

STANDARD FORM 60
(October 1960)
DECLASSIFIED BY U. S. CIVIL SERVICE COMMISSION
Federal Personnel Manual
60-102

SECRET

Official Personnel Folder

SECRET

(M)

6 File Cut

29 SEP 1968

CCDC JAMES S.
502-16-0500

100-2120124
100-2120124

SECRET
(Or here Filled In)

03 AUG 1978

| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | | | | | | | | | |
|---|--|----------------------------------|--------|--------------------------------|--|---|--|---|-----|--|---------|-------------------|--|-------------------|--|-----------------|--|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | | | 26 July 1978 | | | | | | | | | |
| 01C032 | | WOODS JAMES S. | | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION RETIREMENT - (VOLUNTARY) CARDS | | | | | | | | 4. EFFECTIVE DATE REQUESTED | | | | | | | | | |
| | | | | | | | | MONTH | DAY | YEAR | | | | | | | |
| | | | | | | | | 08 | 04 | 78 | REGULAR | | | | | | |
| 5. PAY GRADE | | V TO V | V TO C | 7. PAY AND NSCA | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | | | | | | | | | |
| | | C TO V | C TO D | 8026-3430 0000 | | PL 88-6135 SECTION 233 | | | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDO/IMS ADD INFORMATION MGMT & PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT | | | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | |
| | | | | | | | | WASH., D.C. | | | | | | | | | |
| 11. POSITION TITLE RECORDS ADMIN OFF NC (13) | | | | | | | | 12. POSITION NUMBER CG45 | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, IN, F) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | | | |
| GS | | | | 0344.01 | | 13 2 | | \$26,889 | | | | | | | | | |
| 18. REMARKS Last Working Day: 4 August 1978 | | | | | | | | | | | | | | | | | |
| CONCUR: <i>Edgar H. Wilton</i> Date <i>03/04/78</i> | | | | | | | | | | | | | | | | | |
| (O-ordained: William A. Marshall/ROB 7/31/78) <i>George L. Rett</i> <i>CM 7/31/78</i> | | | | | | | | | | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL <i>Henry E. Wilton</i> | | | | DATE SIGNED <i>7/26/78</i> | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>George L. Rett</i> | | | | DATE SIGNED <i>7/26/78</i> | | | | | | | |
| C/PCS/COS/DPS SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL CNIS | | | | | | | | | | | | | | | | | |
| 19. ACTION CODE | | 20. EMPLOY CODE | | 21. OFFICE CODES | | 22. STATION CODE | | 23. INTEGRITY CODE | | 24. MOBILES CODE | | 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LEI | |
| 45 16 | | | | | | | | | | | | | | | | | |
| 28. RETIREMENT CODE | | 29. SPECIAL PREFERENCE | | 30. RETIREMENT DATA CODE | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA TYPE | | 33. SECURITY REQ. NO. | | 34. SOC. SEC. NO. | | | | | |
| MO DA YR | | 1-SC 2-OPM 3-FICA 4-BOM | | | | | | | | | | | | | | | |
| 35. VET PREFERENCE | | 36. SERV COMP DATE | | 37. LONG COMP DATE | | 38. CAREER CATEGORY | | 39. FECH/HEALTH INSURANCE CODE | | 40. SOCIAL SECURITY NO | | | | | | | |
| CODE 0-NO 1-1 PT 2-10 PT | | MO DA YR | | MO DA YR | | CAT/RES PROF/EMP | | CODE 0-NEVER 1-REG 2-REG/OPT 3-INELIGIBLE | | | | | | | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE | | 42. STATE CAT CODE | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | | | | | | |
| CODE 0-NO PREVIOUS SERVICE 1-ONE PERIOD IN SERVICE 2-SERVICE LESS THAN 3 YEARS 3-SERVICE IN SERVICE (MORE THAN 3 YEARS) | | | | FORM EXECUTED 1-YES 2-NO | | NO TAX EXEMPTIONS CODE 0-REG 1-EXEMPT 2-EXEMPT | | FORM EXECUTED 1-YES 2-NO | | NO TAX STATE CODE CODE 0-REG 1-EXEMPT 2-EXEMPT | | | | | | | |
| 45. POSITION CONTROL CERTIFICATION <i>by 7/26</i> 03 AUG 1978 | | | | | | | | 46. O.P. APPROVAL <i>W. Wilton 7/26/78</i> | | DATE APPROVED <i>8/1/78</i> | | | | | | | |
| FORM 1152 USE PREVIOUS EDITION 8-72 | | | | | | | | | | E-2, IMPDET CL. BY 007622 | | | | | | | |

SECRET

(4)

14-00000

25 July 1978

SUMMARY OF AGENCY EMPLOYMENT

I entered on duty with the CIA in April 1952 and have been in records management for my whole career, seventeen years of it overseas.

James Woods
James S. Woods

NO SECURITY EXCEPTIONS

SECRET

16 MAY 1978

| | | | | | | | | | |
|--|-----------------------|--------------------------------------|--|---|---|--|-------------------|--|-------------------------------|
| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | |
| | | | | | | | | 9 May 1978 | |
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | | | | |
| 010032 | | WOODS JAMES S | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT | | | | | | | | 4. EFFECTIVE DATE REQUESTED | |
| | | | | | | | | MONTH DAY YEAR | |
| | | | | | | | | 04 09 78 | |
| 5. RANK | | | | | | | | 6. PAY AND NSCA | |
| V TO V | | | | | | | | 0026-3430 0000 | |
| O TO V | | | | | | | | O TO O | |
| 7. ORGANIZATIONAL DEMONSTRATIONS DDO/CMS I/MIS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT | | | | | | | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| | | | | | | | | 10. LOCATION OF OFFICIAL STATION | |
| | | | | | | | | NASH., D.C. | |
| 11. POSITION TITLE RECORDS ADMIN OFF | | | | | | | | 12. POSITION NUMBER CG45 | |
| 13. CAREER SERVICE DESIGNATION DCC | | | | | | | | | |
| 14. PAY COMPARISON SCHEDULE NO. 14-A | | | | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE | | | |
| GS | | | | 0344.01 | 13 2 | \$ 26,889 | | | |
| 18. REMARKS FROM: DDO/NE | | | | | | | | | |
| CONCUR: <u>John Diffley (telecord)</u> C/NE/Pers | | | | | | | | | |
| | | | | | | | | DATE | |
| <i>John Diffley 05/13/78</i> | | | | | | | | | |
| 18A SIGNATURE OF REQUESTING OFFICIAL <i>Henry E. Walton</i> | | | | DATE SIGNED <i>5/10/78</i> | 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>L. Hellmich</i> | | | | DATE SIGNED <i>5/11/78</i> |
| C/PGS/CSS/Pers | | | | | | | | SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL DDO/CMS/07-12 | |
| 19. ACTION CODE | 20. EMPLOYEE CODE | 21. OFFICE CODE | 22. STATION CODE | 23. INTEGRITY CODE | 24. MONTHS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | |
| 37 | 10 | 53740 | 1.MIS | 95013 | | 02 20 28 | | | |
| 28. RETIREES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA | 33. SECURITY DATA | 34. SEX | | | |
| MO. DA. YR. | | CODE | TYPE | MO. DA. YR. | SECURITY 000.00 | SEX M/F | | | |
| 35. VET PREFERENCE | 36. SERV COMP DATE | 37. LONG. COMP DATE | 38. CAREER CATEGORY | 39. FEDEX/HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | | | |
| CODE 0-HOME 1-S PT 2-10 PT | MO. DA. YR. | MO. DA. YR. | CAREER 0-NONE 1-POLY/TEMP 2-FICA 3-UNEMP | FEDEX 0-NONE 1-REG 2-REG/OPT 3-INELIGIBLE | 0-NATIVE 1-REG 2-REG/OPT 3-INELIGIBLE | 0-NATIVE 1-REG 2-REG/OPT 3-INELIGIBLE | | | |
| 41. PREVIOUS LIVELIAN GOVERNMENT SERVICE | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | | |
| CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) | | FORM EXECUTED 1-YES 2-NO | FORM EXECUTED 1-YES 2-NO | | | | | | |
| 45. POSITION CONTROL CERTIFICATION <i>3 U HHS 105-12-78</i> | | 46. DA APPROVAL <i>Hicket 4-7</i> | DATE APPROVED <i>5/26/78</i> | | | | | | |
| FORM 1152 USE PREVIOUS EDITION | | | | | | | | | |
| SECRET | | | | | | | | | |
| E 2, IMPDET CL. BY: 007622 | | | | | | | | | |

SECRET

(Other Filled In)

| C REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED 6 Feb 78 | |
|---|--|--|---|--|--|---------------------------------|------------------------|
| 1. SERIAL NUMBER J10032 | 2. NAME (Last-First-Middle) WOODS, JAMES S. | | | | | | |
| 3. NATURE OF PERSONNEL ACTION PROMOTION | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 12 78 | | 5. CATEGORY OF EMPLOYMENT REGULAR | | |
| 6. PAY LEVEL PROM | V10V | V100 | 7. PAY AND NSCA 3033 4800 0000 | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDO/NB DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF | | | 10. LOCATION OF OFFICIAL STATION WASH, D.C. | | | | |
| 11. POSITION TITLE RECORDS ADMIN OFF | | | 12. POSITION NUMBER CG45 | 13. CAREER SERVICE DESIGNATION DCC | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS | | 15. OCCUPATIONAL SERIES 0344.01 | 16. GRADE AND STEP 13 2 | 17. SALARY OR RATE 268894 | | | |
| 18. REMARKS CONCUR: <i>From 125</i> | | | | | | | |
| Henry Walton (telecoord) ISS | | | 6 Feb 78 Date | | | | |
| 19A. SIGNATURE OF REQUESTING OFFICER <i>R. Miller</i> John F. Miller, CNE/PERS | | | DATE SIGNED 6 Feb 78 | 19B. SIGNATURE OF CAREER SERVICE/APPROVING OFFICER <i>J. Clark</i> | | | DATE SIGNED 2/18/78 |
| 20. SPACES BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 21. ACTION CODE 22. OFFICE CODING CODE 22. 10 46075 NE 75013 | 23. SPECIAL REFERENCE CODE 1-1 2-NSC 3-FICA 4-BON | 24. SEPARATION DATA CODE CODE 1-1 2-NSC 3-FICA 4-BON | 25. DATE OF BIRTH MO DA YE 02 20 78 | 26. DATE OF GRADE MO DA YE 03 12 78 | 27. DATE OF LEI MO DA YE 03 12 78 | | |
| 28. PAY ECHLES CODE 22 10 | 29. RETIREMENT DATA CODE 1-1 2-NSC 3-FICA 4-BON | 30. CORRECTION/CANCELLATION DATA TYPE EOD DATA | 31. SECURITY REG. NO. CODE 1-1 2-NSC 3-FICA 4-BON | 32. SOCIAL SECURITY NO. CODE 1-1 2-NSC 3-FICA 4-BON | 33. MEDICAL INS. CODE CODE 1-1 2-NSC 3-FICA 4-BON | | |
| 34. VET PREFERENCE CODE 1-1 PT 2-10 PT | 35. SERV COUP DATE MO DA YE - | 36. LEAVE COUP DATE MO DA YE - | 37. CARRIER CATEGORY CODE 1-1 2-NSC 3-FICA 4-BON | 38. FEGLI, HEALTH INSURANCE CODE 1-1 2-NSC 3-FICA 4-BON | 39. STATE TAX DATA CODE 1-1 2-NSC 3-FICA 4-BON | | |
| 40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-1 2-NSC 3-FICA 4-BON | 41. LEAVE CAT CODE CODE 1-1 2-NSC 3-FICA 4-BON | 42. FEDERAL TAX DATA FORM EXECUTED CODE 1-1 2-NSC 3-FICA 4-BON | 43. NO. TAX EXEMPTIONS CODE 1-1 2-NSC 3-FICA 4-BON | 44. STATE TAX DATA FORM EXECUTED CODE 1-1 2-NSC 3-FICA 4-BON | 45. APPROVAL Signature 3-6-78 A2D | 46. DATE APPROVED 6 MAR 1978 | |
| 47. POSITION CONTROL CERTIFICATION FORM 1152 USE PREVIOUS EDITION 6-72 | | | | | | | |
| 48. APPROVAL Signature Robert H. Clark 6 MAR 1978 | | | | | | | |
| 49. IMPDET CL BY. 007622 | | | | | | | |

SECRET

E-2, IMPDET CL BY. 007622

18 August 1978

Mr. James S. Woods
304 Meadow Hall Dr.
Rockville, MD 20851

Dear Mr. Woods:

We are enclosing the employee copy of your
retirement action (Form 1150) that you requested
04 August 1978.

Sincerely,

151
Abraham Schwartz
Chief, Control Division

Enclosure: 1 Form

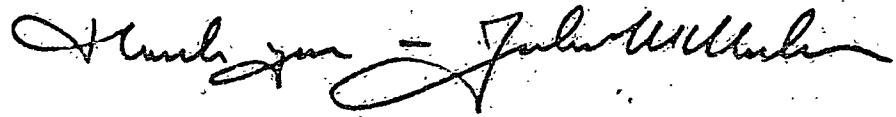
Dist.
Orig. - Adse.
1 - TRB
R - OPE/WOODS, James S.
OP/TRB/SEAllewelt; sea(18AUG78)

ADMINISTRATIVE-INTERNAL USE ONLY**18 APR 1978**

MEMORANDUM FOR: James S. Woods
FROM: John N. McMahon
Deputy Director for Operations
SUBJECT: Commendation for Exceptional Performance

1. The Directorate of Operations Records Review Task Force has finished its work in Warrenton. I want you to know that I realize that a large measure of the success of this effort was due to the exceptional performance of the Records Management Officers who worked long and hard during the six-month period, patiently guiding the 435 Directorate personnel who served on the component teams. Many of you performed additional duties, voluntarily and cheerfully, extending beyond the ten-hour work day, which kept the task force functioning smoothly.

