

MATERIAL REVIEWED AT CIV HEADQUARTERS BY  
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: TARRASCO, ANNA  
OFFICIAL PERSONNEL FILE

**INCLUSIVE DATES:**

CUSTODIAL UNIT/LOCATION: c/lais

ମୁଦ୍ରଣ :

**DELETIONS, IF ANY:**

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE.

~~SECRET~~

26 March 1971

MEMORANDUM FOR : Office of Finance/C&TD

SUBJECT : Verification of Contract Service for  
Sandra B. CAZAZZUS (P), Terminated Contract Employee

1. During period 8 April 1957 through 8 September 1953, subject served as an Agency Staff Employee. During this period, subject was a participating member of the Civil Service Retirement System.

2. During period 15 July 1964 through 19 October 1970, subject served as a part-time contract employee on a prearranged regular scheduled tour of duty. With respect to this period of service:

(a) Period 15 July 1964 through 7 September 1967 is creditable for purposes of Civil Service Retirement. Since subject was covered by Social Security during this period, Civil Service Retirement deductions were not withheld.

(b) During period 8 September 1967 through 19 October 1970, subject was a participating member of the Civil Service Retirement System.

3. Action Required:

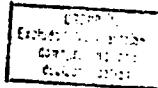
(a) Office of Finance: Please post the above information to subject's retirement records.

(b) DDP/WH/Contracts: For your information.

/s/ D. M. [Signature]  
Chief  
Contract Personnel Division

Distribution:

Orig - O/F/C&TD  
1 - WH/Contracts  
1 - CPD subject file  
1 - CPD chrono



11 MAR 1971

MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Civil Service Retirement Credit

1. It is requested that information be provided as to the creditable service for the Civil Service Retirement program for the following individuals.

Kurt B. CANEPA  
Sandra B. CAZZAZZUS  
Ralph M. SAMOSKA  
Jesse D. WITCHARD

2. Although the named individuals are no longer employed by the Organization, the creditable service can be of particular significance to each.

3. Your early attention to the request will be appreciated.

  
for William V. Broe  
Chief  
Western Hemisphere Division

SECRET

**SECRET****23 March 1971****MEMORANDUM FOR: Contract Personnel Division****SUBJECT : Sandra B. CAZAZZUS**

Following are the total number of hours for each year worked by Sandra B. CAZAZZUS under contract. The information was provided this office by Payroll.

<u>Period of Service</u>	<u>Actual Hours Worked</u>	<u>Now:</u>
15 Jun 64      Dec 1964	551 hours	This gal had two contracts. The first one included a leave benefit. This first K ended and was immediately replaced by a 2nd K, which included Civil Service Retirement.
JAN 65      DEC 1965	789	From the number of hours worked I feel we can make a determination that she during the full period she worked <del>as well</del> in a part-time basis on a prearranged reg. sch. tour of duty. If you concur, I will write a std. type memo to O/Finance.
JAN 66      DEC 66 1966	1091	Subject is now terminated, but in WH field with her husband. Bill Renahan has a dispatch in asking that Hqtrs. verify her total K service.
JAN 67      DEC 67 1967	1092	
JAN 68      DEC 1968	1486	
JAN 69      DEC 1969	1414	
JAN 70 - 19 OCT 1970	1217	

Paul.  
23 Mar 71

OK - DK

**SECRET**

Contract Service - Sandra B. C. A. Z. A. Z. O (P)

<u>Date</u>	<u>Action</u>	<u>Compensation</u>	<u>Grade</u>
8 Apr 57	CIA Staff Employee service		
8 Sep 63			
15 Jul 64	Contract Employee with Social Security. No LPAs or PSIs.	\$2.59 p.h.	
14 Aug 64	Pay increase	2.72	
10 Oct 65	Pay increase	2.80	
	Authorized future LPAs.	2.82	
3 Jul 66	LPI	2.80	
7 Sep 67	Contract terminated	2.40	
8 Sep 67	Contract Employee with <del>Official</del> Civil Service Retirement; and LPAs. No PSIs.	2.40	
8 Oct 67	LPI	3.03	
14 Jul 68	LPI	3.12	GS-05/5
13 Jul 69	LPI	3.37	GS-05/5
28 Dec 69	LPI	3.57	GS-05/5
19 Oct 70	Contract terminated	3.57	"

NOTE: On 24 Mar 1971, subject's official Staff Employee file was reviewed.  
 It reflected: (a) staff employee service from 8 Apr 57 to 8 Sep 63;  
 (b) during entire period was a participating member of the Civil Service  
 Retirement System; (c) she was on LWOP during period 12 Jun-8 Sep 63;  
 and her SF-144, dated 8 Apr 57 reflect no prior Federal Service.

1. LAST NAME TARASOFF	FIRST NAME Linda	INITIAL(S) A	2. APPOINTMENT DATA 978769 FT PT X Subject to Sec 5333(d), 1951 Leave Act Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Ceased to be subject to Sec 203(d) on _____ Annual Leave Bal _____	3. TOTAL SERVICE FOR LEAVE (as of date of separation) Years _____ Months _____ Days _____ <input type="checkbox"/> More than 15 years
4. DATE AND NATURE OF SEPARATION Contract terminated 10/19/70				
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)			SUMMARY OF HOME LEAVE (DAYS)	
5. Balance from prior leave year ended 19 70	ANNUAL 275	SICK 256	14. Date arrived abroad for HI purposes 19 _____	REMARKS SCD 7/15/64
6. Current leave year accrual through 19 70		89 56	15. Current balance as of 19 _____	
7. Total	364	312	16. 12-month accrual rate 17. Dates leave used prior 24 months 18. Monthly accrual date 19. Calendar days credit for next accrual date 20. Date basic service period completed	
8. Reduction in credits, if any (current year)			MILITARY LEAVE	
9. Total leave taken	0	0	21. Dates during current calendar yr. _____ to _____	
10. Balance	364	312	22. Dates during preceding calendar yr. _____ to _____	
11. Total hours paid in lump sum 360hrs 2 holidays			ABSENCE WITHOUT PAY	
12. Salary rate(s) \$3.57 p/h			LWOP or AWOL or Bulwagh Suspension (Hours)	
13. Lump sum leave dates From 0800. 10/17 to 1700 12/22/70 0 (Hours)			0 0	
14. Current leave year (Signature) _____ Auth. Cert. Officer (Title) _____ (Telephone) _____			0 0	
23. During leave year in which separated 24. During step-increase waiting period which began on 8/14/64 25. During 12-month HI accrual period (dates) _____				

Standard Form 1150  
November 1963  
1150-100

### RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION  
FPM SUPPLEMENTS 296-31 AND 990-2

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)			DRAFTED: 07/17	
C131751	CIAZZUS SANDRA R			4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
3. NATURE OF PERSONNEL ACTION				NO DA	CONTRACT-TYPE A (S)
CONTRACT TERMINATION (1BCHL01)				10/10/70	
6. FUNDS		V 10 V	X	V 10 C	7. FINANCIAL ANALYSIS NO CHARGEABLE
		G 10 V		G 10 C	8. CSC OR OTHER LEGAL AUTHORITY
9. ORGANIZATION/DEPARTMENT WESTERN HEMISPHERE DIV				10. LOCATION OF OFFICIAL STATION D	
11. POSITION TITLE TRANSLATOR				12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) (PART TIME) GS		15. OCCUPATIONAL SERIES 10-501	16. GRADE AND STEP GS 5	17. SALARY OR RATE SAL: 071564 S.75 L.E.I: 071564	
18. BIRTHDATE: 23 SEX: F MARITAL ST: MAR NC. DEPENDENTS: 00 CITIZENSHIP: US/BIRTH: CONGEVITY: CEMP: 071564 FEC-SERVICE COMP: TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES PREV. GOVT SERV: 5 SAL. TASK LIMIT: PAY BASIS: H A/L IND: 3 S/L IND: 3					
19. CONTRACT INFORMATION EFF DATE: 080857 EXPIRATION DATE: 080771 DATE ORIG CONTRACT: 07-564 REFERRING OFFICER: WH ADMIN REPR ORG: WH PHONE: 4-60					
20. ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES TAX STAFF: Y FED EXMF: STATE EXMF: STATES TRAVEL: NNN OPS EXPNSE: N HOUSING: A POST/EQUAL: N HOME LEAVE: O DIFFERENTIAL: N OFFSET CLAUSE: N STD GOVT: N LEGISL PAY: Y PREMIUM PAY: N ALLOWANCE COMM: N EDUCATION: N STEP INCRS: N GTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION: N					
NOTE: ITEMS PRECEDED BY AN ASTERISK (*) REFLECT CHANGED DATA					
SIGNATURE OR OTHER AUTHENTICATION					

SECRET

DUPLICATE

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL		DATE	
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE		25 January 1971	
PERSONAL DATA			
NAME (Last, First, Middle - true or pseudonym) <b>CAZAZZUS, Sandra B. (P)</b>	OFFICE AND BRANCH OF ASSIGNMENT <b>DODASH/1</b>		
LOCAL ADDRESS <b>Mexico City, Mexico</b>	PERMANENT ADDRESS <b>Cleveland, Ohio</b>		
PERMANENT STATION OR BASE <b>Mexico City, Mexico</b>	POSITION OR FUNCTIONAL TITLE <b>Contract Employee, Type B</b>		
CONTRACT DATA			
DATE CONTRACT EFFECTIVE <b>15 July 1964</b>	DATE CONTRACT LAST RENEWED <b>8 September 1970</b>	DATE CONTRACT EXPIRES <b>7 September 1971</b>	DATE OF CONTRACT TERMINATION <b>19 October 1970</b>
REASON FOR CONTRACT TERMINATION <b>Retirement of husband.</b>			
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)			
COMPONENT	CLEARED BY	DATE	REMARKS
FINANCE			
LOGISTICS			
SECURITY			
Security			
CONTRACT APPROVING OFFICER	CLEARED BY (Signature) <b>W.S. Benehan, C/AS/Contracts</b>		DATE
SCHEDULE OF INTERVIEWING OFFICES (OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)			
OFFICE	SCHEDULE		INTERVIEWING OFFICIAL
	DATE	TIME	
CENTRAL COVER STAFF			CLEARED BY (Signature)  DATE
OFFICE OF SECURITY PSD		OS #131 751 13 July 64	CLEARED BY (Signature)  DATE
OFFICE OF PERSONNEL CPD			CLEARED BY (Signature)  DATE
REMARKS (Please initial)			
Duplicate - advance copy to OF/CSTD/CEAS 30 October 1970.  <b>18/ Dow H. Luetscher Special Contract Officer</b>			
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT <b>CASH/1</b>	SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER		DATE

HIGH 3 BASED ON LAST 3 YEARS AS CORRECT

OCT 67 - DEC 67 \$600.00

JAN - DEC 68 4549.34

JAN - DEC 69 4935.06

JAN - OCT 70 4335.49

$$\$14428.89 \div 3 = \$4809.63$$

HIGH 3 RETIRE

$$1\frac{1}{2}\% \times 4809.63 \times 5 = \$360.70$$

$$1\frac{3}{4}\% \times 4809.63 \times 5 = 420.95$$

$$2\% \times 4809.63 \times 2.5 = \underline{240.48}$$

$$\$1032.03 \text{ ANNUITY}$$

HIGH 3 BASED ON LAST 3 YEARS ~~BY~~ STAFF

JUN 62 - JUN 63 \$5545 6/6/4

JUN 61 - JUN 62 5160 6/3

JUN 61 - JUN 61 2497 6/2

JUN 60 - DEC 60 3255 5/2

$$\$15457 \div 3 = \$5152.33$$

$$1\frac{1}{2}\% \times \$5152.33 \times 5 = \$386.45$$

$$1\frac{3}{4}\% \times \$5152.33 \times 5 = 450.55$$

$$2\% \times \$5152.33 \times 2.5 = \underline{257.63}$$

$$\underline{\$1094.93} \text{ ANNUITY}$$

HIGH 3  
RETIRE

H.H.

