\_\_MARITAL STATUS Single CITIZENSHIP USA SEX F AGE 27

FROM	TO
POSITION <u>Clerk</u>	POSITION <u>Administrative Assistant</u>
CONTROL NO. _____	CONTROL NO. _____
CLASSIFICATION <u>CAF-5</u>	CLASSIFICATION <u>CAF-7</u>
ANNUAL GROSS SALARY <u>1770.20 32644.80</u>	ANNUAL GROSS SALARY <u>\$3397.20</u>
OFFICIAL STATION <u>Bombay (India)</u>	OFFICIAL STATION <u>Bombay</u>
ALLOWANCES: QUARTERS _____	ALLOWANCES: QUARTERS _____
COST OF LIVING _____	COST OF LIVING _____
SPECIAL FOREIGN LIVING _____	SPECIAL FOREIGN LIVING _____
TOTAL _____	TOTAL _____
OFFICE: BRANCH <u>Special Operations A-7BZ</u>	OFFICE: BRANCH <u>Special Operations A-7BZ</u>
DIVISION <u>D</u>	DIVISION <u>D</u>

TO BE PAID BY _____	OFFICE \$ <u>150.00</u>
(Field)	
TAX WITHHELD IN UNITED STATES _____	\$ <u>50.00</u>
INSURANCE TO BE WITHHELD IN UNITED STATES (Amount subject to change if premium is increased or decreased) _____	
SAVINGS BONDS _____	
RETIREMENT WITHHELD IN UNITED STATES _____	
OTHER (Specify in detail) <u>\$175.00 Unliquidated Travel Advance.</u> _____	
ALLOTMENTS _____ (Name of Allottee)	\$ <u>60.82</u>

Address \_\_\_\_\_

TOTAL GROSS SALARY PER PAY PERIOD \$ 261.82

I hereby authorize and direct the Disbursing Office to make above allotments from my compensation.

X

Form No. 37-1  
Sep 1946

(Signature of Employee)

Job Description:

**SPECIAL QUALIFICATIONS**

## REASONS FOR ACTION

**DATE OF LAST PROMOTION**

APPROVED _____ (Field)	OFFICE	APPROVED - U.S. OFFICE <i>John</i>
_____ (Chief of Mission)	Date _____	<i>John</i> (Administrative Officer) Date <u>13 Nov</u>
_____ (Security Officer)	Date _____	<i>Loyd George</i> (Branch Chief) Date <u>14 Nov</u>
_____ (Special Funds Officer)	Date _____	<i>Edwin E. Eholz</i> (Chairman, Pers. Review Com.) Date <u>18 Nov</u>
<i>Wm G. Harg</i> 15 Nov 1946		<i>Edwin E. Eholz</i> (Special Funds Officer) Date <u>18 Nov</u>

PERSONNEL ACTION REQUEST

This form is to be initiated in triplicate by the appropriate Branch or Office Chief for processing in accordance with existing personnel procedures. Upon approval, the original and one copy will be retained by the Disbursing Office and one copy returned to the originating office.

NAME GOODPASTURE, ANN L. DATE 12 March 1947

NATURE OF ACTION Periodic Increase NUMBER OF DEPENDENTS \_\_\_\_\_

EFFECTIVE DATE 6 April 1947 LOCATION OF DEPENDENTS \_\_\_\_\_

MARITAL STATUS single CITIZENSHIP U.S. SEX F AGE 28

FROM	TO
POSITION <u>Clerk</u>	POSITION <u>Clerk</u>
CONTROL NO. _____	CONTROL NO. _____
CLASSIFICATION <u>C-R-5</u>	CLASSIFICATION <u>C-R-5</u>
ANNUAL GROSS SALARY <u>\$2770.20</u>	ANNUAL GROSS SALARY <u>\$2895.60</u>
OFFICIAL STATION <u>Bombay</u>	OFFICIAL STATION <u>Bombay</u>
ALLOWANCES: QUARTERS _____	ALLOWANCES: QUARTERS _____
COST OF LIVING _____	COST OF LIVING _____
SPECIAL FOREIGN LIVING _____	SPECIAL FOREIGN LIVING _____
TOTAL _____	TOTAL _____
OFFICE: BRANCH <u>OSO-PBZ</u>	OFFICE: BRANCH <u>OSO-FRC</u>
DEVISION _____	DEVISION _____

TO BE PAID BY _____ (Field)	OFFICE	\$ <u>150.00</u>
TAX WITHHELD IN UNITED STATES		<u>30.00</u>
INSURANCE TO BE WITHHELD IN UNITED STATES (Amount subject to change if premium is increased or decreased)		<u>12.50</u>
SAVINGS BONDS		_____
RETIREMENT WITHHELD IN UNITED STATES		_____
OTHER (Specify in detail)		_____
ALLOTMENTS _____ (Name of Allottee)		<u>29.45</u>
Address _____		

TOTAL GROSS SALARY PER PAY PERIOD \$222.45

I hereby authorize and direct the Disbursing Office to make above allotments from my compensation.

JOB DESCRIPTION:

SPECIAL QUALIFICATIONS	REASONS FOR ACTION	DATE OF LAST PROMOTION
------------------------	--------------------	------------------------

Periodic Pay Increase - Last Salary Increase - 10 March 1946

APPROVED _____ (Field) _____ Date _____ (Chief of Mission) _____ Date _____ (Security Officer) _____ Date _____ (Special Funds Officer) _____ Date _____	APPROVED - U.S. OFFICE <i>R. D. Chappan</i> (Administrative Officer) _____ Date _____ <i>Lloyd George Jr. Jr.</i> (Branch Chief) _____ Date _____ (Chairman) Pers. Review Com. <i>E. C. Clark</i> (Special Funds Officer) _____ Date _____
--	--



**WAR DEPARTMENT  
NOTIFICATION OF PERSONNEL ACTION  
(DEPARTMENTAL)**

sp/htw

1. Date <u>6 January 1947</u>		13. Date of Birth <u>11/2/1918</u>	
2. TO <u>Ann</u> S. S. NO. <u>144-342770-20</u>		14. Civil Service or Other Legal Authority	
4. THROUGH: <u>SSU</u> Other in which Employed or to be Employed		This is to notify you of the following action concerning your employment, which is subject to the provisions on the reverse hereof. This form is an official record of your service history in the War Department and should be retained for future reference.	
5. NATURE OF ACTION (Use standard terminology)  <u>Termination</u>		6. EFFECTIVE DATE <u>22 November 1946</u>	
7. POSITION TITLE <u>Clerk</u>		8. GRADE AND SALARY <u>CAW-5 \$2770.20 p.a.</u>	
9. FORCE SERVICE OFFICE <u>SSU, AD</u>		10. DIVISION BRANCH AND SECTION <u>Registry</u>	
11. DUTY STATION AND LOCATION <u>Washington, D.C.</u>		12. REMARKS  <u>To accept an Excepted Appointment</u>  <u>Correction of action dated 12/13/46 to show correct effective date.</u>	
15. Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		16. New Veteran <input checked="" type="checkbox"/> No Prior Service <input type="checkbox"/> U.S. Army <input type="checkbox"/> U.S. Navy <input type="checkbox"/> U.S. Marine Corps <input type="checkbox"/> U.S. Air Force <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
17. Civil Service Retirement  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. Nature of Position  <input type="checkbox"/> Non- <input type="checkbox"/> Vice <input type="checkbox"/> Men <input type="checkbox"/> Admin. <input type="checkbox"/> Women	
19. Reference Name No. Etc. <u>Bu. #916 CSC #9</u>		20. Date of Oath: Assumption Action Only.	
21. Journal or Action No. <u>SSU-3</u>		22. <i>78P</i>	

By order of the Secretary of War

*John H. Martin*



**WAR DEPARTMENT  
NOTIFICATION OF PERSONNEL ACTION  
(DEPARTMENTAL)**

m/vhtw		
1. Date <u>13 December 1946</u>		
2. TO. <u>Ann L. Goodpasture</u> 3. S.S. NO. <u>11/20/1918</u>		
4. THROUGH _____ <small>Office in which Employee is last Employed</small> This is to notify you of the following action concerning your employment, which is subject to the provisions on the reverse hereof. This form is an official record of your service history in the War Department and should be retained for future reference.		
5. NATURE OF ACTION (Use standard terminology) <b>Termination</b>		6. EFFECTIVE DATE <b>17 November 1946</b>
7. POSITION TITLE <b>Clerk</b>		8. SERVICE GRADE AND SALARY <b>CAY-5 \$2770.20 p.a.</b>
9. FORCE SERVICE OFFICE <b>SSU, WD</b>		10. DIVISION BRANCH AND SECTION <b>Registry</b>
11. DUTY STATION AND LOCATION <b>Washington, D.C.</b>		12. REMARKS: <b>To accept an Excepted Appointment</b>
13. Date of Birth <b>11/20/1918</b>		
14. Civil Service or Other Legal Authority		
15. Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
16. Non Veteran <input checked="" type="checkbox"/> VETERAN <input type="checkbox"/> <b>X</b> No Prefer <b>SP4</b> 1024		
17. Civil Service Retirement <input checked="" type="checkbox"/>		
18. White <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>X</b> Negro Other		
19. Nature of Position <b>New</b> Vice <b>1st Asst</b> 2nd Asst		
Reference Name No. Reg. <b>Bu. #916 CSC #9</b> <b>7/10/42</b>		
20. Date of Oath (Accesion Action Only)		
21. Journal or Action No <b>SSU-17</b>		
r/t		

By order of the Secretary of War

*John H. Macaya*

Administrative Assistant

Form OSS 1082

WAR DEPARTMENT  
DEPARTMENT OF STRATEGIC SERVICES UNIT  
WASHINGTON, D. C.

Name: GOODPASTURE, Ann L. (Miss)

Date: 5 June 1946

Unit

This is to notify you that the ~~Director~~ of Strategic Services has taken the following action concerning your employment:

Nature of action: Transfer

Effective date: 5 June 1946

	FROM—	TO—
Position.....	Clerk-Stenographer	Clerk
Grade and salary...	CAF-5, \$2430 per annum P-5065	CAF-5, \$2430 per annum
Branch.....	SI	Registry
Division.....		
Section.....		
Headquarters.....	Washington, D. C.	Washington, D. C.
Departmental or Field.....	Field	Departmental

## REMARKS:

6/5 W.F.  
6/6/46

- Subject to 5% deduction for the Civil Service Retirement and Disability Fund.
- This appointment is for such time as your services may be required and funds are available for the work of ~~the~~ SSU.
- This transfer is for the best interests of the Government. Reimbursement of your expenses and cost of transfer of your household effects is authorized in accordance with existing orders and regulations.

*James B. O'neal*  
Chief, Civilian Personnel Division

PERSONNEL FOLDER COPY

MM:ao 420

CSC Report No.

Dept.

Civil Service or Other Legal Authority

Reg. XVI  
Section 2Appropriation  
212/60425.001

1010-410

1022-46

#139

Date of birth

11/28/1918

Legal residence

Oklahoma

Sex

Female

## NATURE OF POSITION

V		Bu #918
IA	x	CSC #9
VV		7/10/42
New		

Annual Post Allowance

## SUBJECT TO—

Investigation..... 1 year trial period.....

Form One 1000

WAR DEPARTMENT  
OFFICE OF STRATEGIC SERVICES  
WASHINGTON, D. C.

Name: **Goodpasture, Ann L. (Miss)** Date: **4 March 1946**

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment:

Nature of action: **Transfer**

Effective date: **30 March 1946**

FROM—	TO—
Position.....	Clerk-Steno <i>L430</i>
Grade and salary.....	CAF-3 \$2320 per annum
Branch.....	SI
Division.....	
Section.....	
Headquarters.....	Shanghai, China
Departmental or Field.....	Field
	Washington, D.C.
	Field*

REMARKS: \*Not to exceed 90 days within continental U.S.

- Subject to 6% deduction for the Civil Service Retirement and Disability Fund.
- This appointment is for such time as your services may be required and funds are available for the work of OSS.
- This transfer is for the best interests of the Government. Reimbursement of your expenses and cost of transfer of your household effects is authorized in accordance with existing orders and regulations.

Chief, Civilian Personnel

U. S. GOVERNMENT PRINTING OFFICE 16-24723

PERSONNEL FOLDER COPY

CSC Report No.

**Field**Civil Service or Other  
Legal Authority**A-1-7**Appropriation  
**2160160.001**  
**1020-420**  
**C 2101-46**Date of birth  
**11/28/1918**Legal residence  
**Oklahoma**

Sex

**Female**

## NATURE OF POSITION

V	
IA	
VV	<b>B-5065</b> <b>3/30/46</b>
New	<b>X</b>

Annual Post Allowance

## SUBJECT TO—

Investigation..... 1 year trial period.....

Form OSS 102

**WAR DEPARTMENT**  
**STRATEGIC SERVICES**  
**WASHINGTON, D.C.**

Name: GOODPASTURE, Ann L. (Miss)

Date: 10 March 1946

has

This is to notify you that the ~~XXXXXX~~ Strategic Services has taken the following action concerning your employment:

Nature of action: Periodic Pay Increase

Effective date: 10 March 1946

FROM—	TO—
Position.....	Clerk-Stenographer
Grade and salary.....	CAF-5, \$2320 per annum F-5065
Branch.....	SI
Division.....	
Section.....	
Headquarters.....	Shanghai, China
Departmental or Field.....	Field

REMARKS: Last pay increase 3/1/45

plus living and quarters allowance at the rate authorized in Budget Circular A-8.

63-122-46  
5-122-46

Subject to 5% deduction for the Civil Service Retirement and Disability Fund.

This appointment is for such time as your services may be required and funds are available for the work of ~~XXXX~~ SEU.

This transfer is for the best interests of the Government. Reimbursement of your expenses and cost of transfer of your household effects is authorized in accordance with existing orders and regulations.

Chit. ~~XXXXXX~~ Personnel Division 1

U. S. GOVERNMENT PRINTING OFFICE 16-54285-3

PERSONNEL FOLDER COPY

M:ae 310

CSC Report No.  
**Field (a)**

Civil Service or Other Legal Authority

Public Law 200  
Section 2d

Appropriation  
**1161300**  
**0 2101-46**

Date of birth  
**11/28/1918**

Legal residence  
**Oklahoma**

Sex  
**Female**

**NATURE OF POSITION**

V	
IA	
VV	
New	<b>F-5065</b> <b>S 12/16/45</b>

Annual Post Allowance

**SUBJECT TO—**Investigation ..... 1 year trial period .....

Form OSS 1002

WAR DEPARTMENT  
OFFICE OF STRATEGIC SERVICES  
WASHINGTON, D. C.

Name: GOODPASTURE, ANN L. (MISS)

Date: 29 January 1946

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment:

Nature of action: Appointment by Transfer \*

Effective date: 16 December 1945

FROM—	TO—
Position.....	Clerk-Stenographer
Grade and salary..	CAF-5, \$2320 per annum
Branch.....	Research & Analysis
Division.....	Far East
Section.....	
Headquarters.....	Shanghai, China
Departmental or Field.....	Field

## REMARKS:

\* From I.R.I.S., State Department

V 30 B  
V 30 40  
J

- Subject to 5% deduction for the Civil Service Retirement and Disability Fund.
- This appointment is for such time as your services may be required and funds are available for the work of OSS.
- This transfer is for the best interests of the Government. Reimbursement of your expenses and cost of transfer of your household effects is authorized in accordance with existing orders and regulations.

1 year trial period	<input type="checkbox"/>
---------------------	--------------------------

SUBJECT TO—	<input type="checkbox"/>
-------------	--------------------------

Investigation	<input type="checkbox"/>
---------------	--------------------------

Annual Post Allowance	<input type="checkbox"/>
-----------------------	--------------------------

** \$1980 per annum	<input type="checkbox"/>
---------------------	--------------------------

V	<input type="checkbox"/>
IA	<input type="checkbox"/>
VV	F-5065 12/16/45
New	<input checked="" type="checkbox"/>

Form OSS 1008

**IRIS**  
**STATE DEPARTMENT**  
**OFFICE OF STRATEGIC SERVICES**  
**WASHINGTON, D. C.**

Name: GOODPASTURE, ANN L. (MISS)

Date: 29 January 1946

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment:

Nature of action: Separation (Transfer) \*

Effective date: 15 December 1945 COB

Position.....	FROM—	TO—
Position.....	Clerk-Stenographer	
Grade and salary..	CAF-5, \$2320 per annum * F-5018	
Branch.....	Research & Analysis	
Division.....	Far East	
Section.....		
Headquarters.....	Shanghai, China	
Departmental or Field.....	Field	

REMARKS: \* To War Department, S.S.U.

 Subject to 5% deduction for the Civil Service Retirement and Disability Fund. This appointment is for such time as your services may be required and funds are available for the work of OSS. This transfer is for the best interests of the Government. Reimbursement of your expenses and cost of transfer of your household effects is authorized in accordance with existing orders and regulations.

CSC Report No.

IRIS - Field

Civil Service or Other  
Legal Authority.

Appropriation

1161300  
C 2201-46

Date of birth

11/28/1918

Legal residence

Oklahoma

Sex

Female

## NATURE OF POSITION

V	
IA	
VV	
New	

Annual Post Allowance

\$1980 per annum

## SUBJECT TO—

Investigation..... 1 year trial period..... 

Chief, Civilian Personnel.

PERSONNEL FOLDER COPY

Mitsak 310

m m

Form OSS 1008

**IRIS**  
**STATE DEPARTMENT**  
**OFFICE OF STRATEGIC SERVICES**  
**WASHINGTON, D. C.**

Name: **COOPASTURE, Ann L. (Miss)** Date: **October 25, 1945**

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment:

Nature of action: **Transfer \***

Effective date: **October 25, 1945**

FROM—	TO—
Position.....	Clerk-Stenographer
Grade and salary..	CAF-5, \$2320 per annum
Branch.....	Research & Analysis
Division.....	Far East
Section.....	
Headquarters.....	Chungking, China
Departmental or Field.....	Field

**REMARKS:**

\* Per Cable #SHAN 4017

*Vast R. 46  
1/22*

- Subject to 5% deduction for the Civil Service Retirement and Disability Fund.
- This appointment is for such time as your services may be required and funds are available for the work of OSS.
- This transfer is for the best interests of the Government. Reimbursement of your expenses and cost of transfer of your household effects is authorized in accordance with existing orders and regulations.

CSC Report No.	
<b>IRIS - Dept.</b>	
Civil Service or Other Legal Authority	
<b>Schedule A-1-7</b>	
Appropriation	
1961097.001	
DTT #1	
Date of birth	
11/28/1918	
Legal residence	
Oklahoma	
Sex	
Female	
NATURE OF POSITION	
V	
IA	
VV	
New	X P-5018
Annual Post Allowance	
** \$ 1980 p.a.	
SUBJECT TO—	
Investigation..... <input type="checkbox"/>	
Year trial period..... <input type="checkbox"/>	

Form OSS 1000

**IRIS**  
**STATE DEPARTMENT**  
**OFFICE OF STRATEGIC SERVICES**  
**WASHINGTON, D.C.**

Name: **Goodpasture, Ann L. (Miss)** Date: **1 October 1945**

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment:

Nature of action: **Appointment by transfer**Effective date: **1 October 1945**

FROM—	TO—
Position.....	Clerk-Stenographer
Grade and salary.....	CAF-5, \$2520 per annum
Branch.....	Research & Analysis
Division.....	Far East
Section.....	
Headquarters.....	Chungking, China
Departmental or Field.....	Field

## REMARKS:

- From Office of Strategic Services
- Living and quarters allowance at the base rate of \$1500 per annum plus \$600 per annum when government quarters are not provided.

Subject to 5% deduction for the Civil Service Retirement and Disability Fund.

This appointment is for such time as your services may be required and funds are available for the work of OSS.

This transfer is for the best interests of the Government. Reimbursement of your expenses and cost of transfer of your household effects is authorized in accordance with existing orders and regulations.

CSC Report No.

**Field**

Civil Service or Other  
Legal Authority  
E.O. 9621  
3/20/45

**Appropriation**

1941087.001  
C LTT #1

**Date of birth**

11/23/1913

**Legal residence**

Oklahoma

**Sex**

Female

**NATURE OF POSITION**

V	
IA	F-5013
VV	9/23/45
New	X

**Annual Post Allowance****SUBJECT TO—**Investigation..... 1 year trial period.....

Form OSA 1000

**OFFICE OF STRATEGIC SERVICES**  
WASHINGTON, D.C.

Name: GOODPASTURE, ANN L. (MISS) Date: 10 Sept. 1945

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment:

Nature of action: Transfer

Effective date: 23 September 1945

FROM—	TO—
Position.....	Clerk-Stenographer
Grade and salary..	CAF-5, \$2320 per annum
Branch .....	Research & Analysis
Division.....	Far East
Section.....	
Headquarters.....	New Delhi, India
Departmental or Field.....	Field

REMARKS:

\* Living and quarters allowances at the base rate of \$1500 per annum plus \$500 per annum when government quarters are not provided.

- Subject to 5% deduction for the Civil Service Retirement and Disability Fund.
- This appointment is for such time as your services may be required and funds are available for the work of OSS.
- This transfer is for the best interests of the Government. Reimbursement of your expenses and cost of transfer of your household effects is authorized in accordance with existing orders and regulations.

*J. J. Grassis*  
Chief, Civilian Personnel

PERSONNEL FOLDER COPY

U. S. GOVERNMENT PRINTING OFFICE 16-24723-1

CSC Report No.

**Field**

Civil Service or Other  
Legal Authority

Schedule A-1-7

Appropriation

1161300  
C. 2201-46

Date of birth

11/28/1918

Legal residence

Oklahoma

Sex

Female

NATURE OF POSITION

V	
IA	F-5018
VV	9/23/45
New X	9/23/45

Annual Post Allowance

SUBJECT TO—

Investigation.....

1 year trial period.....

SI:ak 310

Form OSS 1002

**OFFICE OF STRATEGIC SERVICES**  
**WASHINGTON, D. C.**

Name: **Goodpasture, Ann L. (Miss)** Date: **20 September 1945**

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment:

Nature of action: **Separation (transfer)\***

Effective date: **30 September 1945 COB**

FROM—	TO—
Position.....	Clerk-Stenographer
Grade and salary..	CAF-5, \$2320 per annum**
Branch.....	Research & Analysis
Division.....	Far East
Section.....	
Headquarters.....	Chungking, China
Departmental or Field.....	Field

REMARKS:

\*To state Department in accordance with Executive Order 9621, dated 20 September 1945.

\*\*Living and quarters allowance at the base rate of \$1500 per annum plus \$600 per annum when government quarters are not provided.



Subject to 5% deduction for the Civil Service Retirement and Disability Fund.



This appointment is for such time as your services may be required and funds are available for the work of OSS.



This transfer is for the best interests of the Government. Reimbursement of your expenses and cost of transfer of your household effects is authorized in accordance with existing orders and regulations.

*C. J. Goodpasture*  
Chief, Civilian Personnel  
PERSONNEL FOLDER COPY

U. S. GOVERNMENT PRINTING OFFICE 16-3828-2

<b>CSC Report No.</b>	
<b>Field</b>	
<b>Civil Service or Other Legal Authority</b>	
<b>Appropriation</b>	
1161300 C 2201-46	
<b>Date of birth</b>	
11/28/1913	
<b>Legal residence</b>	
Oklahoma	
<b>Sex</b>	
Female	
<b>NATURE OF POSITION</b>	
V	
IA	
VV	
New	
<b>Annual Post Allowance</b>	
<b>SUBJECT TO—</b>	
Investigation..... <input type="checkbox"/>	
1 year trial period..... <input type="checkbox"/>	

M-reqg 310

Form 1020 SIA

**OFFICE OF STRATEGIC SERVICES  
WASHINGTON, D. C.**

Name: **Goodpasture, Ann L. (Miss)**Date: **May 31, 1948**

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment.

Nature of action: **Excepted Appointment**Effective date: **June 1, 1948**

DOD-2/29/44

Position.....	FROM.....	TO.....
Grade and pay.....		Clerk-Stenographer GAP-5, \$2000 per annum*
Branch.....		Research & Analysis
Division.....		
Section.....		
Headquarters.....		New Delhi, India
Departmental or field.....		Field

Remarks: \* Plus living allowance at the rate established by the Strategic Services Officer not to exceed \$1377.00 per annum authorized by Budget Circular A-8.

This action is subject to the provisions of paragraphs checked below:

- Under this appointment you are subject to the provisions of the Civil Service Retirement Act as amended, and accordingly 5% will be deducted from your basic salary for deposit to your credit in the Retirement Fund.
- This appointment is for such time as your services may be required and funds are available for the work of the Office of Strategic Service.

<b>C. S. C. Report No.</b>	
<b>Field</b>	
Civil Service or other legal authority	
<b>Schedule A-1-7</b>	
Appropriation 1151300 8322-45	
Date of birth 11/28/1918	
Legal residence Oklahoma	
Sex Female	
<b>NATURE OF POSITION</b>	
New	Additional identical
X	
Vice	Vice vacancy
Reference (Name, number, and date, etc.) <b>F-5018</b> <b>6/1/48</b> <b>3/0</b>	
Subject to Retirement Act? <b>Yes</b>	
T.M.Mel	

Form OSA GSA

**OFFICE OF STRATEGIC SERVICES**  
**WASHINGTON, D. C.**

Name: Goodpasture, Ann L. (Miss)

Date: May 31, 1948

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment.

Nature of action: Termination

Effective date: May 31, 1948 COB

	FROM—	TO—
Position.....	Clerk-Stenographer	
Grade and salary.....	CAF-5, \$2000 per annum	
Branch.....	Research & Analysis	
Division.....		
Section.....		
Headquarters.....	New Delhi, India	
Departmental or field.....	Field	

Remarks: \* To accepted An Excepted Appointment, Schedule A-1-7.

This action is subject to the provisions of paragraphs checked below:

- Under this appointment you are subject to the provisions of the Civil Service Retirement Act as amended, and accordingly 5% will be deducted from your basic salary for deposit to your credit in the Retirement Fund.
- This appointment is for such time as your services may be required and funds are available for the work of the Office of Strategic Services.

C. S. C. Report No.	
Field	
Civil Service or other legal authority:	
Appropriation 1151300 8322-45	
Date of birth 11/28/1918	
Legal residence Oklahoma	
Sex Female	
NATURE OF POSITION	
New	Additional identical
Vice	Vice vacancy
Reference (Name, number, and date, etc.)	
Subject to Retirement Act? Yes	

Form OSA &amp; IA

**OFFICE OF STRATEGIC SERVICES**  
WASHINGTON, D.C.

Name: Goodpasture, Ann L. (Miss)

Date: March 1, 1945

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment.

Nature of action: Transfer and Promotion and Change in Limitation

Effective date: March 1, 1945

	FROM—	TO—
Position.....	Clerk-Stenographer	Clerk-Stenographer
Grade and salary.....	CAF-4, \$1800 per annum	CAF-5, \$2000 per annum
Branch.....	Civilian Personnel	Research and Analysis
Division.....	Training	
Section.....		
Headquarters.....	Washington, D. C.	New Delhi, India
Departmental or field.....	Field	Field

Remarks: \* Plus living allowance at the rater established by the Strategic Services Officer not to exceed \$1377.00 per annum authorized by Budget Circular A-8.