2. This fine team effort and your personal contribution to it is in the best tradition of the Directorate of Operations. I commend you for a job well done.



John N. McMahon

ADMINISTRATIVE-INTERNAL USE ONLY

CONFIDENTIAL

1 AUG 1978

MEMORANDUM FOR: Director of Personnel

FROM : Kenneth Corbat
 Chief, Retirement Affairs Division

SUBJECT : Request for Voluntary Retirement -
 Mr. James S. Woods

1. This memorandum submits a recommendation for your approval in paragraph 3.

2. The employee named above has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50h.

| | |
|--------------------------------|--------------------------------------|
| Grade: GS-13 | Position: Records Management Officer |
| Career Service | Operations |
| Office/Division | Information Management Staff |
| Date Requested for Retirement: | 4 August 1978 |
| Age at that Date | 50 |
| Years of Creditable Service | 29 |
| Years of Agency Service | 26 |
| Years of Qualifying Service | 9 |

3. The applicant's Career Service and the CIA Retirement Board recommend that the request be approved.

/S/ Kenneth Corbat

The recommendation contained in paragraph 3 is approved.

(Signature) F. W. W. [unclear]

2 AUG 1978

Director of Personnel

Date

2 AUG 1978

Distribution:

- 0 - Return to ROB
- 1 - Applicant
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

CONFIDENTIAL

3589

SECRET

(If Area Filled In)

OCT 11/61

1700

| 21 OCT REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED | 21 | | | | |
|--|---------------------------|-------------------------------|--------------------------|--|--------------------------|---|----------------|-----------------------|-------------------|---------------|---------------|
| 1. SERIAL NUMBER | | 2. NAME (Last, First, Middle) | | | | 5 Oct 1977 | | | | | |
| 010032 | | Woods, James S. | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | 6. EFFECTIVE DATE REQUESTED | | | | | |
| Reassignment AND CANCELLATION of RSEA | | | | | | 07 | 11 | 77 | | | |
| 7. PLACE | | VIA | VIA | 8. PAY AND NSCA | | 9. CATEGORY OF EMPLOYMENT | | | | | |
| DIA | | 0101 | 0100 | 8035 4801 0000 | | Regular ✓ | | | | | |
| 10. ORGANIZATIONAL DESIGNATION | | | | | | 11. LOCATION OF OFFICE & STATION | | | | | |
| DDO/NE Division Office of the Chief, NE Division Plans Staff | | | | | | Wash., D. C. ✓ | | | | | |
| 12. POSITION TITLE | | | | | | 13. POSITION NUMBER | | | | | |
| Records Admin Off | | | | | | (13) ✓ | CGC ✓ | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, GS) | | 15. OCCUPATIONAL SERIES | | 16. GRADE ANNUAL | | 17. SALARY OR RATE | | | | | |
| GS ✓ | | 0344 01 ✓ | | 12 4 ✓ | | \$400 ✓ \$4483 | | | | | |
| 18. REASON replacing Peter Serra | | | | | | #11 PER SUE *SAL, BLURB | | | | | |
| Concur: | | | | | | 10-17-77 | | | | | |
| <i>Jeanne M. Bennett</i> Act/PCST/CSS Personnel | | | | | | #3 PER NANCY 10-17-77 10-17-77 Date | | | | | |
| 19A SIGNATURE OF REQUESTING OFFICER | | | | DATE SIGNED | | 19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | | DATE SIGNED | |
| John J. Duggan GM/PERS | | | | 10-05-77 | | J. J. Duggan | | | | 10-05-77 | |
| 20. SIGNATURE BELOW FOR EXCLUSIVE USE OF THIS OFFICE OF PERSONNEL | | | | | | | | | | | |
| 21. ACTION CODE | 22. PAY CODE | 23. STATION CODE | 24. INTEGRITY CODE | 25. INDOTEL | 26. DATE OF BIRTH | 27. DATE OF GRADE | 28. DATE OF LR | | | | |
| 37 | 10 46000 NE | 75043 | | ✓ | 02 20 28 | 0 04 77 | 0 04 77 | | | | |
| 29. PAY EXPERT | 30. SPECIAL CERTIFICATION | 31. RETIREMENT DATA | 32. SEPARATION DATA CODE | 33. (REJECTION CANCELLATION DATA TYPE) | 34. MO DA VR | 35. MO DA VR | 36. MO DA VR | 37. SECURITY REG. NO. | 38. SEC. REG. NO. | | |
| MO DA VR | | | | | | | | | | | |
| 39. MO PROFESSION | 40. SEFT COOP. DATE | 41. LOSS COOP. DATE | 42. CARRIER CATEGORY | 43. FEDERAL TAX DATA | 44. FEE/HEALTH INSURANCE | 45. SOCIAL SECURITY NO. | | | | | |
| CODE | MO DA VR | MO DA VR | CODE | CODE | CODE | CODE | | | | | |
| 46. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 47. LEAVE CAT. CODE | 48. FEDERAL TAX DATA | 49. STATE TAX DATA | | | | | | | | |
| CODE | CODE | CODE | CODE | CODE | CODE | CODE | CODE | CODE | CODE | CODE | CODE |
| 1-00 PREVIOUS SERVICE 1-00 DELETION SERVICE 2-00 100% SERVICE (LESS THAN 3 YEARS) 3-00 100% SERVICE (MORE THAN 3 YEARS) | | 1-115 2-00 | 1-115 2-00 | 1-115 2-00 | 1-115 2-00 | 1-115 2-00 | 1-115 2-00 | 1-115 2-00 | 1-115 2-00 | 1-115 2-00 | 1-115 2-00 |
| 50. POSITION CONTROL CERTIFICATION 01 NOV 1977 | | | | | | 51. O.P. APPROVAL | | 52. DATE APPROVED | | | |
| OK FROM: CCS 10-14-77 RSP | | | | | | John J. Duggan | | 10-05-77 | | | |
| 53. 1152 - PREVIOUS EDITION | | | | | | | | | | | |
| SECRET | | | | | | | | | | | |
| E-2, IMPDET CL. BY: 007622 | | | | | | | | | | | |

SECRET

(- N D)

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED 9 August 1976 | |
|--|-----------------------------|-------------------------|----------------------------------|------------------------------------|--|--------------------------------|-------------------|
| 1. SERVICE NUMBER | 2. NAME (Last-First-Middle) | | | | | | |
| 010732 | WOODS, JAMES S. | | | | | | |
| 3. PURPOSE OF PERSONNEL ACTION | | | 4. EFFECTIVE DATE REQUESTED | | 5. CLASSIFICATION | | |
| CHANGE OF PAY GRADE | | | 08 | 09 | 76 | 6. PAY GRADE | |
| 6. PAY GRADE | 7. PAY GRADE | 8. PAY GRADE | T230-0130 | | 0002 | 7. PAY AND NSCA | |
| 9. OCCUPATIONAL DESIGNATIONS | | | 10. LOCATION OF OFFICIAL STATION | | | | |
| DDC/CGS BULLSHIRE | | | WASH., D. C. | | | | |
| 11. POSITION | | | 12. POSITION NUMBER | | 13. CHANNELS OF COMMUNICATION | | |
| EPCOTX ADMIN OFF CH | | | BL 14 | | b6c | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, GS, LS) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | |
| GS | | 0344.01 | | 12 b | | 21,321 | |
| 18. SIGNATURES | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL Donald E. Mahill, Admin Off | | | DATE SIGNED 9 Aug. 76 | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19. RETIREMENT CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE | 23. RETIREMENT CODE | 24. MOONS CODE | 25. DATE OF BIRTH | 26. DATE OF DEATH |
| 37 | 10 | 39115 CGS | 75013 | 1 | 02 | 120123 | |
| MO. DA. YE. | MO. DA. YE. | MO. DA. YE. | MO. DA. YE. | MO. DA. YE. | MO. DA. YE. | MO. DA. YE. | MO. DA. YE. |
| 27. RET. EXPENSES | 28. SPECIAL DIFFERENCE | 29. RETIREMENT DATA | 30. SEPARATION DATA | 31. CORRECTION / CANCELLATION DATA | 32. SECURITY | 33. SECURITY | 34. SEC. |
| MO. DA. YE. | MO. DA. YE. | CODE | DATA CODE | TYPE | MO. DA. YE. | MO. DA. YE. | MO. DA. YE. |
| 35. RET. PREFERENCE | 36. SERV. COMB. DATE | 37. LONG. COMB. DATE | 38. CAREER CATEGORY | 39. MEDICAL / HEALTH INFORMATION | 40. SOCIAL SECURITY NO | | |
| CODE | MO. DA. YE. | MO. DA. YE. | CAREER PROG. TEMP | CODE | CODE | CODE | CODE |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | |
| CODE | | FORM EXECUTED CODE | MO. TAX EXEMPTIONS | FORM EXECUTED | CODE | MO. TAX EXEMPT | STATE CODE |
| 45. POSITION CONTROL CERTIFICATION | 46. O.P. APPROVAL | | | | | DATE APPROVED | |
| 10 AUG 1976 | | 3 Brown | | | | | |
| FORM 1152 USE PREVIOUS EDITION 6-73 | | | | | | | |
| P SECRET | | | | | | | |
| E-2. APPROVED CL BY: 007622 (4) | | | | | | | |

SECRET

(This Form Filled In)

C-Norm
AB5 7/6

DATE PREPARED

13 July 1976

| REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED | |
|--|-----------------------------|---------------------------------|---------------------------------|---|--|
| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) | | | 3. DATE OF BIRTH | |
| 010032 ✓ | WOODS, JAMES S. | | | 07 | 13 |
| 4. NATURE OF PERSONNEL ACTION <i>Reassignment - Change of Home Base</i> | | | | 5. CATEGORY OF EMPLOYMENT | |
| CHANGE OF SERVICE DESIGNATION | | | | REGULAR | 6. LEGAL AUTHORITY / COMMISSION BY OFFICE OF <i>Personnel</i> |
| 7. PAY GRADE | XX-VTOV | 8. PAY GRADE | VTOV | 9. PAY GRADE | XX-VTOV |
| 10. ORGANIZATIONAL DESIGNATION | DDO/DCS REGISTRY | | | | |
| 11. POSITION TITLE | (13) RECORDS ADMIN OF CH | | | | |
| 12. CLASSIFICATION SCHEDULE (GS, LS, etc.) | 13. OCCUPATIONAL SERIES | 14. POSITION NUMBER | 15. CAREER SERVICE DESIGNATION | 16. LOCATION OF CURRENT STATION | |
| GS | 0316.01 | PL 14 | DCS | WASHING D. C. | |
| 17. SECURITY CLEARANCE | 18. SECURITY NUMBER | 19. SECURITY DATE | 20. SECURITY STATUS | 21. SECURITY APPROVAL | |
| CG | 0316.01 | 12 1 | 21-324 | DAC to DCS | |
| 10. REMARKS DESIGNATION CHANGED FROM DAC TO DCS. | | | | | |
| 16. SIGNATURE OF REQUESTING OFFICER <i>Donald E. Mc Mahill, CGS/ADM</i> | | | DATE SIGNED | 18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | |
| 16. SIGNATURE OF REQUESTING OFFICER <i>Donald E. Mc Mahill, CGS/ADM</i> | | | 13 Jul 76 | 18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | |
| 19. SPACES BELOW FOR EXCLUSIVE USE OF THIS OFFICE OF PERSONNEL | | | | | |
| 19. ACTION | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE | 23. BIRTH DATE | 24. DATE OF GRADE |
| CODE | CODE | CODE | CODE | CODE | CODE |
| 30 | 10 | CGS | 75013 | 1968-01-01 | 70-00000000 |
| 25. PAY GRADE | 26. SPECIAL REFERENCE | 27. ENLISTMENT DATE | 28. PROMOTION DATE | 29. CONFIRMED CAPTURE DATE | 30. SECURITY |
| NO. DS. VR | | 1970-01-01 | 1970-01-01 | 1970-01-01 | 1970-01-01 |
| 31. VET PREFERENCE | 32. SEV COOP DATE | 33. LONG COOP DATE | 34. CAREER CATEGORY | 35. MEDICAL DISABILITY | 36. SOCIAL SECURITY NO. |
| CODE | MO. DA. VR | MO. DA. VR | CODE | CODE | |
| 37. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 38. LEAVE CAT CODE | 39. TESTED FOR DATA | 40. STATE TAX DATA | | |
| CODE | CODE | CODE | CODE | | |
| 3-10 PREVIOUS SERVICE 1-10 YEARS OF SERVICE 2-1000 HRS OF SERVICE (LESS THAN 3 YEARS) 3-1000 HRS OF SERVICE (MORE THAN 3 YEARS) | | FORM EXECUTED 1-105 2-100 | FORM EXECUTED 1-105 2-100 | | |
| 41. POSITION CONTROL CERTIFICATION 20 JUL 1976 | | | | 42. PAY APPROVAL | DATE APPROVED |
| | | | | 1116.76-73 07/19/76 | |

