Assassination Records Review Board Final Determination Notification

AGENCY : HSCA

RECORD NUMBER : 180-10070-10152

RECORD SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 6

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

Number of Postponements: 3

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

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

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

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

Date: 08/20/93 Page: 1

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA

RECORD NUMBER: 180-10070-10152

RECORDS SERIES: STAFF PAYROLL RECORDS

AGENCY FILE NUMBER:

DOCUMENT INFORMATION

ORIGINATOR: HSCA

FROM:

TITLE:

DATE: 08/25/77

PAGES: 6

SUBJECTS:

HSCA; ADMINISTRATION SCHLICHTMANN, JAN

DOCUMENT TYPE : PRINTED FORM

CLASSIFICATION: U
RESTRICTIONS: 3
CURRENT STATUS: P

DATE OF LAST REVIEW: 07/16/93

OPENING CRITERIA:

COMMENTS:

Box 3.

SCHLICHTMANN, Jan Name of Employee Address Address Phone Number	Name of Employee Address Address Phone Number			PERSONAL LEAVE RECORD 1978 YEAR ANNUAL LEAVE CATEGORY 8-25-77 1.0						PRI	BALANCE BROUGHT FORWARD FROM PRECEDING YEAR Annual Sick Leave Leave		
	PRIOR FEDERAL SERVICE 2.0			ACCRUED		AVAILABLE THIS MONTH		USED THIS MONTH		BALANCC . AT CLOSE OF MONTH		OYEE	
Position Number Level	Slep		J. J			THIS MONTH		1	·	Sick		-	EVPLOY
Senth 1 2 3 4 5 6 7 8 9 10 11 12	DAY OF MC	7 18 19 20 21	22 23 24 25	26 27 28	29 30 31	Annual Sick Leave Leave		Sick Leave	Annual Leave	Leave	Annual Leave	Sick	<u> </u>
Jan.						11					5	5	
Feb.		III A	AAA			11					6	6	
Mar.						11					7	7	
Apr.						11	7	7	8		0	8	
May													
June													
July													
Aug.				_/_/_									
Sept.				//-					-			:	
Oct.	popula	en ale	d 1	-/ 4	>//	8	_						
Nov.					/				_				
Dec.													
= 0.5 day annual leave = 1.0 day annual leave = 0.5 day sick leave					c	ERTIFIED (CORRECT:						
S or S = 1.0 day sick leave = 0.5 day administrative leave		Employee's Signature (If employee refuses to sign, state reason below				Dute below.		Chiel's Signature			Date		
A or A = 1.0 day administrative leave = 0.5 day unauthorized absence U or U = 1.0 day unauthorized absence	1	This record will b	e forwarded to for termination	the Clerk Upon ap		pproved: — ouse at the e record wil	end of ead		he House lar year, iployee's		ase of termone	Dat minatior I folder.	
= 0.5 day leave without pay				•				•					
= 1.0 day leave without pay	***************************************	EX	HIBIT I						SECTION SECTION AND ADDRESS OF THE PERSON AN		Section of the sectio		STEERING CONTRACTOR

NW 88326 Docld:32244094 Page 3

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

· · · · · · · · · · · · · · · · · · ·	mployee Name (First-Middle-Last)		Effective Date				
Jan Ric	hard Schlichtmann		4/25/78				
Employee Social Security Number			Type of Action				
029-38-8530 Employing Office or Committee/Subcommittee			☐ Appointment ☐ Salary Adjustment				
Assassi	nations	□ Leave	without pay (Beginning with effective date above and ending of business				
(If type of action is a	ın Appointment, Salary Adjustment, or Title Ch						
	Position Title		Gross Annual Salary*				
			\$25,700				
* If employee is a civil serv	vice annuitant (includes U.S. House of Representatives), the	gross annual sa	alary shown should include the annuity received by the employ				
plus the salary received from lo	om the employing office. byee, complete appropriate item below.)						
	•						
	g Committee: Staff—□ Clerical or □ Professi						
2. 🖪 Special	(Investigative staff of Standing Committee) or	Select Comm	nittee: Authority—H. Res. <u>956</u> of <u>958 C</u> ongress				
	A						
3. 🗆 Joint Co	ommittee.						
	Officer of the House, complete item below.)						
(If Employee of an C			P				
(If Employee of an C Position Num L certify tha	Officer of the House, complete item below.) hberIf applicable, Level_	Ste					
(If Employee of an C Position Num La certify tha relatives.	Officer of the House, complete item below.) The policies of the House, complete item below.) The policies of the House, complete item below.)	Ste	.C. 3110(b), prohibiting the employment o				
(If Employee of an C Position Num L certify tha relatives.	Officer of the House, complete item below.) The policies of the House, complete item below.) The policies of the House, complete item below.)	Ste	.C. 3110(b), prohibiting the employment o				
(If Employee of an Continuous Position Number of Continuous Positi	Officer of the House, complete item below.) The policies of the House, complete item below.)	Ste	.C. 3110(b), prohibiting the employment of (Signature of Authorizing Official)				
(If Employee of an Continuous Position Number of Continuous Positi	Officer of the House, complete item below.) The policies of the House, complete item below.)	Ste of 5 U.S LOU	.C. 3110(b), prohibiting the employment of (Signature of Authorizing Official) 15 STOKES (Type or print name of Authorizing Official)				
(If Employee of an Continuous Position Num Locertify that relatives. Date 3/18 (If appropriate, signature of Society)	Officer of the House, complete item below.) The policies of the House, complete item below.)	Ste of 5 U.S LOU	.C. 3110(b), prohibiting the employment of (Signature of Authorizing Official)				
(If Employee of an Control Number of Soloyees, except those	Officer of the House, complete item below.) Inber	Sten of 5 U.S LOU CGA	(Signature of Authorizing Official) IS STOKES (Type or print name of Authorizing Official) INAM (Title-If Member, District and State) ouse Classification Act and for Committee em-				
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(If Employee of an Continuous Position Number In certify the relatives. Date 3/18 (If appropriate, signature of Son Continuous Propriete Proprie	Officer of the House, complete item below.) Inber	Stender the Holonmittee o	(Signature of Authorizing Official) IS STOKES (Type or print name of Authorizing Official) (Title—If Member, District and State) Ouse Classification Act and for Committee emonthe Budget, and the Joint Committees, must				
(If Employee of an Control Number of State All appointment of State All appointment of State Office of Finance of State Office Office of Finance of State Office Offi	Difficer of the House, complete item below.) In the policiable, Level_ If applicable, Lev	Stender the Holonmittee o	(Signature of Authorizing Official) IS STOKES (Type or print name of Authorizing Official) [Title-If Member, District and State) Ouse Classification Act and for Committee emonthe Budget, and the Joint Committees, must				
(If Employee of an Control Number of State (If appropriate, signature of State (If appropriate, signature of State (Type or propriate All appointments ployees, except those be approved by the	Difficer of the House, complete item below.) In the policiable, Level_ If applicable, Lev	Stender the Holonmittee o	(Signature of Authorizing Official) IS STOKES (Type or print name of Authorizing Official) (Title—If Member, District and State) Ouse Classification Act and for Committee emonthe Budget, and the Joint Committees, must				