GRIZZLIES (P) TORRASOFF 8 FEB  
 2. She is not eligible for retirement  
 annuity until she's 62 yrs old - in  
 5 May 1985.

10

STAFF (CSR) Apr 57 - Jun 63. ~~Jan 63~~  
 → CONTRACT (SS) Jul 64 - Sept 67  
 " (CSR) Sept 67 - Oct 70  
 (See notes)  
 No refund of Retirement deductions has been  
 made, either from Staff or Contract employment.  
 Fall 2802.

Resignation effective } \$1781.83  
 2 Sept 1963 }  
 1963

57-63	CS Deductions while a Staffer	\$1781.83
67-70	" Contract	<u>961.24</u>
	TOTAL	\$2743.07

Sept \$2.90	Oct 70
8 Oct 67 \$3.03	<u>Sept 57</u>
14 Oct 3.12	
	13/1564.00
	<u>3142.33</u>
Sept \$6.09 Dec 67	3/15457.00
6.5 \$4549.34	<u>236</u>
6.9 4935.06	<u>1510</u>
Oct 70 4335.49	

<b>DISPATCH</b>		<b>CLASSIFICATION</b>	<b>PROCESSING</b>
		<b>SECRET</b>	<b>SEARCH FOR INDEXING</b>
TO:	Chief, WH Division		NO INDEXING REQUIRED ONLY QUALIFIED GEN CAN JUDGE INDEXING
FROM:	Chief of Station, Mexico City C		MICROFILM
SUBJECT:	AMERICAN CONTRACTS - Termination Sandra B. CAZZAZZUS		
ACTION REQUIRED - REFERENCES			
<p>1. Sandra B. CAZZAZZUS' contract was terminated effective 19 October 1970. Since her husband is retiring, she will no longer be available for employment.</p> <p>2. Submitted herewith is a signed contract termination and termination secrecy oath.</p>			
 <i>Zachary T. Atlanta</i> <i>Zachary T. Atlanta</i>			
<b>Attachments:</b> Contract termination - - - Orig & 1. h/w Termination secrecy oath - Orig & 1. h/w			
<b>Distribution:</b> Orig & 2 - Chief, WH Division w/att.			
<i>Recd 30 OCT 1970</i>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HMMT 10,578	22 October 1970	
	CLASSIFICATION	NOS FILE NUMBER	
	<b>SECRET</b>		

S E C R E T

## TERMINATION SECURITY OATH

I, Sandra B. CAZZAZZUS, am about to terminate my association with the Organization. I realize that, by virtue of my duties with the Organization, I have been the recipient of information and intelligence which concerns the present and future security of our country. I am aware that the unauthorized disclosure of such information is prohibited by the espionage laws of our government which specifically requires the protection of intelligence sources and methods from unauthorized disclosure. Accordingly, I SOLEMNLY SWEAR, WITHOUT MENTAL RESERVATION OR PURPOSE OF EVASION, AND IN THE ABSENCE OF DURESS, AS FOLLOWS:

1. I will never divulge, publish, or reveal by writing, word, conduct, or otherwise any information relating to the national defense and security and particularly information of this nature relating to intelligence sources, methods, personnel, fiscal data, or security measures to anyone, including, but not limited to, any future governmental or private employer, private citizen, or government employee or official without the express written consent of the Chief of the Organization or his authorized representative.
2. I have been invited to submit in writing any monetary claims I may have against the Organization or our government which may in any way necessitate the disclosure of information described herein. I have been advised that any such claims will receive full legal consideration. In the event, however, that I am not satisfied with the decisions of the Organization concerning any present or future claims I may submit, I will not take any other action to obtain satisfaction without prior written notice to the Organization, and then only in accordance with such legal and security advice as the Organization will promptly furnish me.
3. I do not have any documents or materials in my possession, classified or unclassified, which are the property of, or in custodial responsibility of the Organization, having come into my possession as a result of my duties with the Organization or otherwise.
4. During my exit processing and during my period of employment with the Organization I have been given an opportunity to report all information about the Organization, its personnel, and its operations which I consider should receive official cognizance. Hence, I am not aware of any information which it is my duty, in the national interest, to disclose to the Organization, nor am I aware of any violations or breaches of security which I have not officially reported, except as set forth on the reverse side of this sheet or on other attachments.

12/30 OCT 1970

S E C R E T

mug OS/ID

S E C R E T

Page 2

5. I have been advised that, in the event I am called upon by the properly constituted authorities to testify or provide information which I am pledged hereby not to disclose, I will notify the Organization immediately; I will also advise said authorities of my secrecy commitments to our government and will request that my right or need to testify be established before I am required to do so.

6. I am aware of the provisions and penalties of the espionage laws of our government and am fully aware that any violation on my part of certain matters sworn to by me under this oath may subject me to prosecution under the terms of these laws, and that violation of other portions of this oath are subject to appropriate action, including such dissemination of the violation as the circumstances warrant.

I have read and understand the contents of this oath and voluntarily affix my signature hereto with the full knowledge that this oath was executed for the mutual benefit of myself and our government, and that it will be retained in the files of the Organization for its future use or for reference by me at any time in the future that I may be requested or ordered to testify or disclose any of the matters included within the scope of this oath.

IN WITNESS WHEREOF, I have set my hand and seal this 16 day of  
October 19 70.

Sandra B. CAZAZZUS (SEAL)  
Signature Sandra B. CAZAZZUS

Witnessed by me this 16 day of October 19 70  
at Mexico City, Mexico.

Elliott J. Farnsworth  
Signature

S E C R E T

S E C R E T

Miss Sandra B. CAZAZZUSDear Miss CAZAZZUS

You are hereby notified that your services under a contract with the United States Government, effective 8 September 1967, are to be terminated at the convenience of the United States Government pursuant to paragraph 4 of said contract, and that the 30 days' notice required by the contract begins 19 September 1970.

You are reminded of the contents of paragraph 4 of said contract which read as follows:

"Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the United States Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under applicable laws and regulations."

Your signature in the space provided below is acknowledgement of the contents hereto.

UNITED STATES GOVERNMENT

By Loren T. Ong  
Field Contracting Officer

Acknowledged:

Sandra B. Cazazzus

Witness:

James H. Farnham

Reviewed:

Contract Approving Officer

S E C R E T

See file # AAFR-10578  
20 Oct 70  
Being routed with (168)  
from "shel"

SECRET

DATE

12 Oct 70

## NON-STAFF PERSONNEL DATA SHEET

- INSTRUCTIONS:
1. SUBMIT FOR:
    - A. CONTRACT EMPLOYEES (TYPE A, B AND CARRIER)
    - B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR NOC (US CITIZENS OR RESIDENT ALIENS ONLY)
  2. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS
  3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CPS/AGENT BRANCH (1 COPY ONLY)

NAME (LAST, FIRST, MIDDLE)			SEX	DATE OF BIRTH
CAZANOVIA, Sandra B. (P)			Female	5 May 23
MARITAL STATUS	NO. DEPENDENTS	YEAR(S) OF BIRTH	NATIONALITY	LAST MEDICAL EXAM
Married	2	1945, 49	U.S.A.	Unknown
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL		JOB TITLE	COMPONENT	
Type B	13 July 1964	Transcriber	DDP/MH/1	
CONTRACT CATEGORY	EFFECTIVE DATE	EXPIRATION DATE	SALARY	GRADE EQUIVALENT
Type B	15 July 64	7 Sep 71	\$3.67	GS-5/6
BENEFITS				
SOCIAL SECURITY			YES	NO
FECA DEATH AND DISABILITY			X	
ANNUAL AND SICK LEAVE			X	
CIVIL SERVICE RETIREMENT			X	
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY			X	
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE			X	
CONTRACT LIFE AND HEALTH INSURANCE			X	
MISSING PERSONS BENEFITS			X	
OTHER (EXPLAIN)				
NON-CIA EDUCATION				
High School Graduate				

DATES FROM - TO	NON-CIA EMPLOYMENT			
	EMPLOYER	LOCATION	FUNCTION	SALARY
1944-45	Cleveland Trust Company	Cleveland, Ohio	Bookkeeper	
1955-56	American Trust Company	San Leandro, California	Commercial Bookkeeper	

## CIA TRAINING

CIA EMPLOYMENT HISTORY (BEGINNING WITH EOD)						
DATES FROM - TO	FUNCTION	CCNTR. CAT.	LOCATION	PROJECT	SALARY	GRADE EQUIV.
Apr 57-Jun 63	Clerk-Typist	Staff	Hqs		EGD as Resign as	GS-4 GS-6
Jul 64-present	Transcriber	B	Mexico City	SUPPORT	\$3.67	GS-5/6

SECRET

FACTORS AFFECTING SUBJECT (PRIVATE EMPLOYEE, PAGES, RADIO, TELEGRAM OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES)

## COVER

- A. PRESENT COVER IS:  OFFICIAL  NON-OFFICIAL  
DIVISION EVALUATION OF COVER SECURITY:

**Satisfactory**

## EVALUATION OF PERFORMANCE:

**Satisfactory**

## ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

No problem.

- B. PREVIOUS COVER WAS:  OFFICIAL  NON-OFFICIAL (GIVE BRIEF DESCRIPTION IF NOC)

## MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

## FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

None

cc: Bill Montgomery  
to CCS/CTS  
6697  
12 October 1970

MESSAGE FORM  
TOTAL COPIES: 21

**S E C R E T**

SITTING ADVISOR INITIALS • SIGN BY			
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

FILE SECRETARIAL DISSEMINATION

INDEX  NO INDEX  RETURN TO \_\_\_\_\_ BRANCH  FILE RIO

PER \_\_\_\_\_

FILE IN CS FILE NO. \_\_\_\_\_

ccs.2  
**N**  
**O**

FILE VR. **10/78, 0602, 053, OP3**

(classification)

(date and time filed)

(title) (picn)  
(reference number)

**S E C R E T**

13 OCT 78 21 472

CITE DIRECTOR

077.157

MEXICO CITY

JBCENT/ADMIN

1. PLEASE ADVISE DOUGLAS J. FEINGLASS AND SANDRA B. CAZAZZUS THAT THE FLAT RATE TAX HAS INCREASED TO 18.4 PER CENT EFFECTIVE WITH PAY PERIOD ENDING 20 SEPTEMBER 1970.
2. STATION SHOULD START WITHHOLDING TAX AT HIGHER RATE IMMEDIATELY. DISPATCH FOLLOWS.

END OF MESSAGE

COORD:

*W.H./C*  
WH/CON

*W.H./Finance Dept/*

*L.G.W. R*  
C/WH/SS

*L.G.W. R*  
C/CCS/CTS

14 OCT ...

RELEASING OFFICER

COORDINATING OFFICERS

**S E C R E T**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

AUTHENTICATING  
OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

14-00000  
S E C R E T

Miss Sandra B. CAZZUS

Dear Miss CAZZUS

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 8 Sept. 1967, as amended, which expires 8 Sept. 1970.

Effective 8 Sept. 1970, said contract, as amended, is extended for one (1) year.

All other terms and conditions of said contract, as amended, remain in full force and effect.

UNITED STATES GOVERNMENT

By Louis J. C. [Signature]  
Contracting Officer

Accepted:

Sandra B. Cazzus

Witness:

Z. [Signature], Jr. [Signature]

Concur: J. H. L.  
Date: DDR 6058

Approved:

\_\_\_\_\_

REVIEWED:

/s/ Dow H. Luetscher

Special Contracting Officer

S E C R E T

~~SECRET~~

**Chief of Station, Mexico City**

**Chief, WH Division  
ADMIN/CONTRACTS  
Sandra B. CAZZAZZUS, Contract Provisions**

Reference: HMMT-9892

1. Reference indicated Sandra B. CAZZAZZUS is a Contract Employee who is required to perform her duties during various hours of the day as well as a varying number of hours in order to meet operational deadlines.