CR

11-22-74

C. May.

SECRET

(Approved by Office of Personnel)

| REQUEST FOR PERSONNEL ACTION | | | | DATE PREPARED | | | |
|---|--|-----------------------------------|---|--|---|---|--|
| 1. SERIAL NUMBER 010032 | 2. NAME (Last-First-Middle) WOODS, JAMES S. | | | 13 November 1974 | | | |
| 3. NATURE OF PERSONNEL ACTION: PROMOTION | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 26 74 | 5. CATEGORY OF EMPLOYMENT REGULAR | | | |
| 6. PERIOD → XX 110 V | XX 110 V | 110 C | 7. PAY AND NSCA 5230 0121 0002 | 8. LEGAL AUTHORITY (Completed by Office of Personnel) 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS: DDU/CCS REGISTRY | | | 10. LOCATION OF OFFICERS STATION WASH., D. C. | | | | |
| 11. POSITION TITLE RECORDS ADMIN OR-CH (12) | | | 12. POSITION NUMBER 0061 | 13. CAREER SERVICE DESIGNATION DAC | | | |
| 14. CLASSIFICATION SCHEDULE (CE, EA, etc.) CS | 15. OCCUPATIONAL SERIES 0344.01 | 16. GRADE AND STEP 12 - 3 | 17. SALARY OR RATE \$ 19,693 | | | | |
| 18. REASONS | | | | | | | |
| CONCUR: MARGARET SCOTT (TELECOORD) SS/SB/EZS | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL Donald E. McInally Donald E. McInally - CCS/ADM | | | DATE SIGNED 13 Nov 74 | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Kathleen M. Miller Kathleen M. Miller - CSC | | | |
| SPACES BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19. ACTION CODE 22 10 | 20. EMPLOY CODE 39105 | 21. OFFICE LOGON ARMED FORCES | 22. STATION CODE 75613 | 23. INTEGRATE CODE 1 | 24. ROUTE CODE 0120 28 | 25. DATE OF BIRTH 11 24 74 | 26. DATE OF GRADE 11 24 74 |
| 27. SITE EXPERTS | | 28. SPIN REFERENCE NO. DA. VR. | 29. REINSTATE DATA CODE | 30. SEPARATION DATA CODE TYPE | 31. COMPLETED AMENDMENT DATA CODE | 32. SECURITY REF ID | 33. SECURITY REF ID |
| 34. RET. PREFERENCE CODE | | 35. RET. COOP. DATA CODE | 36. LADS COOP. DATA CODE | 37. CAREER CATEGORY 1M 1154 PROF/TECH | 38. POS. DEATH REQUIRE. CODE | 39. MEDICAL SECURITY CODE | 40. MEDICAL SECURITY CODE |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE | | | | 42. LEAVE CAT CODE 1-15 2-60 | 43. FEDERAL TAX DATA FORM EXECUTED CODE | 44. STATE TAX DATA FORM EXECUTED CODE | 45. O.P. APPROVAL Signature 11-15-74 |
| 46. POSITION CONTROL CERTIFICATION 11-15-74 | | | | 47. DATE APPROVED 25 NOV 1974 | | 48. DATE APPROVED 25 NOV 1974 | |

SECRET

(If this is filled in)

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED 21 August 1973 | | |
|--|--|--|--|--|---|----------------------------------|-------------------------------|-----------------------------|
| 1. SERIAL NUMBER 010032 | 2. NAME (Last-First-Middle) WOODS, JAMES S. | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION TRANSFER TO VACANT POSITIONS, REASSIGNMENT AND DELEGATION OF M.S.C.A. | | | 4. EFFECTIVE DATE REQUESTED 09 16 73 | | 5. CATEGORY OF EMPLOYMENT REGULAR | | | |
| 6. FUNDS XX | V TO V CP TO V | V TO G CP TO G | 7. PAY AND PERIOD 4230 0121 0002 | | 8. LOCAL AUTHORITY (Completed by Office of Personnel) | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDO/CCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC | | | 10. LOCATION OF OFFICIAL STATION WASH., D.C. | | | | | |
| 11. POSITION TITLE RECORDS ADMIN OF CH | | | 12. POSITION NUMBER (12) 0061 | 13. CAREER SERVICE DESIGNATION D | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS | | 15. OCCUPATIONAL SERIES 0344.01 | 16. GRADE AND STEP 11 6 | 17. SALARY OR RATE 16,326 | | | | |
| 18. REMARKS HOME BASE: SS CONCUR FOR CIA W-2: PY CONCUR: GEORGE OWENS (TELECOORD) C/EUR/PERS | | | | | | | | |
| CONCUR: WILLIAM H. FLIPPEN (TELECOORD) DDP/RECORDS MGMT OFFICER | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL Erich W. Isenstead, C/CCS | | | DATE SIGNED 11/13 | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | DATE SIGNED | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 19. ACTION CODE 16 | 20. EMPLOYEE CODE 10 | 21. OFFICE CODING NUMERIC 39100 CCS | 22. STATION CODE ALPHABETIC 15013 | 23. INTLAGE CODE 1 | 24. HQDRS CODE 022028 | 25. DATE OF BIRTH MO DA YR | 26. DATE OF DEACE MO DA YR | 27. DATE OF LEI MO DA YR |
| 28. RET. EXPIRES XXXXXX | 29. SPECIAL REFERENCES | 30. RETIREMENT DATA 1-CSC 2-OEUR 3-FIRE 4-BORN | 31. SEPARATION DATA CODE TYPE | 32. CORRECTION/CANCELLATION DATA CODE | 33. SECURITY REG. NO. 34. SEC. CODE | | | |
| 35. VET. PREFERENCE CODE 0-BIGE 1-S-PT 2-10-PT | 36. SERV. COMP. DATE MO. DA. YR. | 37. LONG COMP. DATE MO. DA. YR. | 38. CAREER CATEGORY CART/BEST PROV/TEMP | 39. FELGI/HEALTH INSURANCE CODE | 40. HEALTH INS. CODE CODE | 43. SOCIAL SECURITY NO. | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-BIGE PREVIOUS SERVICE 1-BIGE IN SERVICE 2-BIGE IN SERVICE (LESS THAN 3 YEARS) 3-BIGE IN SERVICE (MORE THAN 3 YEARS) | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO | 44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO | 45. POSITION CONTROL CERTIFICATION 8-23-83 | 46. O.P. APPROVAL KFRJF EUR WPA | 47. DATE APPROVED 16 Oct 1973 | 48. APPROVAL 8 Aug 73 | |
| FORM 1152 USE PREVIOUS EDITION | | | | | | | | |
| SECRET CLASSIFIED BY 01-03-93 | | | | EX-2 APPROV | | | | |

(4)

14-00000

CONFIDENTIAL
(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB Receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 204, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

JAMES S WOODS

NAME
(Please Print)

Signature

Date

CONFIDENTIAL
(When filled in)

Group 1 - Excluded from
automatic downgrading
and declassification.

17 APR 1973

Terrones, Aubrey F.
Taylor, Paul F.
Tilberry, Austin S.
Tilton, John S.
Tronnes, Sue Ann

Valetich, Steven T.
Vandaveer, Robert J.

Walker, Richard L.
Walsh, Frances M.
Ward, James R.
Ward, Loretta L.
Warren, Gail
Warren, Ward W.
Watson, William Bruce
Weagraff, Ross M.
Whelan, James W.
Whistler, Leonard
White, Walter W.
Whittinghill, Robert B. (no. 2)
Wickham, Ben, Jr.
Wilcox, Rose Marie
Williams, Bruce P.
Williams, Caryl Joyce
Williams, Edward, Jr.
Wilson, Carolyn J.
Wolfe, Mayme B.
Woods, James S.

Yellin, James H.
Young, Robert C.

Certificate of Exceptional Service (for Vietnam)

VIETNAM (Contract Employees)

Allen, Maxwell J.
Bauso, Philip
Baylard, Robert W.
Bias, Louis
Bivens, Edmond
Bolton, William C., Jr.
Boos, Marvin L.
Bowman, David L.
Brown, Robert D.
Buckley, William F.

Chow, Gary Y. C.
Collins, Francis A.

SECRET

(Form Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | | | | | | | | | |
|---|--|-----------------------------|---|-------------------------|--|---|--|---|----|------------------------|--|----------------------|--|--------------------|--|--|--|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | | | 24 January 1973 | | | | | | | | | |
| 010032 | | WOODS, JAMES S. | | | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | | | 4. EFFECTIVE DATE REQUESTED | | | | | | | | | |
| PROMOTION | | | | | | | | 02 | 04 | 73 | | | | | | | |
| 5. RANKS | | V TO V | | V TO O | | 6. PAY AND INCRA | | 7. CATEGORY OF EMPLOYMENT | | | | | | | | | |
| | | C TO V | X | O TO O | | 3136 1267 0000 | | REGULAR | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | |
| DDP/EUROPEAN DIVISION FOREIGN FIELD ITALIAN AREA ROME STATION SUPPORT BRANCH | | | | | | | | ROME, ITALY | | | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | | 13. CAREER SERVICE DESIGNATION | | | | | | | | | | | |
| A.D.M. RECORDS AGENT OF RECORD (09) | | | | 0699 | | D | | | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, GS, LS, etc.) | | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | | | |
| GS | | | | 0344-01 | | 11.6 | | \$16326 | | | | | | | | | |
| 18. SIGNATURE OF REQUESTING OFFICIAL | | | | | | | | | | | | | | | | | |
| WILLIAM C. COOLEY, C/E/PERS | | | | DATE SIGNED | | 19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | | | | | | | | | |
| 1/3/73 | | | | 2/1/73 | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | | | |
| 20. ACTION CODE | | 21. OFFICE CODING | | 22. STATION CODE | | 23. INTEGEE CODE | | 24. MOIS | | 25. DATE OF BIRTH | | 26. DATE OF GRADE | | 27. DATE OF LE | | | |
| 32 1C | | 44750 EUR 36533 | | | | | | CODE | | MO. DA. YR. | | MO. DA. YR. | | MO. DA. YR. | | | |
| 28. PAY EXPENS | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION/CANCELLATION DATA TYPE | | 33. SECURITY REQ. NO | | 34. SEL SEC. REQ. NO | | | | | |
| MO. DA. YR. 02 03 74 | | 81 | | CODE | | | | TYPE | | MO. DA. YR. | | | | | | | |
| 35. PAY PREFERENCE | | 36. SECT COMB DATE | | 37. LOSS COMB DATE | | 38. CAREER CATEGORY | | 39. FED/HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | | | | | | | |
| CODE 0-REG 1-S PT 2-10 PT | | MO. DA. YR. | | MO. DA. YR. | | LAB/INST. PROF/TECH | | CODE 0-WAVER 1-BEB 2-REG/OPT 3-IDELIGIBLE | | CODE | | CODE | | CODE | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | | | | | | | 42. LEAVE CAT. CODE | | 43. FEDERAL TAX DATA | | | | 44. STATE TAX DATA | | | |
| CODE 0-NO PREVIOUS SERVICE 1-REGULAR IN SERVICE 2-REGULAR IN SERVICE (LESS THAN 3 YEARS) 3-REGULAR IN SERVICE (MORE THAN 3 YEARS) | | | | | | | | FORM EXECUTED CODE | | NO TAX EXEMPTIONS | | FORM EXECUTED CODE | | NO TAX EXEMPTIONS | | | |
| 45. POSITION CONTROL CERTIFICATION | | | | | | | | 2-2-73 | | 46. O.P. APPROVAL | | | | DATE APPROVED | | | |
| | | | | | | | | J. WOODS | | P. J. SULLIVAN | | | | 2/1/73 | | | |

UNCLASSIFIED INTERNAL
USE ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

JAMES WOODS

EXTENSION

NO.

DATE

TO: (Officer designation, room number, and building)

DATE

OFFICER'S
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

| | REMOVED | FORWARDED | |
|------------------|---------|-----------|-------|
| 1. E/PERS/TEDDY | | | 4 Feb |
| 2. C/E/PERS | | | 6 Feb |
| 3. C/E/PERS T | | | 8 Feb |
| 4. E/PERS/JON | | 131 | Jan |
| 5. C/IS/PERS | 1 Feb | 2 Feb | 0000 |
| 6. | | 73 | |
| 7. CSPS/SOB GG10 | | 2/2/73 | Jan |
| 8. | | | |
| 9. | | | |
| 10. QP/PI 5E03 | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |

for concurrence

for concurrence

7. Subject will be assigned as Ch Reg + RPAO DDP/CDS upon his return to Hqs (about Aug 73), vice Elton 1118

Mr. Woods will be assigned to CCS/RPAO position 0061 - via Mr. Michael Even.

FORM
3-62610 USE PREVIOUS
EDITIONS SECRET CONFIDENTIAL INTERNAL
USE ONLY UNCLASSIFIED

SECRET

(D Area / Field 1a)

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED | |
|--|-----------------------------|--|----------------------------------|---|--|--|---------------------------------------|
| 1. SERIAL NUMBER 010032 | | 2. NAME (Last-First-Middle) WOODS JAMES S | | | | 15 MARCH 1971 | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS | | | | 4. EFFECTIVE DATE REQUESTED | | 5. CATEGORY OF EMPLOYMENT | |
| | | | | MONTH 05 | DAY 30 | YEAR 71 | REGULAR |
| 6. FUNDS | | V TO V X | V TO G | 7. FINANCIAL ANALYSIS NO CHAROBAL | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| | | C TO V | C TO G | 1136-1267 | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD ITALIAN AREA ROME STATION SUPPORT BRANCH | | | | 10. LOCATION OF OFFICIAL STATION ROME ITALY | | | |
| 11. POSITION TITLE RECORDS ADM OF (09) | | | | 12. POSITION NUMBER 0699 | 13. CAREER SERVICE DESIGNATION D | | |
| 14. CLASSIFICATION SCHEDULE (GS, ETC, etc.) GS | | 15. OCCUPATIONAL SERIES 0344.01 | | 16. GRADE AND STEP 10 7 | 17. SALARY OR PAY 13,821 | | |
| 18. REMARKS 1 cc: Payroll From: DDP/EUR DEVELOPMENT COMPLEMENT No Language Required. PRA HR 20-17E(1) (B) NTE Two Yrs | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL <i>Willford C Taylor</i> | | | DATE SIGNED 3/15/71 | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>John C. Belk</i> | | | DATE SIGNED 3/15/71 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19. ACTION CODE 20 | 20. EMPLOYEE CODE 10 | 21. OFFICE CODING 446033 | 22. STATION CODE 31633 | 23. INTEGEE CODE 3 | 24. HODGES CODE 02120228 | 25. DATE OF BIRTH MO. DA. YR. 02 20 28 | 26. DATE OF GRADE MO. DA. YR. 1 |
| 20. HIRE DATES MO. DA. YR. 05 29 73 | 29. SPECIAL REFERENCE 82 | 30. RETIREMENT DATA 1-YE -DRG -FICA -MOS | 31. SEPARATION DATA CODE CODE | 32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. | 33. SECURITY REG. NO. 34. SEX | | |
| 35. VIT PREFERENCE CODE: 0-NONE 1-5 PT 2-10 PT | | | | | | | |
| 36. SERV COMP DATE MO. DA. YR. | | 37. LONG COMP. DATE MO. DA. YR. | | 38. CAREER CATEGORY 1-MIL 2-POLY/IMP | 39. FEGL/HEALTH INSURANCE CODE: 0-WAITED 1-TES 2-NO | 40. SOCIAL SECURITY NO. | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-HO PREVIOUS SERVICE 1-HO CIVIL IN SERVICE 2-CIVIL IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) | | 42. LEAVE CAT. CODE | | 43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO | 44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO | 45. POSITION CONTROL CERTIFICATION 5-7-71 | |
| 46. O.P. APPROVAL <i>C. Belk</i> | | | | DATE APPROVED 5-10-71 | | | |