This action is subject to the provisions of paragraphs checked below:

- Under this appointment you are subject to the provisions of the Civil Service Retirement Act as amended, and accordingly 5% will be deducted from your basic salary for deposit to your credit in the Retirement Fund.
- This appointment is for such time as your services may be required and funds are available for the work of the Office of Strategic Services.

C. S. C. Report No.	
Field	
Civil Service or other legal authority	
Dept. Cir.257	
Rev. #	
Schedule A-1-7	
Appropriation	
1151300	
6322445	
Date of birth	
11/28/1918	
Legal residence	
Oklahoma	
Sex	
Female	
NATURE OF POSITION	
New	Additional identical
X	
Vice	Vice vacancy
Reference (Name, number, and date, etc.)	
9/30/44	
Subject to Retirement Act?	
Yes	

Form OSS 52A

**OFFICE OF STRATEGIC SERVICES**  
**WASHINGTON, D. C.**

Name: **Goodpasture, Ann L. (Miss)**Date: **September 15, 1944**

This is to notify you that the Office of Strategic Services has taken the following action concerning your employment.

Nature of action: **Transfer and Change in Limitation**Effective date: **September 16, 1944**

FROM—		TO—
Position.....	<b>Clerk-Stenographer</b>	<b>Clerk-Stenographer</b>
Grade and salary.....	<b>CAF-4, \$1800 per annum B-#1381 CSC#68</b>	<b>CAF-4, \$1800 per annum</b>
Branch.....	<b>Research and Analysis</b>	<b>Civilian Personnel</b>
Division.....	<b>Far East</b>	<b>Training</b>
Section.....	<b>Military Supply</b>	
Headquarters.....	<b>Washington, D.C.</b>	<b>Washington, D.C.</b>
Departmental or field.....	<b>Departmental</b>	<b>Field*</b>

Remarks: **\*Pending transfer overseas.****Subject to investigation.**

This action is subject to the provisions of paragraphs checked below:

*63c to Pay Rec  
9/16/44*

Under this appointment you are subject to the provisions of the Civil Service Retirement Act as amended, and accordingly 5% will be deducted from your basic salary for deposit to your credit in the Retirement Fund.

This appointment is for such time as your services may be required and funds are available for the work of the Office of Strategic Services.

C. S. C. Report No.	
Field(a)	
Civil Service or other legal authority	
Appropriation 1151300.002 6005-43 From 2234	
Date of birth 11/28/1918	
Legal residence Oklahoma	
Sex Female	
Nature or Position	
New <input checked="" type="checkbox"/>	Additional identical
Vice <input type="checkbox"/>	Vice vacancy
Reference (Name, number, and date, etc.) 9/6/44	
Subject to Retirement Act?	
Yes <input type="checkbox"/> R. H. Kilday Director of Personnel PERSONNEL FOLDER COPY R. H. Kilday EDM:mbg	

Form 1700-100

OFFICE OF STRATEGIC SERVICES  
COORDINATOR OF INFORMATION  
WASHINGTON, D. C.

Name: Goodpasture, Ann L. (Miss) Date: February 29, 1944

This is to notify you that the Coordinator of Information has taken the following action concerning your employment.

Nature of action: Appointment by Transfer

Effective date: February 29, 1944 - EOD

	FROM-	TO-
Position	Clerk-Stenographer	Clerk-Stenographer
Grade and salary	CAF-3, \$1620 per annum	CAF-4, \$1800 per annum
Branch	Nar Relocation Authority	Research and Analysis
Division	Personnel Management	Far East
Section	Replacement and Training	Military Supplies
Headquarters	Washington, D.C.	Washington, D. C.
Departmental or field	Departmental	Departmental

Remarks:

This appointment is subject to a favorable report of the character investigation being made by the United States Civil Service Commission

A copy of the United States Civil Service Commission authorization is enclosed.

63c Reg'd to Payroll  
4-34-44  
DOO: February 29, 1944

This action is subject to the provisions of paragraphs checked below:

Under this appointment you are subject to the provisions of the Civil Service Retirement Act as amended, and accordingly 5% will be deducted from your basic salary for deposit to your credit in the Retirement Fund. 5%

This appointment is for such time as your services may be required and funds are available for the work of the office of the Coordinator of Information.

C. S. C. Report No.	
9861	
Civil Service or other legal authority	
DOA: 2/21/44	
Reg. IX, Sec. 2a	
E.O. 9243	
File D-9134	
Appropriation	
1111300	
2207-44	
Date of birth	
11/28/1918	
Legal residence	
Oklahoma	
Sex	
Female	
NATURE OF POSITION	
New	Additional identification
•	
Vice	Vice vacancy
X	
Reference (Name, number, and date, etc.)	
2/1/43 Bu. #1381 CSC #68	
Subject to Retirement Act?	
Yes	

SECRET  
(Check Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>057303</b>						
<b>GENERAL</b>										
1. NAME (Last) <b>GOODPASTURE</b> (First) <b>ANN L.</b>		2. GRADE <b>13</b>	3. SD <b>D</b>	4. DATE OF BIRTH <b>11/28/18</b> 5. SEX <b>F</b>						
6. OFFICIAL POSITION TITLE <b>Ops Officer</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/CI/OPS</b>		8. CURRENT STATION <b>Washington, D.C.</b>						
9. CHECK (X) TYPE OF APPOINTMENT: <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)		10. CHECK (X) TYPE OF REPORT: <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE						
11. DATE REPORT DUE IN O.P. <b>30 November 1971</b>		12. REPORTING PERIOD (From To) <b>18 October 1970 - 31 October 1971</b>								
<b>SECTION B PERFORMANCE EVALUATION</b>										
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>										
<b>SPECIFIC DUTIES</b>										
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p>										
SPECIFIC DUTY NO. 1 <b>Monitors all operational correspondence from the Far East Division Stations for counterintelligence leads and evidence of hostile espionage operations.</b>				RATING LETTER						
SPECIFIC DUTY NO. 2 <b>Reviews field project outlines for evidence of penetrations, provocations, or foreign intelligence relationships. Advises Headquarters officers in preparation of security reviews. Represents CI Staff at DDP project review meetings when the XXXXXXXXXX senior officer is not available.</b>				RATING LETTER						
3. <b>Alternate Headquarters case officer to the Chief, CIOPS/FE for sensitive Prescribed and Limited Distribution counterintelligence projects handled by CI Staff.</b>				RATING LETTER						
SPECIFIC DUTY NO. 4 <b>Coordinates cables and dispatches from FE Division Headquarters to field stations on CI cases and agent clearances.</b>				RATING LETTER						
SPECIFIC DUTY NO. 5 <b>Maintains background files for use in consultation with FE Division officers on CI problems.</b>				RATING LETTER						
SPECIFIC DUTY NO. 6 <b>Prepares for Chief, CI, summaries of counterintelligence incidents which suddenly develop such as arrests, defections, and newspaper exposures.</b>				RATING LETTER						
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>										
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">D</td> <td style="width: 33%;">A</td> <td style="width: 33%;">O</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>					D	A	O			
D	A	O								

**SECRET****SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Managerial performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

FED 17 2-25-72

See memorandum in lieu of Fitness Report.

**SECTION D****CERTIFICATION AND COMMENTS**

1.

**BY EMPLOYEE**

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

DATE	SIGNATURE OF EMPLOYEE
------	-----------------------

2.	<b>BY SUPERVISOR</b>
----	----------------------

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

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

Mun 7/1/72

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
------	------------------------------	-------------------------------------

3.	<b>BY REVIEWING OFFICIAL</b>	
----	------------------------------	--

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
------	--------------------------------------	-------------------------------------

**SECRET**

**SECRET**

## MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Ann L. GOODPASTURE  
 18 October 1970 - 31 October 1971

To the immense regret of this writer Ann Goodpasture is retiring very soon. It would be silly to rate her competitively against any of her colleagues, male or female, young or merely well-preserved. Concerning her fitness be it recorded that she is very fit indeed to perform any of the tasks listed as her current ones or almost any others I can think of at almost any grade. I venture to rate her over-all performance, thirty years of it, as OUTSTANDING. Ann is one of the tough warp-threads on which this organization is woven, and when she retires the fabric of this organization will be weakened.



William R. Johnson  
 Chief, CI/OPS/FE

## EMPLOYEE SIGNATURE:

Ann L. Goodpasture  
 Ann L. Goodpasture

16 FEB 1972

Date

## COMMENTS OF REVIEWING OFFICIAL:

Miss Goodpasture is indeed a fine officer who consistently turns in a strong performance when she is not doing an outstanding job. She is an excellent office and project manager who is cost conscious and she is a careful thorough instructor and briefer. Her retirement will leave a great gap in CI/OPS and, as Mr. Johnson has said, in the organization. I hope she gets the official Agency recognition she deserves for the many years she has made substantive contribution to the CS.

N. Scott Miller  
 N. Scott MILLER  
 Chief, CI Operations

17.2.72.

**SECRET**

14-00000

S-S-C-R-E-T  
Cable Writing Refresher  
Training Certification

To: Registrar, Office of Training

I certify that I completed the Cable Writing Refresher No. 1  
on 23 April 1956.

Frank L. Goodpasture /f/e  
Name \_\_\_\_\_  
Rear Staff or Division \_\_\_\_\_  
S-S-C-R-E-T

1 MAY  
1956

S-E-C-R-E-T

TRAINING EVALUATION

## COUNTERESPIONAGE OPERATIONS COURSE No. 1

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
Goodpasture, Ann L.	Female	19 March - 6 April 1956	15
DATE OF BIRTH	EDU DATE	GRADE OR RANK	OFFICE
28 November 1915	February 1944	GS-11	WE/PI
PROJECTED ASSIGNMENT OR PRESENT POSITION			
FI Operations Officer			

- I. Course Objectives: To familiarize the students with the various types of CI operations and with methods and procedures peculiar to CI in the field and at Headquarters; to outline CI objectives, and to increase proficiency in the recognition and exploitation of leads.
- II. Course Characteristics: The Counterespionage Operations Course is of three weeks' duration. The curriculum material is presented by means of lectures, seminars, and directed reading. It is divided into sections as follows:
- A. Introduction (definition of terms, the CI Staff, operational Security and risk assessment, sources of CI leads, CI reporting and records)
  - B. Interrogation
  - C. Foreign Intelligence Services (with emphasis on currently hostile services including a lecture on CI in Liaison)
  - D. Penetration and Defection
  - E. Double Agent Operations

During the course each student is required to present orally a CI case and to submit a written version of the case. Evaluations are based on problems, the case analysis presented by the student, and objective tests.

S-E-C-R-E-T

S-E-C-R-E-T

**III. Evaluation**

A. Two double agent problems requiring case analysis. This analysis involves thorough study of the case:

1. To determine areas of missing, inadequate, or questionable information
2. To pick out information which can be checked through other sources
3. To recognize all possible leads
4. To assess the risk involved
5. To propose appropriate action (operational decisions)

	Fail	Poor	Satis	Exc	Sup
Ratings in this class			12*	3	

B. Case analysis (student presentation):

	Fail	Poor	Satis	Exc	Sup
Ratings in this class			10	5*	

C. Objective tests based on all sections of the course:

	Fail	Poor	Satis	Exc	Sup
Ratings in this class		3	S*	4	

This student's rating is indicated by asterisk.

S-E-C-R-E-T

S-E-C-R-E-T

- IV. COMMENT:** Miss Goodpasture's handling of the problems indicated that she is capable of shrewd analysis. She overlooked some points which might have been considered in one problem and dealt with the other problem in too brief fashion, but in general her analysis reflected her actual experience and suggested that she is perhaps stronger in analysis than in making operational decisions. She presented a rather complex case and demonstrated that she not only understood the case but was able to give a clear account of it.

**V. EXPLANATION OF ADJECTIVAL RATINGS:**

**[SUPERIOR]** The student demonstrated outstanding ability or proficiency in meeting this course goal or objective; he indicated an unusually thorough knowledge of the material presented, or, if skills are involved, he demonstrated that he is one of the most effective individuals in this area.

**[EXCELLENT]** The student showed unusual competence, skill, or ability in meeting this objective or goal; he demonstrated a thorough grasp of the presented material, or if skills are involved, he demonstrated that he can perform in an extremely effect manner in this area.

**[SATISFACTORY]** The student met this objective in a competent and adequate manner; he demonstrated a good understanding and grasp of the information presented, or, if skills are involved, he demonstrated sufficient competence to operate effectively in this area.

**[POOR]** Although the student may have met some of the standards set for minimum achievement of this course goal or objective, he demonstrated serious gaps in knowledge or sufficient lack of skill to be of doubtful competence.

**[FAILURE]** The student was unable to grasp the concepts or information presented, or demonstrated that he had not acquired the necessary information and skills to operate at even minimum capacity in this area.

FOR THE DIRECTOR OF TRAINING:

*Alfonso Rodriguez*  
Chief Instructor  
COUNTERINTELLIGENCE OPERATIONS COURSE

Shown to subject on 7 May 1956.

F.G. Alvarado  
CINCEI

S-E-C-R-E-T

SECRET

CUMULATIVE TRAINING RECORD				DATE: 24 Sept. 56 18 Oct. 56		
				PROJECTED PERSONNEL ACTION		
				<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> OTHER (Explain)
				<input type="checkbox"/> ROTATION	<input type="checkbox"/> TRAVEL	
NAME: Ann L. Goodpasture				TO: IO (PI) OS-12		
FROM: IO (PI) OS-11				EOB: Feb. 144		
X	COURSE	DATE TAKEN	X	COURSE	DATE TAKEN	REMARKS:
	BASIC ORIENT.			AIR OPS.		1. CONSTRUCTIVE CREDIT (CC) HAS BEEN AUTHORIZED FOR COURSES SO MARKED BASED UPON SUBJECT'S PREVIOUS <input type="checkbox"/> BACKGROUND. <input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING.
	ALSO BIC, BIFC, SOC, BTP, PH II	'49		1 2 3 4 5		2. SUBJECT HAS COMPLETED TRAINING OR RECEIVED CONSTRUCTIVE CREDIT AS SHOWN AT THE LEFT.
	CLAND. M-B-T ALSO OC, PH II			MAR. OPS		TRAINING OFFICER COMMENTS:
	CLAND. DES. ALSO AIC, AITC, AOC, CAT, PH III	'49		CLAND. FLD, ACT.	1 2 3 4 5 6	<input checked="" type="checkbox"/> A. THIS DOES NOT MEET TRAINING STANDARDS RE QUALIFICATION FOR THE PROJECTED ACTION. <input type="checkbox"/> NO FURTHER TRAINING RECOMMENDED AT THIS TIME.
	RESISTANCE OPS ALSO PM, I-II- III RAFT			SURVIVAL	1 2 3 4 5 6	<input type="checkbox"/> B. SUBJECT IS CURRENTLY ENROLLED IN COURSES MARKED WITH AN "S". THE COMPLETION OF WHICH WILL SATISFY BASIC QUALIFYING STANDARDS.
	CLAND. SERV. REV.			BASIC PHOTO	46	<input type="checkbox"/> C. UNLESS SUBJECT HAS HAD PREVIOUS HQ. OR FIELD EXPXRIENCE WHICH CAN BE ACCEPTED IN LIEU OF TRAINING, SUBJECT SHOULD BE REQUIRED TO TAKE <input type="checkbox"/> QUALIFYING <input type="checkbox"/> REFRESHER TRAINING AS CHECKED AT THE LEFT. <input type="checkbox"/> SOONEST <input type="checkbox"/> UPON RETURN TO HQ.
	WORLD COMMUNISM	RPO '51		DOCUMENTATION		<input type="checkbox"/> D. WAIVER AND CC. SHOULD BE REQUESTED FOR THOSE COURSES MARKED WITH A "W".
	ANTI-COMM. OPS.			LOCKS	16 Nov 51	<input type="checkbox"/> E. RECOMMENDATIONS FOR ADDITIONAL TRAINING WERE MADE <input type="checkbox"/> DATE THESE RECOMMENDATIONS HAVE NOT BEEN MET.
	ADMIN PROCEDURES	'51		SECRET WRITING	'51	DIVISION TRAINING OFFICER
	OPS. SUPPORT			FLAPS & SEALS		STAFF TRAINING OFFICER
	TRADECRAFT PHASE			SMALL ARMS FAM.		<i>Projected by Sr. Management Officer</i>
	ADMIN PHASE			OTHER TRAINING		
	REPORTS			OSO	47	
	ORDER OF BATTLE					
	COUNTERESPIONAGE	CC 8/55		Double Lang	23 Oct 56	
	ADV. COUNTER- ESPIONAGE	11/11/56				
	OPS. SECURITY					
	WAR PLANS					
	CLAND. POL. WARF.					
	STAYBEHIND OPS.					
	TECH. DEV. ORIENT.					
	INSTR. TECH.					
	EVASION-ESCAPE					
	SAD. OPS.					
	INVEST. TECH. ALSO CI TECH.					
	ADMIN REFRESHER					
	ROG. IMPROVE.					
	BASIC SUPV.					
	BASIC MGMT.			PRE-TEST		
	BALLOON OPS.			ASSESSMENT		
TO: Personnel Officer,				FROM: Career Management Officer		
<p>The above projected personnel action has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.</p> <p>Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the Senior Staff Training Officer.</p>						
DATE	SIGNATURE OF CAREER MANAGEMENT OFFICER					
23 September 1956	<i>RHS/</i>					

SECRET

(When Filled In)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-170. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item A, of Section A below.

## SECTION A.

## GENERAL

1. NAME Goodpasture	(Last) Ann	(First) L.	(Middle)	2. DATE OF BIRTH 28 Nov 1918	3. SEX P	4. SERVICE DESIGNATION FI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/WE/FI Staff		6. OFFICIAL POSITION TITLE Ops Officer (CE)				
7. GRADE GS-11	8. DATE REPORT DUE IN OP 18 May 1956		9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 1 Dec 1955 to 18 May 1956			
10. TYPE OF REPORT (Check one)	INITIAL ANNUAL	X	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify)		

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY  
NOT:

## A. CHECK (X) APPROPRIATE STATEMENTS:

X	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	If individual is rated "I" in C1 or D, a warning letter was sent to him by copy attached to this report.
	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)
X	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE 7 June 1956	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR Thomas F. Thiele	D. SUPERVISOR'S OFFICIAL TITLE DC/WE/FI
-----------------------------	--	--

2. FOR THE REVIVING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE  
Posted Post Control 7 June 1956  
Reviewed by CEC

[ ] CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 7 June 1956	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIVING OFFICIAL Francis G. Coleman	C. OFFICIAL TITLE OF REVIVING OFFICIAL C/WE/FI
-----------------------------	---	---

## SECTION C.

## JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 5  
INSERT  
RATING  
NUMBER
- 1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
  - 2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
  - 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
  - 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
  - 5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
  - 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

## SECRET

(When Filled In)

OFFICE OF PERSONNEL

## 2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

## DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
  - b. Rate performance on each specific duty considering ONLY effectiveness of performance of this specific duty.
  - c. Your supervisor's ability to supervise will always be rated as a specific duty (if not rate as supervisor, those who supervise a secretary only).
  - d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
  - e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
  - f. Be specific. Examples of the kind of duties that might be rated are:
- |                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING               | HAS AND USES AREA KNOWLEDGE    | CONDUCTS INTERROGATIONS        |
| GIVING LECTURES             | DEVELOPS NEW PROGRAMS          | PREPARES SUMMARIES             |
| CONDUCTING SEMINARS         | ANALYZES INDUSTRIAL REPORTS    | TRANSLATES GERMAN              |
| WRITING TECHNICAL REPORTS   | MANAGES FILES                  | DEBRIEFING SOURCES             |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO                 | KEEPS BOOKS                    |
| TYPING                      | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK                   |
| TAKING DICTATION            | WRITES REGULATIONS             | MAINTAINS AIR CONDITIONING     |
| SUPERVISING                 | PREPARES CORRESPONDENCE        | EVALUATES SIGNIFICANCE OF DATA |
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
---------------------------	--	--

SPECIFIC DUTY NO. 1  Makes CE Analysis of Cases	RATING NUMBER 6	SPECIFIC DUTY NO. 4  Assists in the Preparation of CE Notebooks	RATING NUMBER 5
SPECIFIC DUTY NO. 2  Prepares Case Summaries	RATING NUMBER 4	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3  Assists in Reviewing and Releasing Correspondence	RATING NUMBER 5	SPECIFIC DUTY NO. 6	RATING NUMBER

## 3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

## DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Miss Goodpasture has a natural aptitude for analysis, a shrewd and inquiring mind, and an enthusiasm for PI/CE work. She is markedly interested in CIA and its mission, well-informed, and energetic. She displays an intelligence initiative and makes good use of her extensive agency experience. She has no significant weaknesses, but could use to advantage more experience in case-summary type writing.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION	
DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.	
5	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
	2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
	3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
	4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
	5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
	6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
	7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO. IF YES, EXPLAIN FULLY:

Miss Goodpasture has recently accepted a position in NEA which offers her greater opportunity than the job for which this report is made.

SECRET

S-E-C-R-E-T

TRAINING EVALUATIONCOUNTERESPIONAGE OPERATIONS COURSE NO. 1

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
Goodpasture, Ann L.	Female	19 March - 6 April 1955	15
DATE OF BIRTH	END DATE	GRADE OR RANK	OFFICE
28 November 1918	February 1944	GS-11	ME/71
PROPOSED ASSIGNMENT OR PRESENT POSITION			
PI Operations Officer			

- I. Course Objectives: to familiarize the student with the various types of CS operations and with methods and procedures peculiar to CE in the field and at Headquarters, to outline CE objectives, and to increase proficiency in the recognition and exploitation of leads.
- II. Course Characteristics: The Counterespionage Operations Course is of three weeks' duration. The curricula material is presented by means of lectures, seminars, and directed reading. It is divided into sections as follows:
- Introduction (definition of terms, the CI Staff, operational Security and risk assessment, sources of CE leads, CI reporting and records)
  - Interrogation
  - Foreign Intelligence Services (with emphasis on currently hostile services including a lecture on CE in Liaison)
  - Penetration and Defection
  - Double Agent Operations

During the course each student is required to present orally a CE case and to submit a written version of the case. Evaluations are based on problems, the case analysis presented by the student, and objective tests.

S-E-C-R-E-T

S-E-C-R-E-T

**III. Evaluation**

A. Two double agent problems requiring case analysis. This analysis involves thorough study of the cases:

1. To determine areas of missing, inadequate, or questionable information
2. To pick out information which can be checked through other sources
3. To recognize all possible leads
4. To assess the risk involved
5. To propose appropriate action (operational decisions)

	Fail	Poor	Satis	Exc	Sup
Ratings in this class			12*	3	

B. Case analysis (student presentation):

	Fail	Poor	Satis	Exc	Sup
Ratings in this class			10	5*	

C. Objective tests based on all sections of the course:

	Fail	Poor	Satis	Exc	Sup
Ratings in this class		3	8*	4	

This student's rating is indicated by asterisk.

S-E-C-R-E-T

S-E-C-B-I-T

- IV. COMMENTS: Miss Goodpasture's handling of the problems indicated that she is capable of shrewd analysis. She overlooked some points which might have been considered in one problem and dealt with the other problem in too brief fashion, but in general her analysis reflected her actual experience and suggested that she is perhaps stronger in analysis than in making operational decisions. She presented a rather complex case and demonstrated that she not only understood the case but was able to give a clear account of it.

V. EXPLANATION OF ADJECTIVAL RATINGS:

**SUPERIOR** The student demonstrated outstanding ability or proficiency in meeting this course goal or objective; he indicated an unusually thorough knowledge of the material presented, or, if skills are involved, he demonstrated that he is one of the most effective individuals in this area.

**EXCELLENT** The student showed unusual competence, skill, or ability in meeting this objective or goal; he demonstrated a thorough grasp of the presented material, or if skills are involved, he demonstrated that he can perform in an extremely effect manner in this area.

**SATISFACTORY** The student met this objective in a competent and adequate manner; he demonstrated a good understanding and grasp of the information presented, or, if skills are involved, he demonstrated sufficient competence to operate effectively in this area.

**PASS** Although the student may have met some of the standards set for minimum achievement of this course goal or objective, he demonstrated serious gaps in knowledge or sufficient lack of skill to be of doubtful competence.

**FAIL** The student was unable to grasp the concepts or information presented, or demonstrated that he had not acquired the necessary information and skills to operate at even minimum capacity in this area.

FOR THE DIRECTOR OF TRAINING:

*James Rodriguez*  
\_\_\_\_\_  
Chief Instructor  
COUNTERESPIONAGE OPERATIONS COURSE

S-E-C-B-I-T

SECRET

(When Filled In)

## FITNESS REPORT

The Fitness Report is an important factor in agency personnel management. It seeks to provide:

1. The agency selection board with information of value when considering the application of an individual for membership in the career service; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

## INSTRUCTIONS

TO THE ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current administrative instructions regarding the initiation and transmittal of this report.

CODED

TO THE SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisor to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is advised that throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he would be kept informed.

13 DEC 1955

1 DEC 56

Reviewed by PUD

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I (To be filled in by Administrative Officer)

1. NAME (Last) GOODPASTURE	(First) Ann	(Middle) L	2. DATE OF BIRTH 28 Nov 1918	3. SEX F	4. CAREER DESIGNATION C/FI
5. DATE OF ENTRANCE ON DUTY Feb 1944	6. OFFICE ASSIGNED TO DDP		7. DIVISION WB	8. BRANCH FI Staff	
9. NATURE OF ASSIGNMENT <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD		10. IF FIELD, SPECIFY STATION CS-11			11. GRADE GS-11
12. DATE THAT THIS REPORT IS DUE 1 December 1955		13. PERIOD COVERED BY THIS REPORT (Inclusive dates) February 1955-1 December 1955			

## SECTION II (To be filled in by Supervisor)

1. CURRENT POSITION UPS, Off. (CE) C132.52	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM DURING THE PAST THREE TO SIX MONTHS (List in order of frequency):	

- A. To help select and to carry out detailed operational reviews and security critiques of operations, particularly those involving the RIS.
- B. To analyze and recommend procedures in connection with operational security problems.
- C. When required, to review and to release Division dispatch traffic.
- D. To serve as the Division's ~~IM~~ defector coordinator.
- E. To assist in processing STD clearances for the Division.
- F. To assist the Division C/FI as required.

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

## SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of my evaluation of his performance is consistent with my evaluation of him as evidenced by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the memorandum notifying him of unsatisfactory performance.

This report  has  has not been shown to the individual rated.

THIS DATE  NAME AND SIGNATURE OF RATER (Employee's immediate supervisor)  
Thomas J. McNamee

I HAVE REVIEWED THIS REPORT (Comments, if any, are reflected by attached memorandum)

THIS DATE  NAME AND SIGNATURE OF REVIEWING OFFICIAL (Official next higher in line of authority)  
A. Hoardhouse DC/Int

SECRET

(When Filled In)

OFFICES OF PERSONNEL

## SECTION IV

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptions are to be interpreted literally.