Reference asked that the contract for CAZAZZUS be amended to provide reimbursement of six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967.

2. The request is answered by the Station's explanation--unless and until there has been established in advance a regular tour of duty, an individual is not eligible for leave or holiday pay (see FHB 20-1 and FR 20-13).

In the event the basic criteria is met (FHB 20-1), the effective date could not be retroactive.

Hugh E. WESTBY

Distribution: 2-COS, Mexico City

CROSS REFERENCE NO.	STAMP SYMBOL AND NUMBER	DATE 20 Sept 1969
<b>HMMS-6559</b>		DISPOSITION
		ADS FILE NUMBER
<b>S E C R E T</b>		
REF ID: A6559		
OFFICE <b>WH/Contracts</b>	RECEIVED BY <b>McReynolds</b>	EXPIRES <b>(17 Sept 69)</b>
OFFICE STAGOL <b>C/WH/I</b>	DATE <b>20 Sept 69</b>	OWNER'S NAME <b>George R. Thompson</b>
OFFICE STAGOL <b>C/WH/SS</b>	DATE <b>20 Sept 69</b>	REASON <b>George R. Thompson</b>

UNCLASSIFIED INTERNAL  
ONLY CONFIDENTIAL SECRET

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Anna A. Tarasoff

FROM:		EXTENSION	NO.	Hancock 9892
RID/D&P/INCOMING GB-12		x7737	DATE	10 SEP 1969
TO: (Officer designation, room number, and building)		RECEIVED	OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
1. Chief/WH/Reg.		11 SEP 1969	<i>SD</i>	
2.				
3. C/WH/SS				
4.				
5. WH/Contract		13 Sep 64	13 Sept 1969	<i>JG</i>
6. C/WH/1				
7.				
8. WH/Contracts				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Your comments please.  
 Subject's contract already provides for sick and annual leave effective 15 July 64, and she is considered a part-time contract employee on a regularly scheduled tour of duty. Subject's contract does not provide for overtime and holiday time. Her contract would have to be amended to include this provision.

6-8  
*Please advise that under  
 law & contract  
 cannot approve Paid  
 3 regular.*

*W.H.*

**DISPATCH**CLASSIFICATION  
**S E C R E T****PROCESSING ACTION**

MAILED FOR INDEXING

<b>TO</b>	Chief, W/M Division	NO INDEXING REQUIRED
<b>INFO.</b>		ONLY QUALIFIED DESK CAN JUDGE INDEXING
<b>FROM</b>	Chief of Station, Mexico City	MICROFILM
<b>SUBJECT</b>	ADMIN/CONTRACTS Sandra E. CAZAZZUS (C/E) (132830) - Contract Entitlements	

## ACTION REQUIRED - REFERENCES

- References: A. Book Dispatch - 6496  
 B. Book Dispatch - 6144

1. Subject is a contract employee who is required to perform her duties during various hours of the day (including a varying number of hours) in order to meet operational deadlines.

2. Even though CAZAZZUS' contract allows her annual and sick leave benefits, she has not been reimbursed for any leave during the period 8 September 1967 to the present. In addition, the Station has not reimbursed her for any holidays, WOLADY or local, while other contract employees whose contracts call for a regularly scheduled tour of duty, have received compensation.

3. Since subject has worked an average of 30 hours per week, with Headquarters concurrence, it is recommended that she be reimbursed six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967, the effective date of her present contract.

*John M. Biggeman*  
for John A. RAGBERT

## Distribution:

3 - C/WMD

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMBT - 9892	DATE 3 September 1969
	CLASSIFICATION <b>S E C R E T</b>	HQS FILE NUMBER

14-00000

S E C R E T

MEMORANDUM FOR : Office of Finance

FROM : Contract Personnel Division  
SUBJECT : Contract Extension for  
~~Contractor B~~ ~~Contractor A~~

1. Effective 8 September 1969 the contract (as amended) for the subject individual effective 8 September 1967 is extended for a period of one (1) year.
2. All other terms and conditions of the contract (as amended) remain in full force and effect.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

OP/OK

5 Sept 69

S E C R E T

Group 1 Excluded from automatic downgrading and declassification

~~SECRET~~

MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Contract Extension

It is requested that the contract for the following named individual(s) be amended to extend the term as indicated.

Taylor, Anna C.  
CAZAZZUS, Sandra B.

Through 7 September 1970

*Conrad W. Broe*  
William V. Broe  
Chief  
Western Hemisphere Division

~~SECRET~~

**SECRET**

DATE:

CTC No. \_\_\_\_\_

MEMORANDUM FOR: Director of Finance  
 ATTENTION: Chief, Compensation and Tax Division  
 VIA: Chief, Contract Personnel Division  
 SUBJECT: Tax Assessment for \_\_\_\_\_

1. A flat rate covert tax assessment of this individual's gross, taxable Agency entitlements has been approved as indicated below. An acknowledged Letter of Tax Instruction has been  will  will not  be forwarded. The Station/Base will be  has been  advised of this assessment.

Tax Assessment Rate	Effective Date
one and three-tenths (1.3) per cent	as indicated below

2. This is a new assessment  a revised assessment   
 3. Other payroll factors pertinent to this tax assessment action are as follows:

## CONTACT APPROVAL:

/s/ Dow H. Luetzeler

Chief, C.P.D.

APPROVED:

Executive Secretary, Covert Tax Board

DISTRIBUTION: Orig &amp; 1 - Addressee: 1 Copy CPD; 1 Copy Area Division; 2 Copies CCS

FORM 2643 OBSOLETE PREVIOUS EDITION  
9-69**SECRET**

11-4-211

3 - CPD

**S E C R E T****Chief of Station, Mexico City****Chief, WOGAKI**

Douglas J. FEINGLASS (p)  
ADM/JBCENT - Sandra B. CAZAZZUS (p) - Revision of Tax Assessment Rate

**REFERENCE: Letter of Tax Instruction, HAMS-5711, 14 Dec 1967**

1. Please advise FEINGLASS that his flat rate percentage tax assessment has been revised by the Tax Staff from thirteen and nine-tenths (13.9) per cent, established by reference, to twenty and eight-tenths (20.8) per cent, effective 29 June 1969, T/Y 1969. This revision is necessary as his income and tax position have changed to such a degree as to make the previous tax assessment rate unrealistic. A computation of the revised tax rate is attached.

2. This assessment revision is incorporated by reference as an amendment to FEINGLASS' Letter of Tax Instruction.

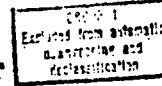
3. From the information submitted to the Tax Staff, it appears that FEINGLASS' daughter qualifies as a dependent. The new tax computations are based on five exemptions. Also, FEINGLASS should list five exemptions on his 1969 tax return.

**VICTOR D. UNITSKY****Attachment: As Noted****Distribution:**

Orig. & 1 - COS (w/att)  
1 - C/CPD (wo/att)  
1 - OF/C&TD/CPB (wo/att)  
1 - C/WH/1 (wo/att)  
1 - WH/Contracts

HAMS-6524

11 August 1969

**S E C R E T**

14-00000

NOTE FOR FILE:

CAZAZZUS' husband's (FEINGLASS) retirement  
date extended to Nov. 70.

25 JUN  
56

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET/[REDACTED]</b>	PROCESSING ROUTED FOR INFO <b>XX NO PHOTOCOPY REQUIRED ONLY QUANTITY COPY ON JUDGE APPROVALS</b>
<b>TO</b> Chief, WH Division	<b>FROM</b> Chief, SB Division	<b>SUBJECT</b> Chief of Station, Mexico City <i>(Signature)</i> Annual Fitness Report - Sandra B. CAZAZZUS ACTION REQUIRED - REFERENCES	
<p>1. Attached are copies of an Annual Fitness Report on Sandra B. CAZAZZUS.</p> <p>2. CAZAZZUS and her husband make a good and efficient team on the duties assigned to them.</p> <p style="text-align: right;"><i>Willard C. Curtis</i> Willard C. CURTIS</p> <p>orig route d to: C/S/CXO, 11 Feb 69 DC/WD, 11 Feb 69 C/H/I ? C/H/Contracts, 18 Feb 69 CPO 19 FEB 1969</p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER <b>HMT-9523</b>	DATE <b>29 January 1969</b>	
	CLASSIFICATION <b>SECRET/[REDACTED]</b>	MOS FILE NUMBER	

SECRET

## FIELD TRANSMITTAL - FITNESS REPORT

## INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmitted to Headquarters:

SECTION A, items 1, 6, and 7

SECTION D, items 1, 2, and 3 (only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (in pseudonym) <i>Sandra B. CAZAZZUS</i>
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (in pseudonym) <i>Francis J. COIGNE</i>	
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (in pseudonym) <i>Willard C. CURTIS</i>	

## SPECIAL NOTE

Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In those cases, general statements of specific duties will be included in Section B indicating the level of responsibility.

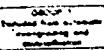
FORM 450 OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
CAZAZUS Sandra B.			5 May 1923	F	S. SD.
6. OFFICIAL POSITION TITLE <b>Contract Employee</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/MR/A</b>	8. CURRENT STATION <b>Mexico City</b>	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CARRIER-PROVISIONAL (See Instructions - Section C)			10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>1 January 1968 thru 31 December 1968</b>			12. REPORTING PERIOD (From - To)		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires 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>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</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>					
<b>SPECIFIC DUTY NO. 1</b> <b>Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.</b>					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 2</b> <b>Handling administrative matters for her husband.</b>					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 3</b>					RATING LETTER
<b>SPECIFIC DUTY NO. 4</b>					RATING LETTER
<b>SPECIFIC DUTY NO. 5</b>					RATING LETTER
<b>SPECIFIC DUTY NO. 6</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>					
					RATING LETTER <b>S</b>



**SECRET**

(This is 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. Comment 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.

This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.

**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

28 January 1969

Sandra B. CALABRUS (signed in pseudo on Field Transmittal)

2.

BY SUPERVISOR

MONTHS 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

28 January 1969

(signed in pseudo on Field  
Paul L. Dillon Transmittal)

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

28 January 1969

Chief of Station

(Signed in pseudo on Field  
Transmittal.)**SECRET**

**DISPATCH**

		CLASSIFICATION <b>SECRET</b>	PROCESSING ACTION						
TO	Chief, WOMOLD		MARKED FOR INDEXING						
INFO.	Chief, WH Division	<i>CONFIDENTIAL</i>	XX NO INDEXING REQUIRED ONLY QUALIFIED DESK CAN JUDGE INDEXING						
FROM	Chief of Station, Mexico City		MICROFILM						
SUBJECT	ADMINISTRATIVE/TRAINING Language Training								
ACTION REQUIRED REFERENCES <b>ACTION REQUIRED: Information Only</b>									
<p>As of 1 March 1968 the below listed personnel were receiving voluntary Spanish language training paid for by the organization or LINCOLD:</p> <p>Sandra B. CAZZAZZUS      Francis J. COIGNE      Humphrey K. LEADSHIP      Douglas J. FEINGLASS      Henry H. LANGDON      Keith R. LEVENDERIS      Wanda G. PANKPINTO      Clarice F. PARDECK      Cora B. RAUSKIND      Joseph F. TRECANTI</p> <p>and the wives of Walter W. CORNBURY and Gerald D. FAHLANGER.</p> <p>for/Willard C. CURTIS</p> <p>DISTRIBUTION:      2 - Chief, WOMOLD      2 - Chief, WH Division</p> <table border="1" style="float: right; margin-right: 20px;"> <tr><td>SEARCHED</td><td>INDEXED</td></tr> <tr><td>SERIALIZED</td><td>FILED</td></tr> <tr><td colspan="2">APR 9 1968</td></tr> </table>				SEARCHED	INDEXED	SERIALIZED	FILED	APR 9 1968	
SEARCHED	INDEXED								
SERIALIZED	FILED								
APR 9 1968									
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER <b>HMMT-8919</b>	DATE <b>9 April 1968</b>							
	CLASSIFICATION <b>SECRET</b>	HQS FILE NUMBER							

**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
CAZAZZUS	Sandra	B	1923	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

**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)

Sandra B. Cazazzus

DATE

14 February 1968

DUPLICATE COPY—For Agency Use

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
1968  
JANUARY 14, 1968  
1968  
CON

See Table of Effective Dates on back of Original

STANDARD FORM No. 1764  
JANUARY 1968  
(For use only until April 14, 1968)  
GSA GEN. REG. NO. 101

Approved GSA 60-RD 385

**ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE**

**Statistical Stub (SF 176-T)**

To be completed only by employees who checked either box "A" or box "C" on the election form.  
The purpose of this stub is to furnish statistics on the initial registration under the liberalized life insurance program.