SECRET

(Do Not Initial)

| REQUEST FOR PERSONNEL ACTION | | | | | | | DATE PREPARED | |
|--|-----------------------|--|--------------------------|---|--------------------------------|-------------------|-------------------|--------------------|
| 1. SERIAL NUMBER | | NAME (Last-First-Middle) | | | | | 02 DECEMBER 1970 | |
| 2. NATURE OF PERSONNEL ACTION | | REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS | | | | | | |
| 3. FUNDS | | V TO V | V TO C | | | | | |
| | | XX | C TO V | C TO C | | | | |
| 4. INFFECTIVE DATE REQUESTED | | MONTH | DAY | YEAR | CATEGORY OF EMPLOYMENT | | | |
| | | 12 | 13 | 70 | REGULAR | | | |
| 5. FINANCIAL ANALYSIS NO. CHARGEABLE | | 6. LEGAL AUTHORITY (Completed by Office of Personnel) | | | | | | |
| | | 1236-1186 | | | | | | |
| 7. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | |
| | | WASHINGTON, D.C. | | | | | | |
| 8. POSITION TITLE | | 11. POSITION NUMBER | | | 12. CAREER-SERVICE DESIGNATION | | | |
| RECORDS ADM OFFICER | | 9997 | | | D | | | |
| 13. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 14. OCCUPATIONAL SERIES | | | 15. GRADE AND STEP | | | 16. SALARY OR RATE |
| GS | | 0344.01 | | | 10 7 | | | \$ 13,041 |
| 17. REMARKS | | 18. SECURITY APPROVALS REQUESTED BY PERIOD: ON 12/4/70 cc: SECURITY cc: PAYROLL Other cc: EUR | | | | | | |
| | | PERIOD: 10/10/70 | | | | | | |
| FROM: DDP/EUR/FOREIGN FIELD LONDON, ENGLAND SLOT# 0254 | | | | | | | | |
| NTE: 30 June 1971 Pending Assignment | | | | | | | | |
| 19. SIGNATURE OF REQUESTING OFFICIAL | | DATE SIGNED | | 20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | DATE SIGNED | |
| WILLFORD C. TAYLOR, C/E/PCIS | | 3 Dec 70 | | 6/14/70 | | | 12/1/70 | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 21. ACTION CODE | 20. EMPLOY. CODE | 21. OFFICE CODING NUMERIC | 22. STATION CODE | 23. INTEGRITY CODE | 24. HOURS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LET |
| 16 | 18 | 1146472 | 2212 | 35313 | 1 | 02 20 18 | MO. DA. YR. | MO. DA. YR. |
| 28. SITE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA | 33. SECURITY REQ. NO. | 34. SEC | | |
| MO. DA. YR. | | | CODE | TYPE | MO. DA. YR. | EOD DATA | | |
| 35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | 38. CAREER CATEGORY | 39. FEET/HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | | |
| CODE | MO. DA. YR. | MO. DA. YR. | CAR/BILY. PROV/LEAP | CODE | CODE | 0-WAIVER | HEALTH INS. CODE | |
| 0-NO SERVICE | | | 1-TES | | | 1-TES | | |
| 1-BEAT IN SERVICE | | | 2-ED | | | 2-ED | | |
| 2-BREAK IN SERVICE | | | | | | | | |
| 3-BREAK IN SERVICE (LESS THAN 3 YEARS) | | | | | | | | |
| 4-BREAK IN SERVICE (MORE THAN 3 YEARS) | | | | | | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | |
| CODE | | FORM EXECUTED | CODE | NO. TAX EXEMPTIONS | FORM EXECUTED | CODE | NO. TAX EXEMPT. | STATE CODE |
| 0-NO PREVIOUS SERVICE | | 1-TES | | | 1-TES | | | |
| 1-NO BREAK IN SERVICE | | 2-ED | | | 2-ED | | | |
| 2-BREAK IN SERVICE (LESS THAN 3 YEARS) | | | | | | | | |
| 3-BREAK IN SERVICE (MORE THAN 3 YEARS) | | | | | | | | |
| 43. POSITION CONTROL CERTIFICATION | 45. O.P. APPROVAL | | | | | | DATE APPROVED | |
| | 12-8-70 | | | | | | 12/8/70 | |
| FORM 1152 USE PREVIOUS EDITION | | SECRET | | | | | | |
| 3-67 | | GROUP I EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION | | | | | | |

(4)

SECRET

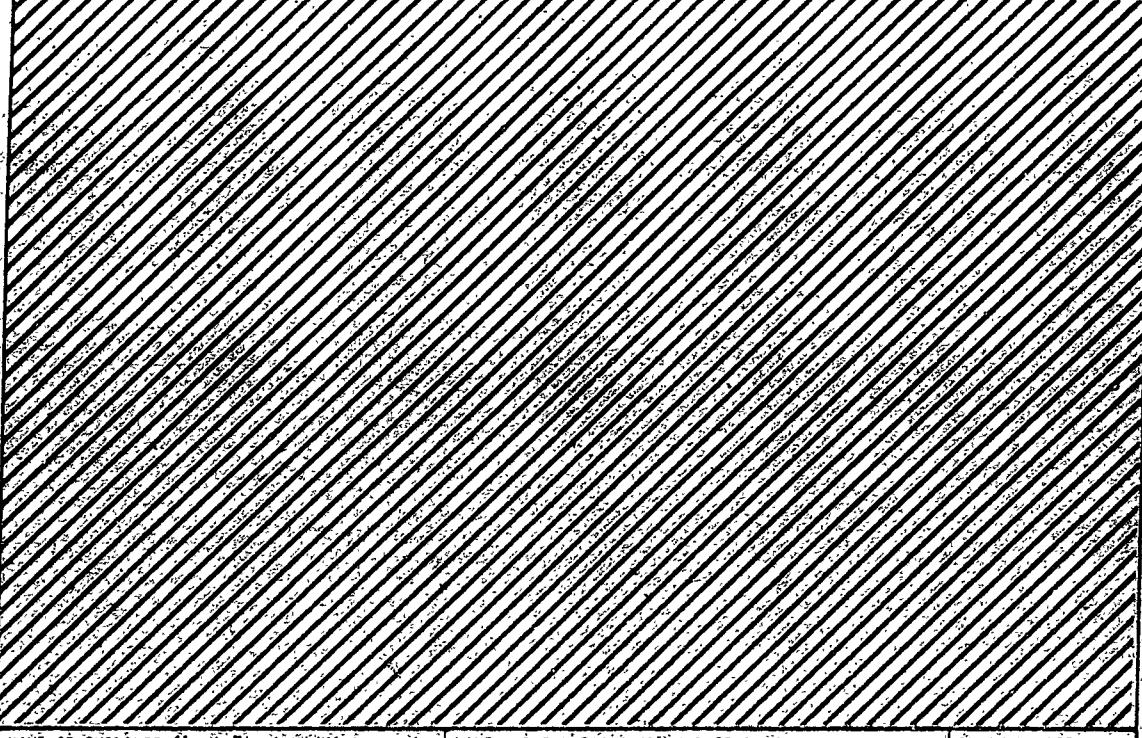
(2) Am. Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | | |
|--|---|--|--|--|---|--|--------------------------------------|------------------------------------|--|--|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | | | 20 JANUARY 1971 | | |
| 010032 | | WOODS JAMES S. | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS (CORRECTION) | | | | 4. EFFECTIVE DATE REQUESTED | | 5. CATEGORY OF EMPLOYMENT | | | | |
| | | | | MONTH | DAY | YEAR | REGULAR | | | |
| | | | | C | 10 | 71 | | | | |
| 6. FUNDS | | V TO V | V TO C | 7. FINANCIAL ANALYSIS NO CHARACTER | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | | |
| XX | | ✓ TO V | ✓ TO C | 1234-1186 | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/EUR DEVELOPMENT COMPLEMENT | | | | 10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C. | | | | | | |
| 11. POSITION TITLE RECORDS ADM. OFFICER | | | | 12. POSITION NUMBER 6997 | | 13. CAREER SERVICE DESIGNATION D | | | | |
| 14. CLASSIFICATION SCHEDULE (G.S., E.G., W.R.) GS | | 15. OCCUPATIONAL SERIES 0344.01 | | 16. GRADE AND STEP 10 7 | | 17. SALARY OR RATE \$ 13,821 | | | | |
| 18. REMARKS cc: Payroll TO CORRECT EFFECTIVE DATE TO READ 1/10/71 VICE 12/13/70 | | | | | | | | | | |
| 19A SIGNATURE OF REQUESTING OFFICIAL <i>WILLIAM C. COOLEY, AC/E/Pers</i> | | | | DATE SIGNED 1/21/71 | | 19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Burgess W. Steel</i> | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | |
| 20. ACTION CODE 58 | 20. EMPLOY CODE 18 | 21. OFFICE CODING 44991 EUR 7313 | 22. STATION CODE 1 | 23. INTEGEE CODE 02 | 24. MOLES CODE 1 | 25. DATE OF BIRTH 02/20/71 | 26. DATE OF GRADE MO. DA. YR. | 27. DATE OF LEI MO. DA. YR. | | |
| 28. DATE EXPIRES MO. DA. YR. | 29. SPECIAL REFERENCE 1-ECC 2-ORG 3-FICA 4-BORN | 30. RETIREMENT DATA CODE: | 31. SEPARATION DATA CODE TYPE: 16 | 32. CORRECTION/CANCELLATION DATA MO. DA. YR. 12 13 70 | 33. EOD DATA EOD DATA. | 34. SECURITY REG. NO. REG. NO. | 35. SOC. SEC. NO. NO. DA. YR. | | | |
| 36. VET PREFERENCE CODE: 0-HOME 1-F-PP 2-10 PT | 37. SERV. COMP. DATE MO. DA. YR. | 38. LONG COMP. DATE MO. DA. YR. | 39. CAREER CATEGORY CAT. RESV: CODE PROV-FED: CODE G-WARREN: CODE | 40. FED. TAX DATA CODE: 0-WARREN HEALTH INS. CODE: 0-1ES | 41. STATE TAX DATA CODE: 0-1ES 2-80 | 42. SOCIAL SECURITY NO. NO. DA. YR. | | | | |
| 43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0- NO PREVIOUS SERVICE 1- NO BREAK IN SERVICE 2- BREAK IN SERVICE (LESS THAN 3 YEARS) 3- BREAK IN SERVICE (MORE THAN 3 YEARS) | 44. LEAVE CAT. CODE | 45. FEDERAL TAX DATA FORM EXECUTED: CODE 1-YES 2-NO | 46. STATE TAX DATA FORM EXECUTED: CODE 1-YES 2-NO | 47. STATE CODE | | | | | | |
| 48. POSITION CONTROL CERTIFICATION 1-26-71 <i>M.W. 2/1/71</i> | | | | 49. O.P. APPROVAL <i>W.C. Steel</i> | | 50. DATE APPROVED 1/26/71 | | | | |

SECRET
(If blank, filled in)

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED | |
|--|--|--|---|--|---|---------------------------------------|--------------------------------|
| 1. SERIAL NUMBER 010032 | 2. NAME (Last-First-Middle) WOODS, JAMES S | | | | | 12 FEBRUARY 1971 | |
| 3. NATURE OF PERSONNEL ACTION CHANGE OF PAY | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 19 71 | | 5. CATEGORY OF EMPLOYMENT REGULAR | | |
| 6. FUNDS X | V TO V | V TO C | 7. FINANCIAL ANALYSIS NO. CHARCODES 1236-1186 | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) 10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C. | | |
| 9. ORGANIZATIONAL DESIGNATIONS DOP/EUR DEVELOPMENT COMPLEMENT | | | 11. POSITION TITLE RECORDS ADM OFFICER | | 12. POSITION NUMBER 9997 | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, GS/L) | | 15. OCCUPATIONAL SERIES GS | | 16. GRADE AND STEP 0344.01 10 7 | | 17. SALARY OR RATE \$ 13,821 | |
| 18. REMARKS FROM 1234-1186 cc: Payroll <i>KIB EUR</i> | | | | | | | |
| 19A. SIGNATURE OF REQUESTING OFFICIAL WILLFORD C. TAYLOR, C/E/POTS | | | DATE SIGNED 12 Feb 71 | | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Principal Agent | | |
| SPACES BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 20. ACTION CODE 37 | 21. OFFICE CODING NUMERIC 44999 | 22. STATUS CODE ALPHABETIC EUR 75013 | 23. INTEGRITY CODE CODE | 24. HOURS WORKED CODE 1 | 25. DATE OF BIRTH MO. DA. YR. 02 20 47 | 26. DATE OF GRADE MO. DA. YR. 1 | 27. DATE OF LEI MO. DA. YR. |
| 20. RATE CHARGES NO. GA. TA. | 29. SPECIAL REFERENCE 1-ECS 2-OBRA 3-TICA 4-NONE | 30. RETIREMENT DATA SOCR | 31. SEPARATION DATA CODE TYPE: | 32. LOAN/RETENTION/CANCELLATION DATA TYPE: ECO DATA | 33. SECURITY REG. NO. 34. SEA | | |
| 35. VIT. PREMISES CODE 0-BORN 1-5 PT. 2-10 PT. | 36. SERV. COMP. DATE MO. DA. YR. | 37. LONG TERM RATE MO. DA. YR. | 38. CAREER CATEGORY CAR/PEN PROV TEMP | 39. FEGL/HEALTH INSURANCE CODE 1-PEN 2-PROV 3-TEMP | 40. SOCIAL SECURITY NO. CODE | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO 1-BEFORE 2-BECAUSE OF SERVICE 3-BECAUSE OF SERVICE (LESS THAN 3 YEARS) 4-BECAUSE OF SERVICE (MORE THAN 3 YEARS) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO | 44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO | 45. O.P. APPROVAL W.R.Th | | | |
| 46. DATE APPROVED 2-19-71 | | | | | | | |

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SECRET
(When Filled In)

| | | |
|---|---|--------------------------------|
|  | | |
| NAME OF EMPLOYEE (Last-First-Middle) WOODS, JAMES S. | NAME AND RELATIONSHIP OF DEPENDENT* SELF | CLAIM NUMBER 70-0961 |
| <p>There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>6 MAY 1970</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> | | |
| DATE OF NOTICE 19 JUNE 1970 | SIGNATURE OF PSD REPRESENTATIVE /B/ R. L. Austin, Jr. | |
| NOTICE C™ OFFICIAL DISABILITY CLAIM FILE | | |

S E C R E T

14 May 1968

Approved

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion for Mr. James S. Woods
from GS-09 to GS-10

I. FE Vietnam Operations concurs in the field recommendation for the promotion of Mr. James S. Woods from GS-09 to GS-10. Following is the recommendation from the Chief, Operational Services Branch, Vietnam Station:

"Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

"As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

"Subject has energetically applied himself to improving procedures within his Section and to the cross-training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever-increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

"Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel."