On the left-hand side of the page below are a series of statements that apply in some degree to most people. On the right-hand side of the page are four major categories of descriptions. The scale within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Dec. 13 1968 MAIL ROOM Place the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	NOT OB- SERVED	CATEGORIES					5	6
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE		
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES		X					
B. PRACTICAL.					X			
1. A GOOD REPORTER OF EVENTS.						X		
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.							X	
3. CAUTIOUS IN ACTION.					X			
4. HAS INITIATIVE.							X	
5. UNEMOTIONAL.					X			
6. ANALYTIC IN HIS THINKING.							X	
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.					X			
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.					X			
9. HAS SENSE OF HUMOR.					X			
10. KNOWS WHEN TO SEEK ASSISTANCE.					X			
11. CALM.					X			
12. CAN GET ALONG WITH PEOPLE.					X			
13. MEMORY FOR FACTS.					X			
14. GETS THINGS DONE.						X		
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.						X		
16. CAN COPE WITH EMERGENCIES.						X		
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.					X			
18. HAS STAMINA: CAN KEEP GOING A LONG TIME.						X		
19. HAS WIDE RANGE OF INFORMATION.					X			
20. SHOWS ORIGINALITY.						X		
21. ACCEPTS RESPONSIBILITIES.							X	
22. ADMITS HIS ERRORS.						X		
23. RESPONDS WELL TO SUPERVISION.							X	
24. EVEN DISPOSITION.						X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.							X	

SECRET

**SECRET**

Cohen-Feltz Inc.

46. CAN THINK ON HIS FEET.							X	
47. COMES UP WITH SOLUTIONS TO PROBLEMS.							X	
48. STIMULATING TO ASSOCIATES; A "SPARK PLUG".							X	
49. TOUGH MINDED.							X	
50. OBSERVANT.							X	
51. CAPABLE.							X	
52. CLEAR THINKING.							X	
53. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.							X	
54. EVALUATES SELF REALISTICALLY.							X	
55. WELL INFORMED ABOUT CURRENT EVENTS.							X	
56. DELIBERATE.							X	
57. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.							X	
58. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.							X	
59. THOUGHTFUL OF OTHERS.							X	
60. WORKS WELL UNDER PRESSURE.							X	
61. DISPLAYS JUDGEMENT.							X	
62. GIVES CREDIT WHERE CREDIT IS DUE.							X	
63. HAS DRIVE.							X	
64. IS SECURITY CONSCIOUS.							X	
65. VERSATILE.							X	
66. HIS CRITICISM IS CONSTRUCTIVE.							X	
67. ABLE TO INFLUENCE OTHERS.							X	
68. FACILITATES SMOOTH OPERATION OF HIS OFFICE.							X	
69. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.							X	
70. A GOOD SUPERVISOR.							X	

**SECTION V****A. WHAT ARE HIS OUTSTANDING STRENGTHS?**

1. A great capacity for work and responsibility.
2. Initiative
3. An interest in and ability for making cogent operational analyses.
4. A cheerful willingness to accept suggestion.

**B. WHAT ARE HIS OUTSTANDING WEAKNESSES?**

No outstanding weaknesses have been observed.

**SECRET**

**SECRET**

(Form Filled In)

**C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS.****An interest in and capacity for FILE WORK.****OFFICE OF PERSONNEL****D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION?  NO  YES. IF YES, WHY?****DEC 13 11:00 AM '55****E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?****Advanced OG training is planned for her.****MAIL ROOM****F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):****None****SECTION VI****Read all descriptions before rating. Place "X" in the most appropriate box under subsections A,B,C, & D.****A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.**

- 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

**IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA?  NO  YES. IF YES, WHAT?****C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the agency.**

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE AGENCY AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD AGENCY... LIKED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE AGENCY... BOTHRED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE AGENCY IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE.. WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD AGENCY... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR AGENCY.. THINKS IN TERMS OF A CAREER IN THE AGENCY.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE AGENCY.. BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE AGENCY.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE AGENCY... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE AGENCY.

**B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.**

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

**D. DIRECTIONS: Consider everything you know about this person in making your rating...skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.**

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DOUBTFUL SUITABILITY.. WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE.. DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE.. HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE AGENCY.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE AGENCY.
- 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE AGENCY.

**SECRET**

SECRET

## CUMULATIVE TRAINING RECORD

DATE  
10 February 1955

NAME O.D. ASTUTE, Ann L.		PROJECTED PERSONNEL ACTION		
FROM: Area 3-6 Off 08-11 NSA New Delhi		PROMOTION	REASSIGNMENT	OTHER (Specify)
		ROTATION	TRAVEL	
		TQ-TR-III, Off 08-11 NSA Washington 2000		
X	COURSE	DATE-TAKEN	X	OTHER TRAINING COURSES
	BIC(CSI), ALSO	49		050
	BIC, BITC, SOC,			17
	STP AND BOC			
	STP II, ALSO DC			
	STP III, ALSO			
	MC(MAITC), AOC	49	X	CBR
	AND CAI			
	PO, ALSO PN I.			
	II, III AND RATT	46		
	ITC ALSO CI			
	TECH			
	ADMIN	51		
	SIC			
	SUP			
	CFA			
	RPTS			
	OB			
	OSC (CE)			
	E&E			
	CPW			
	WP SOC			
	CPO	51		
	STB			
	CEW			
	IT			
	GR			
	SAB			
	AO			
	MO			
	SUR			
	BFOT	46		
	DOC			
	LOCKS			
S/N		51		
F.B.S				
SAF				
TO: Personnel Officer, F.G. JAR: A		FROM: Career Management Officer JAMES P M THRIES		
The above projected personnel action has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.				
Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the Senior Staff Training Officer.				
DATE 14 Feb 55	SIGNATURE OF CAREER MANAGEMENT OFFICER <i>J. P. M. Thries (S)</i>			

SECRET

CUMULATIVE TRAINING RECORD				DATE 1 JUN 1968		
NAME GOOD, SGT, Admin.		PROJECTED PERSONNEL ACTION				
FROM: Area One Office		PROMOTION ROTATION	REASSIGNMENT TRAVEL	OTHER (Explain) AOS		
TO:						
X	COURSE	DATE TAKEN	X	OTHER TRAINING COURSES	DATE TAKEN	REMARKS:
	BITC(S), ALSO	49		050	47	1. CONSTRUCTIVE CREDIT (C.) HAS BEEN AUTHORIZED FOR COURSES SO MARKED, BASED UPON SUBJECT'S PREVIOUS <input type="checkbox"/> BACKGROUND <input type="checkbox"/> EXPERIENCE TRAINING.
	BIC, BITC, SOC, BTP AND ROC		X	Q.S Review		2. SUBJECT HAS COMPLETED TRAINING OR RECEIVED CONSTRUCTIVE CREDIT AS SHOWN AT THE LEFT.
	BTP II, ALSO DC					
	BTP III, ALSO (AO), AITC, AOC AND CAI	49				
	PO, ALSO PM I, II, III AND RAPT					
	ITC ALSO CI	51				
	TECH					
	ADMIN	51				
	SIC					
	SUP					
	CFA					
	RPTS					
	OB					
	OSC (C)					
	E & R					
	CPW					
	WPSOC					
	CPO	51				
	STB					
	CEN					
	IT					
	GW					
	SAB					
	AO					
	MO					
	SUR					
	BFOT	46				
	DOC					
	LOCK3					
	S/W	51				
	F & S					
	SAF					
TO: Personnel Officer,			FROM: Career Management Officer			
F. C. J. WONG			J. M. L. Johnson			
The above projected personnel action has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.						
Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the Senior Staff Training Officer.						
DATE 4 Jun 1968	SIGNATURE OF CAREER MANAGEMENT OFFICER John P. Brown, Director					

**SECRET**

CUMULATIVE TRAINING RECORD				DATE
NAME <b>Miss Ann Goodasture</b>		PROJECTED PERSONNEL ACTION 16 June 1954		
FROM: <b>I.O. DS-2 WH/ Washington</b>		<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> REASSIGNMENT	OTHER: (Captain)
		<input type="checkbox"/> ROTATION	<input type="checkbox"/> TRAVEL	AOS
TO: <b>I.O. Call 41/ Washington</b>				
		REMARKS:		
		<p>1. CONSTRUCTIVE CREDIT (CC) HAS BEEN AUTHORIZED FOR COURSES SO MARKED BASED UPON SUBJECT'S PREVIOUS <input type="checkbox"/> BACK GROUND <input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING.</p> <p>2. SUBJECT HAS COMPLETED TRAINING OR RECEIVED CONSTRUCTIVE CREDIT AS SHOWN AT THE LEFT.</p>		
		STAFF TRAINING OFFICE COMMENTS:		
		<p>A. THIS <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT MEET MINIMUM TRAINING STANDARDS RE QUALIFICATION FOR THE PROJECTED ACTION.</p> <p>B. SUBJECT IS CURRENTLY ENROLLED IN COURSES MARKED WITH AN S, THE COMPLETION OF WHICH WILL SATISFY MINIMUM STANDARDS.</p> <p>C. UNLESS SUBJECT HAS HAD PREVIOUS NO. OR FIELD EXPERIENCE, WHICH CAN BE ACCEPTED IN LIEU OF TRAINING, SUBJECT SHOULD BE REQUIRED TO TAKE <input type="checkbox"/> QUALIFYING <input type="checkbox"/> REFRESHER TRAINING AS CHECKED AT THE LEFT.</p>		
		<i>P.M.E.</i> <small>SIGNATURE OF STAFF TRAINING OFFICER</small>		
TO: Personnel Officer,		FROM: Career Management Officer		
<b>Virginia Lynch</b>		<b>James P. Humphries</b>		
The above projected personnel action has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved by the Career Service Board. Additional training as indicated above has been recommended by the Training Officer to satisfy requirements of the proposed personnel action.				
Please schedule these courses as soon as possible through your Division Training Officer who will coordinate with the Senior Staff Training Officer.				
DATE <i>James P. Humphries</i>	SIGNATURE OF CAREER MANAGEMENT OFFICER			

FORM NO. 59-77 PREVIOUS EDITION MAY BE USED  
1 JAN 54 REPLACES FORM NO. 59-11  
AUG 1953 WHICH MAY BE

**SECRET**

(2-4-1)



*David B. Keenan*

FORM NO. 51-1542  
Dec. 1947  
Replaces Form No. 25-2 which is STATUS AND EFFICIENCY REPORT  
NOT CONTINUOUS TO BE USED.

(REVERSE SIDE)

SECTION I THROUGH 6 WILL BE COMPLETED BY EMPLOYEE. TYPEWRITER WILL BE USED IF POSSIBLE.

1. NAME	MIDDLE	CAP RATING	SALARY	DATE OF LAST PAYMENT
		CAF-S	\$5310.	8 June 1951

2. DESCRIPTION OF POSITION. (LIST MOST RECENT FIRST. DESCRIBE CONCISELY BUT FULLY)  
**No change. Administrative assistant, Substation, Monterrey, Mexico**

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED.  
**None**

4. PROFICIENCY IN FOREIGN LANG.	READING	LISTENING	UNDERSTANDING	5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS (IF IN US-50 STATE)
ENGLISH	EXC	GOOD	FIR	SECOND PRIORITY
SPANISH	EXC	GOOD	FIR	LOCATION
GERMAN	EXC	GOOD	FIR	
French	EXC	GOOD	FIR	
Chinese	EXC	GOOD	FIR	
Arabic	EXC	GOOD	FIR	
Swahili	EXC	GOOD	FIR	
Portuguese	EXC	GOOD	FIR	
Italian	EXC	GOOD	FIR	
Russian	EXC	GOOD	FIR	
Armenian	EXC	GOOD	FIR	
Azerbaijani	EXC	GOOD	FIR	
Turkish	EXC	GOOD	FIR	
Kurdish	EXC	GOOD	FIR	
Georgian	EXC	GOOD	FIR	
Ukrainian	EXC	GOOD	FIR	
Bulgarian	EXC	GOOD	FIR	
Greek	EXC	GOOD	FIR	
Maltese	EXC	GOOD	FIR	
Polish	EXC	GOOD	FIR	
Croatian	EXC	GOOD	FIR	
Serbian	EXC	GOOD	FIR	
Macedonian	EXC	GOOD	FIR	
Albanian	EXC	GOOD	FIR	
Bosnian	EXC	GOOD	FIR	
Hungarian	EXC	GOOD	FIR	
Slovakian	EXC	GOOD	FIR	
Czech	EXC	GOOD	FIR	
Slovenian	EXC	GOOD	FIR	
Montenegrin	EXC	GOOD	FIR	
Yugoslavian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Croat	EXC	GOOD	FIR	
South Croat	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb	EXC	GOOD	FIR	
South Serb	EXC	GOOD	FIR	
North Montenegrin	EXC	GOOD	FIR	
South Montenegrin	EXC	GOOD	FIR	
North Slovenian	EXC	GOOD	FIR	
South Slovenian	EXC	GOOD	FIR	
North Macedonian	EXC	GOOD	FIR	
South Macedonian	EXC	GOOD	FIR	
North Serb</td				

Dec. 1947  
Replaces Form No. 35-2 which  
may continue to be used.

## STATUS AND EFFICIENCY REPORT

INSTRUCTIONS TO REPORTER: TYPE OR PRINT

TYPEWRITER WILL BE USED IF POSSIBLE.

1. NAME (PRINTED) LAST	FIRST	MIDDLE	CAP RATING	SALARY	DATE OF APPOINTMENT
[REDACTED]	[REDACTED]	[REDACTED]	GS-9	\$5185.00	5 June 1951

## 2. DESCRIPTION OF DUTIES SINCE LAST EFFICIENCY REPORT. (LIST MOST RECENT FIRST. DESCRIBE CONCISELY BUT FULLY)

Administrative Assistant, Monterrey, Mexico. Under general supervision of the Chief of Substation is responsible for all administrative reports, maintenance of files, communications duties, custodian of property, preparation of pouches and performance of such other duties as may be assigned.

## 3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED.

None

4. PROFICIENCY IN FOREIGN LANGUAGES		READING	SPEAKING	UNDERSTANDING	5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS:		
French	X	X	X	X	TYPE OF DUTY	LOCATION	
Spanish	X				Reports Officer	Headquarters	

(LIST ONE OR MORE IF SEVERAL ARE PREFERRED)

## 6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHENEVER IS LATER?

MARITAL STATUS  YES NUMBER OF DEPENDENTS  YES EMERGENCY ADDRESSEE  YES LEGAL ADDRESS  YES  
 NO  NO  NO  NO  NO  NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

*GOAFACTORY, Ensenada*

1 June 1952

DATE

SIGNATURE

## SECTION 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT  
 DATE FROM DATE TO  
 1 OCT. 1951 1 June 1952

OCCASION FOR REPORT

ANNUAL  REASSIGNMENT OF REPORTING OFFICER  PROPOSED REASSIGNMENT OF EMPLOYEE REPORTED ON  COVERING INITIAL 90 DAYS OF EMPLOYMENT

8. IS THIS EMPLOYEE QUALIFIED TO  YES IS EMPLOYEE BETTER QUALIFIED  YES IF SO, WHAT DUTY OR DUTIES REPORTS   
 PERFORM ALL PRESENT DUTIES?  NO FOR OTHER DUTIES?  NO AND/OR OPERATIONS OFFICER

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2?  YES  NO IF NO, EXPLAIN IN SECTION 11  
 HAS EMPLOYEE STRIVEN FOR  YES DO YOU RECOMMEND EMPLOYEE  YES IF SO, TO WHAT GRADE AND FOR WHAT POSITION  
 PROFESSIONAL IMPROVEMENT?  NO FOR PROMOTION?  NO PS-11, OPERATIONS OFFICER

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUALITY WHEN APPROPRIATE.

RATING FACTORS	NOT OBSERVED <input type="checkbox"/> YES	UNSATISFACTION <input type="checkbox"/> TODAY	FAIR <input type="checkbox"/>	GOOD <input type="checkbox"/>	VERY <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>	DUTY STAMINA <input type="checkbox"/>
A. ABILITY TO WORK AND GET ALONG WITH PEOPLE						<input checked="" type="checkbox"/>	
B. INTEREST AND ENTHUSIASM IN WORK						<input checked="" type="checkbox"/>	
C. SECURITY CONSCIOUSNESS						<input checked="" type="checkbox"/>	
D. ABILITY TO GRASP INSTRUCTIONS AND PLANS						<input checked="" type="checkbox"/>	
E. ATTENTION TO DUTY						<input checked="" type="checkbox"/>	
F. JUDGMENT AND COMMON SENSE						<input checked="" type="checkbox"/>	
G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE						<input checked="" type="checkbox"/>	
H. DISCRETION						<input checked="" type="checkbox"/>	
I. INITIATIVE						<input checked="" type="checkbox"/>	
J. ABILITY TO HANDLE AND DIRECT PEOPLE.	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
K. PERFORMANCE OF PRESENT DUTIES (ITEM 2)						<input checked="" type="checkbox"/>	
L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION						<input checked="" type="checkbox"/>	
M. TACT						<input checked="" type="checkbox"/>	
N. SAGACITY (NON-GULLIBILITY)						<input checked="" type="checkbox"/>	
O. LEADERSHIP						<input checked="" type="checkbox"/>	
P. PHYSICAL STAMINA	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
Q. MENTAL STAMINA						<input checked="" type="checkbox"/>	

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU DEFINITELY  PREFER NOT  BE SATISFIED  BE PLEASED  PARTICULARLY   
 NOT WANT HIM?  TO HAVE HIM?  TO HAVE HIM?  TO HAVE HIM?  DESIRE HIM?

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

*Qualifications, experience, & general ability have been invaluable in the activation of this small substation.*

(IF ADDITIONAL SPACE IS NEEDED ATTACH EXTRA SHEET)

1 June 1952

DATE

David B. Keenan

SIGNATURE OF REPORTING OFFICER

IF REVIEWING OFFICER OR CHIEF OF STATION DOES NOT CONCUR WITH THIS REPORT, EXCEPTIONS WILL BE STATED IN SPACE PROVIDED ON THE REVERSE SIDE HEREOF

SIGNATURE OF REVIEWING OFFICER

UNDER NO CIRCUMSTANCES IS THIS REPORT TO BE SHOWN TO THE EMPLOYEE REPORTED ON

CONFIDENTIAL

11/10/1951



*Conf. Check*  
**SECRET**

JUN 13 1951

TO : Chief, FDT  
 FROM : Chief, Investigative Techniques Section, TRD  
 SUBJECT: Counterintelligence Techniques Course

1. Ann Goodpasture was enrolled in the counter-intelligence techniques course for the period 29 May through 5 June 1951. He received instruction in the following elements:

- |   |                                     |
|---|-------------------------------------|
| a. Familiarisation with the techniques of long range photography (taking of telephoto pictures) | <input checked="" type="checkbox"/> |
| b. Instruction in methods of intensifying and reducing of negatives                             | <input checked="" type="checkbox"/> |
| c. Field equipment for the taking of extremely long range pictures                              | <input checked="" type="checkbox"/> |
| d. Simple technique for producing small images of documents for concealment purposes            | <input checked="" type="checkbox"/> |
| e. Work with the Speed Graphic camera and accessories   | <input checked="" type="checkbox"/> |
| f. Practice in the taking of photo-flash pictures   | <input checked="" type="checkbox"/> |
| g. Work with the Photo-Record and Recordak cameras  | <input checked="" type="checkbox"/> |
| h. Continued practice in darkroom techniques  | <input checked="" type="checkbox"/> |
| i. Locking devices, their relative security, methods of picking safes and combination locks     | <input checked="" type="checkbox"/> |
| j. Instruction and demonstration of microphones and wire-tapping and recording equipment        | <input checked="" type="checkbox"/> |
| k. Surreptitious entry methods, opening of sealed documents                                     | <input checked="" type="checkbox"/> |
| l. Fingerprints, possibilities, limitations, and laboratory practice                            | <input checked="" type="checkbox"/> |
| m. Scientific aids, identification of tool marks, string, paper, etc.                           | <input checked="" type="checkbox"/> |

2. This student completed all phases of the training in a satisfactory manner.
3. Additional comments: Miss Goodpasture had to leave the course before the end of the second week.

**SECRET**

*R. L. McLean*  
 R. L. McLean

**CONFIDENTIAL**

**TO : Chief, FDT**

29 May 1951

FROM : Chief, Investigative Techniques Section, TRD

**SUBJECT:** Basic Photographic Course (Second Week)

1. Miss Ann Goodpasture was enrolled  
in the Basic Photographic Course (second week) for the period  
21 May through 23 May 1951.

2. This course provides intensive practice in all the techniques covered in the first week Basic Photographic Course. The student works under a minimum of supervision and field conditions are simulated as nearly as possible.

3. Other photographic techniques in which this student received training:

4. This student completed all phases of this course in a satisfactory manner.

Although Miss Goodpasture was present for only three days of the second week's course she appeared to have a working knowledge of the work covered.

R. P. Melchers

R. L. NELSON

~~CONFIDENTIAL~~

SECRET

Date 29 May 1961

MEMORANDUM

TO : Chief, Foreign Division T  
FROM : Chief, Communications Division  
SUBJECT: Completion of Communications Training

1. Ann L. Goodpasture has satisfactorily completed the cryptographic and communications security Briefing Course which was given for a specific assignment at Monterrey, Mexico.
2. Student listed above ~~is~~ <sup>is now</sup> qualified to perform cryptographic duties.  
(Comments: Has previous experience. Is capable of performing communications duties with limited supervision or the use of reference materials.)
3. Prior to departure for the field, the above-named person should report to Communications Security Branch, Communications Division, for final briefing. This briefing will require approximately two hours, and must be scheduled in advance at least one week before departure. Appointments can be made by contacting the Communications Security Branch. If training was given outside CIA headquarters, arrangements should be made for a final briefing on the outside.
4. If departure has not occurred within two months after completion of the course, student will be required to return to Training branch, Communications Division, as soon as possible for a review. This review will require approximately 8 hours, and will be repeated at the end of each two-month delay. (The foreign division will be notified when a two-month period has elapsed and arrangements for the review will be made.)
5. It is requested that this office be notified at once, in writing, of any changes in assignment. The training given was specific for the assignment indicated in Paragraph 1 and additional training may be required if the assignment is changed.
6. If the assignment is cancelled, it is requested that this office be notified at once, in writing, and that the student report to Communications Security Branch as soon as possible for a communications debriefing.

FOR THE CHIEF, COMMUNICATIONS DIVISION

*John J. Kelly*  
JOSEPH J. KELLY  
Chief, Communications Training Branch

CC: CSB

~~RRR~~

~~Ebx~~

FORM NO. 35-71  
NOV 1950

SECRET

(45)

~~CONFIDENTIAL~~

**Chief, FDT**

23 May 1951

1. Miss Ann Goodpasture 14 May  
17 May

- wherever possible  
the original film was  
reproduced. This principle of economy and  
economy of time was observed in  
making contact prints from  
each original film however some  
contact prints  
were made in the original negative by the  
camera operator  
184. The original negative was used to make  
contact prints of certain subjects such as  
natural objects such as trees, the camera had  
a 72 mm lens and sacrificed some  
of the original photography with a 50 mm 2.8 lens.  
See also 2. and 3 copy lenses, and microfilm  
original photographs with 100 mm 2.8 lens,  
and covering certain parts of certain subjects using  
different film  
See also section of the guide - Camera  
lenses in color photography  
Procedure in contact prints  
Procedure in original photographs of documents  
Distribution of certain types of cameras and other  
photographic techniques and prints available for  
teaching purposes (on request)

7. Other photographic techniques which this account illustrates  
mentioning etc

3. This student completed 12 pages of this module in a satisfactory manner.

Although Miss Goodpasture was out for a day and 1/2 on sick leave she has a working knowledge of the material covered during her absence.

~~CONFIDENTIAL~~

R. L. MELBERG

SECRET

## TRAINING EVALUATION

1. The official to whom this report is entrusted is personally responsible for it. Although he may, within his discretion show it to other members of his staff, the report should never be shown to the student whom it concerns.

2. The report summarizes the findings, observations, and opinions of the various instructors during the course listed only, with no reference to other facts or findings about the students. More complete data is available in the files of the training division and may be examined after contacting the Records and Scheduling Officer.

STUDENT'S NAME GOODPASTURE, AnnDATE OF REPORT 1 May 1951TRAINING COURSE Administration Course #22DIVISION FDT/OSOGRADE GS-9TRAINING PERIOD 16 - 28 April 1951PROJECTED ASSIGNMENT Admin. Ass't - Monterrey, Mexico

3. PERFORMANCE RECORD: The following grades show the achievement of the student in class problems and examinations. The total possible score is broken down to indicate the relative weighting of various factors. The overall adjectival rating is based on the following scale: 0 to 399 Unsatisfactory; 400 to 799 Satisfactory; 800 to 898 Excellent; 900 to 1000 Superior.

	<u>Possible Score</u>	<u>Achieved Score</u>
Headquarters and Field Problem	100	86
General Exam	100	89
	<u>175</u>	

Overall Adjectival Rating - Excellent - 87

2. TRAIT CHARACTERISTICS RECORD: The following indicates the various personality traits as observed by the instructors during the training period. The observations include the student's participation and conduct in training as well as his reactions to various problems and situations. A scale of 0 to 10 is used, 0 indicating that the trait has not been observed, the lower numbers indicating below average, the higher indicating above average.

(1) Ability to get along and work with people . . . . .	Rating
(2) Ability to grasp instructions . . . . .	See Comment
(3) Enthusiasm and interest in work . . . . .	
(4) Industriousness . . . . .	
(5) Practical intelligence . . . . .	
(6) Astuteness . . . . .	
(7) Adaptability . . . . .	
(8) Effectiveness . . . . .	
(9) Stability . . . . .	
(10) Initiative . . . . .	
(11) Imagination . . . . .	
(12) Ability to handle and direct people . . . . .	

3. COMMENT: (To be used only in cases of outstanding strengths and weaknesses.) This employee who has been with the Agency since 1944 and has had both Headquarters and Field experience exhibited outstanding cooperation, understanding and adaptability of the highest degree throughout the entire course.

*William S. Renihan*  
CHIEF INSTRUCTOR  
WILLIAM S. RENIHAN

APPROVED. L. B. Shallcross  
CHIEF, STA.  
L. B. SHALLCROSS  
REVIEWED. Ann Goodpasture

FORM NO. 51-87  
JAN 1950

SECRET

VOUCHERED

Form approved,  
Budget Bureau No. 50-R012A.