PAYROLL AUTHORIZATION FORM

or Ballpoint Pen)

(Please Use Typewriter U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Providence Data of the American Control of the Cont					
Employee Name (First-Middle-Last)	Effective Date				
Jan Richard Schlichtmann	March 1, 1979				
Employee Social Security Number	Type of Action				
029-38-3530	☐ Appointment				
Employing Office or Committee/Subcommittee	☐ Title Change				
Assassinations	☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business				
(If type of action is an Appointment, Salary Adjustment, or Title Char	ge, complete appropriate information below.)				
Position Title	Gross Annual Salary*				
Law Assistant	\$25,700				
* If employee is a civil service annuitant (includes U.S. House of Representatives), the gr plus the salary received from the employing office.	oss annual salary shown should include the annuity received by the employe				
(If Committee Employee, complete appropriate item below.)					
1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Profession	al: mm, make k				
2. 🖾 Special (Investigative staff of Standing Committee) or Se	elect Committee: Authority—H. Res. 56 of 55 Congress.				
3. Joint Committee.					
(If Employee of an Officer of the House, complete item below.) Position Number	Step				
lecertify that this authorization is not in violation of relatives.	of 5 U.S.C. 3110(b), prohibiting the employment of				
granitation of the control of the co					
DateMarch_14, 19_78	(Signature of Authorizing Official)				
	HIS STORES				
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)	(Type or print name of Authorizing Official)				
(Type or print name and title of above official)	(Title—If Member, District and State)				
All appointments and salary adjustments for employees und ployees, except those of the Committee on Appropriations, the Corbe approved by the Committee on House Administration.					
APPROVED:	Chairman, Committee on House Administration				
Office of Finance use only:	ID				
Office of Finance use only: Office Code	ID Benefits				

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter U.S. HOUSE OF REPRESENTATIVES (Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives: 10 to the application of the control of the contro

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jan Richard Schlichtmann	8/25/77
Employee Social Security Number	Type of Action 1997 Action 1997
029 38 8530	Appointment
Employing Office or Committee	Salary Adjustment
	Termination (At close of business on effective date)
(If type of action is an Appointment or Salary Adjustment, comple	tethe following information.)
Position Title	Gross Annual Salary
Law Assistant	\$19,500
(If Committee Employee, complete appropriate item below.)	n jakon kan na paramen nemen era komunen harakoon era kan alman era ja
2. Special or Select Committee: Authority—H. Res. 455 3. Joint Committee. (If Employee of an Officer of the House, complete item below.) Position Number	
relatives.	
	de la companya de la La companya de la co
Date August 25 , 1977	(Signature of Authorizing Official)
	(Type or print name of Authorizing Official)
	(Type or print name of Authorizing Official)
·	(Title – If Member, District and State)
All appointments and salary adjustments for employees undologoes, except those of the Committee on Appropriations, the Combe approved by the Committee on House Administration.	nmittee on the Budget, and the Joint Committees, must
APPROVED:	Chairman, Committee on House Administration
Office of Finance use only:	
Office Code	
Monthly Annuity \$00	

Copy for Initiating Office or Committee

MEMORANDUM

TO: 'ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

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

father
mother
son
daughter
brother
sister
uncle
aunt
first cousin

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

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

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

X	I am not related to any current (95th Congress) Member of Congress.
	I am related to a current (95th Congress) Member of Congress. (Please specify.)

Signature of Employee

8/25/27 Date

MEMORANDUM

TO: T. Howarth, Budget Officer

aps-25-77

FROM: G. Robert Blakey, Chief Counsel and Director

DATE: August 25, 1977

RE: Mr. Jan Schlichtmann

This is to inform you that Mr. Jan Schlichtmann has accepted the position of Law Assistant/Legal Unit with the Committee staff. Mr. Schlichtmann's effective starting date will be August 25, 1977, starting salary will be \$19,500.

Your co-operation in familiarizing him with the operation of the staff will be greatly appreciated.