S E C R E T

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"Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level."

2. If promoted, Subject will occupy the position of IO General, GS-11, Slot # 4984.

John Caswell
Douglas S. Blawieb
Chief, Vietnam Operations

S E C R E T

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S E C R E T

4 March 1968

MEMORANDUM FOR: Chief of Station

SUBJECT : Recommendation for Promotion -
Mr. James S. Woods

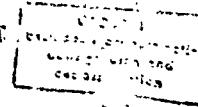
1. It is recommended that Subject be promoted from GS-09 to GS-10. Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

2. As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in a highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

3. Subject has energetically applied himself to improving procedures within his Section and to the cross training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

4. Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his Section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.

S E C R E T



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S E C R E T

- 2 -

5. Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level.

/s/John K. Smith

Chief, OSB

CONCUR /s/Vincent Lockhart
Acting Deputy Chief of Station

APPROVE: /s/Lewis J. Layham
Chief of Station

S E C R E T

PRA SECRET
10 Dec 1968 (a)

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED | |
|--|-----------------------------|-------------------------------|--|--|------------------------|---|--------------------------------|
| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) | | | | | 8 Oct 1968 | |
| 010032 | WOODS, JAMES S. | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | 4. EFFECTIVE DATE REQUESTED | |
| REASSIGNMENT | | | | | | 5. DAY | |
| 6. PAYOS | V TO V | V TO O | 7. FINANCIAL ANALYSIS NO CHARGEBASE | | | 8. CATEGORY OF EMPLOYMENT | |
| | C TO V | XX | 9136 1214 | | | REGULAR | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | 10. LOCATION OF OFFICIAL STATION | |
| DIP/EUR FOREIGN FIELD BRITISH COMMONWEALTH REGION LONDON STATION SUPPLY BRANCH RECONNAISSANCE SECTION | | | | | | LONDON, ENGLAND | |
| 11. POSITION TITLE | | | | | | 12. POSITION NUMBER | |
| RECORDS ADM OP | | | | | | (09) 0251 | 13. CAREER SERVICE DESIGNATION |
| 14. CLASSIFICATION SCHEDULE (GS, LS, GS, LS) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | |
| 08 | | 0344.01 | | 10 6 | | \$ 10,847 | |
| 18. REMARKS | | | | | | PRA 20-11-1 (1a) (B) N 115 2 Y 1 vise Comogene Lutragee | |
| COMCIR: Mary Boulger P/S/Pers By Phone | | | | | | | |
| 25% Attached | | | | | | | |
| 19A. SIGNATURE OF REQUESTING OFFICIAL | | | DATE SIGNED | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | DATE SIGNED |
| F. WILLIARD C. TAYLOR, C/R/PERS | | | Taylor | Vickie M. White | | | 8 Oct 1968 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 20. ACTION CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INDUSTRY CODE | 24. RIFLES | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEA |
| 3710 | 44525 EUR 21025 | | | 3 62 20 28 | MO. DA. YR. | MO. DA. YR. | MO. DA. YR. |
| 28. ETC. CODES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY | 34. SEC | |
| 1100370 | 5.3 | CODE | CODE | CODE | SECURITY | SECURITY | |
| 35. ETC. REFERENCES | 36. SERV. COEP DATE | 37. LONG COEP DATE | 38. CAREER CAREER | 39. MEDICAL/HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | |
| COCH | MO. DA. YR. | MO. DA. YR. | CAR. ETC. PROV/FLOR | CODE 0-UN 1-YRS 2-NOT | 0-UN 1-YRS 2-NOT | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | 42. LEAVE CAT. | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | |
| CODE | CODE | FORM EXECUTED 1-P1 2-P2 | FORM EXECUTED 1-P1 2-P2 | | | | |
| 5-GO PAST/NO SERVICE 1-COM IN SERVICE 3-COM IN SERVICE (LESS THAN 3 YEARS) 5-COM IN SERVICE (MORE THAN 3 YEARS) | | NO. TAX EXEMPTIONS | NO. TAX EXEMPTIONS | | | | |
| 45. POSITION CONTROL CERTIFICATION | 46. OP APPROVAL | 47. DATE APPROVED | 48. DATE APPROVED | | | | |
| F. 1152 | 10-28-68 | 1152 | 1152 | | | | |
| FORM 1152 USE PREVIOUS EDITION 3-62 | | | | | | | |
| SECRET | | | | | | | |
| GROUP 1 INCLUDE PREVIOUS EDITION AND DECLASSIFICATION | | | | | | | |

SECRET

(If Area Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED | |
|--|---|--|--|---|--|-------------------------------------|------------------------------------|
| 1 SERIAL NUMBER 010032 | 2 NAME (Last-First-Middle) WOODS JAMES S | | | | | 23 July 1968 | |
| 3 NATURE OF PERSONNEL ACTION PROMOTION | | | 4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 28 68 | 5 CATEGORY OF EMPLOYMENT REGULAR | | | |
| 6 RANKS O-10 V | 7 PAY GRADE V10 OZ | 8 PAY GRADE O10 V | 9 PAY GRADE O10 O | 10 FINANCIAL ANALYSIS NO CHAROBARS 9137 1487 | 11 LEGAL AUTHORITY (Completed by Office of Personnel) RECORDED | | |
| 12 ORGANIZATIONAL DESIGNATIONS DOP/PSY POSITION FIELD PSY/PRO - VIET NAM STATION INTELLIGENCE DIVISION COLLATION BRANCH CURRENT INTELLIGENCE SECTION BIOGRAPHIC UNIT | | | 13 LOCATION OF OFFICIAL STATION SAIGON, SOUTH VIETNAM. | | | | |
| 14 RECORDS ADMIN OF GS | | | 15 POSITION NUMBER D 11 1084 | 16 CAREER SERVICE DESIGNATIONS D | | | |
| 17 CLASSIFICATION SCHEDULE (C.S., I.B., etc.) GS | | | 18 OCCUPATIONAL SERIES 0344.01 | 19 GRADE AND STEP 10 6 | 20 SALARY OR RATE S 10847 | | |
| 10 REMARKS RECORDS ADMIN OFFICER OCCUPYING 10 GENERAL POSITION. | | | | | | | |
| 101 SIGNATURE OF REQUESTING OFFICER CPO/PERSNL, Mary T. Boulger | | | DATE SIGNED 23 July 68 | 102 SIGNATURE OF CAREER SERVICE APPROVING OFFICER Robert M. Smith | | | DATE SIGNED 23 July 68 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 21 ACTION CODE 22 10 | 22 DATE OF BIRTH 1965 | 23 PAY GRADE FE | 24 HOURS CODE 3 | 25 DATE OF BIRTH 1963 01 28 | 26 DATE OF GRADE 1963 01 28 | 27 DATE OF LES 1963 01 28 | 28 SECURITY REG NO 34 56 |
| 29 PAY GRADES 1-1 R 1-1 R | 30 SPECIAL REFERENCE 1-COM 2-COM 3-FICA 4-BEN | 31 SEPARATION DATA CODE 0000 | 32 CANCELLATION DATA TYPE 0000 | 33 SECURITY REG NO 34 56 | 34 SOCIAL SECURITY NO 0000 0000 0000 | | |
| 35 PAY PERIOD CODE 1-1 R 1-1 R | 36 SERV COMP DATE 1960 01 01 | 37 LDG COMP DATE 1960 01 01 | 38 CAREER CATEGORY CAP PSY | 39 MEDICAL INSURANCE CODE 0-100 1-100 | 40 STATE TAX DATA CODE 0-100 1-100 | | |
| 41 PERIOD ON GOVERNMENT SERVICE CODE 0-10 PAYROLL SERVICE 1-10 PERIOD 6 MONTHS 2-10 PERIOD 12 MONTHS 3-10 PERIOD 24 MONTHS | | 42 LEAVE LAF CODE | 43 FEDERAL TAX DATA CODE 1-100 2-100 | 44 STATE TAX DATA CODE 1-100 2-100 | | | |
| 45 POSITION CONTACT CERTIFICATION 100000 | | | 46 O.P. APPROVAL 100000 | 47 DATE APPROVED 25 July 68 | | | |

SECRET

(If Area Filled In)

| REQUEST FOR PERSONNEL ACTION | | | | | | | | DATE PREPARED | | | | |
|--|---|--|--|--|--------------------------------|---|-------------------------------|--------------------------------------|---------------------|---|--|--|
| 1. SERIAL NUMBER | | | | 2. NAME (Last-First-Middle) | | | | 17 NOVEMBER 1966 | | | | |
| 010032 | | | | WOODS, JAMES S. | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT | | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 16 66 | | 5. CATEGORY OF EMPLOYMENT REGULAR | | | | | | |
| 6. PAPOS | | V TO V | V TO O | 7. FINANCIAL ANALYSIS NO CHARGEABLE 7137-1487 | | 8. LOCAL AUTHORITY (Completed by Office of Personnel) | | | | | | |
| 8. ORGANIZATIONAL DESIGNATIONS DDP/FE/FOREIGN FIELD FE/VNC - VIETNAM STATION | | 10. LOCATION OF OFFICIAL STATION SAIGON, SOUTH VIETNAM | | 11. POSITION TITLE RECORDS ADMIN OF GS-11 | | | | | | | | |
| 12. POSITION NUMBER 4127 | | 13. CAREER SERVICE DESIGNATION D | | 14. CLASSIFICATION SCHEDULE (G.S. E.A. W.R.) GS | | 15. OCCUPATIONAL SERIES 0344,01 | | 16. GRADE AND STEP 09/1A/7 | | 17. SALARY OR RATE \$ 9001-9262 ✓ | | |
| 18. REMARKS FROM: JKTO/TOKYO STATION/OFFICE OF THE CHIEF CENTRAL REGISTRY AND RECORDS SECTION | | | | | | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICER <i>T. BOULGER</i> | | | | DATE SIGNED 28 Oct 66 | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>V. Woods</i> | | | | DATE SIGNED 26 Nov 66 | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING NUMERIC | 22. STATION CODE | 23. INITIATOR CODE | 24. HODERS CODE | 25. DATE OF BIRTH MO DA YE | 26. DATE OF CRAZE MO DA YE | 27. DATE OF DE MO DA YE | 28. SECURITY REG RD | 29. SECURITY REG RD | | |
| 3M | 10 | 45500 | FE | 77265 | 5 | 02 20 20 | | | | | | |
| 20. RITE EXPIRES MO DA YE | 20. SPECIAL REFERENCE 1-EX 2-FEX 3-WHO | 20. RETIREMENT DATA CODE | 31. SEPARATION DATA CODE | 32. CANCELLATION DATA TYPE | | | | | 33. SECURITY REG RD | 34. SECURITY REG RD | | |
| | | | | | | | | | | | | |
| 35. VIT PREFERENCE CODE | 36. SERV. COMP. DATE MO DA YE | 37. CONS. COMP. DATE MO DA YE | 38. CAREER CATEGORY CEN. RES. PROF./EMP | 39. TITLE/HEALTH INSURANCE CODE | 40. SOCIAL SECURITY NO CODE | | | | | | | |
| 0-None 1-5 PT 2-10 PT | | | | | | | | | | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE | 42. STATE CAT CODE | 43. FEDERAL TAX DATA POST EXECUTED CODE | 44. STATE TAX DATA POST EXECUTED CODE | | | | | | | | | |
| 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 2 YEARS) 3-BREAK IN SERVICE (MORE THAN 2 YEARS) | | 1-HS 2-HO | 1-HS 2-HO | | | | | | | | | |
| 45. POSITION CONTROL CERTIFICATION 1307061 | 46. O.P. APPROVAL <i>R. Woods</i> | | 47. DATE APPROVED 11/1/66 | | | | | | | | | |