## REPORT OF EFFICIENCY RATING

As of 31 March 1950 based on performance during period from 21 Sept. 1949 to 31 March 1950

GOODPASTURE, Ann L. Intelligence Officer GS-7  
(Name of employee) (Title or position, service, and grade)

OSO, FDZ, Div. I  
(Organization—Indicate bureau, division, section, unit; field station)

ON LINES BELOW MARK EMPLOYEE	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE(S) Administrative, supervisory, or planning <input checked="" type="checkbox"/> All others <input type="checkbox"/>
✓ - If adequate - If weak + If outstanding	(1) Maintenance of equipment, tools, instruments. (2) Mechanical skill. (3) Skill in the application of techniques and procedures. (4) Presentability of work (appropriateness of arrangement and appearance of work). + (5) Attention to broad phases of assignments. - (6) Attention to pertinent detail. - (7) Accuracy of operations. - (8) Accuracy of final results. + (9) Accuracy of judgments or decisions. + (10) Effectiveness in presenting ideas or facts. - (11) Industry. - (12) Rate of progress on or completion of assignments. - (13) Amount of acceptable work produced. (Is mark based on production records? Yes or no) + (14) Ability to organize his work. + (15) Effectiveness in meeting and dealing with others. + (16) Cooperativeness. ✓ (17) Initiative. - (18) Resourcefulness. + (19) Dependability. - (20) Physical fitness for the work.	(21) Effectiveness in planning broad programs. (22) Effectiveness in adapting the work program to broader or related programs. (23) Effectiveness in devising procedures. (24) Effectiveness in laying out work and establishing standards of performance for subordinates. (25) Effectiveness in directing, reviewing, and checking the work of subordinates. (26) Effectiveness in instructing, training, and developing subordinates in the work. (27) Effectiveness in promoting high working morale. (28) Effectiveness in determining space, personnel, and equipment needs. (29) Effectiveness in setting and obtaining adherence to time limits and deadlines. (30) Ability to make decisions. (31) Effectiveness in delegating clearly defined authority to act.

STATE ANY OTHER ELEMENTS CONSIDERED

- + (A) Security
- (B)
- (C)

STANDARD Deviations must be explained on reverse side of this form	Adjective Rating	Rating official	Adjective Rating
Plus marks on all underlined elements, and check marks or better on all other elements rated.	Excellent	Excellent	Excellent
Check marks or better on all elements rated, and plus marks on at least half of the underlined elements.	Very Good	Reviewing official	Excellent
Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance.	Good		
Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance.	Fair		
Minus marks on at least half of the underlined elements.	Unsatisfactory		

Rated by *John H. Kelly* Chief, Bi. I., FLZ/SEA 4 April 1950  
(Title) (Date)

Reviewed by *Harry W. Kotter, Jr.* Deputy Chief, FDZ 12 April 1950  
(Title) (Date)

Rating approved by efficiency rating committee *John H. Kelly* Report to employee *John H. Kelly*  
(Title) (Address/Position)

Standard Form No. 51  
August 1946  
U. S. CIVIL SERVICE COMMISSION

Form approved.  
Budget Bureau No. 50-20722.

## REPORT OF EFFICIENCY RATING

As of 9/21/49, based on performance during period from 3/21/49 to 9/21/49

Ann L. Gaskins Intelligence Officer F-2 (Reports)  
(Name of employee) (Title of position, service, and grade)

OSO, COPS (Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEES	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 50-20722.	CHECK ONE:
<input checked="" type="checkbox"/> If adequate	2. Underline the elements which are especially important in the position.	<input checked="" type="checkbox"/> Administrative,
<input type="checkbox"/> If weak	3. Rate only on elements pertinent to the position: a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions.	<input type="checkbox"/> supervisory, or <input type="checkbox"/> planning
<input checked="" type="checkbox"/> If outstanding	b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	<input type="checkbox"/> All others

- \_\_\_\_ (1) Maintenance of equipment, tools, instruments.
- \_\_\_\_ (2) Mechanical skill.
- \_\_\_\_ (3) Skill in the application of techniques and procedures.
- \_\_\_\_ (4) Presentability of work (appropriateness of arrangement and appearance of work).
- \_\_\_\_ (5) Attention to broad phases of assignments.
- (6) Attention to pertinent detail.
- \_\_\_\_ (7) Accuracy of operations.
- (8) Accuracy of final results.
- (9) Accuracy of judgments or decisions.
- \_\_\_\_ (10) Effectiveness in presenting ideas or facts.
- (11) Industry.
- \_\_\_\_ (12) Rate of progress on or completion of assignments.
- \_\_\_\_ (13) Amount of acceptable work produced. (Is mark based on production records?) (Yes or no)
- (14) Ability to organize his work.
- (15) Effectiveness in meeting and dealing with others.
- (16) Cooperativeness.
- (17) Initiative.
- (18) Resourcefulness.
- (19) Dependability.
- \_\_\_\_ (20) Physical fitness for the work.

### STATE ANY OTHER ELEMENTS CONSIDERED

- (A) Sense of security
- (B) Skill in English usage
- (C) \_\_\_\_\_

STANDARD Deviations must be explained on reverse side of this form	Adjective Rating
Plus marks on all underlined elements, and check marks or better on all other elements rated.	Rating official. <u>EX</u>
Check marks or better on all elements rated, and plus marks on at least half of the underlined elements.	Reviewing official. <u>EX</u>
Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance.	
Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance.	
Minus marks on at least half of the underlined elements.	

Rated by Byron C. Davis Chief, Fr. I., FDZ/SEA 11 October 1949  
(Title) (Date)  
Reviewed by John George Chief, FDZ 21 Oct 49  
(Title) (Date)

Rating approved by efficiency/rating committee 20/49 Report to employee 11/1/49  
(Date) (Adjective rating)





~~CONFIDENTIAL~~

## STATUS AND EFFICIENCY REPORT

(see instructions on reverse side)

1334

— 1 —

SECTIONS 1 THROUGH 8 WILL BE COMPLETED BY EMPLOYEE.

~~TYPEWRITER WILL BE USED, IF POSSIBLE.~~

1. NAME (PRINTED) LAST FIRST MIDDLE CAT RATING SALARY DATE OF ENLISTMENT  
 RIGGS ROBERT B. 7 \$397.20 17 April 1947

2. DESCRIPTION OF DUTIES (AMES, AIRS, TRANSMISSION REPORT, MAIL, MOST RECENT FIRST) DESCRIBE ONE YEAR OUT

2. DESCRIPTION OF DUTIES SINCE LAST EFFICIENCY REPORT. (LIST MOST RECENT FIRST. DESCRIBE CONCISELY BUT FULLY)  
**Administrative Assistant to Chief of Mission.**

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED..... (NONE)

8. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATER?

**MARITAL STATUS** YES NO **NUMBER OF DEPENDENTS** YES NO **EMERGENCY ADDRESSEE** YES NO **LEGAL ADDRESS** YES NO

**IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.**

7 July 1947

941

*(Handwritten Name)* *(Signature)* SIGNATURE OF EMPLOYEE

**SECTION 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR**

7. PERIOD COVERED BY THIS REPORT      OCCASION FOR REPORT  
DATE FROM      DATE TO      ANNUAL      REASSIGNMENT OF      PROPOSED REASSIGNMENT      COVERING INITIAL 90  
REPORTING OFFICER      OF EMPLOYEE REPORTED ON      DAYS OF EMPLOYMENT

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 27?  YES  NO IF NO, EXPLAIN IN SECTION II  
HAS EMPLOYEE STRIVEN FOR  10% DO YOU RECOMMEND EMPLOYEE  10% IF SO, TO WHAT GRADE AND FOR WHAT POSITION  
PROFESSIONAL IMPROVEMENTS?  NO FOR PROMOTION?  NO

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK 'NOT OBSERVED' ON ANY QUALITY WHEN APPROPRIATE.

RATING FACTORS	NOT OBSERVED	UNSAT- ISFACTO-	FAIR	GOOD	VERY GOOD	EXCEL- LENT	GUT- STAM- MING
A. ABILITY TO WORK AND GET ALONG WITH PEOPLE					X		
B. INTEREST AND ENTHUSIASM IN WORK						X	
C. SECURITY CONSCIOUSNESS						X	
D. ABILITY TO GRASP INSTRUCTIONS AND PLANS						X	
E. ATTENTION TO DUTY							X
F. JUDGMENT AND COMMON SENSE						X	
G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE						X	
H. DISCRETION						X	
I. INITIATIVE					X		
J. ABILITY TO HANDLE AND DIRECT PEOPLE.					X		
K. PERFORMANCE OF PRESENT DUTIES (ITEM 2)						X	
L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION						Not observed	
M. TACT				X			
N. SACACITY (NON-GULLIBILITY)					X		
O. LEADERSHIP				X			
P. PHYSICAL STAMINA					X		
Q. MENTAL STAMINA						X	

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU DEFINITELY PREFER NOT BE SATISFIED BE PLEASED PARTICULARLY  
NOT HAVE HIM TO NAME NAME NAME NAME NAME X

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

**IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEET**

{IF REVIEWING OFFICER OR CHIEF OF STATION DOES NOT CONCUR WITH THIS REPORT, EXCEPTIONS WILL BE STATED IN SPACE PROVIDED ON THE REVERSE SIDE HEREOF}

**GENERAL INFORMATION REPORTING OFFICES**

DEPARTMENT OF REVENUE OFFICES

**CONFIDENTIAL****TRAINING EVALUATION**

1. The official to whom this report is entrusted is personally responsible for it. Although he may, within his discretion, show it to other members of his staff, the report should never be shown to the student whom it concerns.
2. In order to arrive at an unprejudiced and independent evaluation, this report was prepared without any knowledge of Appraisal results.
3. This report summarizes the important facts and the relevant observations which have been discovered about the student by the various instructors during the student's course of training. The more complete data on the student are available in the files of the Training Branch, and may be examined by contacting the Chief of the Staff Training Division.

STUDENT'S NAME Ann L. GoodpastureBRANCH FBZ, Div. 1TRAINING PERIOD OSO Class II6 Jan to 7 Feb 1947DATE OF REPORT 13 February 1947

This student does qualify for the projected assignment as administrative assistant. Her understanding of the general aims and nature of intelligence work, of the mission of this organization and of foreign intelligence services is adequate for purposes of her assignment. She shows good judgment and common sense, is observant, methodical, and careful in the collection of her facts, and writes clear and concise reports. Her work in reporting was well above average. Under good supervision she may be capable of handling in addition to her assigned duties, also those of an editorial analyst.

FOR THE ACTING CHIEF, TRB:

*John Gandy*  
 JOHN GANDY  
 Chief, Staff Training Division

Orig: Acting Chief, FBZ  
 cc : Chief, Div. 1  
 cc : Chief of Operations

ADDRESS  
MANAGER  
BRANCH REGIONAL OFFICE  
FOURTH U. S. CIVIL SERVICE REGION  
62 INDIANA AVENUE NW  
WASHINGTON 25, D. C.

UNITED STATES CIVIL SERVICE COMMISSION  
FOURTH UNITED STATES CIVIL SERVICE REGION  
BRANCH REGIONAL OFFICE WASHINGTON 25, D. C.

IN YOUR REPLY REFER TO  
FILE #ERO, IC, L  
AND DATE OF THIS LETTER

June 6, 1945

Chief, Civilian Personnel Branch  
Office of Strategic Services  
Washington 25, D. C.

Dear Sir:

As a result of investigation the person named below has been rated eligible on suitability.

<u>Name and Address</u>	<u>Position</u>
-------------------------	-----------------

Miss Ann Lorene Goodpasture  
c/o Office of Strategic Services  
Washington 25, D. C.

Clerk Stenographer  
Regulation IX, section 2b  
O. S. S. - Outpost  
(New Delhi, India)

Very respectfully,



T. D. Dunn  
Associate Regional Director

cc: Miss Goodpasture

R. A. M. - 100-1000  
P. T. F. O.  
CIAIRMAN EXECUTIVE

JUN 8 1945

RECEIVED

ADDRESS  
BRANCH REGIONAL OFFICE  
FOURTH U.S. CIVIL SERVICE REGION  
REGULATIONS AND RATES  
WASHINGTON 25, D.C.

UNITED STATES CIVIL SERVICE COMMISSION  
FOURTH UNITED STATES CIVIL SERVICE REGION  
BRANCH REGIONAL OFFICE, WASHINGTON 25, D.C.

IN YOUR REPLY REFER TO  
FILE #BRO:IC:LV  
AND DATE OF THIS LETTER

June 6, 1948

Chief, Civilian Personnel Branch  
Office of Strategic Services  
Washington 25, D. C.

Dear Sir:

As a result of investigation the person named below has been rated eligible on suitability.

<u>Name and Address</u>	<u>Position</u>
-------------------------	-----------------

Miss Ann Lorene Goodpasture  
c/o Office of Strategic Services  
Washington 25, D. C.

Clerk Stenographer  
Regulation IX, section 2b  
O. S. S. - Outpost  
(New Delhi, India)

Very respectfully,



T. D. Dunn  
Associate Regional Director

cc: Miss Goodpasture

Standard Form No. 51, Rev.  
Approved Dec. 1941  
C. S. C. Dept. Cir. No. 448

Form approved  
Budget Bureau No. 50-R012,  
Approval expires Mar. 30, 1946.

## REPORT OF EFFICIENCY RATING

As of 31 March 1945, based on performance during period from 26 Jan 1945 to 31 March 1945

Ann L. Goodpasture Clerk-Steno, CAP-5 \$2000. p.m.  
(Name of employee) (Title of position, service, and grade)

Office of Strategic Services P & A New Delhi, India  
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position: a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE:  Administrative, supervisory, or planning <input checked="" type="checkbox"/> <input type="checkbox"/> All others <input type="checkbox"/>
<input checked="" type="checkbox"/> if adequate <input type="checkbox"/> if weak <input checked="" type="checkbox"/> if outstanding		

- t. (1) Maintenance of equipment, tools, instruments.
  - .....(2) Mechanical skill.
  - .....(3) Skill in the application of techniques and procedures.
  - .....(4) Presentability of work (appropriateness of arrangement, and appearance of work).
  - .....(5) Attention to broad phases of assignments.
  - .....(6) Attention to pertinent detail.
  - .....(7) Accuracy of operations.
  - .....(8) Accuracy of final results.
  - .....(9) Accuracy of judgments or decisions.
  - .....(10) Effectiveness in presenting ideas or facts.
  - .....(11) Industry.
  - .....(12) Rate of progress on or completion of assignments.
  - .....(13) Amount of acceptable work produced. (Is mark based on production records? .....)  
(Yes or no)
  - .....(14) Ability to organize his work.
  - .....(15) Effectiveness in meeting and dealing with others.
  - .....(16) Cooperativeness.
  - .....(17) Initiative.
  - .....(18) Resourcefulness.
  - .....(19) Dependability.
  - .....(20) Physical fitness for the work.
- .....(21) Effectiveness in planning broad programs.
  - .....(22) Effectiveness in adapting the work program to broader or related programs.
  - .....(23) Effectiveness in devising procedures.
  - .....(24) Effectiveness in laying out work and establishing standards of performance for subordinates.
  - .....(25) Effectiveness in directing, reviewing, and checking the work of subordinates.
  - .....(26) Effectiveness in instructing, training, and developing subordinates in the work.
  - .....(27) Effectiveness in promoting high working morale.
  - .....(28) Effectiveness in determining space, personnel, and equipment needs.
  - .....(29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
  - .....(30) Ability to make decisions.
  - .....(31) Effectiveness in delegating clearly defined authority to act.

### STATE ANY OTHER ELEMENTS CONSIDERED

- (A) .....  
(B) .....  
(C) .....

STANDARD	Deviations must be explained on reverse side of this form	Adjective rating
Plus marks on all underlined elements, and no minus marks.	<u>E</u>	
Plus marks on at least half of the underlined elements, and no minus marks.		
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks.		
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks.		
Minus marks on at least half of the underlined elements.		

Rated by Joseph R. Costello, Chief, R&A Sec. Det 303 24 April 1945  
(Signature of rating official) (Title) (Date)

Reviewed by George Ryan, Major AC 24 April 1945  
(Signature of reviewing official) (CO #3809) (Date)

Rating approved by efficiency rating committee 6/1/45 Report to employee Excellent  
(Date) (Adjective rating)

**SECRET**

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM**

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2**

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month day, year)	SOCIAL SECURITY NUMBER		
Goodpasture	Ann	Lorene	November 28, 1918	446	14	9768
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)			
O S T B C S						

**3**

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

Mark here —  
if you  
WANT BOTH  
optional and  
regular  
insurance

↓  
  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

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

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

↓  
  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

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

Mark here —  
if you  
WANT NEITHER  
regular nor  
optional  
insurance

↓  
  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

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

**4**

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

SIGNATURE (do not print)

*Ann L. Goodpasture*

DATE

12 February 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
OFFICE OF PERSONNEL

89, Hwy 64 01 51 Hwy

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

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

**SECRET**

CONFIDENTIAL  
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understood the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.

John S. Gaddis, Jr.  
Signature

1 Nov 1968  
D. G.

JAN L. GOODFRIEND

CONFIDENTIAL  
(When Filled In)

## CONFIDENTIAL

(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

NAME OF EMPLOYER	(LAST)	(FIRST)	(MIDDLE)			
<i>Goodpasture</i>						
1. RESIDENCE DATA						
PLACE OF RESIDENCE WHEN APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)					
<i>CELINE TENV</i>	<i>CELINE</i>					
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE						
<i>CELINE</i>						
2. MARITAL STATUS						
CHECK (X) ONE:	SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED	ANNULLED
IF MARRIED, INDICATE PLACE OF MARRIAGE	<i>NA</i>			DATE OF MARRIAGE		
IF DIVORCED, PLACE OF DIVORCE DECREE	<i>NA</i>			DATE OF DECREE		
IF WIDOWED, INDICATE PLACE SPOUSE DIED	<i>NA</i>			DATE SPOUSE DIED		
3. MEMBERS OF FAMILY						
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)			TELEPHONE NUMBER		
<i>NA</i>	<i>—</i>			<i>—</i>		
NAME OF CHILDREN	ADDRESS			SEX	AGE	
<i>NA</i>	<i>—</i>			<i>—</i>	<i>—</i>	
NAME OF FATHER (Or male guardian)	ADDRESS			TELEPHONE NUMBER		
<i>CH Goodpasture</i>	<i>P.O. Box 822, TIPTON, OKLA</i>			<i>NORTH 7-4124</i>		
NAME OF MOTHER (Or female guardian)	ADDRESS			TELEPHONE NUMBER		
<i>ANN H. Goodpasture</i>	<i>—</i>			<i>—</i>		
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?						
<i>NONE</i>						
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY						
NAME (Mr., Mrs., Miss) (Last-First-Middle)				RELATIONSHIP		
<i>CH. Goodpasture</i>				<i>FATHER</i>		
HOME ADDRESS (No., Street, City, Zone, State)				HOME TELEPHONE NUMBER		
<i>P.O. Box 822 TIPTON OKLA</i>				<i>NORTH 7-4124</i>		
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE				BUSINESS TELEPHONE & EXTENSION		
IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION?						
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO					
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?						
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO					
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?						
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO					
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.						
5. VOLUNTARY ENTRIES						
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS						
<i>Riggs NATIONAL BANK, 17TH &amp; WASH D.C.</i>						
CONTINUED ON REVERSE SIDE						
CURRENT RESIDENCE AND DEPENDENCY REPORT						

CONFIDENTIAL  
(When Filled In)

## 5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

A. J. L. Goodpasture

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. IF "YES", WHERE IS DOCUMENT LOCATED?HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

Ridge Bank

## 6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

NONE

SIGNED AT	DATE	SIGNATURE
	15 Jun 59	A. J. L. Goodpasture

CONFIDENTIAL

S E C R E T

19 February 1959

MEMORANDUM TO:

GOODPASTURE, ANN L.  
GUINAND, Alice B.

SUBJECT:

Commendation for Extra Work in Connection With  
Visit of General Cassidy

1. Please accept my personal thanks for the spirit in which you engaged in long and tedious hours of work in connection with the preparation of the charts for General Cassidy's visit.
2. Because of the voluntary nature of this contribution on your parts, and the inability on my own part to adequately demonstrate the appreciation of our mutual employer in a more practical manner, I am asking Headquarters to place a copy of this letter in your personnel files.

Distribution

Orig -

Winston M. Scott

GOODPASTURE

GUINAND

cc - Station

personnel file GOODPASTURE

cc - Station

personnel file GUINAND

cc - Hqs

personnel file GOODPASTURE

→ cc - Hqs

personnel file Guinand

S E C R E T

SECRET

COP Copy

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY.			
W AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7 BELOW:			
NAME OF EMPLOYEE (FNUO) GOODPASTURE, Ann L.		DATE (from item 8-2) 3 Oct 58	NAME OF SUPERVISOR (FNUO) Winston M. Scott
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7 BELOW: J. Washinko, WH/Pers		DATE (from item 8-2) 3 Oct 58	
D DO NOT COMPLETE TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH 28 November 1918	2. GRADE GS-12	3. CURRENT POSITION TITLE Intelligence Officer	7A. EXPECTED RATE OF DEPARTURE FROM FIELD 5 May 1959
4. SERVICE DESIGNATION (if known) KU/TURB	5. CURRENT STATION OR FIELD BASE Mexico City	7B. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			
7. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see 'Special Note on Transmittal Form') CE Officer working on anti-Soviet sensitive operations. Flaps and Seals and photographic processing.			
8. PREFERENCE FOR NEXT ASSIGNMENT			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES. CE Officer Any job for which my past experience and training qualifies me.			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available): Three months intensive language training.			

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)	
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (FOR SEPF. 64 PERIOD 3RD CHOICE) IN THE BOXES BELOW.	
<input type="checkbox"/> RETURN TO MY CURRENT STATION <input checked="" type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT: 1ST. CHOICE _____ 2ND. CHOICE _____ 3RD. CHOICE _____ <input type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS: 1ST. CHOICE WH Div (post to) 2nd choice Lisbon 3rd choice _____ be selected by HSS	
Oct 27 10 30 44 30 11. INDICATE HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS 30	
12. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU? None	
13. SIGNATURE: COMPLETE ITEM NO. S-1. TRANSMITTAL SHEET. TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION.	
14. SIGNATURE: COMPLETE ITEM NO. S-2. TRANSMITTAL SHEET. TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE PERSONNEL OFFICER AT HEADQUARTERS	
15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:  It is requested that this officer be returned to Mexico City for another two (2) year tour. This officer is one of the most able CE officers COS has known and his transfer from this Station would leave a vacancy very, very hard to fill with an equally capable person. Attempts to arrange other than tourist cover will be made for this next tour.	
16. NAME OF PERSONNEL OFFICER Robert N. DAHLGREN DATE 21 October 1958	
17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT	
18. TYPED OR PRINTED NAME	
19. TITLE	
20. SIGNATURE	
21. DATE	
22. COMMENTS I would like to return to Mexico City. I like the people at this Station and the work; however, I am on a tourist card which, in my case, I don't feel can be securely stretched over another two-year tour. Since there is no prospect of other cover, I would like to be assigned to another WH Station. In view of my grade and type of experience, If eel that WH Div personnel officer can best determine the location where I could be most useful if such a vacancy exists in WH. My 2nd choice is Lisbon because I have previously worked with the present chief of station there.	

**SECRET****CENTRAL INTELLIGENCE AGENCY**

WASHINGTON 25, D. C.

**OFFICE OF THE DIRECTOR**

3 APR 1956

**MEMORANDUM FOR:** Ann L. Goodpasture**SUBJECT:** Notification of Membership in the Career Staff

1. On behalf of the Director of Central Intelligence, it gives me pleasure to inform you that your application for membership in the Career Staff has been accepted by the CIA Selection Board. The effective date of your membership is 1 July 1954.
2. Please indicate that you have received this notification by signing in the space provided below and return it to the Head of your Career Service. He will forward it to the Executive Director of the CIA Selection Board.
3. Because your membership in the Career Staff is classified information, it is necessary that this notification be conveyed to you in this manner. The application for membership which you signed has been endorsed on behalf of the Director of Central Intelligence by the Executive Director of the CIA Selection Board and placed in your permanent Official Personnel Folder.

**FOR THE DIRECTOR OF CENTRAL INTELLIGENCE**

A handwritten signature in black ink that reads "Harrison G. Reynolds".

Harrison G. Reynolds  
Chairman, CIA Selection Board

**Noted:**

A handwritten signature in black ink that reads "Ann L. Goodpasture".

Career Service Staff  
Office of Personnel

**Date:** 9 April 1956

15 MAY 1956

**SECRET**

SECRET

12 July 59

CAREER SERVICE CIV				NAIRE			
SECTION I NAME (Last) (First) (Middle)		(To be completed by Goodpasture Ann L.)		AGE 35	(a) GRADE GS-11	NO. OF MOS. IN GRADE 1	CAREER DESIGNATION CD-5 FI
STAFF OR DIVISION	BRANCH	POSITION TITLE Intel. Officer					
NO. OF MOS. IN PRESENT POSITION	NO. OF MOS. IN OBS	NO. OF MOS. IN CIG		NO. OF MOS. IN CIA			
	20	22		84			
DATA ON ALL PERMANENT DUTY OVERSEAS OR IN U.S. FIELD (Include any TDY during last ten years)							
APPROXIMATE DATES OF SERVICE		LOCATION		TDY	PCS	COMMENTS	
FROM Oct 44	TO March 46	COUNTRY India Ceylon	STATION New Delhi Kandy	X	X		
		China	Kunming Shanghai	X	X		
Apr 46	Feb 47	U.S.	Patras	X	X		
Feb 47	Feb 49	India	Bombay	X	X		
Mar 49	May 51	U.S.	Patras	X	X		
June 51	Oct 53	Mexico	Monterrey	X	Apr-May 54 TDY Guatemala		
Nov 53	Jul 54	U.S.	Lincoln	X	Guatemala City.		
INDICATE WILLINGNESS TO SERVE TOUR OF DUTY OVERSEAS PCS							
A <input checked="" type="checkbox"/> YES	B <input type="checkbox"/> ONLY UNDER CERTAIN CONDITIONS	C <input type="checkbox"/> NO					
INDICATE ASSIGNMENT PREFERENCE IF PRECEDING ANSWER IS "A" OR "B"							
PREFERENCE	COUNTRY	STATION	TYPE OF POSITION				
1ST	Germany	No preference	Intel. Off.				
2ND	Any European Country						
3RD	Any Country						
IF ANSWER ABOVE IS "B:" STATE CONDITIONS; IF ANSWER ABOVE IS "C:" EXPLAIN YOUR REASONS							
INDICATE GEOGRAPHIC AREAS OVERSEAS IN WHICH YOU WILL NOT SERVE AND EXPLAIN REASONS							
None							
INDICATE RELATIONSHIP AND AGE OF EACH DEPENDENT TO BE MOVED OVERSEAS							
None at present time.							
INDICATE KNOWN MEDICAL RESTRICTIONS WHICH THE AGENCY HAS IMPOSED ON YOUR SERVICE							
Hearing impairment which in the past has not prevented overseas duty.							

## SECRET

INDICATE ANY UNUSUAL CIRCUMSTANCES CONCERNING DEPENDENTS (OLD AGE, CHRONIC ILLNESS, NEED FOR SPECIAL EDUCATIONAL FACILITIES, ETC.) OR ANY UNUSUAL PERSONAL SITUATION WHICH WOULD AFFECT YOUR OVERSEAS ASSIGNMENT

None at present time.

DESCRIBE TYPES OF HEADQUARTERS AND U.S. FIELD POSITIONS FOR WHICH YOU WOULD LIKE TO BE CONSIDERED AND THE ORGANIZATIONAL COMPONENT IN WHICH YOU WOULD LIKE TO SERVE

Intelligence Officer or case officer. I am willing (but not eager) to do administrative work.