1. Which box did you check?		Box A <input type="checkbox"/> 1
		Box C <input type="checkbox"/> 2
2. Did you have regular insurance under the Federal Employees Group Life Insurance Program on January 1, 1968?		Yes <input type="checkbox"/> 1
		No <input type="checkbox"/> 2
3. Your sex?		Male <input type="checkbox"/> 1
		Female <input type="checkbox"/> 2
4. Are you now married?		Yes <input type="checkbox"/> 1
		No <input type="checkbox"/> 2

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET</b>	PROCESSING ACTION
TO			MARKED FOR INDEXING
Chief of Station, Mexico City			NO INDEXING REQUIRED
INFO.			ONLY QUALIFIED DESK CAN JUDGE INDEXING
FROM	Chief, Western Hemisphere Division		MICROFILM
SUBJECT	Sandra B. CAZZAZUS		
ACTION REQUIRED - REFERENCES			

Please forward a completed form 89 on  
Sandra B. CAZZAZUS for review by the Medical  
Staff.

Hugh E. WESTBY

**Distribution:**  
2-COS, Mexico City

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	<b>HMMS-5798</b>	
	CLASSIFICATION	MHS FILE NUMBER
<b>S E C R E T</b>		
		ORIGINATING
OFFICE	OFFICER	TYPE
WH/Personnel	PP MacDougall/lvr	#6 Feb. 68
		EXT. 681
COORDINATING		
OFFICE SYMBOL	DATE	OFFICER'S NAME
C/WH/Pers		
C/WH/Reg		
C/WH/I		
RELEASING		
OFFICE SYMBOL	DATE	OFFICER'S SIGNATURE
C/WH/SS		George R. Thompson

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME <b>CAZZUS Sandra B.</b>		2. DATE OF BIRTH <b>5 May 1923</b>		3. SEX <b>F</b>	4. GRADE 5. SD
6. OFFICIAL POSITION TITLE <b>Contract Employee</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/MR/1</b>		8. CURRENT STATION <b>Mexico City</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 EMPLOYER SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P. <b>Contract employee</b>		12. REPORTING PERIOD (From- to) <b>1 January 1968 thru 31 December 1968</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires 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>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</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>					
<b>SPECIFIC DUTY NO. 1</b> <b>Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.</b>					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 2</b> <b>Handling administrative matters for her husband.</b>					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 3</b>					RATING LETTER
<b>SPECIFIC DUTY NO. 4</b>					RATING LETTER
<b>SPECIFIC DUTY NO. 5</b>					RATING LETTER
<b>SPECIFIC DUTY NO. 6</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>					RATING LETTER <b>S</b>

**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. Comment on foreign language competence if required for present position. Attach an extra sheet if necessary. Section B is provided as 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.

This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.

**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**

28 January 1969

Sandra B. CAZAZZUS (signed in pseudo on Field Transmittal)

2.

**BY SUPERVISOR****MONTHS 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**

28 January 1969

(signed in pseudo on Field Transmittal.)

3.

**BY REVIEWING OFFICIAL****COMMENTS OF REVIEWING OFFICIAL**

The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.

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

28 January 1969

Chief of Station

(signed in pseudo on Field Transmittal.)

**SECRET**

## FIELD TRANSMITTAL - FITNESS REPORT

## INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmitted to Headquarters:  
 SECTION A, Items 1, 6, and 7  
 SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym)
	28 January 1969	Sandra B. CAZAZZUS
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym)	
28 January 1969	Francis J. COIGNE	
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym)	
28 January 1969	Willard C. CURTIS	
SPECIAL NOTE		
<p>Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.</p>		

FORM 450 OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

DISPATCH	CLASSIFICATION	PROCESSING ACTION
	SECRET	MARKED FOR INDEXING
TO Chief of Station, Mexico City		NO INDEXING REQUIRED
INFO.		ONLY QUALIFIED DISK CAN JUDGE INDEXING
FROM Chief, WOCAM		MICROFILM
SUBJECT AIR/JECENT - FEINGLASS/CAZAZZUS - Tax Administration		
ACTION REQUIRED - REFERENCES		

REF: HQMT-8732, 15 December 1967

1. Forwarded under separate cover is the name and address of the notional organization for FEINGLASS to use on his tax return. Also forwarded under separate cover is a brief outline of the nature of the notional.

2. As previously discussed in a Headquarters tax briefing, this notional would not issue any tax documentation and was not to be used for any purpose other than their tax return. This return was to be kept in a safe place, since the return would indicate a different cover than what they are using in Mexico.

3. In the event FEINGLASS ever indicates that the use of the notional is necessary for purposes other than the tax return, this requirement should be cleared by Headquarters prior to actual use.

VICTOR D. UNITSKY

## Distribution:

Orig. & 1 - COS (w/SCA)  
 1 - WI/Contracts (wo/att) ✓

Attachment (USC)

SECRET

## FIELD TRANSMITTAL - FITNESS REPORT

## INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmitted to Headquarters:

**SECTION A, Items 1, 6, and 7**

**SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")**

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In Pseudonym)
	16 FEB 68	SANDRA B. CAZAZZI (S. B. Cazazzi)
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In Pseudonym)	
16 Feb 1968	Francis J. COIGNE (F. J. Coigne)	
DATE	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In Pseudonym)	
16 Feb 1968	Willard C. CURTIS (W. C. Curtis)	
SPECIAL NOTE		
Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.		

FORM 450 OBSOLETE PREVIOUS EDITIONS.

SECRET

(6)

SECRET (When Filled In)		EMPLOYEE SERIAL NUMBER			
FITNESS REPORT					
GENERAL					
1. NAME <b>CATAZZI</b>	(Last) <b>Brenda</b>	(First) <b>B.</b>	2. DATE OF BIRTH <b>5 May 23</b>	3. SEX <b>F</b>	4. GRADE 5. SD
6. OFFICIAL POSITION TITLE <b>Contract Employee</b>	7. OFF/DIV/BR OF ASSIGNMENT <b>IMP/WI</b>			8. CURRENT STATION <b>Mexico City</b>	
9. CHECK (X) TYPE OF APPOINTMENT <b>CAREER</b> <input checked="" type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <b>CAREER-PROVISIONAL (See Instructions - Section C)</b>			10. CHECK (X) TYPE OF REPORT <b>XX</b> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): <b>XX SPECIAL (Specify): Contract Employee</b>		
11. DATE REPORT DUE IN Q.P. <b>1 January 1967 - 31 December 1967</b>					
12. REPORTING PERIOD (From- To) <b>1 January 1967 - 31 December 1967</b>					
SECTION B PERFORMANCE EVALUATION					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires 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>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</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>					
SPECIFIC DUTIES					
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).					
SPECIFIC DUTY NO. 1 <b>Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.</b>	RATING LETTER <b>S</b>				
SPECIFIC DUTY NO. 2 <b>Handling administrative matters for her husband.</b>	RATING LETTER <b>S</b>				
SPECIFIC DUTY NO. 3	RATING LETTER				
SPECIFIC DUTY NO. 4	RATING LETTER				
SPECIFIC DUTY NO. 5	RATING LETTER				
SPECIFIC DUTY NO. 6	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. Comment 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.

Subject continues to complement her husband as a part of an efficient team. Her expeditious processing of transcript materials (so that they come to the Station ready for filing) saves the Station a great deal of work and time. Her language and analytical abilities are utilized to pre-edit material and cut out the superfluous. She continues to show interest in her work at which she is very efficient.

## SECTION D

## CERTIFICATION AND COMMENTS

## BY EMPLOYEE

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

DATE 16 Feb 63	SIGNATURE OF EMPLOYEE /s/ Sandra B. CAZAZZUS
-------------------	---

2.	BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 29	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 16 Feb 63	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE /s/ Francis J. COIGNE
-------------------	------------------------------	--

3.	BY REVIEWING OFFICIAL
COMMENTS OF REVIEWING OFFICIAL	

The Reviewing Officer concurs in this Report. This employee and her husband form an efficient and valuable team.

DATE 16 Feb 1968	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE /s/ Willard C. CURTIS
---------------------	--	--

SECRET

If typewriter is not available, bear down with ballpoint pen to make legible copies.

Standard Form No. 2029 U.S. GPO Service Committee FPM Supplement 893-1 June 1967		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM <small>(Read instructions on back of last page. Use only typewriter or ballpoint pen.)</small>			New Carrier's Control No. <b>11252435</b>		
TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.			Old Carrier's Control No.				
<b>PART A</b>  ALL WHO REGISTER MUST FILL IN THIS PART.		1. NAME (LAST) <b>Tarasoff</b>	(FIRST) <b>Anna</b>	(MIDDLE INITIAL) <b>A.</b>	2. DATE OF BIRTH (Month, Day, Year)	3. ARE YOU NOW MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 1 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
		4. YOUR MAILING ADDRESS <b>[NUMBER AND STREET]</b>	<b>(CITY)</b>	<b>(STATE)</b>	<b>(ZIP CODE)</b>	5. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> 2	
<b>IMPORTANT</b>							
<p>IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE FAMILY ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR AN IMMEDIATE RELATIVE, DO NOT REGISTER AGAIN. TO ENROLL OR TO CHANGE THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. SIMILARLY, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT ELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) OWN ENROLLMENT.</p>							
<b>PART B</b>  FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.		1. I elect to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Keep the information requested below from back page of brochure of the plan you select.)			OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER	
		NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER			
		2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried child and under age 22, including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 22 who became disabled before age 22 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child over 22 or over, if one is not already on file.) <b>DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.</b>					
		NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)		
		Wife or Husband	<input type="checkbox"/> 1		<input type="checkbox"/> 6		
			<input type="checkbox"/> 2		<input type="checkbox"/> 7		
			<input type="checkbox"/> 3		<input type="checkbox"/> 8		
			<input type="checkbox"/> 4		<input type="checkbox"/> 9		
			<input type="checkbox"/> 5		<input type="checkbox"/> 10		
<b>PART C</b>  FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.		1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM.			2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW.		
		<b>Covered on hub's policy</b>			<input checked="" type="checkbox"/> Present Enrollment Code Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>PART D</b>  FILL IN THIS PART AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.		ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.					
		1. ENROLLMENT CODE NUMBER OF PRESENT PLAN.	2. NUMBER OF EVENT WHICH PERMITS CHANGE. (See table on back of duplicate for proper number.)	3. DATE OF EVENT WHICH PERMITS CHANGE.	MONTH	DAY	YEAR
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART E</b>  ALL WHO REGISTER MUST FILL IN THIS PART.		<b>Norma Sue Carpenter for Anna A. Tarasoff</b> <i>AS</i> <b>12-28-67</b>			<small>WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 3 years, or both. (18 U.S.C. 1001.)</small>		
<b>PART F</b> TO BE COMPLETED BY AGENCY.		<b>L. Carpenter</b> <b>HEADAN</b> <b>OFFICE</b> <b>(Signature)</b> <small>(Signature of authorized agency official)</small>			2. DATE RECEIVED IN EMPLOYING OFFICE	3. EFFECTIVE DATE OF ELECTION	
					<b>12-28-67</b>	<b>12-31-67</b>	
REMARKS FOR USE ONLY BY AGENCY.		Contract Emp. 9-8-67 W.H.			5132830		

14-00000

S E C R E T

DATE 22 November 1967

MEMORANDUM FOR: Chief, Insurance Branch/BSD/OP  
Benefits and Services Division

This is to advise you that Anna A. Tarasoff has been employed under an Agency personal services contract effective 8 September 1967. The Contract authorizes participation in Civil Service Retirement, FEGLI and Federal Health Insurance.