SECRET

F-14

| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED | | |
|--|--|-------------------------|---------------------------------------|---|---|---|------------------|--------------------------|
| 1 SERIAL NUMBER | 2 NAME (Last-First-Middle) | | | | | 18 Nov 66 | | |
| 010032 ✓ | WOOLIS, JAMES S. | | | | | | | |
| 3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM | | | | | 4 EFFECTIVE DATE REQUESTED | 5 CATEGORY OF EMPLOYMENT | | |
| | | | | | MONTH DAY YEAR 12 18 66 | REGULAR | | |
| 6 FUNDS | V TO V | V TO O | 7 FINANCIAL ANALYSIS NO CHARITABLE | | | 8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203 | | |
| | | | | | 7137-1566 | | | |
| 9 ORGANIZATIONAL DESIGNATIONS | | | | | 10 LOCATION OF OFFICIAL STATION | | | |
| | | | | | TOKYO, JAPAN | | | |
| 11 POSITION TITLE | | | | | 12 POSITION NUMBER | 13 CAREER SERVICE DESIGNATION | | |
| | | | | | | D | | |
| 14 CLASSIFICATION SCHEDULE (GS, LS, GS) | | | 15 OCCUPATIONAL SERIES | 16 GRADE AND STEP | | 17 SALARY OR RATE | | |
| | | | | 9 | | S | | |
| 18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE. | | | | | | | | |
| 19A SIGNATURE OF REQUESTING OFFICIAL | | | | DATE SIGNED | 19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER | | | DATE SIGNED |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 19 REASON | 20 EMPLOY | 21 OFFICE CODING | 22 STATION CODE | 23 INTEGRITY CODE | 24 HODGES CODE | 25 DATE OF BIRTH | 26 DATE OF GRAD. | 27 DATE OF END |
| CODE | CODE | NUMERIC ALPHABETIC | CODE | CODE | CODE | MO DA YR | MO DA YR | MO DA YR |
| 28 RIF EXPRES. | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA | 31 SEPARATION DATA CODE | 32 CORRECTION/CANCELLATION DATA | 33 SECURITY | 34 SET | | |
| MO DA YR | | 1-CEN 2-REG 3-ADM | CODE | TYPE | MO DA YR | RIO NO | | |
| 35 VET PREFERENCE | 36 MED COMP DATE | 37 LONG COMP DATE | 38 CAREER CATEGORY | 39 FED/HEALTH INSURANCE | 40 SOCIAL SECURITY NO | | | |
| CODE | MO DA YR | MO DA YR | EXIST PERIOD | CODE | CODE | 0-DAVIS 1-TVS | HEALTH INS CODE | |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE | | | | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA | 44 STATE TAX DATA | | |
| CODE | G-42 PAST SERVICE L-40 REG IN SERVICE R-41 REG IN SERVICE (LESS THAN 3 YEARS) S-42 REG IN SERVICE (MORE THAN 3 YEARS) | | | PGM EXECUTED CODE | NO TAX EXEMPTIONS | FORM EXCLUDED | CODE | NO TAX EXEMPT STATE CODE |
| 45 POSITION CONTROL CERTIFICATION | | | | 46 O.P. APPROVAL | | | DATE APPROVED | |
| 11-21-66N | | | | See memo signed by D/Pers dated 16 NOV | | | | |

5 January 1966

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion
of Mr. James S. Woods
from GS-9 to GS-10

1. It is strongly recommended that Mr. James S. Woods be promoted from GS-9 to GS-10. Mr. Woods entered on duty with the Agency in April 1952 as a GS-5 Records and File Clerk assigned to RDE. Since that time Mr. Woods has served as a Recovery Analyst at Headquarters in Korea and Attnat., Manila, and since 1951 in the Central Registry Section of the Tokyo Station. Mr. Woods is 37 years old and has been in grade at a GS-9 since 1958. He was previously recommended for promotion to GS-10 in November 1964 and June 1965.

2. In the previous recommendation for the Tokyo Station, 9 November 1964, the writer commented on Mr. Woods as follows:

"A. Mr. Woods is now on his second tour as Chief of the Tokyo Central Registry. This unit is located at the Air Station and handles all correspondence for all Station elements. In view of the fact that the location is located in a different geographical location, a great deal of responsibility is given to Mr. Woods in that he is responsible for a 'incoming' office in capital and constantly receives, dispatches and coordinates very vital and progressive correspondence from other local military agencies. He correctly analyzed and pointed the Japanese-day calendar system to Japan during effect, and the Staff Noncommissioned Officer is rapidly showing out plan by plan which results.

"B. The Registry is presently composed of six employees in addition to Mr. Woods, the Chief of this section. Mr. Woods does an exemplary job in supervising these employees with the result that the Central Registry is one of the most functioning units."

Not Approved
3/1/66

Group I
Excluded from automatic
downgrading and
declassification

SECRET

14-00000

"C. In addition to his regular duties, Mr. Woods is continually thinking of ways to improve the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems can be cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

"D. In view of Mr. Woods' demonstrated ability to provide leadership to the Station Registry, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-9 to GS-10 at the earliest opportunity."

"Mr. Woods has continued to perform in an off-all "tug-of-war" manner as evidenced in his recent "check-report". He recently planned and effectively implemented the move of the Club and Restaurant from one location to another. In a dispatch, dated 22 November 1963, the present Chief of Station, Washington, advised: "There is little more adding to his present duties, recommendation dated 8 November 1964, for promotion of Mr. Woods. He is performing all duties as Chief of the Library satisfactorily with skillful and dispatch. He is a strong supervisor who particularly will be valuable in the direction and control of the personnel and materials."

"E. The Airman Board has always recommended Mr. Woods for promotion and if Mr. Woods is promoted to GS-10, it might be advised that consideration be given to his promotion to GS-10 at this time.

Terry T. Shima
Richard G. Davis
Chair, RECOMM

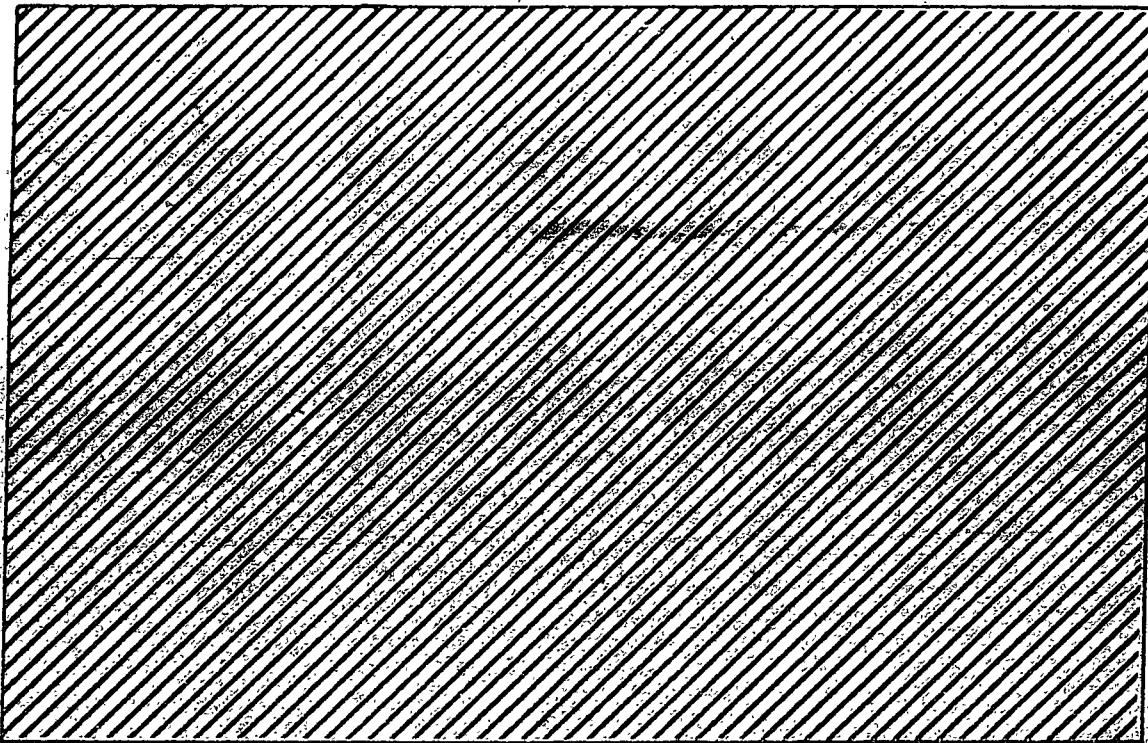
SECRET

(When Filled In)

| | | |
|---|--|--------------|
| | | |
| NAME OF EMPLOYEE (Last-First-Middle) | NAME AND RELATIONSHIP OF DEPENDENT* | CLAIM NUMBER |
| Woods, James S. | Louise A. - wife | 66-502 |
| <p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>26 October 1965</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> | | |
| DATE OF NOTICE <u>17 DEC 1965</u> | SIGNATURE OF OSD REPRESENTATIVE <i>R. Justice</i> | |
| NOTICE OF OFFICIAL DISABILITY CLAIM FILE | | |

SECRET

(When Filled In)



| | | |
|--------------------------------------|-------------------------------------|--------------|
| NAME OF EMPLOYEE (Last-First-Middle) | NAME AND RELATIONSHIP OF DEPENDENT* | CLAIM NUMBER |
| Woods, James S. | Wife - Louise A. | 66-148 |

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, 26 June 1965 injury, or death incurred on _____.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

| | |
|--|---|
| DATE OF NOTICE 17 AUG 1965 | SIGNATURE OF DSD REPRESENTATIVE <i>W. DeTalice</i> |
| NOTICE OF OFFICIAL DISABILITY CLAIM FILE | |

SECRET

(When Filled In)

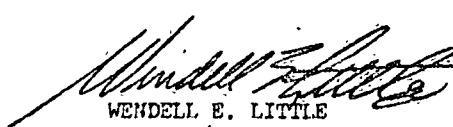
| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED |
|--|--------------------------|----------------------------------|---------------------------|---|-------------------------|---|
| 1. SERIAL NUMBER | | 2. NAME (Last-First-Middle) | | | | 10 Feb 1961 |
| 110032 | | WOODS, James S. | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE REQUESTED | | | | 5. CATEGORY OF EMPLOYMENT |
| Reassignment and Transfer to Confidential funds 03 19 61 | | WEEK DAY YEAR | | | | Regular |
| 6. FUNDS | | V TO V CF TO V | X CF TO CF | 7. COST CENTER NO. CHARGE AREA | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |
| | | | | 1137-7351-1000 | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | |
| DDP/FE FE/JAO Tokyo Station Office of the Chief Central Registry and Records Section | | Tokyo, Japan | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | 13. PCR CONTROL NO. | | 14. CAREER SERVICE DESIGNATION |
| Intel Analyst - Gen | | 12-D 3061 | | | | D |
| 15. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 16. OCCUPATIONAL SERIES | | 17. GRADE AND STEP | | 18. SALARY OR RATE |
| GS | | 0132.36 | | 09 3 | | 6765 |
| 19. REMARKS | | | | | | |
| FROM: FE/Office of the Chief/2461 tray 1 1cc - Security | | | | | | |
| Form 259 forwarded to Medical Staff Departure Date: 31 March 1961 FE/CMC Approved | | | | | | |
| 20. SIGNATURE OF APPROVING OFFICER ROBERT D. CASHMAN, CFE PERSONNEL | | | | 21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER D. Reedy | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | |
| 19. ACTION CODE | 20. OFFICE CODE | 21. STATION CODE | 22. INTERFIE LEVEL | 23. PERSON'S DATE OF BIRTH | 24. DATE OF HIRE | 25. DATE OF LEAVE |
| 21 11 | 5130 12 | | | 3 02 20 23 | | |
| 26. DATE EXPIRES | 27. SPEC AC REFERENCE | 28. SET RETIRE DATE | 29. STORAGE DATA CODE | 30. CONSTRUCTION/ENCLOSURE DATA | 31. SECURITY REG. NO. | 32. SSA |
| | | | | | | |
| 33. VET. PREFERENCE | 34. SE. SERV. COMM. DATE | 35. LOSS. COMM. DATE | 36. MIL. SERV. CRED. CODE | 37. FEAL / HEALTH INSURANCE | 38. SOCIAL SECURITY NO. | |
| CODE 0 - NONE 1 - 5 yrs. 2 - 10 yrs. | MO. DA. YR. | MO. DA. YR. | 1 - YES 2 - NO | 1 - NEVER 2 - YES | 1 - NEVER 2 - YES | |
| 39. PREVIOUS GOVERNMENT SERVICE DATA | 40. VETERAN DATA | 41. STATE TAX DATA | | | | |
| CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 12 MONTHS 3 - BREAK IN SERVICE MORE THAN 12 MONTHS | CODE | CODE | FORM EXECUTED CODE | 42. TAX EXEMPTIONS | FORM EXECUTED CODE | 43. STATE TAX CODE |
| | | | 1 - YES 2 - NO | | 1 - YES 2 - NO | |
| 44. POSITION CONTROL CERTIFICATION | 45. O.P.S. APPROVAL | | | | | |
| Kearney 03/13/61 | D. Reedy | | | | | |

14-0000
S-E-C-R-E-T

MEMORANDUM FOR: James S. Woods

VIA : Chief, FE

1. The problem of effective management of the operational records of the Clandestine Services is one of our most important responsibilities. In this connection, you have been selected by your Division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your selection is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the objectives of the Clandestine Services. A copy of this memorandum will be placed in your official personnel folder to record your appointment as Records Officer.
2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and index cards recommended for destruction by other members of your Branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RID as that of an officially appointed Records Officer.
3. At the meeting of 16 December 1958 , you were briefed on the details of your duties as Records Officer. It is now considered that you will be able fully to execute your duties as Records Officer and thus make a real contribution to the CS Records Management Program.