## REMARKS

DATE  
12 July 1954

SIGNATURE OF EMPLOYEE  
*John F. Preston*

## SECTION II

(To be completed by employee's supervisor)

INDICATE APPROXIMATE TIME (MONTHS) WHEN EMPLOYEE CAN BE MADE AVAILABLE FOR OVERSEAS SERVICE	INDICATE APPROXIMATE TIME (MONTHS) WHEN EMPLOYEE CAN BE MADE AVAILABLE FOR ANOTHER HEADQUARTERS OR U.S. FIELD ASSIGNMENT
---	--

COMMENTS ON AVAILABILITY AND EMPLOYEE'S PREFERENCE FOR NEXT ASSIGNMENT

DATE

SIGN.  
HC

PERSONNEL OFFICER WILL FORWARD ORIGINAL TO OFFICE OF PERSONNEL

SUPERVISOR

PRESTON, Administrative Official  
1ST COPY TO APPROPRIATE CAREER SERVICES BOARD

SECRET

\*MAY BE CONTINUED UNDER REMARKS

**SECRET** SECURITY INFORMATION

60250

PLEASE READ INSTRUCTION SHEET BEFORE PREPARING : 3 POINTS

STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE										OFFICE	DIVISION	
I-FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)										BRANCH	SECTION	
AGENCY	LOCATION	FROM			TO			TOTAL SERVICE				
		DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.		
Organization		28	Feb	1944	31	12	51	11	10	7		
Executive Office of the President-OEM-War Relocation	Wash., D.C.	2	Dec	1943	27	Feb	1944	1	2	1		
Executive Office of the President-OEM-Price Adm.		11	Mar	1942	18	Sept	1943	3	7	1		
										5 C.D. dated 4/5/51 for homogen		
										Total Civilian Service	5 7 10	
II MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY; DO NOT INCLUDE TERMINAL LEAVE)												
BRANCH OF SERVICE	FROM			TO			TOTAL SERVICE					
	DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.			
										Total Military Service		
III CERTIFICATION												
I hereby certify that the above Civilian and Military service is complete and accurate to the best of my knowledge.										<i>John L. (John Paul) ...</i>		
<i>J. Russell H.S.</i>										<i>[Signature]</i>		
DATE										SIGNATURE OF EMPLOYEE		
IV REMARKS: (CONCERNING ABOVE SERVICE)										V FOR PERSONNEL OFFICE USE ONLY		
										TOTAL CREDITABLE SERVICE		
										DAYS	MONTHS	YEARS
										<i>529</i>	<i>XV</i>	<i>10</i>

14-00000

CENTRAL INTELLIGENCE AGENCY  
2430 E STREET NW.  
WASHINGTON 25, D.C.

Date 28 May 1951

Dear Miss Ann Goodpasture

1. This is to notify you that the United States Government, as represented by the Central Intelligence Agency, has accepted your employment effective

Position: Intelligence Officer

Base Salary: \$4600.00

2. You will be:

- a. Entitled to annual and sick leave in accordance with Civil Service Commission rules and regulations, or such other provisions of law or regulations as may be established in lieu thereof.
  - b. Reimbursed for travel expenses in accordance with CIA Regulations or Standardized Government Travel Regulations, as amended.
  - c. If stationed outside continental United States, granted such monetary allowances as are prescribed by CIA Regulations.

3. As a condition of your employment by the Central Intelligence Agency, you are subject to assignment to tours of duty at posts outside the continental United States. Each time you are so assigned, unless otherwise specified in advance by CIA, you will be required to remain at the post to which assigned for a period of 24 months from the date of arrival thereat, unless sooner transferred, reassigned or separated for reasons beyond your control. If you wish to return to the United States for personal reasons during that period, all travel and transportation costs incident to such return will be borne by you, with no expense to the Government.

4. If this employment is for assignment to an overseas post, it is understood and agreed that, unless earlier separated for reasons beyond your control, you will remain in Government service for 12 months after your arrival at your first overseas post, and if you violate this agreement, any money expended by the United States on account of your travel and the transportation of your immediate family and household goods will be considered a debt due to the United States.

5. Employment is conditioned upon satisfactory completion of the training courses prescribed by CIA and satisfactory performance of duty for a total period of six months from date of employment. In the event

-2-

either training or performance of duty is deemed unsatisfactory by CIA, you will be offered other types of employment if available, or your employment will be terminated.

6. Your appointment is for such time as your services may be required and funds are available for the work of CIA. Notice of termination will be given you by procedure similar to that provided by Civil Service rules and regulations.

*Ronald J. Mulcahy*  
Official authorized to sign letters of appointment.

I accept the above agreement as a condition of my employment by CIA.

Ann L. Gardner  
Employee

June 1951  
Date

STANDARD FORM 61 (REVISED APRIL 1, 1948)  
PRIMULATED BY CIVIL SERVICE COMMISSION  
CHAPTER AS FEDERAL PERSONNEL MANUAL

## APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, Ann L. GOODPASTURE, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

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

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. 57, dated \_\_\_\_\_, 19\_\_\_\_\_, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

*Ann L. Goodpasture*  
(Signature of appointee)

Subscribed and sworn before me this 21st day of March, A. D. 1949,  
at Washington D. C.  
(City) (State)

Chapter 141, Title III, Sec. 202  
<sup>SEAL</sup>  
Act of July 26, 1949

*Elizabeth Morrison*  
(Signature of officer)  
Appointment Clerk  
(Title)

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

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)  
445 CONN AVE NW, APT 19, WASH. D.C.

2. (A) DATE OF BIRTH  
Dec 28, 1918 (B) PLACE OF BIRTH (city or town and State or country)  
CELMAR, TENNESSEE, U.S.A.

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY  
CITY SOD/PASTURE (B) RELATIONSHIP  
FATHER (C) STREET AND NUMBER, CITY AND STATE  
752 E. MAIN ST. TIPON, OKLA. 123 (D) TELEPHONE NO.

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS?  YES  NO

If no, see each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

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

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		ITEM NO. WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>	X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and rating, if return from military or naval service.</i>	X		
8. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case.</i>	X		
9. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$50 OR LESS WAS IMPOSED)? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case, (1) The date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case If you answered "Yes", your fingerprints will be taken.</i>	X		

### INSTRUCTIONS TO APPOINTING OFFICER

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

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

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

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

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

(4) Members of Family.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probationary or permanent appointment in the competitive service, no other member of such family is eligible for probationary or permanent appointment in the competitive service. The appointments of persons entitled to veterans preference are not subject to this requirement. The members-of-family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

## AFFIDAVIT

## STRIKING AGAINST THE FEDERAL GOVERNMENT

WAR DEPARTMENT

(Dept. or Estab.)

WASHINGTON, D. C.

OFFICE OF ASSISTANT SECRETARY/SSU

(Bureau or Office)

(Place of Impalement)

I, Ann L. Goodpasture, do hereby swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

Ann L. Goodpasture  
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 19<sup>th</sup> day of  
July, 1945 at Washington, State of D.C..

M. K. Haller

Act of June 26, 1943, Section 206

M. K. HALLER  
Admin. Asst  
SSU, War Dept.

Standard Form No. 61A  
Approved January 28, 1943  
U. S. Civil Service Commission  
G. S. C. Dept. Cr. No. 409

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

Research & Analysis  
Far East

Military Supplies ..... Washington, D. C. ....  
(Bureau or Division) (Place of Employment)

Office of Strategic Services.....  
(Department or Establishment)

**A.  
OATH OF  
OFFICE**

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

**B.  
AFFIDAVIT**

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

**C.  
DECLARATION  
OF APPOINTEE**

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

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

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

*Ann L. Goodpasture*  
(Signature of Appointee)

Subscribed and sworn before me this 29th day of February A. D. 1944..  
at ..... Washington, D. C. ....  
(City) (State)

[SEAL]

*Sylvia O'Carroll*  
(Signature of Officer)

Notary Public  
(Title)

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

My commission expires 12/21/46

16-3244-1

February 29, 1944 ..... Clerk-Stamp G-4-\$1800 per annum ..... 11-28-1918 .....  
(Date of Entrance on Duty) (Position to which appointed) (Date of Birth)

**DECLARATION OF APPOINTEE**

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

1. Present Address: 242 Delaware Ave. S.W. Washington, D.C.

*Estimated Number*

2. Who should be notified in case of emergency? C. H. Deadspike Father

~~1000000000~~

Street and Number \_\_\_\_\_ City and State \_\_\_\_\_

2. Does the U. S. Government employ in a civilian capacity any relative of yours, either by blood or marriage, with whom you live or have lived, within the past 6 months?

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Residence step	Married or single	Age
		1. _____			
		2. _____			
		3. _____			
		4. _____			
		5. _____			
		6. _____			
		7. _____			
		8. _____			

4. Place of birth Celina, Tenn. City, County, State or Country

Indicate "Yes" or "No" answer by placing X in proper column		12. Space for detailed answers to other questions.	
Yes	No	ITEM NO.	Write in last column numbers of items to which detailed answers apply
X			
8. Are you a citizen of the United States? .....			
9. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? .....			
(2) this agency in connection with this appointment? .....			
10. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you gained your citizenship? .....	X		
11. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? .....	X		
II. Indicate the place, position, and salary under Item 12.			
(b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position? .....	X		
12. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act? .....	X		
If so, give details under Item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act; and rank, if retired from military or naval service.			
13. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service or forced to resign from any position? .....	X		
If so, give under Item 12 where employed, name and address of employer and the reason for discharge in each case.			
14. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant, or indicted for or convicted of any offense (felony or misdemeanor)? .....	X		
If so, for each case give under Item 12 (1) the date, (2) the name and location of the court, (3) the nature of the charge or violation, and (4) the penalty, if any, imposed, or other disposition.			

## **INSTRUCTIONS TO APPOINTING OFFICER**

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

This form should be checked for holding of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promise to obey, promises regarding political status, and participation in the following:

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

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

(3) Citizenship.—The responsibility for acts prohibiting or restricting the employment provisions of appropriation bills lies with the appointing

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

**44. Members of Family.**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Minors as well as members of a different family, merely by living in an address different from that of the parents, do not constitute members of the family. Servants of family, domestic or otherwise, should not be considered as members of the family. In the case of its duly authorized representatives for adoption, Under War Service Faculties, the members of the family are entitled to be considered as members of the family.

Cler.

FORM 5070A  
AUGUST 1947UNITED STATES CIVIL SERVICE COMMISSION  
WASHINGTON 25924 C.RECEIVED  
204 PHM  
CIVILIAN PERSONNEL  
FOR EMERGENCY MANAGEMENT  
STRATEGIC SERVICES  
1062481

- REAPPOINTMENT FROM  
 TRANSFER FROM

War Relocation Authority  
(Office For Emergency Management)  
Washington, D.C.

NAME Ann L. Goodpasture  
D. O. B. 11/28/18

POSIT. \$204.00 per Mo.  
LOCAT. Placement & Trng. Unit, Pers. Mgt. Sec.  
Washington, D.C.

- REAPPOINTMENT TO  
 TRANSFER TO

Office of Strategic Services  
Washington, D.C.

POSIT. Clerk-Stenographer  
OR A SAL. Clr-4, \$1800 p.a.  
LOCAT. Research & Analysis Far East  
Manpower and Military Supply  
Washington, D.C.

UNDER AUTHORITY DERIVING FROM WAR MANPOWER COMMISSION DIRECTIVE NO. 10 AND EXECUTIVE ORDERS 8243  
AND 9063 THE ABOVE TRANSFER OR REAPPOINTMENT IS

AUTHORIZED  
UNDER WAR SERVICE REGULATION 1K, SECTION 2b, EFFECTIVE ON OR AFTER THE DATE OF THIS  
NOTICE, AS AGREED UPON BY THE TWO AGENCIES CONCERNED, BUT IN NO CASE LATER THAN 10 DAYS FROM  
THE DATE OF THIS NOTICE, EXCEPT AT THE OPTION OF THE RECEIVING AGENCY, OR UNLESS OTHERWISE ORDERED  
BY THE CIVIL SERVICE COMMISSION.  
SUBJECT TO THE FOLLOWING CONDITIONS (IF ANY) Investigation

DISAPPROVED  
 (A) THE PERSON PROPOSED IS NOT ELIGIBLE  
 (B) SUCH TRANSFER IS CONTRARY TO DIRECTIVES OF THE WAR MANPOWER COMMISSION

CANCELED ON ADVICE FROM REQUESTING AGENCY.

Appointment of the applicant proposed by you is authorized. Your attention is  
called, however, to the nature of his reply or absence of a reply to question  
16 on C.S. Form 57 concerning physical condition.

ENCLOSURE (IF APPROVED UNDER SECTION 61)  
STATEMENT OF REEMPLOYMENT BENEFITS  
TO BE FURNISHED TO EMPLOYEE

WAR TRANSFER UNIT  
U. S. CIVIL SERVICE COMMISSION

RELEASER - USED BY THE FEDERAL STAMP CO. PRINTED

SECRET

(When Filled In)

## QUALIFICATIONS UPDATE

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

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

Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

PWP

## SECTION I

## BIOGRAPHIC AND POSITION DATA

EMP. STN. NO. 057303	NAME (Last-First-Middle) GOODPASTURE, Ann L.	DATE OF BIRTH 11/28/18	SD D	GRADE 13
-------------------------	---	---------------------------	---------	-------------

## SECTION II

## EDUCATION

## HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------	--------------------------------	--------------------------	--

## COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM - TO -	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/QTR. HRS. (Specify)
	MAJOR	MINOR				
1.						
2.						

If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.

## TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

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

## OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

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

## SECTION III

## MARITAL STATUS

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

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

3. DATE OF BIRTH 4. PLACE OF BIRTH (City, State, Country)

5. OCCUPATION 6. PRESENT EMPLOYER

7. CITIZENSHIP 8. FORMER CITIZENSHIP(S) COUNTRY(IES) 9. DATE U.S. CITIZENSHIP ACQUIRED

## SECTION IV

## DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

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

~~SECRET~~

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATES & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK (X)			
				RESI- DENCE	TRAVEL	STUDY	WORK ASIGN- MENT
1.		JUN 14 1971	SEP 22 1971				
2.							
SECTION VI TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (RPM)	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GREGG	<input type="checkbox"/> SPEEDWRITING	<input type="checkbox"/> STENOTYPE	<input type="checkbox"/> OTHER SPECIFY:		
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?		2. NEW CLASSIFICATION					
<input type="checkbox"/> YES	<input type="checkbox"/> NO						
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		4. IF DEFERRED, GIVE REASON					
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANI- ZATION TO WHICH YOU BELONG		<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD		
		<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/>	<input type="checkbox"/> AIR NATIONAL GUARD		
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION			
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY(active) <input type="checkbox"/> STANDBY(inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT		6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED					
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED		RESIDENT	
						AGENCY-SPONSORED	
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)				DATE OF MEMBERSHIP	
						FROM	TO
1.							
2.							
3.							
SECTION X REMARKS							
DATE		SIGNATURE OF EMPLOYEE					
		<i>John J. Stodger, Jr.</i>					

~~SECRET~~

SECRET

When filled in

LLC

OFFICIAL USE ONLY (until filled in)

## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

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

SECTION I		BIOGRAPHIC AND POSITION DATA		
1) LWP SER NO US57303	2) NAME (Last First Middle) Goodpasture, Ann L.	3) SEX F	4) DATE OF BIRTH 11/29/18	5) SCHEDULE, GRADE/STEP 13
6) SD D	7) POSITION TITLE Oms Officer	8) OFFICE OF ASSIGNMENT DDP/AFB/1	9) LOCATION (Country/City) Headquarters	

SECTION B AGENCY OVERSEAS SERVICE				
AREA	TYPE TOUR	FROM	TO	
OSS WWII Overseas not included				
India	PCS	4/47	12/48	
Mexico	PCS	7/51	11/53	
Guatemala	TDY	4/54	5/54	
Mexico	PCS	5/57	10/68	
Uruguay	TDY	3/67	4/67	

OVERSEAS DATA  
CODED  
DATE: INITIALS:  
08 JUL 1969 *RL*

SECTION III EDUCATION			
DECREE	MAJOR FIELD	COLLEGE	YEAR

FORM  
107 4443  
Mfg 2-67

SECRET

CLASSIFIED  
Excluded from automatic  
downgrading and declassification

(451)

6 PAGE ENDS

FORM DSP-34 9-3-48 FORMERLY FS-372 APPLICATION FOR EMPLOYMENT IN THE FOREIGN SERVICE OF THE UNITED STATES			BY <input checked="" type="checkbox"/> BUREAU NO. 47-8071-1 APPROX. EXPIRES AUGUST 31, 1950 THIS SPACE FOR OFFICE USE ONLY																			
<b>INSTRUCTIONS</b> —Answers to all questions must be typed or printed. All questions must be answered fully. If sufficient space has not been provided for your answer to any question, complete your answer under item #37.			PREVIOUS <input type="checkbox"/> CARDED <input type="checkbox"/> ACKNOWLEDGED INDEXED <input type="checkbox"/> INVESTIGATED <input type="checkbox"/> ACTION CODE <input type="checkbox"/> OTHER																			
DATE OF APPLICATION October 1950			POSITION APPLIED FOR <b>Foreign Service Staff</b>																			
THIS SPACE FOR OFFICE USE ONLY		1. NAME (Last) (First) (Middle) (Maiden, if any) <b>GOODPASTURE, Ann Lorene</b>		2. HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES", GIVE FULL DETAILS UNDER ITEM #37.																		
3a. PERMANENT ADDRESS (Place from which transportation will be made to and from work, Street number and name) <b>3101 P Street, N.W.</b>		3b. CITY, POSTAL ZONE, STATE <b>Washington, 7, D.C.</b>		4. STATE OF WHICH YOU ARE A LEGAL RESIDENT <b>Oklahoma</b>																		
5. PRESENT ADDRESS IF DIFFERENT FROM ABOVE <b>Same as above</b>				PRESENT BUSINESS PHONE <b>Executive 6115</b> PRESENT HOME PHONE <b>Dupont 4854</b>																		
6. DATE OF BIRTH (Month, day, year) <b>28 November 1918</b>		7. PLACE OF BIRTH (City, state, or country) <b>Celina, Tennessee</b>																				
8a. IF BORN OUTSIDE U.S. HOW WAS CITIZENSHIP ACQUIRED? <b>Not applicable</b>			8d. IF A NATURALIZED CITIZEN, PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE <b>Not applicable</b>																			
9. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		10. HEIGHT <b>5 FT. 3 IN.</b>		11. WEIGHT <b>115 LBS.</b>																		
				12. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED																		
13. WHAT IS THE LOWEST BASE SALARY, EXCLUSIVE OF ALLOWANCES YOU WILL ACCEPT? \$ <b>5</b> PER ANNUM																						
14. WHAT RESTRICTIONS ARE THERE IF ANY ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD? <b>None</b>																						
15. FULL NAME OF HUSBAND/WIFE (If wife, maiden name) <b>Not applicable</b>			16. DEPENDENTS <table border="1"> <tr> <th>NAME</th> <th>RELATIONSHIP</th> <th>DATE OF BIRTH</th> </tr> <tr> <td><b>None</b></td> <td><b>Not applicable</b></td> <td><b>Not applicable</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		NAME	RELATIONSHIP	DATE OF BIRTH	<b>None</b>	<b>Not applicable</b>	<b>Not applicable</b>												
NAME	RELATIONSHIP	DATE OF BIRTH																				
<b>None</b>	<b>Not applicable</b>	<b>Not applicable</b>																				
17. WHICH DEPENDENTS WOULD YOU WISH TO ACCOMPANY YOU ABROAD? <b>None</b>																						
18a. FATHER'S NAME <b>C.H. Goodpasture</b>		b. PLACE OF BIRTH <b>Celina, Tennessee</b>		c. OCCUPATION <b>Retired</b>																		
d. PRESENT ADDRESS <b>Post Box 822, Tipton, Oklahoma</b>		e. IF BORN OUTSIDE U.S. DID FATHER EVER OBTAIN U.S. CITIZENSHIP? <input type="checkbox"/> NO <b>Not applicable</b>																				
19a. MOTHER'S MAIDEN NAME <b>Anna W. Goodpasture</b>		d. PLACE OF BIRTH <b>Rickman, Tennessee</b>		c. OCCUPATION IF ANY <b>None</b>																		
d. PRESENT ADDRESS <b>Post Box 822, Tipton, Oklahoma</b>		e. IF BORN OUTSIDE U.S. DID MOTHER EVER OBTAIN U.S. CITIZENSHIP? <input type="checkbox"/> NO <b>Not applicable</b>																				
20a. CAN YOU TAKE DICTATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>100 W.P.M.</b>		b. ARE YOU A STENOTYPIST? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>100 W.P.M.</b>		c. CAN YOU TYPE BY TOUCH SYSTEM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>65 W.P.M.</b>																		
d. NAME OTHER OFFICE <b>Arding Machines</b>																						

21. MILITARY STATUS				
3. IF YOU HAVE BEEN IN THE ARMED FORCES OR IN THE MERCHANT MARINE IN WHAT SERVICE AND BRANCH DID YOU SERVE? (e.g. U.S. Army, Field Artillery)		D. SERVICE OR SERIAL NUMBER		
Not applicable		Not applicable		
C. DATE OF ENTRY ON ACTIVE DUTY  Not applicable	D. RATE OR RANK AT TIME OF ENTRY  Not applicable	E. DATE OF HONORABLE DISCHARGE OR SEPARATION  Not applicable		
E. RATE OR RANK AT TIME OF DISCHARGE OR SEPARATION  Not applicable	F. PRESENT RATE OR RANK IF ON ACTIVE DUTY  Not applicable			
22a. WHAT PERTINENT FEDERAL CIVIL SERVICE EXAMINATIONS HAVE YOU TAKEN? (Give year, title, and grade received)  None				
D. DO YOU HAVE A PERMANENT CIVIL SERVICE STATUS IN THE FEDERAL GOVERNMENT?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		C. IF NOW EMPLOYED IN THE FEDERAL GOVERNMENT GIVE PRESENT GRADE AND DATE OF LAST CHANGE IN GRADE GS-9 Feb 4, 1951		
23. HAVE YOU EVER APPLIED FOR A POSITION UNDER THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION UNDER THE DEPARTMENT OF STATE?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF ANSWER IS "YES" GIVE PARTICULARS UNDER ITEM #37.				
24. HAVE YOU EVER HELD A POSITION UNDER A FOREIGN GOVERNMENT? (Including service in the Armed Services of a Foreign power)  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF ANSWER IS "YES" GIVE DETAILS UNDER ITEM #37.  War Dept. India, Ceylon, China 1944-1946 SP dated 1944, Washington, D.C. American Consulate General, Bombay, India, 1947-1948 SP#713, 13 March 1947, Washington, D.C. Nov-Dec 1948 Travel Bombay to U.S., leave enroute Egypt, Greece, Italy, Switzerland.				
26. FOREIGN LANGUAGES (Name and indicate the extent of your competence, i.e. Excellent, Good, Fair) France, England.				
A. LANGUAGE  French	B. READ  fair	C. WRITE  fair	D. SPEAK  fair	E. UNDERSTAND  fair
27. EDUCATION				
a. GRADE SCHOOL — CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8				
	NAME AND ADDRESS	DATES ATTENDED	YEARS COMPLETED	DEGREES CONFERRED
b. HIGH SCHOOLS OR PREPARATORY SCHOOLS	Senior High School Tipton, Oklahoma	1932	1936	4 H.S. Diploma General Arts and Sciences
c. COLLEGES OR UNIVERSITIES	University of Oklahoma Norman, Oklahoma	1937	1941	4 B.S. Education, Arts and Sciences 127
d. OTHER EDUCATIONAL INSTITUTIONS OR TRAINING SCHOOLS	Hills' University Oklahoma City, Oklahoma	Sept. 1941	Feb. 1942	$\frac{1}{2}$ None Bus. Admin. Stenotypy
28. EMPLOYMENT				
INSTRUCTIONS. (In the spaces provided below describe every position which you have held since you first began to work. Start with present position and work back to the first position which you held. Account for all periods of unemployment and state reasons of any unemployment indicated). Use continuation sheet if more space is required.				
PRESENT POSITION				
DATES OF EMPLOYMENT (Month, year) FROM: Mar. 1949 TO: March 1951		EXACT TITLE OF YOUR PRESENT POSITION Admin. Assistant		SALARY OR EARNINGS STARTING \$3978 PER YR. PRESENT \$4600 PER YR.
PLACE OF EMPLOYMENT (City, state) Washington, D.C.		DESCRIPTION OF YOUR WORK  General administrative, personnel, and procurement duties. Preparation of reports in accordance with administrative procedures.		
NAME AND ADDRESS OF EMPLOYER CIA				
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None				
NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR W.B. Smith				
REASON FOR DESIRED TO CHANGE EMPLOYER Desire to join Foreign Service		IF CURRENTLY EMPLOYED, APPROACH PRESENT EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

DATES OF EMPLOYMENT (Month, year) From: Mar 1947 To: March 19		EXACT TITLE OF YOUR POSITION Admin. Assistant	SALARY OR EARNINGS STARTING \$ 2800 PER YR. FINAL \$ 4100 PER YR.
PLACE OF EMPLOYMENT (City, state) Bombay, India		DESCRIPTION OF YOUR WORK General administrative duties, including preparation of correspondence, administrative reports; handled certain Seaman and Shipping duties; assisted in preparation of pouches and other duties as assigned.	
NAME AND ADDRESS OF EMPLOYER American Consulate General Bombay, India			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None			
NAME AND TITLE OF IMMEDIATE SUPERVISOR John J. Macdonald, Consul General			
REASON FOR LEAVING Return to U.S.			
DATES OF EMPLOYMENT (Month, year) From: Feb 1944 To: March 1947		EXACT TITLE OF YOUR POSITION Admin. Assistant	SALARY OR EARNINGS STARTING \$ 1800 PER YR. FINAL \$ 2600 PER YR.
PLACE OF EMPLOYMENT (City, state) Washington, DC, India, Ceylon, China		DESCRIPTION OF YOUR WORK Chief Clerk handling personnel actions, files, information reports, administrative correspondence; preparation of pouches; dictation and stenographic duties.	
NAME AND ADDRESS OF EMPLOYER War Department, Washington, D.C.			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 1-3			
NAME AND TITLE OF IMMEDIATE SUPERVISOR C. Martin Wilbur, Section Chief			
REASON FOR LEAVING To take above position			
DATES OF EMPLOYMENT (Month, year) From: Mar 1942 To: October 1943		EXACT TITLE OF YOUR POSITION Senior Stenographer and Jr. Employee Services Officer	SALARY OR EARNINGS STARTING \$ 1440 PER YR. FINAL \$ 2000 PER YR.
PLACE OF EMPLOYMENT (City, state) Washington, DC		DESCRIPTION OF YOUR WORK Employee counselling, aided in case work involving clerical personnel placement problems; stenographic duties, including dictation and transcription of conferences; Maintained accounts for Credit Union, and employee contributions for welfare campaigns.	
NAME AND ADDRESS OF EMPLOYER Executive Office of the President, Officer of Emergency Management, Central Personnel and Price Administration			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 1-3			
NAME AND TITLE OF IMMEDIATE SUPERVISOR Edwin Falter, Personnel Officer			
REASON FOR LEAVING Left DC (temporary illness of parent)			
29. OTHER POSITIONS HELD FOR LESS THAN THREE MONTHS AND PERIODS OF UNEMPLOYMENT. (List—Beginning with most recent)			
DURATION From To	POSITION	NAME AND ADDRESS OF EMPLOYER OR REASON FOR UNEMPLOYMENT	STARTING AND FINAL SALARY PER ANNUM
Dec 1943 Jan 1944	Personnel and Placement Clerk	GPO/WAR Relocation Authority Washington, DC	\$1620. 1620.
Sept 1941 Jan 1942	Photographic Technician (part time while in school)	Elko Photographic Finishing Co. Oklahoma City, Oklahoma	12.50 per wk approx 20.00 per wk
30. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF ANSWER IS "YES" GIVE FULL DETAILS UNDER ITEM #37.			
31. HAVE YOU NOW OR HAVE YOU EVER HAD ANY PHYSICAL DEFECTS OR DISABILITIES WHATSOEVER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		32. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
33. WITHIN THE PAST TWELVE MONTHS, HAVE YOU FREQUENTLY USED INTOXICATING BEVERAGES TO EXCESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		34. HAVE YOU EVER HAD TUBERCULOSIS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
35. WERE YOU EVER MEDICALLY DISCHARGED FROM THE ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF ANY OF YOUR ANSWERS TO ANY OF THE ABOVE IS "YES" GIVE FULL PARTICULARS UNDER ITEM #37. Not applicable	

32. DUE TO YOUR FINANCIAL POSITION, WAS IT DISCHARGE OF ALL DEBTS IN CONCERN?  YES  NO. IF ANSWER IS "NO", STATE UNDER ITEM #37 THE NAMES OF CREDITORS, AMOUNTS DUE TO EACH, AND DATES ON WHICH THE DISBURSEMENTS WERE CONTRACTED.