Subject's contract is the administrative responsibility of DDP/WH.

Dow H. Luetscher  
Chief  
Contract Personnel Division

S E C R E T

Group I - Excluded from automatic downgrading and declassification

**S E C R E T.****Chief of Station, Mexico City**

X

**Chief, Western Hemisphere Division****Sandra B. CAZAZZUS, Contract****Action Required: As Noted****References : A. BD-6144  
B. MEXICO CITY 2718**

1. In view of Reference B and inasmuch as Sandra B. CAZAZZUS was in the Headquarters area, a new contract was prepared granting her the benefits of Reference A. The contract was signed by CAZAZZUS and has been forwarded for related processing.

2. Attached is a copy of the contract effective 8 September 1967 for CAZAZZUS. She elected FEGLI but declined the health insurance as she is included under her husband's policy. CAZAZZUS was thoroughly briefed on the provisions of the contract as well as the provisions of her previous contract.

**STATION ACTION:**

As CAZAZZUS is payrolled by the Station, related deductions for the new benefits (Civil Service Retirement and FEGLI) are to be made by the Station. Social Security deductions will, of course, cease as there is no cover requirement for mandatory Social Security coverage.

3. During the briefing, CAZAZZUS inquired about the use of sick leave. She was informed sick leave can be used in the same manner and per the same regulations as when she was formerly a

(continued)

**Attachment:**  
As stated

**Distribution:**  
2-COS, Mexico City, w/att, b/b

HMGIS - 5679

**S E C R E T**

WH/Contracts/WSRenahan: gms (17 Nov 67) 4460

1-WH/Contracts w/att  
1-WH/1 w/att  
1-WH/Reg wo/att

C/WH/1

S E C R E T

HMMS - 3679

staffer. The point involved was whether she had been granted sick leave during her "maternity leave" in 1965. She was advised that possibly she did receive payment covering the period which her accrued sick leave represented; and, possibly at that time she had only a minimal balance accrued.

**STATION ACTION:**

It is suggested the Station review her leave/pay account for the above cited period and advise her of the details involved.

Should the records reflect she had a balance but was not provided the leave, a pay adjustment may be made up to the balance at that time with an appropriate reduction of her current sick leave balance. NOTE: She was advised she could not have sick leave accrued since that time applied retroactively.

It is further suggested the Station Admin or Finance Officer conduct the briefing due to the necessity for the briefer to have a rather technical knowledge of leave.

Hugh E. WESTBY

8 Sep 67

Miss Sandra B. Cazazzus

Dear Miss Cazazzus:

The United States Government, as represented by the Contracting Officer of this organization, hereby contracts with you, as a contract employee under the terms and conditions set forth below:

1. New Benefits. By virtue of your employment relationship under this agreement you are:

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

2. Your previous contract with the United States Government, effective 15 July 1964, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

SECRET

4. This agreement is effective as of 8 September, 1967 and shall continue thereafter for two (2) years unless sooner terminated as set forth in your previous contract. If this agreement becomes effective during an overseas assignment nothing contained herein shall be construed as extending that assignment beyond its originally contemplated duration or invalidating your entitlement to return travel expenses (if applicable) upon completion of that assignment.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

**ACCEPTED:**

Sandra B. Cazazzus

**WITNESS:**

APPROVED:

## DISPATCH

S E C R E T

MAILED FOR INFORMATION

NO IMMEDIATE PRIORITY  
ONLY DRAFTED DRAFT  
FOR JUDGE, INDICATING

MURKIN

Chief of Staff, Mexico City

Mexico

ADM/JETTE - PETELIN/CARAZO - Tax Scrapping

ACTION REQUIRED - REFERRED

The WALTER Tax Committee has approved a flat rate assessment of PETELIN/CARAZO's Federal tax obligation, beginning with tax year 1967. Attached is the letter of tax instruction which PETELIN should review. The original must be signed and returned to Headquarters.

VICTOR D. GILDEDY

## Distribution:

Orig. & 1 - COB (w/att)  
1 - WII/Contracts (w/att)

DISPATCH NUMBER	DISPATCH SYSTEM AND NUMBER	DATE
	HSC-5711	14 Nov 1967 6 December 1967
	CLASSIFICATION	HSC FILE NUMBER
	S E C R E T	

14-00000

Letter of Tax Instruction for FINGLASS/CAZAZZUS

1. Based on discussions held with tax representatives of the Organization, an assessment of your organizational income has been approved to satisfy your Federal tax obligation.

2. The assessment computation is based on an estimate of your taxable compensation from the Organization and your estimate of other income from outside sources. The assessment computation results in a percentage of your salary being withheld each pay period to completely satisfy your tax obligation. For tax year 1967 thirteen and nine-tenths (13.9) per cent will be withheld, effective 28 August 1967. The computation is attached.

3. In computing your assessment rate, you have been granted a basic tax credit of \$250.00. This credit is not guaranteed, but is granted to give reasonable assurance that you will not pay a higher tax than you would under ordinary reporting procedures.

4. Future changes in your income or tax status may justify a revision of the assessment rate. In this event this agreement would be amended accordingly.

5. It is important that you file a tax return directly with Internal Revenue that is consistent with your cover status. Care and accuracy in preparing this return are necessary. Any tax liability resulting from the tax computation on this return will be satisfied by your own funds. A certified true copy of this tax return must be forwarded to us upon your submission of the original to Internal Revenue. Provided below are specific criteria to assist you in the preparation of the tax return:

A. You will be provided with the name of a notional organization to be used on your 1967 tax return. The only income you will report will be income shown on your (FINGLASS) earning statement. You will not report your wife's income or tax withholding nor will you report any withholding that was made from your salary.

B. The income that is shown (using the notional as a source) will be reported on the Form 2555 (Statement to Support Exemption of Income Earned Abroad) and will be exempted from tax, due to your residence overseas. You will base your exemption on physical presence abroad. For tax year 1967 you will report your income as being earned prior to home leave and therefore fully excludable because the qualifying period, which ended on the date you left Mexico for home leave, included an eighteen-month period abroad.

C. Other income must also be reported on this tax return, including interest from the Credit Union, which will be indicated without identifying the Credit Union by name.

14-00000

6. You may request an advance of funds for payment of foreign income or related (income) taxes assessed against income received from or guaranteed by the Organization. Accounting for these funds will be made in the form of copies of the received tax bills (or other acceptable tax documents) which will be forwarded to the home office for approval and write-off of expense.

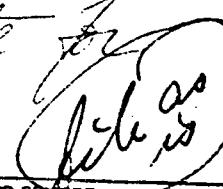
7. Please acknowledge the original of this letter and return to Headquarters, attention: Covert Tax Committee.

8. We appreciate your cooperation in arranging these details.

VICTOR D. UMITSKY  
Secretary  
Covert Tax Committee

Acknowledged:

\_\_\_\_\_  
Date \_\_\_\_\_

SENDER WILL CHE		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED		CONFIDENTIAL	SECRET
<b>OFFICIAL ROUTING SLIP</b>			
<b>TO</b>	<b>NAME AND ADDRESS</b>		<b>DATE</b>
1	Kaufman		
2			
3			10/17 2:30
4			
5			
6			
<b>ACTION</b>	<b>DIRECT REPLY</b>	<b>PREPARE REPLY</b>	
APPROVAL	DISPATCH	RECOMMENDATION	
COMMENT	FILE	RETURN	
CONCURRENCE	INFORMATION	SIGNATURE	
<b>Remarks:</b> <i>Mr. Kaufman reviewed and declined to coordinate, feeling that time was no longer appropriate for this message.</i> 			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.		DATE	
Kaufman			
UNCLASSIFIED	CONFIDENTIAL	SECRET	

FORM 7-66 12 USE PREVIOUS EDITIONS

1. MESSAGES ARE CONSIDERED ROUTINE UNLESS A HIGH PRECEDENCE IS INDICATED IN THE ADDRESS LINE.
2. TYPE IN BLACK AND YELLOW COPY TO CABLE SECRETARIAT, BEM SUPPORTING DOCUMENTS.
3. DO NOT LEAD OUT AND CONTINUE TYPING. DO NOT EXCEED FORTY-FOUR CHARACTERS PER LINE.  
INCLUDING SPACES. END TEXT LINES WITHIN THE EIGHT MARGIN GUIDE APPROPRIATE FOR YOUR TYPEWRITER.

ORIGINATOR: WSRenahan  
 UNIT: WH/Contracts  
 EXT: 4460  
 DATE: 12 September 1967

## MESSAGE FORM

TOTAL COPIES:

**SECRET**

## CABLE SECRETARIAT DISSEMINATION

BY \_\_\_\_\_ PER \_\_\_\_\_

 INDEX  DESTROY  RETURN TO \_\_\_\_\_ BRANCH  FILE RIO

CONF:

 RIO COPY NO INDEX  FILE IN CS FILE NO. \_\_\_\_\_INFO:  
FILE , VR

(classification)

(date and time filed)

(elute)  
(reference number)

(pico)

CITE DIRECTOR

**SECRET**TO:  MEXICO CITY

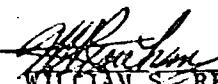
REF: DIRECTOR 34619

IN DISCUSSING REF WITH FEINGLASS PLEASE EXPRESS OUR SYMPATHY  
 DEATH OF CAZAZZUS MOTHER.

END OF MESSAGE

WH Comment: Ref advised CAZAZZUS can take physical on return Mexico.

C/WH/1 \_\_\_\_\_

4 WILLIAM V. BROE  
5 C/WHD
  
 WILLIAM V. RENEHAN  
 C/WH/CONTRACTS

RELEASING OFFICER

COORDINATING OFFICERS

**SECRET**
**GROUP 1**  
 Excluded from automatic  
 downgrading and  
 declassification
AUTHENTICATING  
OFFICER

COPY NO.

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

INDEX <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CLASSIFIED MESSAGE <b>E</b>	TOTAL COPIES <b>2</b>
CLASSIFY TO FILE NO.		
N-REF TO FILE NO.		
FILE RID <input type="checkbox"/> RET...TO BRANCH <input type="checkbox"/>		
DESTROY <input type="checkbox"/> SIG. <input type="checkbox"/>		
FROM <b>5</b>	SECRET	REPRODUCTION PROHIBITED
PERSON/UNIT NOTIFIED		<b>55</b>
ACTION <b>WHP</b>	RID COPY <input checked="" type="checkbox"/>	ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED <input type="checkbox"/> TUBED
INFO FILE, UR, 5B8, CCSS, CSPS, OPZ, DIMS 2	UNIT	TIME
		BY

SECRET 072355Z CITE MEXICO CITY 2718

DIRECTOR

REDCOAT

1. SANDRA B. CAZZUS DEPARTING SEP WITH MINOR SON FOR MOTHER'S FUNERAL IN CLEVELAND, OHIO. SHE UNABLE COMPLETE PHYSICAL HERE, PLANS DO SO AT HQS.