WENDELL E. LITTLE

DUP/RMO

cc: Personnel Jacket of Addressee

S-E-C-R-E-T

~~SECRET~~

REQUEST FOR PERSONNEL ACTION

| | | | | | |
|---------------------------------|-----------------------------|---------------------------------|----------------------------------|---------------|----------------------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet Prof. | 5. Sex | 6. CS - LOD |
| 510032 | WOODS JAMES S | Mo. Da. Yr. 02 20 28 | None-O 5 Pt-1 10 Pt-2 | Code 1 M 1 | Mo. Da. Yr. 04 21 52 |
| 7. SCD | 8. C.C. Rmt | 9. CSC Or Other Legal Authority | 10. Appt. Allday | 11. FEGLI | 12. LCD |
| Mo. Da. Yr. 11 12 48 | Yes - 1 No - 2 | Code 1 | Mo. Da. Yr. Yes - 1 No - 2 | Code / | Mo. Da. Yr. Yes - 1 No - 2 |
| 13. P.M. Rate 14. USCA 403 J | | | | | |

PREVIOUS ASSIGNMENT

| | | | | | |
|---|--|---|---|---|---|
| 14. Organizational Designations DDP FE FE/PSH PHILIPPINES STATION SUPPORT BRANCH | Code | 15. Location Of Official Station 5161 MANILA, R.P. | Station Code 57557 | | |
| 16. Dept. - Field Dept. : Code USMID : Frzn. : 5 | 17. Position Title RECRDS MGMT ANAL | 18. Position No. 3382 | 19. Serv. 20. Occup. Series GS 0306.01 | | |
| 21. Grade & Step 09.1 | 22. Salary Or Rate \$ 5985 | 23. SD 01 | 24. Date Of Grade Mo. Da. Yr. 11 116 58 | 25. PSI Due Mo. Da. Yr. 11 115 59 | 26. Appropriation Number 9 3780 55 006 |

ACTION

| | | | | | |
|---|------------|---|---------------------------------|------------|---------------------|
| 27. Nature Of Action Reassignment, Transfer, Vouchered, etc. | Code 01 | 28. Eff. Date Mo. Da. Yr. 3 22 59 | 29. Type Of Employee Regular | Code 01 | 30. Separation Date |
|---|------------|---|---------------------------------|------------|---------------------|

PRESENT ASSIGNMENT

| | | | | | |
|---|--------------------------------------|---|--|---|---|
| 31. Organizational Designations DDP/FE Office of the Chief Secretariat | Code | 32. Location Of Official Station Washington, D. C. | Station Code 75013 | | |
| 33. Dept. - Field Dept. : Code USMID : Frzn. : 1 | 34. Position Title FEGLDS Mgmt OF | 35. Position No. 2461 58 | 36. Serv. 37. Occup. Series 37. Occup. Series | | |
| 38. Grade & Step 11.1 | 39. Salary Or Rate \$ | 40. SD 01 | 41. Date Of Grade Mo. Da. Yr. 11 116 58 | 42. PSI Due Mo. Da. Yr. 11 115 59 | 43. Appropriation Number 9 3700 20 001 |

SOURCE OF REQUEST

| | |
|--|--|
| A. Requested By (Name And Title) Harriet Weiler, CFE/Secretariat | C. Request Approved By (Signature And Title) M. L. Shobe, CFE/Personnel |
| B. For Additional Information Call (Name & Telephone Ext.) Kozolle Little X2957 | |

CLEARANCES

| | | | | | |
|-------------------|---------------|---------|----------------|---------------|------|
| Clearance | Signature | Date | Clearance | Signature | Date |
| A. Career Board | <i>W.L.S.</i> | 3-12-59 | D. Placement | | |
| B. Pos. Control | <i>X-3</i> | | E. | | |
| C. Classification | | | F. Approved By | <i>M.L.S.</i> | |

Remarks

please transfer from Unvouchered to Vouchered funds
2 Copies to Security

6/6 file

SECRET
REQUEST FOR PERSONNEL ACTION

6 October 1958

| | | | | | |
|-------------------------|--|------------------------------|-----------------------------|------------------------------|-------------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vol. Prof. | 5. Sex | 6. CS. LOD |
| 510032 | WOODS JAMES S | Mo. Da. Yr. 02 20 28 | None-O 5 Pt-1 10 Pt-2 | I M 1 | Mo. Da. Yr. 04 21 52 |
| 7. SCD | 8. CSC Reinst. 9. CSC Or Other Legal Authority | 10. Appt. Affidav. | 11. FEGLI | 12. LCD | 13. Other |
| Mo. Da. Yr. XX XX XX | Yos-1 No-2 1 | Mo. Da. Yr. Yos-1 No-2 | Mo. Da. Yr. 04 21 52 | Mo. Da. Yr. Yos-1 No-2 | Mo. Da. Yr. 2 |
| 50 USCA 403 | | | | | |

PREVIOUS ASSIGNMENT

| | | | | | |
|--|--|----------------------------------|---|--|--|
| 14. Organizational Designations DDP FE BRANCH 3 PHILIPPINES STATION ADMIN. SEC | Code | 15. Location Of Official Station | Station Code | | |
| | 5161 | MANILA, R.P. | 07557 | | |
| 16. Dept. - Field Dept. : Code USMld. : Frqn. : D | 17. Position Title RECORDS MGMT ANALYST | 18. Position No. 3382 | 19. Serv. 20. Occup. Series GS 0306.01 | | |
| 21. Grade & Step 07 8 4 | 22. Salary Or Rate \$ 5430 7799 | 23. SD DI | 24. Date Of Grade Mo. Da. Yr. 04 110 55 | 25. PSI Due Mo. Da. Yr. 04 06 50 | 26. Appropriation Number \$ 3780 55 006 |

ACTION

| | | | | | |
|-----------------------------------|------|---|---------------------------------|------|---------------------------|
| 27. Nature Of Action Promotion | Code | 28. Eff. Date Mo. Da. Yr. 30 11 16 58 | 29. Type Of Employee Regular | Code | 30. Separation Data 01 |
|-----------------------------------|------|---|---------------------------------|------|---------------------------|

PRESENT ASSIGNMENT

| | | | | | |
|---|-------------------------------|----------------------------------|--|--|---|
| 31. Organizational Designations DDP/FE FE/PSH - Philippines Station Support Branch | Code | 32. Location Of Official Station | Station Code | | |
| | 5161 | | 07557 | | |
| 33. Dept. - Field Dept. : Code USMld. : Frqn. : | 34. Position Title | 35. Position No. | 36. Serv. 37. Occup. Series | | |
| 38. Grade & Step 9 1 | 39. Salary Or Rate \$ 5755 | 40. SD 11 16 58 | 41. Date Of Grade Mo. Da. Yr. 11 16 58 | 42. PSI Due Mo. Da. Yr. 11 16 58 | 43. Appropriation Number 9-3780-55-006 |

SOURCE OF REQUEST

| | |
|--|--|
| A. Requestor (Signature and Title) Arthur E. Shober, CSC-P | C. Request Approved By (Signature And Title) John W. Johnson, CSC-P |
| B. For Additional Information Call (Name & Telephone Ext.) Mozelle Little 11-2057 | D. CSC-P |

CLEARANCES

| | | | | | |
|-------------------|-------------|----------|----------------|-------------|----------|
| Clearance | Signature | Date | Clearance | Signature | Date |
| A. Career Board | R. B. Dally | 11/13/58 | D. Placement | | |
| B. Pos. Control | | 11/13/58 | E. | | |
| C. Classification | A. S. Dally | 11/13/58 | F. Approved By | J. C. Brown | 11/13/58 |

Remarks: Request for upgrading slot to GS-9 submitted to Wage & Salary Division.
(Hold promotion in Career Panel until slot approved.)

11/13/58
11/13/58
Recorded by
CSPD

Steinberg
COPY AIR

HQ94-A-9355
(50-1-5)

Chief, WH Division
ATTN : Chief, RI
Chief of Station, Mexico City.

31 January 1958

Administrative

TDY Service - SI Team

ACTIONS REQUIRED: Routing copies to Personnel files of employees concerned

1. During the period of February to August 1957, Francis E. BUCY, Janna B. WOODS, Dorothy SPICER, Virginia LOHO, and Sarah J. BENNETT served the Mexico City Station as a Records Reorganization team. The Chief of Station, Mexico City, wishes to make it a matter of record that the RI employees listed above served efficiently and well and were a fine addition to this station during their service here.
2. Mexico City Station wishes to acknowledge at this time, not only the exemplary service rendered by these employees but also the splendid support that RI Division has given to this station.
3. The RI employees named in paragraph 1 worked hard (spending many hours more than the forty normal work hours each week) and efficiently on Mexico City Station files. In addition, they were congenial, friendly and a pleasure to have in the Station.

WINSTON SCOTT

AGW/cps

29 January 1958

Distribution:

8 - Mys.
2 - Files

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| <small>STANDARD FORM 52 PRODUCED BY THE U. S. GOVERNMENT PRINTING OFFICE 1947 EDITION - FEDERAL PERSONNEL MANUAL CHAPTER IV</small> | | | | UNVOUCHERED | | | |
| REQUEST FOR PERSONNEL ACTION | | | | | | | |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse. | | | | | | | |
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) | | 2. DATE OF BIRTH | | 3. REQUEST NO. | | 4. DATE OF REQUEST | |
| MR. James S. Woods | | 20 Feb. 1928 | | | | 5 July 1957 | |
| 5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment - transfer to US funds | | | | 6. EFFECTIVE DATE A. PROPOSED 31/7/57 B. APPROVED 8 Sept 57 | | 7. C.S. OR OTHER LEGAL AUTHORITY: | |
| 8. POSITION (Specify whether establish, change grade or title, etc.) | | | | | | | |
| FROM Intel Analyst BV-430.12 4795 GS-0132.35-7 \$1600.00 p/a DDP/PI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C. | | | | TO Intel Analyst BPF-5-82 Records Integration 4795 GS-0132.35-7 \$1600.00 p/a DDP/PI 0-0306.01-7 Branch 3 - Philippines Station Administrative Section Manila, R.P. | | 9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS | |
| <input type="checkbox"/> FIELD | | <input checked="" type="checkbox"/> DEPARTMENTAL | | <input type="checkbox"/> FIELD | | <input checked="" type="checkbox"/> DEPARTMENTAL | |
| A. REMARKS (Use reverse if necessary) # Memo dtd 18 June 1957 to Mgn staff via SSA/DD/S requesting that three RI Positions (1 GS-9 and 2 GS-7s - Record Analyst) be established on the Manila T/O. Woods to be slotted against the GS-9 slot. Please call FE/PT/III x 4009 for effective date. DIN 1111 2 copies to Security. | | | | | | | |
| B. REQUESTER'S SIGNATURE ROBERT O. GAGE, PERSONNEL OFFICER | | | | D. REQUEST APPROVED BY John D. Reedy, Jr., P.O. | | | |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Jimmie Newberry x 2957 | | | | Signature Title | | | |
| 13. VETERAN PREFERENCE | | | | 14. POSITION CLASSIFICATION ACTION | | | |
| <input type="checkbox"/> NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER S.P.T. <input type="checkbox"/> 10 POINT <input checked="" type="checkbox"/> X <input type="checkbox"/> DISAB. OTHER | | | | NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL <input type="checkbox"/> SD:DI | | | |
| 15. SEX M | | 16. APPROPRIATION FROM 8-2309-23 TO 8-3780-55-006 | | 17. SUBJECT TO C.S. RETIREMENT ACT (Y-E-N) Y-E-S | | 18. DATE OF APPOINTMENT (MILITARY DATES ONLY) 16 August 57 | |
| 20. STANDARD FORM 50 REMARKS D-6 04-10-55 PSI - 04-06-58 70-1166-16 August 57 | | | | | | | |
| 21. CLEARANCES | | INITIAL OR SIGNATURE | | DATE | | REMARKS | |
| A. | | | | | | | |
| B. CCR- OR POS. CONTROL | | 70-1166 | | | | | |
| C. CLASSIFICATION | | | | | | | |
| D. PLACEMENT OR ENCL. | | D. L. REEDY | | | | | |
| E. | | | | | | | |
| F. APPROVED BY John D. Reedy, Jr., P.O. | | | | | | | |
| 10-4, D-4 to be forwarded to payroll All comments by Dr. Bay 9/12/57 - Will be in 16 August 57 | | | | | | | |

STANDARD FORM 52
REPRODUCED BY THE
U. S. GOVERNMENT PRINTING
OFFICE FOR GENERAL DISTRIBUTION
MAY 1954 EDITION
GSA GEN. REG. NO. 27

VOUCHERED

REQUEST FOR PERSONNEL ACTION

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

| | | | | | |
|--|--|--|--|---|---|
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) | 2. DATE OF BIRTH | 3. REQUEST BY | 4. DATE OF REQUEST | | |
| Mr. James S. Woods | 20 Feb 1928 | | 15 Aug 1956 | | |
| 5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment | | 6. EFFECTIVE DATE A. PROPOSED | 7. C. S. OR OTHER LEGAL AUTHORITY | | |
| B. POSITION (Specify whether establish, change grade or title, etc.) | | D. APPROVED: | | | |
| FROM— FIELD DEPARTMENTAL | E. POSITION TITLE AND NUMBER F. SERVICE GRADE AND SALARY G. ORGANIZATIONAL DESIGNATIONS H. HEADQUARTERS | TO— BV-430.02 GS-0132.35-7 DDP/FI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C. | BV-430.12 \$4660.00 pa | | |
| 12. FIELD OR DEPARTMENTS FIELD X DEPARTMENTAL | 13. VETERAN PREFERENCE HOME OTHER & PE. 16. POST X GS-2 OTHER | 14. POSITION CLASSIFICATION ACTION NEW VICE L. A. REAL SD: DI | 15. SEX M 16. APPROPRIATION FROM: 7-2209-23 TO: ERGCS 17. SUBJECT TO C. S. RETIREMENT ACT (1952-62) YES | 18. DUTY OF APPOINTMENT AFFILIATES (ACCESSIONS ONLY) | 19. LEGAL RESIDENCE CLAIMED PROVED STATE: |