D. IF NOW RESIDING ABROAD HAVE YOU EVER PAID A U.S. INCOME TAX?  YES  NO. IF ANSWER IS "YES", GIVE DATE AND AMOUNT OF LAST PAYMENT.

**Held Residing in U.S.**

33. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY POLITICAL PARTY OR ORGANIZATION THAT ADVOCATES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE OR VIOLENCE?

YES  NO. IF ANSWER IS "YES", GIVE FULL DETAILS UNDER ITEM #37.

34. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY CIVIL OR MILITARY AUTHORITIES IN THE UNITED STATES OR IN ANY OTHER COUNTRY (other than for minor traffic violations where the fine did not exceed \$250)?  YES  NO

IF SO, STATE UNDER ITEM #37 THE NAME AND LOCATION OF THE COURT, DATES AND DETAILS OF PROCEEDINGS, AND DISPOSITIONS.

35. LIST THREE COMPETENT AND RESPONSIBLE PERSONS IN THE UNITED STATES NOT RELATED TO YOU BY BLOOD OR MARRIAGE WHO ARE PARTICULARLY QUALIFIED TO SUPPLY DEFINITE INFORMATION REGARDING YOUR CHARACTER AND ABILITY (do not give names of supervisors listed in answer to questions no. 28 or 29).

NAME	ADDRESS	OCCUPATION
Mr. George H. Greene	1312 29th St., N.W., Wash., DC 1120 Ramblewood Road Baltimore, Maryland	U.S. Govt. Surgeon
Dr. I.R. Howard	Couvelin Terrace Clevy Chase, Maryland	
Hubert H. Humphrey		U.S. Senator

36. MENTION HERE ANY SPECIAL QUALIFICATIONS OR ACHIEVEMENTS NOT COVERED ELSEWHERE IN THIS APPLICATION, INCLUDE SUCH ITEMS AS ANY BOOKS OR ARTICLES YOU HAVE WRITTEN, SPECIAL RESEARCH WORK, TECHNICAL SKILLS, HONORARY OR PROFESSIONAL SOCIETY MEMBERSHIPS, AND ANY OTHER INFORMATION YOU CONSIDER PERTINENT. YOU MAY INCLUDE ANY PERTINENT RELIGIOUS, CIVIC, WELFARE, OR ORGANIZATIONAL ACTIVITY WHICH YOU HAVE PERFORMED EITHER WITH OR WITHOUT COMPENSATION, SHOWING THE NUMBER OF HOURS PER WEEK AND NUMBER OF WEEKS PER YEAR IN WHICH YOU WERE ENGAGED IN SUCH ACTIVITY.

37. USE THIS SPACE FOR COMPLETING ANSWERS TO ANY OF THE FOREGOING QUESTIONS, NUMBERING ANSWER TO CORRESPOND WITH QUESTIONS. USE EXTRA SHEETS OF PAPER IF NECESSARY.

23. In October 1945 transferred by Executive order to Department of State, IRIS/Kunming, China; however, transfer cancelled in December 1945 and remained with War Department, Shanghai.

28. Under present position am included in the provisions of the U.S. Retirement Act.

#### CERTIFICATION

*False Statement on this Application is Cause for Dismissal.*

I DO SOLEMNLY AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

*June 6, 1946*

NAME AS USUALLY WRITTEN AND READ

*June 6, 1946*

WILL BE USED AS OFFICIAL SIGNATURE

Standard Form 57, G-1, 1942  
U. S. GOVERNMENT PRINTING OFFICEForm approved  
Board of Civil Service Commissioners

## APPLICATION FOR FEDERAL EMPLOYMENT

INTERVIEW AND MEDICAL EXAMINATIONS ARE CONDUCTED BY THE CIVIL SERVICE COMMISSION AND NOT IN THE U.S. POSTAL SERVICE OR IN ANY OTHER UNITED STATES GOVERNMENT AGENCY. THE CIVIL SERVICE COMMISSIONER IS THE EXAMINER-IN-CHIEF AND IS RESPONSIBLE FOR ALL ASPECTS OF THE EXAMINATION PROCESS. NO OTHER OFFICIALS ARE TO BE NAMED IN THIS APPLICATION. BE ADVISED THAT OTHER OFFICE APPLICATION FORMS REQUIRED BY THE CIVIL SERVICE COMMISSIONER ARE THE ONLY FORMS WHICH ARE ACCEPTABLE.

1. Name or designation of kind of position applied for:

2. Grade or class or 2 determined in examination announcement:

3. Place of employment applied for:

4. Street address and telephone number:

5. City or place of residence (postal zone), and State:

Washington, D.C.

6. Length of time you have resided there:

7. Office phone No. Home phone:

IDE 0300

8. Place of birth, date and State. If born outside U.S., name city and country:

Gaines, Tennessee,

9. Date of birth (month, year):

28 November 1918

10. Age last birthday:

30

11. Sex:

Male

Female

12. Height without shoes:

5 feet 2 inches

Weight:

104 pounds

13. Have you ever been employed by the Federal Government?  Yes  No

If now employed by the Federal Government, give present grade and date of hire:

temp CAR-9 rec 14, 1947

14. Indicate "Yes" or "No" according to whether  is proper column:

15. (a) Would you accept short-term appointment if offered for:

1 to 3 months?

3 to 6 months?

6 to 12 months?

16. (c) Do you will accept appointment in certain locations ONLY, give acceptable locations:

(a) What is the lowest entrance salary you will accept? \$..... per year.

You will not be considered for positions paying less.

(b) If you are willing to travel specify:

occasionally  frequently  constantly

17. (b) Would you accept appointment if offered for:

in Washington, D. C.?

anywhere in the United States?

outside the United States?

18. EXPERIENCE—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to determine what qualifications for the position for which you are applying. Give the greatest detail possible. EVERY question will be held. Use a separate sheet for EACH position. You may also include any pertinent religious, civic, welfare or organizational activity which you have performed either with or without compensation, giving the number of hours per week and weeks per year in which you were engaged in such activity. Start with your PRESENT position and work back, indicating the full periods of unemployment. Explain clearly the principal duties which you performed in each position. Describe your experience in the Armed Services in connection with Military Experience:

(a) If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

## PRESENT POSITION

Date of employment (Month, year)

From: November 1946

In present time

Place of employment (City and State)

Bombay, India

Name and address of employer (firm, corporation, or person). If Federal, name department, bureau or establishment, and division:

American Consulate General

Kind of business or organization (e.g., trade, sales, insurance, property, etc.)  
U.S. Foreign Service

Number and kind of employees supervising of you:

none

Name and title of immediate supervisor:

Lennox C. Fogg, Vice Consul

Reason for desiring to change employment:

Return to U.S.

Exact title of your present position:

Administrative assistant

Salary or earnings:

Starting \$ per

Present \$ per

Description of your work: General administrative and routine consular duties.

(CONTINUED ON NEXT PAGE)

50-10000-4

## 16 CONTINUED

Date of entry into service From June 46 To Nov 46		Exact title of your position <b>Reference Clerk</b>	Salary or earnings Starting \$ per Final \$ 2770 per yr
Place of assignment (City and State) <b>Washington, D.C.</b>		Description of your work <b>General reference, indexing of classified documents on far east.</b>	
Name and address of employer (firm, organization, or agency). If Federal name department, bureau or establishment, and division <b>SCU-CIG Registry</b>			
Kind of business or organization (e. g., wholesale silk, insurance agency, etc. of locks, etc.) <b>US GOVT</b>			
Number and kind of employees supervised by you  <b>transfer</b>			
Name and title of immediate supervisor <b>Mrs. C. Gilbert, Chief, Registry</b> Reason for leaving: <b>transfer</b>			
Date of entry into service From October 45 To May 46		Exact title of your position <b>Reference Clerk</b>	Salary or earnings Starting \$ per Final \$ 2560 per yr
Place of assignment (City and State) <b>Shanghai, China</b>		Description of your work <b>Clerk, general administrative assistant, and secretary for Chief, IIS, China and reference clerk for OB of ESU, China</b>	
Name and address of employer (firm, organization, or agency). If Federal name department, bureau or establishment, and division <b>IRIS-SSU</b>			
Kind of business or organization (e. g., wholesale silk, insurance agency, etc. of locks, etc.) <b>US GOVT</b>			
Number and kind of employees supervised by you  <b>Name and title of immediate supervisor C. H. Wilbur, Chief, IIS and Col. R. J. Delaney Reason for leaving: Transfer</b>			
Date of entry into service From February 44 To September 45		Exact title of your position <b>Clerk and Stenographer</b>	Salary or earnings Starting \$ per Final \$ 2560 per yr
Place of assignment (City and State) <b>New Delhi, India, Ceylon &amp; Kunming, China</b>		Description of your work <b>Secretary, clerk, stenographer, and general administrative assistant for East Asia Economics section in D.C. and R&amp;A branch in field.</b>	
Name and address of employer (firm, organization, or agency). If Federal name department, bureau or establishment, and division <b>OSS-S&amp;A-CBI</b>			
Kind of business or organization (e. g., wholesale silk, insurance agency, etc. of locks, etc.) <b>US GOVT</b>			
Number and kind of employees supervised by you  <b>Name and title of immediate supervisor Geo. Greene, Cora DuBois &amp; Col. Joseph Spencer Reason for leaving: Chiefs of R&amp;A Transfer</b>			
Date of entry into service From 11 Mar 42 To February 44		Exact title of your position <b>Jr. Employee Services Officer</b>	Salary or earnings Starting \$ per Final \$ 2000 per
Place of assignment (City and State) <b>Washington, D.C.</b>		Description of your work & Personnel Clerk 1620 <b>General employee services functions for Personnel Division, OEM-Price Admin. General personnel clerk for WRA (OEM)</b>	
Name and address of employer (firm, organization, or agency). If Federal name department, bureau or establishment, and division <b>CEN-Price Admin. &amp; ERA Personnel</b>			
Kind of business or organization (e. g., wholesale silk, insurance agency, etc. of locks, etc.) <b>US GOVT</b>			
Number and kind of employees supervised by you  <b>Name and title of immediate supervisor R.C. Prosky, Chief, Employee Services Section Reason for leaving: Transfer</b>			

If more space is required, use a continuation sheet (Star 1 or Form No. 50) or a sheet of paper the same size as in part 3. Write on such sheet your name, address, date of birth, and education and attach to end of this section. *10-47202*

Prior employment during college not applicable

QUALIFICATIONS & EXPERIENCE

12 Nov. 1946

NAME: Ann Lorene GOODPASTURE

PERSONAL: Date of Birth - 26 November 1918  
Place of Birth - Celina, Tennessee  
Legal Residence - Oklahoma

PARENTAGE: Father: C. H. Goodpasture, Born 12 February 1894  
Citizenship - U.S. by Birth  
Mother: Anna W. Goodpasture, Born 21 February 1891  
Citizenship - U.S. by Birth

EDUCATION: 1925-30 Grammar School - Tennessee & Oklahoma  
1930-32 Ward Jr. High School, Tipton, Oklahoma  
1932-36 Tipton Sr. High School, Tipton, Oklahoma  
1937-41 University of Oklahoma, Norman, Oklahoma BS 1941  
9/41 - 2/42 Hill's University, Oklahoma City. Special courses  
no degree conferred

EXPERIENCE: 1937-41 - University of Oklahoma. Secretarial & clerical duties - part-time while attending school \$20-30 month

9/1941-2/1942 - Elko Photographic Finishing Co., Oklahoma City.  
Secretary and Photographic technician - part-time while in school. \$60-85. month

3/1942-1/1944 - Office for Emergency Management, Central Personnel and Price Administration. Steno & Jr. Employee Services Officer. \$1140-2000. yr

2/1944-Present - Office of Strategic Services. Far East Division, RAA Branch. Secretary to Chief, East Asia Economics Section to Nov. 44, Washington, DC. \$1800. yr

New Delhi, India; Kandy, Ceylon; Kunming, China  
Secretary & Chief Clerk to Chief, OSS/RAA, IB and China  
Theaters to Oct. 1945 \$2000-2300 yr

Kunming, China; Shanghai, China  
Secretary & Chief Clerk to Chief, IRIS/CT, Dept. of State to December 1945. \$2320. yr

Shanghai, China; Washington, DC  
HD, OASW; SSU. Reference Clerk, Order of Battle Section, SI, Shanghai and Registry, SI, Washington. \$2320-2770. yr.

LANGUAGES: French, Speak, Write, Read fair

TRAVEL: Nov. 1944-Sept. 1945, India & Ceylon (2 months temporary duty in Ceylon - Jun. July 1945).  
Sept. 1945 - March 1946, China

17. **EDUCATION** (Circle) Indicate by check the most recent year in which you attended or completed each of the following educational experiences. If you have graduated from a college, junior college, vocational school, or technical school, indicate the name of the school and the year you graduated. If you have attended no formal or technical schools while in the service, write in Item (a) "No formal school service schools" and indicate in Item (b) all important changes in duty assignment, showing dates of such assignments.

(a) First Service School Attended	(b) When were you placed in first service school?	
Location:		
Date attended (month, year):		
From _____ To _____ Rating received at end of this training:		
(c) Duty assignment or training after this training. Give all important changes in duty assignment whether or not you attended a service school:	(d) What did you do during this duty assignment?	
Date of duty assignment (month, year):		
From _____ To _____ Rating received at end of this training:	(e) Second Service School Attended:	
Location:	(f) What were you taught in second service school?	
Date attended (month, year):		
From _____ To _____ Rating received at end of this training:	(g) Duty assignment after this training:	
Date of duty assignment (month, year):	(h) What did you do during this duty assignment?	
From _____ To _____	List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.	
18. EDUCATION - Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12		
Mark (a) the appropriate box to indicate satisfactory completion.		
<input type="checkbox"/> Elementary School <input type="checkbox"/> Junior High School <input checked="" type="checkbox"/> Senior High School		
Tipton, Okla. Tipton High School		
(c) Subjects studied in high school (which apply to parts as directed):		
No specialized curriculum		
(d) Name and Location of College or University		
Education From _____ To _____		
University of Oklahoma, Norman English 1937 1941 X 4 B.S. 1941 127 (?) Hills' University, Okla. City Bus Ad. 3/41 2/42 8 2 - -		
(e) List Your Child Undergraduate College Subjects		
List Your Child Graduate College Subjects		
Hours		
English 16-20	Bus. Ad. & Stenotypy	
Commercial Arts 50		
Education 24		
(f) Other training, such as vocational business, study courses given through the Armed Forces Institute (give name and location of schools, or in-service training) in a Federal agency.		
none		
(g) List Your Child Graduate College Subjects		
Hours		
Subjects Studied From _____ To _____		
Date Attended Day Night		
21. Are you or has anyone ever been a licensed or certified member of any trade or profession (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Give kind of license and State Teacher		
First license or certificate (year): Life certificate obtained 1941		
Last license or certificate (year):		
22. Have any special achievements not covered elsewhere in your application such as: (a) your patents or inventions (b) public speaking and people relations experience (c) membership in professional or scientific societies, etc.		
See experience, Oct 48 - 6 Dec 48 travelled to US via Europe stopping all countries enroute - purpose: visit.		
23. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multimeter, computer, key punch, turret lathe, scientific or professional devices:		
Approximate number of words per minute in typing ... 2 shorthand ... 2		

<p><b>23. REFERENCES</b> —List three persons living in the United States or Territories of the United States who are NOT relatives. You and your dependents are ineligible to be a judge of your qualifications and fitness for the position for which you are applying. Do not repeat names of references listed under Item 16 (Applicant).</p>								
<b>FULL NAME</b>		<b>BUSINESS OR HOME ADDRESS</b> (Give complete address, including street and numbers)		<b>BUSINESS OR OCCUPA-TION</b>				
1. H.B. Smith		2450 E. Street, N.W., D.C.		US GOVT				
2. Edward Saunders		Same		US GOVT				
3. Mrs. D. Johnson		Same		US GOVT				
<p><b>24. May inquiry be made of your present employer regarding your character, qualifications, etc.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>Indicate "Yes" or "No" answer by placing X in proper column</p>								
<p>35. Are you a citizen of the United States? .....</p>		<b>YES</b>	<b>NO</b>	<p>Indicate "Yes" or "No" answer by placing X in proper column</p>				
<p>36. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? .....</p>		<b>X</b>	<b>X</b>	<p>35. Have you any physical defect or disability whatever? .....</p> <p>If your answer is "Yes," give complete details in Item 38.</p>				
<p>37. Within the past 12 months, have you habitually used intoxicating beverages to excess? .....</p>		<b>X</b>	<b>X</b>	<p>36. (a) Were you ever in the United States Military or Naval Service during time of War? .....</p> <p>(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation? .....</p> <p>(c) Was service performed on an active full-time basis with full military pay and allowances? .....</p>				
<p>38. Since your 18th birthday, have you ever been arrested, or tried, or imprisoned, or placed on probation, or have you ever been ordered to deposit bail for the violation of any law, police regulation or ordinance (including minor traffic violations for which a fine of \$25 or less was imposed)? .....</p>		<b>X</b>	<b>X</b>	<p>(d) Date of entry or entries into service</p> <table border="1"> <tr> <td>Date of separation or separations</td> </tr> <tr> <td>Branch of service (Army, Navy, M. C., C. G., etc.)</td> <td>Serial No. (If none, give grade or rating at time of separation)</td> </tr> </table>		Date of separation or separations	Branch of service (Army, Navy, M. C., C. G., etc.)	Serial No. (If none, give grade or rating at time of separation)
Date of separation or separations								
Branch of service (Army, Navy, M. C., C. G., etc.)	Serial No. (If none, give grade or rating at time of separation)							
<p>39. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position? .....</p>		<b>X</b>	<b>X</b>	<p>If your answer is "Yes," give complete details in Item 38. If your answer is "Yes," give the name of your employer, date, and reason in each case.</p>				
<p>40. Do you receive an annuity from the U. S. or D. C. Government under any retirement factor or any pension or other compensation for military or naval service? .....</p>		<b>X</b>	<b>X</b>	<p>37. (a) If you served in the U. S. Military or Naval Service during <u>World War ONLY</u>, did you participate in a campaign or expedition and receive a campaign badge or service ribbon? .....</p> <p>(b) Are you a disabled veteran? .....</p> <p>(c) Are you the unmarried widow of a veteran? .....</p> <p>(d) Are you the wife of a veteran who has service-connected disability? .....</p>				
<p>41. Are you an official or employee of any State, Territory, county or municipality? .....</p>		<b>X</b>	<b>X</b>	<p>IF YOUR ANSWER TO THIS QUESTION NO. 40 INDICATE THAT YOU ARE ENTITLED TO VETERAN'S PREFERENCE PAYMENT, WILL BE CREDITED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICE, PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LAST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.</p>				
<p>42. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or by marriage) with whom you live or have lived within the last 6 months? .....</p>		<b>X</b>	<b>X</b>	<p>Indicate "Yes" or "No" answer by placing X in proper column</p>				
<p>If your answer is "Yes," show in Item 39 for EACH such relative: (1) full name, (2) present address, (3) relationship, (4) department or agency by whom employed, and (5) kind of appointment? .....</p>		<b>X</b>	<b>X</b>	<p>37. (a) If you served in the U. S. Military or Naval Service during <u>World War ONLY</u>, did you participate in a campaign or expedition and receive a campaign badge or service ribbon? .....</p> <p>(b) Are you a disabled veteran? .....</p> <p>(c) Are you the unmarried widow of a veteran? .....</p> <p>(d) Are you the wife of a veteran who has service-connected disability? .....</p>				
<p>43. Have you ever had a nervous break down? .....</p>		<b>X</b>	<b>X</b>	<p>IF YOUR ANSWER TO QUESTION 37 (a), (b) OR (d) IS "YES" AND YOU WISH TO CLAIM VETERAN'S PREFERENCE, ATTACH TO THIS APPLICATION VETERAN'S PREFERENCE CLAIM, LEVEL SERVICE COMMENDATION FORM 14, TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.</p>				
<p>44. Have you ever had tuberculosis? .....</p>		<b>X</b>	<b>X</b>	<p>THIS SPACE FOR USE OF APPOINTING OFFICE ONLY</p>				
<p>If your answer is "Yes," give complete details in Item 38.</p>		<b>X</b>	<b>X</b>	<p>The information contained in the answers to Question 16 above has been verified by comparison with the discharge certificate on ..... 19.....</p>				
<p>38. Space for detailed answers to other questions (in addition to those in which answers are given).</p>								
ITEM No.	ITEM No.	ITEM No.	ITEM No.	ITEM No.	ITEM No.			
<p>If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.</p>								
<p><b>FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE TITLE 18 SECTION 901).</b></p>								
<p>I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.</p>								
<p>Date: <u>10-10-1941</u></p>								
<p>Signature of applicant _____</p>								
<p>(Print your name in ink for given name, initial, middle name, and surname. If married, prefix Mrs. or Mr. and surname. If female, prefix Miss or Mrs. and surname.)</p>								
<p>Form 19-4770-2</p>								

## APPLICATION FOR FEDERAL EMPLOYMENT

Form approved.  
Budget Bureau No. 53-RD46.

**INSTRUCTIONS** - Answer every question fully and completely. Type or print in ink. If you are applying for appointment in the Civil Service Commission, read the examination announcement carefully and follow its directions. Mail this application to the office listed in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO. ANNOUNCEMENT NO. SELECTIVE SERVICE REGISTRATION NO.	1. Name of examination, or kind of position applied for:			
	2. Optional subject (if mentioned in examination announcement):			
	3. Place of employment applied for:			
	4. <b>XXX</b> (First name) <b>Mrs.</b> (Middle initial) <b>ANN LORENNE GOODPASTURE</b> (Last)			
	5. Street and number or R. D. number:			
	1514 - 17th St., N. W., Apt. 111 City or post office (including postal zone), and State: <b>Washington, D. C.</b>			
	6. Local or voting residence (State): <b>OKLAHOMA</b>	7. Office phone No.: <b>Ext. 2216</b>	Home phone: <b>DE 0300 Ext. 111</b>	
	8. Place of birth (city and State, if born outside U. S., name city and country): <b>CELINE, TENNESSEE</b>	9. Date of birth (month, day, year): <b>28 NOV 1918</b>	10. Age first birthday: <b>27</b>	11. <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
	12. <input type="checkbox"/> Married	13. Height without shoes:	Weight:	
	<input checked="" type="checkbox"/> Single	<b>5 feet 2 inches</b>	<b>115 pounds</b>	
14. Have you ever been employed by the Federal Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If now employed by the Federal Government, give present grade and date of last change in grade: <b>CAF-5, 1 March 1945</b>				

Indicate "Yes" or "No" answer by placing X in proper column		YES	NO	10. (c) If you would not accept appointment in certain locations ONLY, give acceptable locations.
15. (a) Would you accept short-term appointment if offered: for—				
1 to 3 months?				
3 to 6 months?				
6 to 12 months? <b>X</b>				
(b) Would you accept appointment, if offered—		<b>X</b>		(d) What is the lowest entrance salary you will accept? \$ _____ per year. You will not be considered for positions paying less.
In Washington, D. C.?				
anywhere in the United States?		<b>X</b>		
outside the United States? <b>X</b>				

16. EXPERIENCE—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing officer to determine your qualifications for the position for which you are applying. In the spaces provided below describe **EVERY** position you have held. Use a separate block for EACH position. You may also include any pertinent previous civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).  
(a) If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for such position the name used.  
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION			
Dates of employment (Month, year): From: <b>May 1946</b> To present time	Exact title of your present position: <b>Reference Clerk</b>	Salary or earnings: Starting, \$ _____ per Present: \$ <b>2770</b> per annum	
Place of employment (city and State): <b>Washington, D. C.</b>	Description of your work: <b>Indexing and logging incoming classified reports on Far East. Processing obsolete and outdated field and HQtrs documents.</b>		
Name and address of employer (firm, organization, or person) If Federal, name department, bureau or establishment, and division: <b>WD, OSAN, SSU, Registry</b>			
Kind of business or organization (e. g., wholesale, etc., insurance agency, bank, oil, etc.): <b>U.S. Government</b>			
Number and kind of employees supervised by you:			
1. — Reference clerk			
Name and title of immediate supervisor: <b>Mrs. C. J. Gilbert, Actg. Chief</b>			
Reason for desiring to change employment:			
Liquidation of Agency			

(CONTINUED ON NEXT PAGE)

60-10-47500-6

<b>16 CONTINUED</b>	
<p>From <b>Dec 46</b> To <b>April 48</b>            Place of employment (city and State): <b>Shanghai, China</b>            Name and address of employer (firm, organization, or person)            If Federal, name department, bureau or establishment and division:  <b>War Dept., OSS, SSU/CT</b>            Kind of business or organization (a. g. wholesale mill, insurance agency, info. of loca. etc.)  <b>U.S. Government</b>            Number and kind of employees supervised by you:  <b>No Capt. Wayne Richardson, Chief Lt. Col. R.J. Delaney, CO</b>            Reason for leaving:  <b>Deactivation of SSU/CT</b></p>	
<p>Exact title of your position: <b>Secretary - Research Assistant</b>            Salary or earnings: Starting \$ 2320 per month            Final : 2430 per annum            Description of your work: <b>Secretarial duties, assisted in composing classified Order of Battle reports.</b>  <b>Set-up biographical file of military personalities.</b>  <b>Spotted troop movements on situation maps.</b></p>	
<p>From <b>Sept 46</b> To <b>Dec 46</b>            Place of employment (city and State): <b>Kunning and Shanghai, China</b>            Name and address of employer (firm, organization, or person)            If Federal, name department, bureau or establishment and division:  <b>State Dept./IRIS/CT</b>            Kind of business or organization (a. g. wholesale mill, insurance agency, info. of loca. etc.)  <b>U.S. Government</b>            Number and kind of employees supervised by you:  <b>1 - 3 EM clerks &amp; typists Lt. Col. J.E. Spencer, Chief/R&amp;A Mr. C.M. Wilbur, Chief, IRIS/CT</b>            Reason for leaving:  <b>Deactivation of IRIS/CT Transfer to SSU.</b></p>	
<p>Exact title of your position: <b>Secretary and Chief Clerk</b>            Salary or earnings: Starting \$ 2320 per month            Final : 2320 per annum            Description of your work: <b>Responsible for secretarial and general administrative duties for R&amp;A Branch - after 1 Oct 45, IRIS/State Dept. Separate Registry and document library. Allocation of typing and clerical duties to EM clerks &amp; typists. Reproduction of R&amp;A analytical reports and dissemination to State Dept Washington and appropriate Consulates. Prepared periodic reports to State, Washington; Consulate-General, Shanghai; and SSU/CT. Requisitioning and accountability for expendable &amp; non-expendable property for IRIS.</b></p>	
<p>From <b>Dec 44</b> To <b>Sept. 45</b>            Place of employment (city and State): <b>New Delhi, India &amp; Kandy, Ceylon</b>            Name and address of employer (firm, organization, or person)            If Federal, name department, bureau or establishment and division:  <b>OSS - R&amp;A Branch - IN Theater</b>            Kind of business or organization (a. g. wholesale mill, insurance agency, info. of loca. etc.)  <b>U.S. Government</b>            Number and kind of employees supervised by you:  <b>1 - 3 clerks and typists</b>            Name and title of immediate supervisor:  <b>Capt. J. R. Ceelidge, Chief, R&amp;A/IN</b>            Reason for leaving:  <b>Transfer requested by China Theater.</b></p>	
<p>Exact title of your position: <b>Secretary and Chief Clerk</b>            Salary or earnings: Starting \$ 2000 per month            Final : 2320 per annum            Description of your work: <b>Duties same as above except R&amp;A was under jurisdiction of OSS rather than Dept. of State. (2 months temporary duty in Ceylon, June - July 1945; Immediate supervisor Miss. Clara Dubois.)</b></p>	
<p>From <b>Feb 44</b> To <b>Dec 44</b>            Place of employment (city and State): <b>Washington, D. C.</b>            Name and address of employer (firm, organization, or person)            If Federal, name department, bureau or establishment and division:  <b>OSS-R&amp;A - East Asia Economics Sect.</b>            Kind of business or organization (a. g. wholesale mill, insurance agency, info. of loca. etc.)  <b>U.S. Government</b>            Number and kind of employees supervised by you:  <b>1 Clerk typist</b>            Name and title of immediate supervisor:  <b>G.H. Graeme, Jr., Section Chief</b>            Reason for leaving:  <b>Transfer to Far East.</b></p>	
<p>If more space is required, use a continuation sheet (Standard Form No. 50) or a sheet of paper the same size as this one, both, and continuing this. Attach to this sheet.</p>	
<p>Write on each sheet your name, address, date of birth, and commanding officer.</p>	

Standard Form 58  
12-1941 or 1945  
U. S. CIVIL SERVICE COMMISSION

Form approved  
GSA Schedule No. GS-1042

## CONTINUATION SHEET

For Question 16, "Application for Federal Employment," Standard Form No. 57

Fill in this form only when no space is available on continuation of Question 16, "Experience" on Standard Form No. 57. Exhibit 1. Date of this continuation sheet  
unattached, with your application. Type or write legibly in ink.