2. ALSO INCOMPLETE IS CONTRACT REVIEW FOR NEW BENEFITS PER BOOK DISPATCH 6144. STATION SUGGESTS THIS BE ACCOMPLISHED AT HQS DURING FEINGLASS CONSULTATION

31 OCT.

SECRET

SECRET

BT

8 SEP 67 R 47516

A Continues

19/8/67

Physical as dependent  
will be taken at Hqs 7375  
859 out of 861  
M. Fisher will  
have Subjet & will continue D/R  
already set & will have  
arrive in 1968 Q3/867

PPMacDougall/lvr  
WH/Personnel  
6815  
18 August 1967

MESSAGE FORM  
TOTAL COPIES (13)

**S E C R E T**

ROUTING AND CIRCUMSTANCES

U.S. SECRETARIAT DISSEMINATION

3

PIC

INDEX  DESTROY  RETURN TO \_\_\_\_\_  
 NO INDEX  FILE IN CS FILE NO.

BRANCH

RPT

C/WH 6

RPT COPY

INFO.

PIC

VIA *clock 3 sleep plan*

(Classification)

(Date and time issued)

(Date)  
Reference Number

**S E C R E T**

MEXICO CITY

10 22 00'Z

CITE DIRECTOR

29114

RYBAT

REF: A. MEXICO CITY 2499 (IN 34006)  
B. HMMS-5433

1. TDY HQS INCLUDED IN FEINGLASS TRAVEL ORDER. SHOULD PLAN ARRIVE HQS 31 OCTOBER 1967.

2. FAMILY SHOULD TAKE PHYSICALS IN FIELD AND FORWARD RESULTS. FEINGLASS WILL TAKE PHYSICAL WHILE HQS.

3. REF B POUCHED 16 AUGUST ANNOUNCES ARRIVAL TDY REPLACEMENT 18 SEPTEMBER 1967.

END OF MESSAGE

WH Comment: Ref A requested home leave beginning ~~12~~ Sept., with TDY HQs. to discuss 1968 retirement.

Ref B gave info on TDY replacement for FEINGLASS.

*David L. Hansen*  
JACOB D. ESTERLINE  
AC/WID

C/WH/1 *JH*

*Edward K. O'Malley*  
EDWARD K. O'MALLEY  
AC/WH/PERS

ISSUING OFFICE

COORDINATING OFFICES

**S E C R E T**

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

GROUP 1  
Excluded from automatic  
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AUTHENTICATING  
OFFICE

COPY NO.

INDEX <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CLASSIFY TO FILE NO.	CLASSIFIED MESSAGE	TOTAL COPIES <b>18</b>												
X-REF TO FILE NO.	FILE RID <input type="checkbox"/> RET. TO BRANCH <input type="checkbox"/>	SECRET	COPIES EXCLUDED FROM AUTOMATIC DECLASSIFICATION AND DECLASSIFICATION												
DESTROY <input type="checkbox"/> SIG.	PERSON/UNIT NOTIFIED		REPRODUCTION PROHIBITED												
<b>7</b>			<table border="1"> <tr><td>1</td><td></td><td>5</td></tr> <tr><td>2</td><td></td><td>6</td></tr> <tr><td>3</td><td></td><td>7</td></tr> <tr><td>4</td><td></td><td>8</td></tr> </table>	1		5	2		6	3		7	4		8
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ACTION <b>D/AMIS 2</b>	INFO <b>FILE VR WITH 8 CSES 3 UPS OP2</b>	ADVANCE COPY <input type="checkbox"/> TELETYPE <input type="checkbox"/> PLATTER <input type="checkbox"/> VIDEO	UNIT TIME BY												

SECRET 261615Z CITE MEXICO 1893

DIRECTOR

26 JUN 67 IN 98383

HBDRAW

REF: MEXICO CITY 1888 (II) 97294)

CAZAZZUS ILLNESS DIAGNOSED AS FLOATING KIDNEY.  
RELEASED FROM HOSPITAL 24 JUNE 1967. NO OPERATION

PLANNED.

SECRET

BT

SECRET

100-27  
JUN 27 1967

INDEX: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CLASSIFIED MESSAGE	TOTAL COPIES
CLASSIFY TO FILE NO.		
X-REF TO FILE NO.		
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DESTROY <input type="checkbox"/> SIG.	PERSON UNIT NOTIFIED	
28 ACTION: D/m52 <input type="checkbox"/> RID COPY ADVANCE COPY INFO: FILE, VR, WH, CCS3, CPC		
TOTAL COPIES 1 2 3 4 REPRODUCTION PROHIBITED 1 2 3 4 UNIT TIME BY		

SECRET 240020Z CITE MEXICO CITY 1888

24 Jun 67 IN 97294

DIRECTOR

HBDRAW

SANDRA B. CAZAZZUS ADMITTED TO AMERICAN BRITISH  
 COWDRAY HOSPITAL 22 JUNE 1967 WITH SEVERE ABDOMINAL  
 PAIN. PRELIMINARY DIAGNOSED AS KIDNEY DISORDER. WILL  
 ADVISE FURTHER.

SECRET SECRET

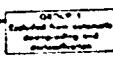
BT

*Per  
June 26  
1967*

SECRET

(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>132830</b>			
<b>GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
4. OFFICIAL POSITION TITLE			5. OFF/DIV/BR OF ASSIGNMENT		6. CURRENT STATION <b>Mexico City</b>		
7. CHECK (X) TYPE OF APPOINTMENT			8. CHECK (X) TYPE OF REPORT				
CAREER	RESERVE	TEMPORARY	XX. INITIAL		REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL		REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			XX. SPECIAL (Specify): <b>Contract Employee</b>				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From To) <b>1 January 1966-31 December 1966</b>				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<b>d - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires 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>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.						
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.						
<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).							
SPECIFIC DUTY NO. 1		Selecting and processing transcripts in Spanish and English into a workable format for Station analysis and filing					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2		Handling administrative matters for her husband and herself.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3							RATING LETTER
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							RATING LETTER
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.							<b>S</b>



**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. 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. Manner of performance of managerial or supervisory duties and its correctness 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.

This is the first time a fitness report has been prepared on CAZAZZUS herself, although previous fitness reports on her husband, Douglas J. FEINGLASS, have mentioned her valuable contribution. She and FEINGLASS continue to work as an excellent team. CAZAZZUS works conscientiously and quickly and saves the Station a great deal of time in the routine processing of paper and tapes. Her interest in the subject matter and her analytical ability enable her to weed out superfluous material and assist FEINGLASS in his translations and analyses.

**SECTION D****CERTIFICATION AND COMMENTS****BY EMPLOYEE**

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

DATE

SIGNATURE OF EMPLOYEE

2.

**BY SUPERVISOR**MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

I concur with the rating officer's evaluation of CAZAZZUS.  
She complements her husband perfectly

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

**SECRET**

SECRET

## FIELD TRANSMITTAL - FITNESS REPORT

## INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmitted to Headquarters:

SECTION A, Items 1, 6, and 7  
 SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 8 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym) Sandra B. CAZAZZUS
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 8 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Jonathan L. WEENING	
DATE 8 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Francis J. COIGNE	
SPECIAL NOTE		
<p>Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.</p>		

FORM 450 OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

SUBJECT:

Miss Anna A. Tarasoff

Dear Miss Tarasoff:

Reference is made to your current contract with the United States Government, as represented by the Contracting Officer.

Effective 22 August 1966, said contract is amended by deleting all reference to income taxes therefrom, and by adding thereto the following paragraph:

"3. Taxes. As an employee of the Government, you must satisfy your Federal tax liability on taxable income paid to you under paragraph one (1) above. Such income may be paid you by or through a cover facility. Because of cover, operational, and security considerations the Tax Committee of this organization is authorized to make certain determinations and establish procedures which will result in the full satisfaction of your Federal income tax liability on said income. It is specifically understood and agreed that such determinations and procedures, whether oral or written, constitute an integral part of this contract and are legally incorporated herein by reference."

All other terms and conditions of said contract remain in full force and effect.

UNITED STATES GOVERNMENT

Contracting Officer

Si: JAS

Group I -- excluded from automatic cost of living adjustment provision

**SECRET****DATE:****CTC No.** \_\_\_\_\_

**MEMORANDUM FOR:** Director of Finance  
**ATTENTION:** Chief, Compensation and Tax Division  
**VIA:** Chief, Contract Personnel Division  
**SUBJECT:** Tax Assessment for \_\_\_\_\_

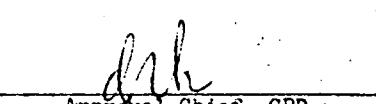
1. A flat rate covert tax assessment of this individual's gross, taxable Agency entitlements has been approved by the Covert Tax Committee as indicated below. An acknowledged letter of tax instruction  is  will be forwarded.

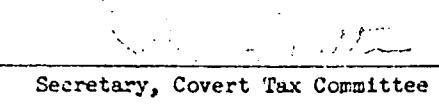
<b>Tax Assessment Rate</b>	<b>Effective Date</b>
15% of individual's gross pay (15%) per year, effective date - 1/1/1968	

2. Other payroll factors pertinent to this Covert Tax Committee tax assessment action are as follows:

Actual Covert Tax Rate: \_\_\_\_\_  
 Taxable Entitlements: \_\_\_\_\_  
 Taxable Payroll: \_\_\_\_\_  
 Taxable Payroll: \_\_\_\_\_

A 15% covert tax is being applied.

  
 Approval Chief, CPD

  
 Secretary, Covert Tax Committee

**SECRET**

*Anna A. Taraseff*

4 June 1966

MR&S [REDACTED]

Dear Miss [REDACTED]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 15 July 1966, as amended, which expires 14 July 1966.

Effective 15 July 1966, said contract, as amended, is extended for a period of two (2) years.

All other terms and conditions of said contract remain in full force and effect.

THE UNITED STATES GOVERNMENT

*Stillard C. Curtis*

ACCEPTED:

[REDACTED]  
WITNESS: *Erving G. Chonky*

APPROVED:

BY CONTRACT AUTHORIZING OFFICER

**SECRET**

**DISPATCH**

CLASSIFICATION

**SECRET**

PROCESSING ACTION

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK

CAN JUDGE INDEXING

MICROFILM

TO

Office of Finance

INFO

Chief, WH Division

FROM

Chief of Station, Mexico City

SUBJECT

Admin/Finance-Salary Increase-Sandra B. CAZAZZUS, Employee Number 132830

ACTION REQUIRED - REFERENCES

ACTION REQUIRED: Information only.

REFERENCE: HPMR-4512, dated 6 January 1966

Furnished herewith is a copy of a contract amendment for Sandra B.

CAZAZZUS covering the legislative salary increase as of 10 October 1965.

The amendment was not prepared in time for CAZAZZUS to sign it before going  
on home leave and consequently had to await her return.

WILLARD C. CURTIS

Attachment:  
As Stated AboveDistribution:  
2 - Office of Finance, w/att  
1 - Chief, WHD

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

HWT-6164  
CLASSIFICATION17 January 1966  
HQS FILE NUMBER

SECRET

Anna H  
Jacobs

Dear Miss [redacted]

Reference is made to your present contract with the United States Government as represented by the Contracting Officer.

Effective 10 October 1965, said contract is amended by including therein provision for compensation increase of the Federal Employee Salary Act of 1965, in conformance with policies and procedures of the Organization. Said contract is amended also to include the following sentence in paragraph one, entitled "Compensation":

"Compensation will be increased based on legislative pay increases!"

All other terms and conditions of the contract remain in full force and effect.

THE UNITED STATES GOVERNMENT

BY Hillard C. (Curly)

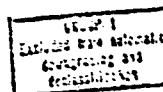
ACCEPTED:

WITNESS:

Irving A. Crossley  
Jay S. Alexander

100 SEC'D

SECRET



Chief of Station, Mexico City

Office of Finance

Salary Increase - Shirley S. Tepas, Employee Number 127231

The Office of Finance has not received a contract amendment for the 10 October 1965 salary increase which the Station has paid subject as reflected on Station 7/487-66. Therefore, in the absence of a contract amendment, it would appear that CAZAZZI is being overpaid. Please advise.

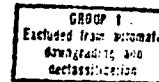
SHIRLEY S. TEVAS

Distribution:  
3 - CSC/Mexico City

MDR - 4512

6 January 1966

S E C R E T



C&TD/APB/CMS/R.Landry/rhs

2294

2 - WB Division  
3 - C&TD/APB/CEAS  
1 - RI/DP  
1 - CP/Registry  
X - CPD

WH/BP

VB/SS

CLASSIFY TO FILE NO.	CLASSIFIED MESSAGE	TOTAL COPY	1
SERIAL TO FILE NO.			
FILE RID <input type="checkbox"/> RET. TO BRANCH <input type="checkbox"/>	<b>SECRET</b>	DTI DEPARTMENTAL TELETYPE INFORMATION	REPRODUCTION PROHIBITED
DESTROY <input type="checkbox"/> SIG. <input type="checkbox"/>	PERSON/UNIT NOTIFIED		
FROM <b>MEXICO CITY</b>			
ACTION <b>WHA</b>	ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED <input type="checkbox"/> TUBED	UNIT	TIME
INFO <b>FILE VR OF 2 CES 3</b>			

S E C R E T 081945Z

DIR CITE MEXI 5550

8 DEC 65 10658

REF: DIR 62414

1. 1964 COVERT TAX RETURNS FOR BENADUM, LIMOTOR 19 (BARBARA C. HUFIC), PINEINCH, SANDAMANIE BEING SENT BY HMMT 6018 IN 10 DEC POUCH. NOT POUCHEO EARLIER AS OVERLOOKED IN STATION ADMIN FILES.

2. RETURN FOR CAZAZZUS SENT HMMT 5399 APR 23 (JOINT WITH S.A. DOUGLAS J. FEINGLASS). RETURN FOR LIFUED 30, NOW RITA N. BLAZIK, SENT HMMT 5908, 28 OCT 65.

3. LIHUFF 1 SUBMITTED RETURN THROUGH OVERT CHANNELS: SIGNED COPY BEING POUCHEO HQS.

4. WILL REPORT ON TICBORN SEPARATELY.

SECRET / A.D. 1964 WHA 1 SECRET 1964  
7/14 1965 REGULATED MAIL 10-4-65  
CFN 5550 62414 1964 BENADUM LIMOTOR 19 BARBARA C HUFIC PINEINCH  
SANDAMANIE HMMT 6018 10 NOT POUCHEO CAZAZZUS HMMT 5399 APR 23  
DOUGLAS J FEINGLASS LIFUED 30 RITA N BLAZIK HMMT 5908 28 65  
LIHUFF 1 HQS

BT

**SECRET**

Dec 23  
fha/jgd

SECRET

*ANN H. THAHOFF*

Dear Miss \_\_\_\_\_

Reference is made to your present contract with the United States Government, as represented by the Contracting Officer.

Effective 14 August 1964, said contract is amended by including therein provision for compensation increase of the Government Employees Salary Reform Act of 1964, in conformance with the policies and procedures of this organization.

All other terms and conditions of the contract remain in full force and effect.

DIC

*2-72  
7 hours*

UNITED STATES GOVERNMENT

BY *Millard C. (notis)*  
Contracting Officer

SECRET

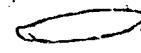
Group 1 - Excluded from automatic downgrading and declassification.

REVIEWED:

APPROVED:

*/s/ Joseph B. Ragall*  
Special Contracting Officer

DISPATCH



C/WH/SS

C.P.D.

CD 4659 Gato Drfe  
CPS - Mar 19 - Higman  
5270

## DISPATCH

CITY OF CHICAGO

FROM

Chief of Police, Chicago, IL

RECORDED: Post Office Bureau - Chicago, Illinois  
Telephone: 2-2222REFERENCE: A. DTR 8700, 15 AUG 1964  
C. DTR 8700, 15 AUG 1964

The effect of the following command record is to deny 1000.

Notified Chief of Police, Chicago, Illinois, of above information and  
for record.*Attala*  
CHIEF OF POLICEDistribution:  
S - ADP*Drug rec'd & fed - 17 Aug 64*  
*W/H/B&F*  
*CPD-5 E69*  
*CFD/CEAS-227 cont*

TO BE RECORDED

RECORDING DATE AND NUMBER

PAGE

14-0000-1000

**SECRET**

(EVEN WHEN BLANK)

**Nº SD 48769 A****DATE**

29 July 1964

I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:

(SIGNATURE)

*Anna Tarasoff***RIGHT THUMB PRINT**Anna Tarasoff

(NAME, PRINTED OR TYPEWRITTEN)

**WITNESS:***Herbert Manell*

Herbert Manell

**SECRET****SECRET**

(EVEN WHEN BLANK)

**Nº SD 48769 B****DATE** 29 July 1964

I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIGNATURE WHERE REQUIRED:

(SIGNATURE)

*Sandra B. CAZAZZUS***RIGHT THUMB PRINT**

(NAME, PRINTED OR TYPEWRITTEN)

**WITNESS:***Gerald F. GESTEINER*

Gerald F. GESTEINER

**SECRET**

CONFIDENTIAL  
(When Filled In)

CONTRACT TYPE B SECURITY APPROVAL

DATE : 15 July 1964

YOUR REFERENCE: Memorandum dated 13 July 1964

CASE NO. : 131751

TO : WH/PERS

SUBJECT : TARASOFF, Anna A.

1. This is to inform you of Security Approval of the Subject person for Contract Type B employment as specified in your request under the provisions of Headquarters Regulation 20-53.

2. Unless arrangements are made within 60 days to contract with Subject within 120 days, this Approval becomes invalid.

3. This office is to be advised when a Contract is signed by Subject and when the Contract is terminated.

4. As a part of this contracting process:

A polygraph interview must be arranged by your office.

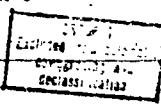
A polygraph interview is not necessary.

*W. A. Osborne*  
W. A. Osborne

CHIEF, PERSONNEL SECURITY DIVISION, OS

SECRET

REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION <small>Always handle only 1 copy of this form</small>				DATE
TO:	CI/Operational Approval and Support Division <b>POLITICAL SECURITY</b> <del>COVERT SECURITY</del> Division/Office of Security			FROM:
<input checked="" type="checkbox"/> SUBJECT: <small>(Type name)</small> Tarasoff, Anna			PROJECT	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES			CIA FILE NO.	
			RI 201 FILE NO.	SO FILE NO.
			131751	
1. TYPE ACTION REQUESTED				
<input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL		PROVISIONAL PROPRIETARY APPROVAL		
<input type="checkbox"/> OPERATIONAL APPROVAL		PROPRIETARY APPROVAL		
<input type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL		COVERT NAME CHECK		
<input checked="" type="checkbox"/> COVERT SECURITY APPROVAL <b>Type B</b>		SPECIAL INQUIRY (SO field investigation)		
COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS				
2. SPECIFIC AREA OF USE				
Mexico City, Mexico				
3. FULL DETAILS OF USE				
<p>Her principal responsibility will be to assist her husband, a Staff Agent, in the transcribing and processing of the Station's LIENVOY/LIEMRICK product.</p> <p>Subject resigned from staff employee status on 8 September 1963.</p> <p>She has been with her husband in Mexico during interim period</p>				
4. INVESTIGATION AND COVER				
A. U.S. GOVERNMENT INTEREST MAY BE SHOWN DURING INVESTIGATION?				YES <input type="checkbox"/>
B. CIA INTEREST MAY BE SHOWN DURING INVESTIGATION?				NO <input checked="" type="checkbox"/>
C. IS SUBJECT AWARE OF U.S. GOVERNMENT INTEREST IN HIM?				YES <input type="checkbox"/>
D. IS SUBJECT AWARE OF CIA INTEREST IN HIM?				NO <input type="checkbox"/>
E. INDICATE ANY LIMITATIONS ON COVERAGE IN THE INVESTIGATION OF SUBJECT.				
F. SUGGEST "COVER PRETEXT" TO BE USED IN CONDUCTING PERSONAL INVESTIGATION OF SUBJECT.				
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY				
G. PRO AND GREEN LIST STATUS				
PRO 1. OR EQUIVALENT, IN (2) COPIES ATTACHED		PRO 2. WILL BE FORWARDED		
PRO 3. OR EQUIVALENT, IN (3) COPY ATTACHED		GREEN LIST ATTACHED, NO:		
H. RI TRACES				
NO RECORD	WILL FORWARD	NON-DEROGATORY	DEROGATORY ATTACHED	
I. DIVISION TRACES				
NO RECORD	WILL FORWARD	NON-DEROGATORY	DEROGATORY ATTACHED	
J. FIELD TRACES				
NO RECORD	WILL FORWARD			
NO DEROGATORY INFO.	DEROGATORY ATTACHED			
LIST SOURCES CHECKED				
NOT INITIATED (Explanation)				
SIGNATURE OF CASE OFFICER W.S. Renahan	EXTENSION 6577	SIGNATURE OF BRANCH CHIEF W.E. Brooks		

<b>DISPATCH</b>		CLASSIFICATION S E C R E T	PROCESSING ACTION
<b>TO</b>	Chief, MI Division		MARKED FOR INDEXING
<b>INFO</b>	Chief, SR Division		NO INDEXING REQUIRED ONLY QUALIFIED DESK CAN LODGE INDEXING
<b>FROM</b>	Chief of Station, Mexico City		MICROFILM
<b>SUBJECT</b>	ADMINISTRATIVE/PAYOUT WAF Contract		
<b>ACTION REQUIRED - REFERENCES</b>			
REFERENCE: MEXI-9691			
<p>1. Transmitted under separate cover attachment are three copies of a signed field contract completed on the subject of reference.</p> <p>2. Her principal responsibility will be to assist her husband Douglas J. FETTERLASS (P) in the transcribing and processing of the Station's LIMA/AMERIGEN product. The part-time employment of Subject will permit FETTERLASS to devote considerably more effort and concentration on the preparation of assessment studies on the EISWIM correspondent.</p>			
 WILLARD C. CURTIS			
<i>July 6/4</i> <i>Original file - 17 SS</i> <i>WT/DTF 569 6/5</i> <i>CPD 26A 6/5</i> <i>EFD/EEAS</i> <i>12 June 1964</i> <i>12 June 1964</i> <i>12 June 1964</i>			
<b>Attachment:</b> As stated above (WFC)			
<b>Distribution:</b> 2 - IERD, w/att 1 - SMD, w/att			
<b>CROSS REFERENCE TO</b>		<b>DISPATCH SYMBOL AND NUMBER</b>	<b>DATE</b>
		1211-4646	12 June 1964
		<b>CLASSIFICATION</b>	<b>HQS FILE NUMBER</b>
		S E C R E T	

15 J62

*Turroff*  
Mrs. Anna A. ~~Turroff~~

Dear Mrs. Turroff:

The United States Government, as represented by the Contracting Officer, hereby contracts with you, as a Contract Employee, for the use of your services and the performance of duties of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the use of your services and the performance of specified confidential duties, you will be compensated in amount calculated at the rate of \$2.50 per hour. Payments will be made as directed by you in writing in a manner acceptable to the Government. Taxes will be withheld therefrom and submitted by the United States Government.

2. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs or legal representatives under this paragraph will be processed by the Government in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to sick and annual leave, equal to and subject to the same rules and regulations applicable to Government employees. Such annual leave may only be taken at times and places approved in advance by appropriate representatives of the Government.

(c) You will be entitled to continuation of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U.S.C.A., Am. 1961-1915).

(d) The Government will withhold from the compensation due you under this agreement social security deductions in conformance with the basic social security legislation, as amended, and the procedures of this Organization. For reasons of security, all inquiries concerning your relationship to the social security system shall be made directly to this Organization, and in no event may any such problem be presented by you or on your behalf to any representative of the governmental unit responsible for implementing the social security program.