1. Name	(First name) <b>ANN</b>	(Middle) <b>LORINE</b>	(Last) <b>GOODPASTURE</b>	3. Date of birth <b>28 Nov. 1918</b>	4. Name of examination
---------	-------------------------	------------------------	---------------------------	--------------------------------------	------------------------

<p>Dates of employment (Month, year)</p> <p>From: <b>March 1942</b> To: <b>Jan 1944</b></p> <p>Place of employment (City and State): <b>Washington, D. C.</b></p> <p>Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division. <b>OFFICE FOR EMERGENCY MANAGEMENT</b></p> <p>Kind of business or organization (e. g., wholesale silk, insurance agency, bank, etc.): <b>Government</b></p> <p>Number and kind of employees supervised by you: <b>1 CAP-3</b></p> <p>Name and title of immediate supervisor: <b>Prosky, Acting CAP-3, Chief/Employees Services.</b></p> <p>Reason for leaving: <b>Transfer</b></p> <p>Dates of employment (Month, year)</p> <p>From: <b>Sept 41</b> To: <b>Feb 42</b></p> <p>Place of employment (City and State): <b>Oklahoma City, Oklahoma</b></p> <p>Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division. <b>ELKO PHOTOGRAPHIC FINISHING CO.</b></p> <p>Kind of business or organization (e. g., wholesale silk, insurance agency, bank, etc.): <b>Commercial Photographic Finishing</b></p> <p>Number and kind of employees supervised by you: <b>1 to 15 unskilled technicians</b></p> <p>Name and title of immediate supervisor: <b>Mr. Gee, Dempsey, Gen'l Mgr.</b></p> <p>Reason for leaving: <b>Full time employment in D.C.</b></p> <p>Dates of employment (Month, year)</p> <p>From: <b>1937</b> To: <b>June 41</b></p> <p>Place of employment (City and State): <b>Norman, Oklahoma</b></p> <p>Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division. <b>University of Oklahoma</b></p> <p>Kind of business or organization (e. g., wholesale silk, insurance agency, bank, etc.): <b>University</b></p> <p>Number and kind of employees supervised by you: <b>None</b></p> <p>Name and title of immediate supervisor: <b>Mrs. Peters, Dean, FA.</b></p> <p>Reason for leaving: <b>End of school</b></p>	<p>Exact title of your position: <b>Jr. Employee Services Officer</b></p> <p>Salary or compensation: <b>Starting \$1440 per month</b></p> <p>Description of your work: Served as Clerk-stenographer in Central Personnel/CEN. Various stenographic and clerical duties. Transferred to Price Administration to assist in setting up Employee Services program under Employee Relations Division. Feb. 43 - Jan. 44 was Placement and Training Clerk for War Relocation Authority (Also originally under CEN).</p> <p>Exact title of your position: <b>Secretary &amp; Photographic Technician</b></p> <p>Salary or compensation: <b>Starting \$550 per month</b></p> <p>Description of your work: Part-time employment at company while attending school.</p> <p>Exact title of your position: <b>Secretary - clerk</b></p> <p>Salary or compensation: <b>Starting \$520 per month</b></p> <p>Description of your work: On University pay-roll while attending University. Part-time employment in offices of Faculty members, library and University Press.</p>
--	--

**17. MILITARY EXPERIENCE.** In order to make more effective placements of war veterans, detailed information is needed about the training and experience they have obtained in the Armed Services. Fill in Item (a) "Name of service school you have attended" and Item (b) "What were you taught in first service school". If you have attended special or technical schools while in the service, write in Item (c) "Name of such schools" and indicate in Item (d) all changes in duty assignment; showing dates of such assignment.

(a) First Special Service School attended:	(b) What were you taught in first Special Service School?																																																																														
Location:																																																																															
Dates attended (months, years): From: _____ To: _____ Rating received at end of this training: _____																																																																															
(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School): _____	(d) What did you do during this duty assignment?																																																																														
Date of duty assignment (months, years): From: _____ To: _____																																																																															
(e) Second Special Service School attended:	(f) What were you taught in Second Special Service School?																																																																														
Location:																																																																															
Dates attended (months, years): From: _____ To: _____ Rating received at end of this training: _____																																																																															
(g) Duty assignment after this training: _____	(h) What did you do during this duty assignment?																																																																														
Date of duty assignment (months, years): From: _____ To: _____																																																																															
List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.																																																																															
<b>18. EDUCATION</b> - Circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 <b>/ 12</b> Mark (a) the appropriate box to indicate satisfactory completion of: <input type="checkbox"/> Elementary School <input type="checkbox"/> Junior High School <input checked="" type="checkbox"/> Senior High School																																																																															
(a) Give name and location of last high school attended: <b>TIPTON SR. HIGH SCHOOL, Tipton, Oklahoma</b> (b) Subjects studied in high school which apply to position desired.																																																																															
<table border="1"> <thead> <tr> <th colspan="2">Name and Location of College or University</th> <th>Major</th> <th colspan="2">Dates Attended</th> <th colspan="2">Years Completed</th> <th colspan="2">Degrees Conferred</th> <th>Semester Hours Credit</th> </tr> <tr> <th>From—</th> <th>To—</th> <th></th> <th>Day</th> <th>Night</th> <th>Title</th> <th>Date</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>University of Oklahoma, Norman</td> <td>Arts &amp; Science</td> <td>1937</td> <td>1941</td> <td>4</td> <td>B.S.</td> <td>June 41</td> <td>127</td> <td></td> </tr> <tr> <td>Hills University, Okla. City</td> <td>Business</td> <td>9/41</td> <td>2/42</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(d) List Your Chief Undergraduate College Subjects</td> <td>Semester Hours</td> <td colspan="4">List Your Chief Graduate College Subjects</td> <td>Semester Hours</td> </tr> <tr> <td colspan="2">Arts &amp; Sciences (Commercial)</td> <td>50</td> <td colspan="4">Business Administration</td> <td></td> </tr> <tr> <td colspan="2">English</td> <td>20</td> <td colspan="4">Teaching - Secretarial Science</td> <td></td> </tr> <tr> <td colspan="2">Education</td> <td>24</td> <td colspan="4"></td> <td></td> </tr> <tr> <td colspan="2">History</td> <td>12</td> <td colspan="4"></td> <td></td> </tr> </tbody> </table> (e) Other training such as vocational business study courses given through the Armed Forces Institute (show name and location of school), or in-service training in a Federal agency: _____			Name and Location of College or University		Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit	From—	To—		Day	Night	Title	Date			University of Oklahoma, Norman	Arts & Science	1937	1941	4	B.S.	June 41	127		Hills University, Okla. City	Business	9/41	2/42	2					(d) List Your Chief Undergraduate College Subjects		Semester Hours	List Your Chief Graduate College Subjects				Semester Hours	Arts & Sciences (Commercial)		50	Business Administration					English		20	Teaching - Secretarial Science					Education		24						History		12					
Name and Location of College or University		Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit																																																																						
From—	To—		Day	Night	Title	Date																																																																									
University of Oklahoma, Norman	Arts & Science	1937	1941	4	B.S.	June 41	127																																																																								
Hills University, Okla. City	Business	9/41	2/42	2																																																																											
(d) List Your Chief Undergraduate College Subjects		Semester Hours	List Your Chief Graduate College Subjects				Semester Hours																																																																								
Arts & Sciences (Commercial)		50	Business Administration																																																																												
English		20	Teaching - Secretarial Science																																																																												
Education		24																																																																													
History		12																																																																													
(f) Dates Attended Subjects Studied From— To— Day Night																																																																															
21. Are you now or have you ever been a licensed or certified member of any trade or profession (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Give kind of license and State: <b>Teacher</b> First license or certificate (year): <b>1941 (Life)</b> Latest license or certificate (year)																																																																															
22. Give any special qualifications not covered elsewhere in your application such as: (a) your most important publications (do NOT submit copies unless requested) (b) your patents or inventions (c) public speaking and public relations experience (d) membership in professional or scientific societies, etc.																																																																															
19. Indicate your knowledge of foreign languages <table border="1"> <thead> <tr> <th></th> <th>READING</th> <th>SPEAKING</th> <th>UNDERSTANDING</th> </tr> <tr> <th>ENGLISH</th> <th>ENGLISH</th> <th>ENGLISH</th> <th>ENGLISH</th> </tr> </thead> <tbody> <tr> <td>French</td> <td>X</td> <td>X</td> <td>X</td> </tr> </tbody> </table> (a) How was your knowledge of foreign languages acquired? <b>School</b> (b) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e.g., business, education, recreation): <b>Given in Item 16 this application</b>				READING	SPEAKING	UNDERSTANDING	ENGLISH	ENGLISH	ENGLISH	ENGLISH	French	X	X	X																																																																	
	READING	SPEAKING	UNDERSTANDING																																																																												
ENGLISH	ENGLISH	ENGLISH	ENGLISH																																																																												
French	X	X	X																																																																												
20. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radios, multilith, computerized key-punch, turret telephones, scientific or professional devices <b>Typewriter, duplicating machines, stenotype</b> Approximate number of words per minute in typing: <b>60</b> , shorthand: <b>100</b>																																																																															

FULL NAME		BUSINESS OR HOME ADDRESS (Give complete address, including street and number)	BUSINESS OR OCCUPA- TION
MR. EDWARD SAUNDERS		2430 E St., N.W., Washington, D.C. Telephone EX 6115, ext. 445	Government
MISS OLIVE REDDICK		Hood College, Frederick, Md.	Professor
MISS RHEA BLUE		23rd and E Sts., N.W., Washington DC State Department/CRI	Government
24. May inquiry be made of your present employer regarding your character, qualifications, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Indicate "Yes" or "No" answer by placing X in proper column		YES	NO
25. Are you a citizen of the United States?.....		X	
26. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence?.....		X	
If your answer is "Yes," give complete details in Item 38.			
27. Within the past 12 months, have you habitually used intoxicating beverages to excess?.....		X	
28. Since your 18th Birthday, have you ever been arrested, or had any fingerprints taken, or been held in custody, or have you ever been sentenced to a penal institution, or the equivalent of any law-policing regulation or ordinance, for causing human trafficking, for which a fine of \$25 or less was imposed?.....		X	
If your answer is "Yes," list all such cases under Items 38 below. Give for each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed; if any; (5) other disposition of the case. If arrested, your fingerprints will be taken.			
29. Have you ever been discharged or forced to resign from military or naval service?.....		X	
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.			
30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service?.....		X	
If your answer is "Yes," give in Item 39 reasons for retirement, that is, age, optional, disability, or by reason of voluntary or involuntary separation after 5 years service, amount of retirement pay, and under what retirement act, and rating if received from military or naval service.			
31. Are you an official or employee of any State, Territory, county, or municipality?.....		X	
If your answer is "Yes," give details in Item 38.			
32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months?.....		X	
If your answer is "Yes," show in Item 38 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by whom employed, and (5) kind of appointment.			
33. Have you ever had a nervous break-down?.....		X	
If your answer is "Yes," give complete details in Item 38.			
34. Have you ever had tuberculosis?.....		X	
If your answer is "Yes," give complete details in Item 38.			
35. Space for detailed answers to other questions. Indicate item numbers to which answers apply.			
ITEM No. 1		ITEM No. 1	
ITEM No. 2		ITEM No. 2	
ITEM No. 3		ITEM No. 3	
ITEM No. 4		ITEM No. 4	
ITEM No. 5		ITEM No. 5	
ITEM No. 6		ITEM No. 6	
ITEM No. 7		ITEM No. 7	
ITEM No. 8		ITEM No. 8	
ITEM No. 9		ITEM No. 9	
ITEM No. 10		ITEM No. 10	
ITEM No. 11		ITEM No. 11	
ITEM No. 12		ITEM No. 12	
ITEM No. 13		ITEM No. 13	
ITEM No. 14		ITEM No. 14	
ITEM No. 15		ITEM No. 15	
ITEM No. 16		ITEM No. 16	
ITEM No. 17		ITEM No. 17	
ITEM No. 18		ITEM No. 18	
ITEM No. 19		ITEM No. 19	
ITEM No. 20		ITEM No. 20	
ITEM No. 21		ITEM No. 21	
ITEM No. 22		ITEM No. 22	
ITEM No. 23		ITEM No. 23	
ITEM No. 24		ITEM No. 24	
ITEM No. 25		ITEM No. 25	
ITEM No. 26		ITEM No. 26	
ITEM No. 27		ITEM No. 27	
ITEM No. 28		ITEM No. 28	
ITEM No. 29		ITEM No. 29	
ITEM No. 30		ITEM No. 30	
ITEM No. 31		ITEM No. 31	
ITEM No. 32		ITEM No. 32	
ITEM No. 33		ITEM No. 33	
ITEM No. 34		ITEM No. 34	
ITEM No. 35		ITEM No. 35	
ITEM No. 36		ITEM No. 36	
ITEM No. 37		ITEM No. 37	
ITEM No. 38		ITEM No. 38	
ITEM No. 39		ITEM No. 39	
ITEM No. 40		ITEM No. 40	
ITEM No. 41		ITEM No. 41	
ITEM No. 42		ITEM No. 42	
ITEM No. 43		ITEM No. 43	
ITEM No. 44		ITEM No. 44	
ITEM No. 45		ITEM No. 45	
ITEM No. 46		ITEM No. 46	
ITEM No. 47		ITEM No. 47	
ITEM No. 48		ITEM No. 48	
ITEM No. 49		ITEM No. 49	
ITEM No. 50		ITEM No. 50	
ITEM No. 51		ITEM No. 51	
ITEM No. 52		ITEM No. 52	
ITEM No. 53		ITEM No. 53	
ITEM No. 54		ITEM No. 54	
ITEM No. 55		ITEM No. 55	
ITEM No. 56		ITEM No. 56	
ITEM No. 57		ITEM No. 57	
ITEM No. 58		ITEM No. 58	
ITEM No. 59		ITEM No. 59	
ITEM No. 60		ITEM No. 60	
ITEM No. 61		ITEM No. 61	
ITEM No. 62		ITEM No. 62	
ITEM No. 63		ITEM No. 63	
ITEM No. 64		ITEM No. 64	
ITEM No. 65		ITEM No. 65	
ITEM No. 66		ITEM No. 66	
ITEM No. 67		ITEM No. 67	
ITEM No. 68		ITEM No. 68	
ITEM No. 69		ITEM No. 69	
ITEM No. 70		ITEM No. 70	
ITEM No. 71		ITEM No. 71	
ITEM No. 72		ITEM No. 72	
ITEM No. 73		ITEM No. 73	
ITEM No. 74		ITEM No. 74	
ITEM No. 75		ITEM No. 75	
ITEM No. 76		ITEM No. 76	
ITEM No. 77		ITEM No. 77	
ITEM No. 78		ITEM No. 78	
ITEM No. 79		ITEM No. 79	
ITEM No. 80		ITEM No. 80	
ITEM No. 81		ITEM No. 81	
ITEM No. 82		ITEM No. 82	
ITEM No. 83		ITEM No. 83	
ITEM No. 84		ITEM No. 84	
ITEM No. 85		ITEM No. 85	
ITEM No. 86		ITEM No. 86	
ITEM No. 87		ITEM No. 87	
ITEM No. 88		ITEM No. 88	
ITEM No. 89		ITEM No. 89	
ITEM No. 90		ITEM No. 90	
ITEM No. 91		ITEM No. 91	
ITEM No. 92		ITEM No. 92	
ITEM No. 93		ITEM No. 93	
ITEM No. 94		ITEM No. 94	
ITEM No. 95		ITEM No. 95	
ITEM No. 96		ITEM No. 96	
ITEM No. 97		ITEM No. 97	
ITEM No. 98		ITEM No. 98	
ITEM No. 99		ITEM No. 99	
ITEM No. 100		ITEM No. 100	
ITEM No. 101		ITEM No. 101	
ITEM No. 102		ITEM No. 102	
ITEM No. 103		ITEM No. 103	
ITEM No. 104		ITEM No. 104	
ITEM No. 105		ITEM No. 105	
ITEM No. 106		ITEM No. 106	
ITEM No. 107		ITEM No. 107	
ITEM No. 108		ITEM No. 108	
ITEM No. 109		ITEM No. 109	
ITEM No. 110		ITEM No. 110	
ITEM No. 111		ITEM No. 111	
ITEM No. 112		ITEM No. 112	
ITEM No. 113		ITEM No. 113	
ITEM No. 114		ITEM No. 114	
ITEM No. 115		ITEM No. 115	
ITEM No. 116		ITEM No. 116	
ITEM No. 117		ITEM No. 117	
ITEM No. 118		ITEM No. 118	
ITEM No. 119		ITEM No. 119	
ITEM No. 120		ITEM No. 120	
ITEM No. 121		ITEM No. 121	
ITEM No. 122		ITEM No. 122	
ITEM No. 123		ITEM No. 123	
ITEM No. 124		ITEM No. 124	
ITEM No. 125		ITEM No. 125	
ITEM No. 126		ITEM No. 126	
ITEM No. 127		ITEM No. 127	
ITEM No. 128		ITEM No. 128	
ITEM No. 129		ITEM No. 129	
ITEM No. 130		ITEM No. 130	
ITEM No. 131		ITEM No. 131	
ITEM No. 132		ITEM No. 132	
ITEM No. 133		ITEM No. 133	
ITEM No. 134		ITEM No. 134	
ITEM No. 135		ITEM No. 135	
ITEM No. 136		ITEM No. 136	
ITEM No. 137		ITEM No. 137	
ITEM No. 138		ITEM No. 138	
ITEM No. 139		ITEM No. 139	
ITEM No. 140		ITEM No. 140	
ITEM No. 141		ITEM No. 141	
ITEM No. 142		ITEM No. 142	
ITEM No. 143		ITEM No. 143	
ITEM No. 144		ITEM No. 144	
ITEM No. 145		ITEM No. 145	
ITEM No. 146		ITEM No. 146	
ITEM No. 147		ITEM No. 147	
ITEM No. 148		ITEM No. 148	
ITEM No. 149		ITEM No. 149	
ITEM No. 150		ITEM No. 150	
ITEM No. 151		ITEM No. 151	
ITEM No. 152		ITEM No. 152	
ITEM No. 153		ITEM No. 153	
ITEM No. 154		ITEM No. 154	
ITEM No. 155		ITEM No. 155	
ITEM No. 156		ITEM No. 156	
ITEM No. 157		ITEM No. 157	
ITEM No. 158		ITEM No. 158	
ITEM No. 159		ITEM No. 159	
ITEM No. 160		ITEM No. 160	
ITEM No. 161		ITEM No. 161	
ITEM No. 162		ITEM No. 162	
ITEM No. 163		ITEM No. 163	
ITEM No. 164		ITEM No. 164	
ITEM No. 165		ITEM No. 165	
ITEM No. 166		ITEM No. 166	
ITEM No. 167		ITEM No. 167	
ITEM No. 168		ITEM No. 168	
ITEM No. 169		ITEM No. 169	
ITEM No. 170		ITEM No. 170	
ITEM No. 171		ITEM No. 171	
ITEM No. 172		ITEM No. 172	
ITEM No. 173		ITEM No. 173	
ITEM No. 174		ITEM No. 174	
ITEM No. 175		ITEM No. 175	
ITEM No. 176		ITEM No. 176	
ITEM No. 177		ITEM No. 177	
ITEM No. 178		ITEM No. 178	
ITEM No. 179		ITEM No. 179	
ITEM No. 180		ITEM No. 180	
ITEM No. 181		ITEM No. 181	
ITEM No. 182		ITEM No. 182	
ITEM No. 183		ITEM No. 183	
ITEM No. 184		ITEM No. 184	
ITEM No. 185		ITEM No. 185	
ITEM No. 186		ITEM No. 186	
ITEM No. 187		ITEM No. 187	
ITEM No. 188		ITEM No. 188	
ITEM No. 189		ITEM No. 189	
ITEM No. 190		ITEM No. 190	
ITEM No. 191		ITEM No. 191	
ITEM No. 192		ITEM No. 192	
ITEM No. 193		ITEM No. 193	
ITEM No. 194		ITEM No. 194	
ITEM No. 195		ITEM No. 195	
ITEM No. 196		ITEM No. 196	
ITEM No. 197		ITEM No. 197	
ITEM No. 198		ITEM No. 198	
ITEM No. 199		ITEM No. 199	
ITEM No. 200		ITEM No. 200	
ITEM No. 201		ITEM No. 201	
ITEM No. 202		ITEM No. 202	
ITEM No. 203		ITEM No. 203	
ITEM No. 204		ITEM No. 204	
ITEM No. 205		ITEM No. 205	
ITEM No. 206		ITEM No. 206	
ITEM No. 207		ITEM No. 207	
ITEM No. 208		ITEM No. 208	
ITEM No. 209		ITEM No. 209	
ITEM No. 210		ITEM No. 210	
ITEM No. 211		ITEM No. 211	
ITEM No. 212		ITEM No. 212	
ITEM No. 213		ITEM No. 213	
ITEM No. 214		ITEM No. 214	
ITEM No. 215		ITEM No. 215	
ITEM No. 216		ITEM No. 216	
ITEM No. 217		ITEM No. 217	
ITEM No. 218		ITEM No. 218	
ITEM No. 219		ITEM No. 219	
ITEM No. 220		ITEM No. 220	
ITEM No. 221		ITEM No. 221	
ITEM No. 222		ITEM No. 222	
ITEM No. 223		ITEM No. 223	
ITEM No. 224		ITEM No. 224	
ITEM No. 225		ITEM No. 225	
ITEM No. 226		ITEM No. 226	
ITEM No. 227		ITEM No. 227	
ITEM No. 228		ITEM No. 228	
ITEM No. 229		ITEM No. 229	
ITEM No. 230		ITEM No. 230	
ITEM No. 231		ITEM No. 231	
ITEM No. 232		ITEM No. 232	
ITEM No. 233		ITEM No. 233	
ITEM No. 234		ITEM No. 234	
ITEM No. 235		ITEM No. 235	
ITEM No. 236		ITEM No. 236	
ITEM No. 237		ITEM No. 237	
ITEM No. 238		ITEM No. 238	
ITEM No. 239		ITEM No. 239	
ITEM No. 240		ITEM No. 240	
ITEM No. 241		ITEM No. 241	
ITEM No. 242		ITEM No. 242	
ITEM No. 243		ITEM No. 243	
ITEM No. 244		ITEM No. 244	
ITEM No. 245		ITEM No. 245	
ITEM No. 246		ITEM No. 246	
ITEM No. 247		ITEM No. 247	
ITEM No. 248		ITEM No. 248	
ITEM No. 249		ITEM No. 249	
ITEM No. 250		ITEM No. 250	
ITEM No. 251		ITEM No. 251	
ITEM No. 252		ITEM No. 252	
ITEM No. 253		ITEM No. 253	
ITEM No. 254		ITEM No. 254	
ITEM No. 255		ITEM No. 255	
ITEM No. 256		ITEM No. 256	
ITEM No. 257		ITEM No. 257	
ITEM No. 258		ITEM No. 258	
ITEM No. 259		ITEM No. 259	
ITEM No. 260		ITEM No. 260	
ITEM No. 261		ITEM No. 261	
ITEM No. 262		ITEM No. 262	
ITEM No. 263		ITEM No. 263	
ITEM No. 264		ITEM No. 264	
ITEM No. 265		ITEM No. 265	
ITEM No. 266		ITEM No. 266	
ITEM No. 267		ITEM No. 267	
ITEM No. 268		ITEM No. 268	
ITEM No. 269		ITEM No. 269	
ITEM No. 270		ITEM No. 270	
ITEM No. 271		ITEM No. 271	
ITEM No. 272		ITEM No. 272	
ITEM No. 273		ITEM No. 273	
ITEM No. 274		ITEM No. 274	
ITEM No. 275		ITEM No. 275	
ITEM No. 276		ITEM No. 276	
ITEM No. 277		ITEM No. 277	
ITEM No. 278		ITEM No. 278	
ITEM No. 279		ITEM No. 279	
ITEM No. 280		ITEM No. 280	
ITEM No. 281		ITEM No. 281	
ITEM No. 282		ITEM No. 282	
ITEM No. 283		ITEM No. 283	
ITEM No. 284		ITEM No. 284	
ITEM No. 285		ITEM No. 285	
ITEM No. 286		ITEM No. 286	
ITEM No. 287		ITEM No. 287	
ITEM No. 288		ITEM No. 288	
ITEM No. 289		ITEM No. 289	
ITEM No. 290		ITEM No. 290	
ITEM No. 291		ITEM No. 291	
ITEM No. 292		ITEM No. 292	
ITEM No. 293		ITEM No. 293	
ITEM No. 294		ITEM No. 294	
ITEM No. 295		ITEM No. 295	
ITEM No. 296		ITEM No. 296	
ITEM No. 297		ITEM No. 297	
ITEM No. 298		ITEM No. 298	
ITEM No. 299		ITEM No. 299	
ITEM No. 300		ITEM No. 300	
ITEM No. 301		ITEM No. 301	
ITEM No. 302		ITEM No. 302	
ITEM No. 303		ITEM No. 303	
ITEM No. 304		ITEM No. 304	
ITEM No. 305		ITEM No. 305	
ITEM No.			