3. Execution of documents. If in the performance of services under this contract you assume the custody of Government funds or take title of record to property of any nature whatsoever and whereever situate, which property has, in fact, been purchased with monies of the U.S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

4. Secrets. You will be required to keep forever secret this contract and all information which you may obtain by reason thereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1917, as amended, and other applicable laws and regulations.

5. Instructions. Instructions received by you from the Government in briefings, training or otherwise are a part of this contract and are incorporated hereinto, provided that such instructions are not inconsistent with the terms hereof.

6. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

7. Term. This contract is effective as of 15th day of April, and shall continue thereafter for a period of two (2) years unless sooner terminated either:

- (a) By thirty (30) days' actual notice by either party hereto, or

(b) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY Winston M. Scott  
Contracting Officer

ACCEPTED:

Anna S. Tazareff

WITNESS: Hector Mireles

APPROVED:

C. H. WILSON

Saint-Cloud-en-Vallée

## CLASSIFIED MESSAGE

 SECRET

## ROUTING

1	41
2	51
3	61

TO : DIRECTOR

FROM : NMIS

ACTION: WH S

INFO : CI, CINCPAC, CINCPA, SR 7, VR

S E C R E T 222157

Z JUN 19 1957 04

DIP CITE NMIS 19601

REDOCT

IMMEDIATE ACTION

REF: NMIS-2251, 11 JUNE 1953

1. PER DISCUSSIONS WITH WALLACE A. DEMOLAT, STATION WISHES EMPLOY WIFE OF DOUGLAS J. FEINGLASS ASAP TO ASSUME PART OF LATTER'S LIENVOY TRANSLATION AND TRANSCRIPTION DUTIES. WOULD FREE HIM TO CONCENTRATE MORE ON PREPARATION ASSESSMENTS-CHARACTERIZATIONS OF SOV COMPLEMENT.
2. REQUEST NMIS INITIATE CLARANCE. FORWARDING FIELD CONTRACT WHICH WILL BE IN ACCORDANCE REF.

S E C R E T

 SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

Read July 9  
 a.m.  
 July 13 1957  
 D. M. G.  
 D. M. G.  
 Copy No. 4

S E C R E T

Chief of Station, Mexico

XX

Chief, WHD

Wife of Douglas J. FEINGLASS

Please inform Subject that her resignation from staff  
employee status has been processed and made effective as of  
8 September 1963.

END OF DISPATCH

Distribution:  
2 Mexico City

HQMS-3145

23 September 1963

S E C R E T

WH/PERS

W.S. Renahan

ecm

7555

Distribution:  
1 - WH/Reg  
1 - WH/PERS

C/WH/3

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET RYBAT</b>	PROCESSING ACTION
TO INFO	Chief of Station, Mexico	X	MAILED FOR INDEXING
FROM	Chief, WHD		NO INDEXING REQUIRED
SUBJECT	Wife of Douglas J. FEINGLASS		ONLY QUALIFIED DESK CAN JUDGE INDEXING
ACTION REQUIRED REFERENCES			

1. The wife of Douglas J. FEINGLASS has asked that she be considered for employment in a contractual capacity. She was advised that biographic information would be forwarded and that whether or not her services were used would be up to the Station.

2. Subject has previously submitted her resignation from staff status and was processed out effective 7 June and placed on 90 days LWOP. In the event there is a requirement for her services within the 90 day period, she may be hired in a contract capacity without further clearances. Her contract should contain provision for Civil Service coverage; other benefits would be in accord with her contractual status as outlined in FHB 20-1000-1. At the time the contract is forwarded Headquarters, a functional description of her duties should also be forwarded.

3. Subject is scheduled to leave with her two children by train in 16 June. She and the children will enter on tourist cards. They have also applied for regular passports.

END OF DISPATCH

**Attachment:**  
Biographic Profile, USC

**Distribution:**  
3 Mexico City, w/att. USC

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	HMM-S-2980	14 JUN 1963
	CLASSIFICATION	HQS FILE NUMBER
	<b>SECRET RYBAT</b>	
ORIGINATING		
OFFICE W.H.D.	OFFICER W.S. Ryba	SLR
COORDINATING		
OFFICE SYMBOL	DATE	OFFICER'S NAME
G/HM/S	14 JUN 1963	<i>J.W. Etter</i>

**Distribution:**

1 - WH/2075

RELEASING
<i>J.W. Etter</i>

14-00000

**SECRET/RYBAN**

**SEPARATE COVER ATTACHMENT**

**HMM-S-2980**

DOB: 5 May 1923

POB: Cleveland, Ohio

HIGH SCHOOL GRADUATE: 1942

CHILDREN: Daughter - Barbara, 21 Dec 1945  
Son - Raymond, 20 Mar 1949

EXPERIENCE: 1944 - 1945 Cleveland Trust Co., Cleveland, Ohio  
Commercial Bookkeeper

1955 - 1956 American Trust Co., San Leandro, Calif.  
Commercial Bookkeeper

8 Apr 1957 EOD KUBARK, Clerk, GS-4

14 Jul 1957 PBJointly, Clerk

9 Mar 1958 KUDESK, Intell Clerk

2 Nov 1958 Promotion, GS-5

8 Jan 1961 Promotion, GS-6

7 Jun 1963 LWOP for 90 days at end of which time  
resignation will be effected.

FITNESS REPORT: 30 June 1961 - 30 June 1962, Overall Rating "A"  
(Transliterates Russian Material "P")

TRAINING: Basic Supervisors, 2-13 May 1960

TEST: Russian, Reading "E"

**SECRET/RYBAT**

## MEMORANDUM RECEIPT

7 June 1963

DATE

TO: W.S.Renehan, WH/Pers

FROM: Mrs. Anna Tarasoff

SUBJECT: Receipt of Advance of Funds for Transportation from Washington, D. C. to Mexico City

I hereby acknowledge receipt of the following:

\$525.00 in conjunction with Subject. It is understood that this advance is for ~~the~~ lowest first class rail travel Washington to Mexico City, Mexico and related costs, and anticipated per diem for three days for myself and two dependent children. Accounting for the advance will be submitted to the Mexico City Station.

Please return \_\_\_\_\_ signed copy(ies) of this receipt

(Anna) Tarasoff

Anna Tarasoff

SIGNATURE OF RECIPIENT

7 June 1963

DATE RECEIVED

(25)

To \_\_\_\_\_  
Form No. 752 REPLACES FORM 50-88  
1 AUG 53 WHICH MAY BE USED.

**SECRET**

7 June 1963

MEMORANDUM FOR: Personnel Security Division,  
Office of Security

SUBJECT: Mrs. Anna Tarasoff, Contract  
Employee Clearance

1. It is requested that clearance be granted for the employment of Mrs. Anna Tarasoff as a Contract Employee, Type A or B at the Mexico City, Mexico Station to provide clerical services.

2. Mrs. Tarasoff is presently a GS-6, staff employee. She is being reassigned to the CS Development Complement and placed on a 90 day LWOP status effective COB 7 June in order to join her husband.

3. In the event the Mexico Station can use her services she would be employed in a contractual capacity and her resignation from staff employee status would be effected the day prior to the effective date of contract.

4. In the event additional information is desired, please contact Mr. William Renchan, extension 7565.

W. E. BROOKS  
Chief, WH Support

SECRET

(When Filled In)

*Recd from [Signature]*

DATE PREPARED

5 June 1963

REQUEST FOR PERSONNEL ACTION					
SERIAL NUMBER 029935	NAME (Last-First-Middle) TAKADOFF, ANITA				
2. NATURE OF PERSONNEL ACTION <b>LWOP AND REINSTATEMENT</b>		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>6 7 63</b>		3. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS V TO V CF TO V		7. COST CENTER NO. CHARGEABLE <b>327-1770-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF CI DEVELOPMENT COMPLIMENT</b>		10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>			
11. POSITION TITLE <b>INT'L CLERK</b>		12. POSITION NUMBER <b>SL 2991</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LS, GS, ETC.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0313.01</b>		16. GRADE AND STEP <b>6 4</b>	
18. REMARKS  REASON: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/INT'L CLK/WASH., D.C./0151 Employee's last working day 7 June 1963. LWOP (HHD 10-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. cc to security and finance		17. SALARY OR RATE <b>monthly rate 267 5,565. 2542</b>			
18. SIGNATURE OF REQUESTING OFFICIAL <i>Deborah J. Bresnahan, STAFF</i>		DATE SIGNED <b>5 Jun 63</b>		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION PG. INDG/CS CODE	21. OFFICE CODING NUMERIC	22. STATION CODE ALPHABETIC	23. MIE SITE CODE	24. MIE/1963-25. DATE OF BIRTH CODE	26. DATE OF DEATH MO. DA. YE.
				MO. DA. YE.	MO. DA. YE.
28. MIE EXPIRES MO. DA. YE.	29. SPECIAL REFERENCE CODE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRESP. TRANSFERRAL DATA CODE	33. SECURITY REG. NO. 34. SER. NO.
				MO. DA. YE.	MO. DA. YE.
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 yrs. 2 - 10 yrs.	36. SERV. COMP. DATE MO. DA. YE.	37. LONG. COMP. DATE MO. DA. YE.	38. CAREER CATEGORY CODE	39. FEGL / HEALTH INSURANCE CODE	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 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	
45. POSITION CONTROL CERTIFICATION					
46. C.P. APPROVAL DATE APPROVED					

PUBLIC SCHOOLS  
DISTRICT OF COLUMBIA

**WOODROW WILSON  
HIGH SCHOOL**

PUPIL'S PERMANENT RECORD

		LAST NAME OF PUPIL		FIRST NAME		MIDDLE NAME		DATE OF ENTRY FROM	
		TARASOFF		BARBARA				9-6-61 Kramer Jr.	
		PARENT OR GUARDIAN				OCCUPATION		DATE OF ENTRANCE TO	
		Maria Deltri Tarasoff				Analyst - U.S. Government			
		RESIDENCE		5109 - 45th Street, N.W.		TEL 2-6990		DATE OF RE-ENTRY FROM	
		RESIDENCE				TEL		DATE OF ENTRANCE TO	
		PLACE OF BIRTH		Ohio		DATE OF BIRTH 12-22-45		DATE OF RE-ENTRY FROM	
		YEAR GRADE		SECTION 112-1 RCS		YEAR GRADE 9-6-62		SECTION 112-3 RCS	
		SUBJECT	GRADE	SUBJECT	GRADE	SUBJECT	GRADE	SUBJECT	GRADE
		English	A	English	A	English	A	English	A
		Mathematics	A	Mathematics	A	Mathematics	A	Mathematics	A
		Algebra I & II	A	Algebra I & II	A	Algebra I & II	A	Algebra I & II	A
		French	A	French	A	French	A	French	A
		Latin	A	Latin	A	Latin	A	Latin	A
		Spanish	A	Spanish	A	Spanish	A	Spanish	A
		Chemistry	-	Chemistry	-	Chemistry	-	Chemistry	-
		Biology	-	Biology	-	Biology	-	Biology	-
		Geography	A	Geography	A	Geography	A	Geography	A
		History	A	History	A	History	A	History	A
		UNOFFICIAL		UNOFFICIAL		UNOFFICIAL		UNOFFICIAL	
		TEST RECORD		Military Science		Military Science		Military Science	
		UNOFFICIAL		Physical Ed.		Physical Ed.		Physical Ed.	
				90%		90%		90%	
				Department		Department		Department	
				Days Present		Days Present		Days Present	
				Days Abs. Ex.		Days Abs. Ex.		Days Abs. Ex.	
				Days Abs. Unexc.		Days Abs. Unexc.		Days Abs. Unexc.	
				Times Tardy		Times Tardy		Times Tardy	

Son - Raymond