Standard Form No. 57  
Revised April 9, 1943

16 July 1942  
S. CIVIL SERVICE COMMISSION  
S-6 Part 1 (Rev. No. 3-12)

## **APPLICATION FOR FEDERAL EMPLOYMENT**

**S.C. Dept Of No. 312**  
**INSTRUCTIONS**—Answer every question briefly and completely. Type or write legibly in BLACK INK.  
to assure clear photographic copies for accounting services. If you are applying for a specific United States  
Civil Service Examination, read the Examining Announcement carefully, follow all directions, and mail this applica-  
tion to the office named therein, or if none, mail with an explanatory letter to the U.S. CIVIL SERVICE COMMISSION,  
WASHINGTON, D. C., unless otherwise directed. Notify someone of any change of address.

Print or type your name here as in Figure 4

Kiss Ann Lorono Goodpasture

33. (a) Have you ever filed applications for any Federal civil service examinations? (If so, list them below.)

Title of excavation	Examined in what case	Month and year	Rating
			1

(d) Have you passed any State or other civil service examination (other than the above) within the last 3 years? (If no, give details under Item 45) . . . . .

• 100 •

**32. EDUCATION.** (a) Circle highest grade completed: elementary or high school. 1 2 3 4 5 6 7 8 9 10 11-12 Did not graduate?

卷之三

Name and location of school	Dates attended		Years completed		Degrees conferred		Semester hours credit
	From—	To—	Day	Night	Title	Date	
(a) College or university <u>University of Oklahoma</u> <u>Norman, Oklahoma</u>	<u>1937</u>	<u>1941</u>	<u>4</u>		<u>B.S.</u>	<u>1941</u>	<u>127</u>

Business University ..... Business Administration ..... Shales.....  
Oklahoma City, Oklahoma Accounting and Stenotypy

List your four chief undergraduate subjects	Semester hrs.	List your four chief graduate subjects	Semester hrs.
Commercial & Advertising	50	Business Administration	
English	20	Accounting	
Psychology	12	Stenotypy	
History	12		

33. Indicate your knowledge of foreign languages. Yes No

READ	SPEAK	UNDERSTAND
Very Good Fair	Very Good Fair	Very Good Fair

34. Are you now a licensed member of any trade or profession (such as electrician, radio operator, pilot, lawyer, CFA, etc.)? Yes No

**French**    If not, have you ever been licensed? \_\_\_\_\_  
Give kind of license and State **Instructor, Okla.**

Earliest license (year) ... 1941.....  
Most recent license (year) 1941.....

**3. REFERENCES:** List five persons, who are not related to you by blood or marriage, who live in the United States, and who are or have been mainly responsible for the direction of your work, or who are in a position to judge your work critically in those occupations in which you regard yourself as best qualified.

Full name	Address <small>(Name, address, telephone street and number)</small>	Business or occupation
Hall	Elko Photographic Finishing Co.	Oklahoma City, Oklahoma
J. C. Preasy	Office of Price Administration	Washington, D. C.
n. Howard	OPA Economist	Washington, D. C.
H. Sanders	Tipton, Oklahoma	Pres. First Nat'l Bank

4. May inquiry be made of your present employer regarding your character, qualifications, etc.?  Yes  No

**EXPERIENCE** In the space furnished below give a record of every employment, both public and private, which you have had since you first began to work. Start with your present position and work back to the first position you held, documenting for all periods of unemployment. Describe your field of work and position, and, except for employments held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear. Give name  
*Yes No*

Place Washington, D. C.	Exact title of your position Jr. Employee Ser. Officer	Salary Starting \$ 2000.
From June 1943 To Sept. 1943	Per Yr. Final \$ 2000.	
Name of employer OPA	Duties and responsibilities Advisor on all financial activities pertaining to collection and disbursement of funds for all campaigns for personnel of OPA. Responsible for setting up accounts, handling of cash, and submitting reports. Under bond. (Emergency loan Fund of approx. \$1500; Recreation Fund \$1000; employee contributions); all Savings Bonds (pay roll and cash); Group Hospitalization collections, \$800. monthly; Ass't. Trans. of OPA Credit Union. Responsible for 3 bank accounts. Investigated insurance & credit companies. Wrote reports, memoranda and memoranda. Typewriter, adding machine & calculator Excellent efficiency rating	
Address Washington, D. C.		
Kind of business or organization Government		
Number and class of employees you supervised 1 CAF-3		
Name and title of your immediate supervisor Ruth C. Prosky		
Reason for leaving Other illnes (needed at home)		
Place Washington, D. C.	Exact title of your position Transportation Officer	Salary Starting \$ 1800.
From Oct. 1942 To June 1943	Per Yr. Final \$ 2000.	
Name of employer OPA	Duties and responsibilities Employee Relations duties involving interviewing, organization of various agency campaigns, responsible for safe, setting up and maintaining accounts for above mentioned funds. Transportation Officer - organized car clubs (500) certified applicants for supplemental rations. Wrote reports and memoranda. Worked with various sections of agency (Administrative Officers) in selecting representatives for promoting agency campaigns & war bonds sales. Administrative Assistant to Head of Section.	
Address Washington, D. C.	Machines and equipment you used Typewriter, adding machine, & calculator	
Kind of business or organization Government		
Number and class of employees you supervised 1 CAF-3		
Name and title of your immediate supervisor Ruth C. Prosky		
Reason for leaving Promotion		
Place Washington, D. C.	Exact title of your position Personnel Clerk	Salary Starting \$ 1620
From April 1942 To Oct. 1942	Per Yr. Final \$ 1800	
Name of employer same as above	Duties and responsibilities Transportation Officer for OPA personnel in organization of car clubs. Responsible for planning and setting up of war bonds pay roll allotment plan. Disseminated information regarding all agency campaigns, such as Community War Fund, Red Cross, United Relief, etc. Wrote reports and memoranda. Various bookkeeping and accounting assignments. Excellent efficiency rating	
Address		
Kind of business or organization		
<input checked="" type="checkbox"/> Number and class of employees you supervised		
Name and title of your immediate supervisor		
Reason for leaving Promotion	Machines and equipment you used Typewriter, adding machine & calculator	
Place Washington, D. C.	Exact title of your position Clerk	Salary Starting \$ 1440
From March 1942 To April 1942	Per Yr. Final \$ 1620	
Name of employer OEM-OPA	Duties and responsibilities General personnel clerk. Performed various clerical and secretarial duties in the personnel section.	
Address Washington, D. C.		
Kind of business or organization Government		
Number and class of employees you supervised none		
Name and title of your immediate supervisor Ruth Prosky		
Reason for leaving Promotion	Machines and equipment you used Typewriter & Stenotype	

If more space is required, use a Continuation Sheet (Standard Form No. 58) or a sheet of paper, size 8 x 10½ inches. Write on each sheet your name, full address, date of birth, and examination title (if any). Enclose, unattached, with application.

O-28094-3



Standard Form No. 89  
Approved April 9, 1942.  
U. S. CIVIL SERVICE COMMISSION  
G. S. C. Dept. Cir. No. 332 - For Question 37, "Application for Federal Employment," Standard Form No. 57

## CONTINUATION SHEET

Fill in this form only when necessary for completion of "Record of Previous Employment" question on Standard Form No. 57. Enclose, unattached, with your application. Type or use BLACK ink and print. USE ONE SIDE ONLY.

2. Date of birth (Month, day, and year)

11-28-1918

3. Applicant's first, middle, and last names, and full address

Miss Ann Lorene Goodpasture

Place Oklahoma City, Oklahoma  
From Sept. 1941 To Feb. 1942

Name of employer

Elko Photo Finishing Company  
Address Oklahoma City, Oklahoma

Kind of business  
or organization:

Print. & Photo. Industry  
Number of employees you supervised 1 to 15

Name and title of your  
immediate supervisor

G. D. Denney, Manager

Reason for leaving came to Washington

Place (City) (State)  
From (Month) 19 (Year) To (Month) 19 (Year)

Name of employer:

Address

Kind of business  
or organization:

Number and class of  
employees you supervised

Name and title of your  
immediate supervisor

Reason for leaving

Place Norman, Oklahoma

From (Month) 19 (Year) To (Month) 19 (Year)

Name of employer:

Oklahoma University

Address Norman, Oklahoma

Kind of business  
or organization:

Fine Arts Department

Number and class of  
employees you supervised

Name and title of your  
immediate supervisor Mrs. Peters

Reason for leaving end of school

Place (City) (State)

From (Month) 19 (Year) To (Month) 19 (Year)

Name of employer:

Address

Kind of business  
or organization:

Number and class of  
employees you supervised

Name and title of your  
immediate supervisor

Reason for leaving

Exact title of your position Secretary Salary Starting \$ 60.00

& Photographic Finished Per mo. Final \$ 85.00

Duties and responsibilities Bookkeeper, pay roll clerk, and secretary to manager. During his absence was in complete charge of office (approximately 35 to 40 employees who did photographic finishing). During rush weeks, I worked overtime as a photographic printer, enlarger, or at any place where the workload was particularly heavy. (I have had my own darkroom laboratory since a child so that I was quite familiar all types of photographic finishing). I figured time spent in暗室 cards weekly and made out pay roll. Kept

Machines and equipment you used

Exact title of your position Salary Starting \$

Per mo. Final \$

Duties and responsibilities

the accounts for approximately 300 drug stores and other firms which acted as representatives of the finishing company in sending films for processing and developing. Prepared monthly statements for each organization. This was in addition to the other office accounts.

Machines and equipment you used

Exact title of your position Salary Starting \$ 15.

Office Clerk Per mo. Final \$ 20.

Duties and responsibilities

General office work while attending college. Graduated from the University of Oklahoma in 1941. I do not recall the exact dates which I worked. A substantial part of my school expenses was paid by work at the university and also typing of theses. Also was a free lance photographer. Average combined earnings per month from 1937 to 1941 were approximately \$30.

Machines and equipment you used

Exact title of your position Salary Starting \$

Per mo. Final \$

Duties and responsibilities

Machines and equipment you used

Exact title of your position Salary Starting \$

Per mo. Final \$

Duties and responsibilities

Machines and equipment you used

If more space is required, use another continuation sheet or a sheet of THIN paper, size 8 x 10½ inches. Write on each sheet your name, address in full, and examination title (if any). Use one side only. Enclose, unattached, with application.

U. S. GOVERNMENT PRINTING OFFICE: 1942-O-6248

14-00000

**Attachment**

**Present Positions**

At the present time I am working in two places: one position is with the War Relocation Authority in the Placement and Training Unit of the Personnel Management Section which consists principally of clerical duties; the other position is with Congressional Intelligence, a private news service, the work consists of preparing for publication various legislative reports, press releases and current congressional information. The combined salaries amount to \$204. per month.

The Civil Service position which I now have is a grade CAF-3 \$1620. Although I am now doing personnel work, I do not feel that I am utilizing to the fullest extent my experience and educational qualifications and would be interested in transferring to any position for which I am qualified. I would prefer a position with a salary which would not necessitate my being on two jobs at one time.

I have no objection to a secretarial position if it is of a responsible nature, however I feel that I am better qualified for a Junior Administrative, Personnel or clerical accounting position.

## PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY, WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLIGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES  NO

## SECTION 1: PERSONAL BACKGROUND

NAME	MR. <input type="checkbox"/> MISS <input checked="" type="checkbox"/> MRS. <input type="checkbox"/>	FIRST	MIDDLE	LAST	TELEPHONE
		Ann	Lorene	Goodpasture	Bombay 30083

PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
American Consulate General	Bombay	Bombay Province	Dominion of India	

LEGAL RESIDENCE	STREET AND NUMBER	CITY	STATE	COUNTRY
American Consulate General	Bombay	Bombay Province	Dominion of India	

NICKNAMES	OTHER NAMES THAT YOU HAVE USED
none	Not applicable

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?	HOW LONG?
nil	nil

## IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)

not applicable

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
Nov. 28, 1918	Celina	Tennessee	U.S.A.	

PRESENT CITIZENSHIP	ACQUIRED BY:		
American	BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION <input type="checkbox"/>		
NATIONALIZATION CERTIFICATE	NUMBER	DATE ISSUED	NAME OF COURT
	not applicable	nil	nil

LOCATION OF COURT	CITY	STATE	COUNTRY
Not applicable			

PREVIOUS CITIZENSHIP	DATE HELD	FROM:	TO:
Not applicable		nil	nil

OTHER CITIZENSHIPS (GIVE PARTICULARS)  
None

## STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

None

LAST U.S. PASSPORT	NUMBER	DATE	PLACE OF ISSUE
	SP-713	March 1947	Washington, D.C., USA

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)  
Special Passport issued 1944 at Washington D.C., USA number unknown

## PASSPORTS OF OTHER NATIONS

None

IF BORN OUTSIDE U.S.	DATE OF ARRIVAL IN THIS COUNTRY	PORT OF ENTRY	PASSPORT OF COUNTRY
	Not applicable	nil	nil

LAST U.S. VISA	NUMBER	TYPE	DATE	PLACE OF ISSUE
	nil	nil	nil	nil

## SECTION 2: PHYSICAL DESCRIPTION

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR
29	female	5'2 <sup>1</sup> / <sub>2</sub> "	98 lbs.	brown	brown

COMPLEXION	SCARS	BUILD
fair	scar on right thumb (broken nail)	small

## OTHER DISTINGUISHING FEATURES

None



SECTION 3. MARITAL STATUS					
MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DATE OF SEPARATION OR DIVORCE		PLACE
SINGLE <input checked="" type="checkbox"/>	DIVORCED <input type="checkbox"/>				
REASON FOR SEPARATION OR DIVORCE <i>not applicable</i>					
NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES. <i>not applicable</i>					
NAME OF WIFE OR HUSBAND	FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST	DATE OF MARRIAGE	
PLACE OF MARRIAGE	(HIS OR HER) ADDRESS BEFORE MARRIAGE		STREET AND NUMBER	CITY	STATE
LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>	DATE OF DECEASE	CAUSE			
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY
CITIZENSHIP	DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE
OCCUPATION	LAST EMPLOYER				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OF SERVICE		COUNTRY
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)					
SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS) <i>none</i>					
NAME	RELATIONSHIP			AGE	
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
NAME	RELATIONSHIP			AGE	
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
NAME	RELATIONSHIP			AGE	
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
SECTION 5. PARENTS					
NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET					
NAME OF FATHER	FIRST	MIDDLE	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
C.	G.	H.	Goodpasture		
DATE OF DECEASE	CAUSE				
<i>not applicable</i>	<i>n/a</i>				
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
North Main			Tipton	Oklahoma	USA
DATE OF BIRTH	between	PLACE OF BIRTH	CITY	STATE	COUNTRY
1890 and 1900 (?)			Celina	Tennessee	USA
CITIZENSHIP	DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE
American	by birth		birthplace		COUNTRY
OCCUPATION	LAST EMPLOYER				
Real Estate	self				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
North Main			Tipton	Oklahoma	USA
SECTION 5. PARENTS (CONTINUED PAGE 3)					

<b>SECTION 5. PARENTS (CONTINUED)</b> (PAGE 2)					
DATE OF MILITARY SERVICE	FROM:	TO:	END OR SERVICE	COUNTRY	
not applicable					
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) not applicable					
NAME OF MOTHER FIRST	MIDDLE	MAIDEN	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
Ann	Want	Goodpasture			
DATE OF DECEASE	CAUSE				
not applicable	nil				
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
	No. 822	Tipton	Oklahoma	USA	
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
between 1800 and 1900 (e)		Pickman	Tennessee	USA	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
American	by birth		birthplace		
OCCUPATION	LAST EMPLOYER				
none	not applicable				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
	not applicable				
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) none					
<b>SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-, STEP- AND ADOPTED BROTHERS AND SISTERS)</b>					
NAME FIRST	MIDDLE	LAST			
Robert	J.	Goodpasture			
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
		Tipton	Oklahoma	USA	
NAME FIRST	MIDDLE	LAST			
C.	M.	Goodpasture		USA	
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
		Tipton	Oklahoma	USA	
NAME FIRST	MIDDLE	LAST			
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
<b>SECTION 7. PARENTS-IN-LAW</b> not applicable					
NAME OF FATHER-IN-LAW FIRST	MIDDLE	LAST	LIVING <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/>		
DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
OCCUPATION	LAST EMPLOYER				
NAME OF MOTHER-IN-LAW FIRST	MAIDEN	LAST	LIVING <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/>		
DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
OCCUPATION	LAST EMPLOYER				

PAGE 4

**SECTION 8. RELATIVES**

**NOTE:** INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD; ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME	RELATIONSHIP	AGE
------	--------------	-----

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

REASON FOR LISTING UNDER THIS QUESTION

NAME	RELATIONSHIP	AGE
------	--------------	-----

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

REASON FOR LISTING UNDER THIS QUESTION

NAME	RELATIONSHIP	AGE
------	--------------	-----

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

REASON FOR LISTING UNDER THIS QUESTION

**NOTE:** INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN) **NOTE**

NAME	RELATIONSHIP	AGE
------	--------------	-----

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME	RELATIONSHIP	AGE
------	--------------	-----

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME	RELATIONSHIP	AGE
------	--------------	-----

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

TYPE AND LOCATION OF SERVICE (IF KNOWN)

**SECTION 9. EDUCATION**

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Oral High School		Cellina	Tennessee	USA

DATES ATTENDED	FROM 1925	TO 1928	DEGREE
----------------	-----------	---------	--------

SCHOOL	Junior and High School	ADDRESS	CITY Liang & Tipton	STATE Oklahoma	COUNTRY USA
--------	------------------------	---------	---------------------	----------------	-------------

DATES ATTENDED	FROM 1928	TO 1936	DEGREE JHS Diploma
----------------	-----------	---------	--------------------

COLLEGE	University of Oklahoma	ADDRESS Norman Oklahoma	CITY	STATE Oklahoma	COUNTRY USA
---------	------------------------	-------------------------	------	----------------	-------------

DATES ATTENDED	FROM 1937	TO 1941	DEGREE Bachelor of Science
----------------	-----------	---------	----------------------------

COLLEGE	Hill's University	ADDRESS	CITY Oklahoma City Okla.	STATE	COUNTRY USA
---------	-------------------	---------	--------------------------	-------	-------------

DATES ATTENDED	FROM 1941	TO 1941	DEGREE Under work in reporting and stenograph.
----------------	-----------	---------	--

SECTION 10. SELECTIVE SERVICE US (CONTINUED TO PAGE 5)

<b>SECTION 10. SELECTIVE SERVICE</b> (If Not Applicable)			
CLASSIFICATION	CODE NUMBER	APPROXIMATE INDUCTION DATE	BOARD NUMBER
ADDRESS OF BOARD	STREET AND NUMBER	CITY	STATE
IF DEFERRED, STATE REASON			
<b>SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN</b>			
COUNTRY	SERVICE	SERVICE DATES	TO:
GRADE	SERIAL NUMBER	TYPE OF DISCHARGE	
LAST STATION	COMMANDING OFFICER		
REMARKS:			
<b>SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)</b>			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER	JOB TITLE		
University of Oklahoma	Orchestra/transposing & secretarial		
ADDRESS STREET AND NUMBER	CITY	STATE	KIND OF BUSINESS
Vonner, Oklahoma			University
YOUR DUTIES AND SPECIALTY	NAME OF SUPERVISOR		
Office photo photography Secretarial and transposing of music	Mrs. Peters, Dean, Fine Arts		
DATES COVERED	FROM:	TO:	SALARY PER
	1937	1941	\$30-35 per mo.
REASONS FOR LEAVING			
Graduated from University			
EMPLOYER	JOB TITLE		
Film Photo Publishing Company	Photo technician		
ADDRESS STREET AND NUMBER	CITY	STATE	KIND OF BUSINESS
Oklahoma City, Okla			Commercial photography
YOUR DUTIES AND SPECIALTY	NAME OF SUPERVISOR		
General Office and photo technician	Geo. Dempsey, Mr.		
DATES COVERED	FROM:	TO:	SALARY PER
	Sept 1942	Feb 1942 parttime	\$0. 00.
REASONS FOR LEAVING			
part time employment while going to University			
EMPLOYER	JOB TITLE (present)		
U.S. Government	Administrative Assistant		
ADDRESS STREET AND NUMBER	CITY	STATE	KIND OF BUSINESS
Wash D.C., India, Ceylon, China			Government
YOUR DUTIES AND SPECIALTY	NAME OF SUPERVISOR (listed in Secretarial and administrative See Section 13) order.		
DATES COVERED	FROM:	TO:	SALARY (present) PER
	Mar. 1942	date	\$149.60 (temp.) annum
REASONS FOR LEAVING			
still here			
EMPLOYER	JOB TITLE		
ADDRESS STREET AND NUMBER	CITY	STATE	KIND OF BUSINESS

(CONTINUED TO PAGE 6)

PAGE 6

## SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)

YOUR DUTIES AND SPECIALTY NAME OF SUPERVISOR

DATES COVERED FROM TO SALARY PER

REASONS FOR LEAVING

EMPLOYER JOB TITLE

ADDRESS STREET AND NUMBER CITY STATE KIND OF BUSINESS

YOUR DUTIES AND SPECIALTY NAME OF SUPERVISOR

DATES COVERED FROM TO SALARY PER

REASONS FOR LEAVING

EMPLOYER JOB TITLE

ADDRESS STREET AND NUMBER CITY STATE KIND OF BUSINESS

YOUR DUTIES AND SPECIALTY NAME OF SUPERVISOR

DATES COVERED FROM TO SALARY PER

REASONS FOR LEAVING

NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.

NOTE

DETAILS:

## SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME ADDRESS STREET AND NUMBER CITY STATE

R. C. Prosky Office for Emergency Management, Wash., D.C.  
NAME ADDRESS STREET AND NUMBER CITY STATEGeo. Greene c/o Utility Bank of N.Y. 55 Wall Street, New York, N.Y.  
NAME ADDRESS STREET AND NUMBER CITY STATECora Lueois Department of State, Washington, D.C.  
NAME ADDRESS STREET AND NUMBER CITY STATELt. Col. J. E. Spencer University of Southern Calif., Los Angeles.  
NAME ADDRESS STREET AND NUMBER CITY STATEC. H. Wilbur Department of State, Washington, D.C.  
NAME ADDRESS STREET AND NUMBER CITY STATE

## SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME ADDRESS STREET AND NUMBER CITY STATE

M. McFarland Office of Senator Tobey, US Senate, Wash. D.C.  
NAME ADDRESS STREET AND NUMBER CITY STATEJ. Blades IRO, 134 Conn Ave., N.W., Wash., D.C.  
NAME ADDRESS STREET AND NUMBER CITY STATEDr. J. P. Howard c/o USPHS, Savannah, Georgia  
NAME ADDRESS STREET AND NUMBER CITY STATEHubert Humphrey Office of Mayor, Minneapolis, Minn.  
NAME ADDRESS STREET AND NUMBER CITY STATEJohn McDonald J. H. McDonald Insurance Co., Tipton, Oklahoma  
NAME

## SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST-NORMAL ADDRESS)

(CONTINUED TO PAGE 7)

SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)						
NAME	ADDRESS	STREET AND NUMBER	CITY	STATE		
M. Maurer	1514	17th St. N.W. Wash., D.C.		USA		
L. Herber	1514	17th St. N.W. Wash., D.C.		USA		
A. Haynes	1514	17th St. N.W. Wash., D.C.		USA		
<b>SECTION 16. MISCELLANEOUS</b>						
DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
IF ANSWER IS "YES", EXPLAIN BELOW:						
DO YOU USE, OR HAVE YOU USED INTOXICANTS? I have.						
HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE. No.						
HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
IF ANSWER IS "YES", GIVE DETAILS BELOW:						
<b>SECTION 17. FINANCIAL BACKGROUND</b>						
ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.						
NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS First National Bank, Tipton, Oklahoma, USA National City Bank of New York at Bombay, India.						
HAVE YOU EVER BEEN IN BANKRUPTCYP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:						
<b>SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES</b>						
NAME	ADDRESS	STREET AND NUMBER	CITY	STATE		
First National Bank			Tipton	Oklahoma		
Union Trust Company	14th & G sts	N.W. Wash., D.C.		USA		
Mrs. R. Trafton	Resident Mgr., Copley Courts	Wash., D.C.				
<b>SECTION 19. RESIDENCES FOR PAST 15 YEARS</b>						
FROM:	TO:	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
1933	1937	Tipton, Okla., Celina and Nashville, Tenn.				
1937	1941	722 Chataqua St. & U.of O.	Norman	Oklahoma	USA	
1941	1942	512 N.W. 9 Street	Oklahoma City	Oklahoma	USA	

(CONTINUED TO PAGE 8)



**SECTION 23. GENERAL QUALIFICATIONS**

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE; ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

**SECTION 24. SPORTS AND HOBBIES**

photography, horseback riding, music,

crafts.

either

**SECTION 25. EMERGENCY ADDRESSEE**

NAME: H.C. Sanders RELATIONSHIP: Friend

ADPARL NATIONAL NUMBER: Tipson STATE: Oklahoma COUNTRY: USA TELEPHONE: None

**SECTION 26. INFORMATION AND FINAL COMMENTS**

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

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

**SECTION 27. CERTIFICATION**

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

Bombay, India

25 February 1948

SIGNED AT

City

State

DATE

Witness

Signature of Applicant





14-00000

RECORD OF  
PREVIOUS GOVERNMENT  
SERVICE RETURNED TO  
FEDERAL RECORDS CENTER IN  
ST. LOUIS, MO.

DATE 1 AUG 1974 BK