A. REMARKS (Use reverse if necessary)

Slot BV-430.02 was used for slotting purposes only--this action will eliminate double slotting.

| | |
|---|---|
| 20. STANDARD FORM 10-REMARKS APPROVED BY FI CAREER SERVICES 60-000 DATE 16 Aug 56 | D. REQUEST APPROVED BY Signatures Title: |
| 21. CLEARANCES A. B. CECI OR POS CONTROL C. CLASSIFICATION D. PLACEMENT OR EMPL E. | INITIAL OR SIGNATURE LP DATE REMARKS 16 Aug 56 16 Aug 56 |

APPROVED BY
P. C. Scott, C. S. C. Scott, 16 Aug 56
16-00000

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| <small>STANDARD FORM 52 MAY 1952 EDITION G-1, G-2, G-3, G-4, G-5, G-6 ARMED FORCES PERSONNEL RETIRED CHARTER</small> | | | | UNVOUCHERED TO VOUCHERED | | | |
| REQUEST FOR PERSONNEL ACTION | | | | | | | |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse. | | | | | | | |
| 1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname). | | 2. DATE OF BIRTH | | 3. REQUEST NO. | | 4. DATE OF REQUEST | |
| Mr. James S. Woods | | 20 Feb 1928 | | | | 14 June 1956 | |
| 5. NATURE OF ACTION REQUESTED. A PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment | | | | 6. EFFECTIVE DATE A. PROPOSED: | | 7. C. S. OR OTHER LEGAL AUTHORITY | |
| | | | | B. APPROVED: | | | |
| FROM— IO-CI 03-0136.53-7 | | BFP 583.05 \$4660.00 | | TO— Intel Analyst GS-0136.53-7 \$4660.00 ps DDP/FI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C. | | BV-430.02 | |
| <input checked="" type="checkbox"/> REG <input type="checkbox"/> DEPARTMENTAL | | <input type="checkbox"/> FIELD OR DEPARTMENTAL | | <input type="checkbox"/> REG <input checked="" type="checkbox"/> DEPARTMENTAL | | | |
| 8. REMARKS (Use reverse if necessary) Transfer from Unvouchered to Voucherized Funds. Vice Lenore Johnson, transferring to XE, EE. Copies of this action have been submitted to Payroll and Security offices. | | | | | | | |
| 9. REQUESTED BY (Name and title) John M. Scott, Chief, RI | | | | 10. REQUEST APPROVED Signature: <i>John M. Scott</i> Title: <i>Econmo 26 June 56</i> | | | |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Ruth Robinson, Ext. 2510 | | | | | | | |
| 12. VETERAN PREFERENCE | | | | 14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL SD: DI | | | |
| 15. APPROPRIATION FROM: 6-2710-55-096 TO: 6-2309-23 | | 16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) YES | | 17. DATE OF APPOINT- MENT AFFIDAVIT (ACCESSIONS ONLY) | | 19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: DC | |
| 20. STANDARD FORM 50 REMARKS <i>Connelly Scott 26 June 56 RAB (w)</i> | | | | | | | |
| 21. CLEARANCES | | INITIAL OR SIGNATURE | | DATE | | REMARKS | |
| A. | | | | JUL 6 1956 | | W. J. Connelly 26 June 56 | |
| B. CECI OR POS CONTROL | | | | | | | |
| C. CLASSIFICATION | | | | | | | |
| D. PLACEMENT OR EMPL. | | Initials: <i>John M. Scott</i> | | Date: <i>10 Jun 56</i> | | Remarks: <i>Connelly Scott</i> | |
| E. APPROVED BY <i>Robert L. Schlesinger</i> <i>John P. Heide</i> | | | | | | | |

14-00000
SIC&T

Name: WOODS, James S.

Date: 15 June 1956

CS Designation: DI

Nature of Action: Reassignment

FROM

TO

Pos. Title: I. O. (CI)

Intel Analyst

Grade: GS-7

GS-7

Division: DDP/FE

DDP/PI

Staff: Branch 1 - Korea Base

RI

Branch: Records Integration

Analysis NM & Operations

Section: Personality Files

Analysis

Hdqrs: Yokosuka, Japan

Washington

I & R Comment

15 JUN
Date

VIA: AIR

SPECIFY AIR OR SEA POUCH

DISPATCH NO. FKA 5886

CONFIDENTIAL

CLASSIFICATION

4.FEB.1955

TO: Chief, FE

DATE:

FROM: Chief, Korea Mission

INFO: Chief, Support Mission,
Okinawa

SUBJECT: GENERAL Administrative/Personnel

SPECIFIC: Recommendation for Promotion

James S. WOODS

1. It is recommended that James S. WOODS be promoted from GS-5 to GS-7. Subject entered on duty with the Korea Mission 26 July 1954.

2. WOODS presently occupies proposed Slot No. 21 which has been recommended as a GS-9 slot. Subject has been in grade as a GS-5 since 6 June 1953 and has performed the duties of his present assignment since 10 August 1954.

3. Subject has had approximately two years of experience in the maintenance of agent records. This experience has enabled him not only to assume his present responsibilities with a minimum of supervision, but also to initiate a completely new and improved system for the maintenance of the agent records of the Korea Mission. Due partially to the efficiency of the system that he has initiated and partially to the enthusiasm with which he approaches his work, FOSEGAC has assumed the work load previously handled by two individuals and at the same time has managed to keep his backlog to a minimum.

4. WOODS is conscientious, hard-working and more than willing to work long hours of overtime without additional compensation in order to maintain his section on a current basis. Subject individual devoted unusually long hours to re-establish himself during the recent move of this Mission to Japan. On the basis of work performance and motivation, subject is recommended as justly deserving of promotion to GS-7.

5. I certify that WOODS is performing the duties outlined in the job description attached hereto.

/s/ JOHN L. HARC

1 February 1955

1 ENCL - a/s
DISTRIBUTION:
1 - Chief, FE
1 - Chief, CH

CONFIDENTIAL

CLASSIFICATION

CONFIDENTIAL.

POLICY DECISION - James S. WOODS

1. Nature and Purpose of Work:

My position is that of intelligence analyst in the Personality File section of the Records Integration Branch. I am responsible for the maintenance of agent records and personality files.

2. Duties:

a. To maintain all agent records. This takes a good percentage of my time as it includes the following:

- (1) Make all KOMI file checks on PRQ's and file check requests, writing up the results and forwarding them to the proper agencies.
- (2) Make sure that all PRQ's and file check requests have the correct classification, the proper number of copies for distribution, correct name and telecodes, and are forwarded to the proper case officer or foreign unit.
- (3) See that the results of KOMI file checks received from Headquarters and CHMI are properly carded and forwarded to the case officer concerned.
- (4) Keep all agent records up-to-date with regard to cryptonyms, FOO's, OC's and other additional information received.
- (5) Keep files on all terminated agents and see that the proper records are filled out and forwarded when they are terminated.

b. To maintain the RI card index, assuring that all cards received in RI are properly filed and have the correct names and telecodes.

c. To analyze, card and file all documents forwarded to Personality Files; these include State Station memo, KOR's, Contact Reports, CCWTF Reports, PWI's, various intelligence summaries, etc.

3. Responsibility for the Work of Others:

N/A

4. Scope and Effect of Work:

I am responsible for making all KOMI file checks. I must see that they are made out thoroughly, quickly and accurately. My check may decide the outcome of hiring or refusing to hire a prospective agent or other employee for an operation or project.

5. Supervision and Guidance Received:

I receive no direct supervision or guidance in duties relating to the maintenance of agent records. I receive over-all policy guidance from the Chief of RI and some guidance from branch chiefs and case officers.

CONFIDENTIAL

CONFIDENTIAL

- 2 -

6 Intellectual Demands:

a. Initiative: In order to maintain agent records properly, I must always keep alert for new ways to keep them up-to-date and meet any demands that may be made for drawing up new procedures for the maintenance of agent records.

b. Originality: To adopt new ways of maintaining agent records without losing control over the flow of daily material.

c. Judgment: I must decide what action should be taken on all KOMI file checks, regarding what information is to be sent to Headquarters and CHMI.

7. Personal Work-Contacts:

I must maintain close personal contact with all case officers and branch chiefs in order that I may maintain up-to-date agent records.

8. Other:

I must maintain files of all documents routed to Personality Files. Also I must resolve problems the branch chiefs or case officers may have in regard to agent records.

Also, I have recently established a 201 agent record system for the Mission and am responsible for its continual maintenance.

CONFIDENTIAL

CHECK LIST FOR TRAINING*Wade James S*

1. Typing

2. English Usage

3. Shorthand

4.

Office Practice
(Electric typewriter, filing,
phones, Correspondence Manual,
book reading, office protocol.)

| | | | | | | | | | | | | | |
|---|---|--|--|-------------|------|-------|--------|----------|---|--|---|--|-------------|
| STANDARD FORM 52 FEBRUARY 1952 GSA GEN. REG. NO. 27 AMENDED 10 SEPTEMBER 1953 GENERAL CLERICAL FORMS | | VON REICHD TO UNVOUCHERED | | | | | | | | | | | |
| REQUEST FOR PERSONNEL ACTION | | | | | | | | | | | | | |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse. | | | | | | | | | | | | | |
| 1. NAME (Mr. - Miss - Mrs. - One given name, initials, and surname) Mr. James S. WOODS | | 2. DATE OF BIRTH 20 Feb 28 | 3. REQUEST NO. 16 Feb 54 | | | | | | | | | | |
| 4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment | | 5. EFFECTIVE DATE A. PROPOSED: <i>Feb 25 Apr 54</i> | 7. C. S. OR OTHER LEGAL AUTHORITY B. APPROVED: <i>John M. Scott, Chief, R1</i> | | | | | | | | | | |
| 6. POSITION (Specify whether establish, change grade or title, etc.) Intell. Anal. E7-469.08 GS-0136.51-05, \$3410.00 p.a. GS-0132.35-S DDP/FI Records Integration Staff DIV Processing & Records Branch Consolidation Section Washington DEPARTMENT | | 8. POSITION TITLE AND NUMBER 10(FI) E7-469.08 | 9. SERVICE GRADE AND SALARY GS-0136.51-05, \$3410.00 p.a. | | | | | | | | | | |
| | | 11. ORGANIZATIONAL DESIGNATIONS: UNCONVENTIONAL WORKERS Positive Intelligence Branch Personnel Division | 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL 14. FIELD 15. DEPARTMENTAL | | | | | | | | | | |
| A. REMARKS (Use reverse if necessary) Transfer to Unvouchered Funds from Voucherized Funds. | | | | | | | | | | | | | |
| B. REQUESTED BY H. C. Clinchale, Personnel Officer | | D. REQUEST APPROVED BY Edward C. McNamee Signature Title: E7-469.08 | | | | | | | | | | | |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) PCO 211, J. Mitchell T-3-1 XEM-1 | | | | | | | | | | | | | |
| 13. VETERAN PREFERENCE <table border="1"> <tr> <td>None</td> <td>W.H.</td> <td>Other</td> <td>S.P.E.</td> <td>10 POINT</td> </tr> <tr> <td>X</td> <td></td> <td>X</td> <td></td> <td>LESAI OTHER</td> </tr> </table> | | | | None | W.H. | Other | S.P.E. | 10 POINT | X | | X | | LESAI OTHER |
| None | W.H. | Other | S.P.E. | 10 POINT | | | | | | | | | |
| X | | X | | LESAI OTHER | | | | | | | | | |
| 14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VILL</td> <td>I.A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> CD-FI | | | | NEW | VILL | I.A. | REAL | | | | | | |
| NEW | VILL | I.A. | REAL | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 15. SEX M | 16. RACE FROM: 4-2300-20 TO: 1-3740-55-096 | 17. APPROPRIATION <i>be</i> | 18. SUBJECT TO C. S. RETIREMENT ACT (VS-RD) 103 | | | | | | | | | | |
| | | | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: | | | | | | | | | | |
| 21. STANDARD FORM 50 REMARKS <i>Affidavits okay per F.C.-FT 16 Apr 54</i> | | | | | | | | | | | | | |
| 22. CLEARANCES A. | | INITIAL OR SIGNATURE <i>Jm</i> | DATE <i>29 Mar 54</i> | | | | | | | | | | |
| B. CECI OR POS. CONTROL C. CLASSIFICATION D. PLACEMENT ON EMPL. E. | | | REMARKS: <i>3</i> | | | | | | | | | | |
| F. APPROVED BY <i>John M. Scott, Chief, R1</i> | | | | | | | | | | | | | |

| | | | |
|--|-----------------------------------|---|---|
| STANDARD FORM 52 REPRODUCED BY U.S. GOVERNMENT PURSUANT TO THE FREEDOM OF INFORMATION ACT. 1996 EDITION - FEDERAL EDITION ARMED FORCES PERSONNEL ARMED FORCES PERSONNEL | | | |
| REQUEST FOR PERSONNEL ACTION | | | |
| REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse. | | | |
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) James S. Woods | | 2. DATE OF BIRTH 20 Feb 1928 | 3. REQUEST NO. 1 June 1953 |
| 4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion | | 5. EFFECTIVE DATE A. PROPOSED: 7 June 53 | 6. C. S. OR OTHER LEGAL AUTHORITY |
| 7. POSITION (Specify whether establish, change grade or title, etc.) | | 8. APPROVED: 7 June 53 | |
| FROM: Intel. Anal. BV-469.08-4 GS-132 \$3175.00 pa | | TO: Intel. Anal. BV-469.08 GS-132 \$3410.00 pa | |
| DDP/FI Records Integration Division STAFF Processing & Records Branch Consolidation Section Washington, D.C. | | DDP/FI Records Integration Division STAFF Processing & Records Branch Consolidation Section Washington, D.C. | |
| 9. FIELD | 10. DEPARTMENTAL | 11. FIELD OR DEPARTMENTAL | 12. FIELD |
| 13. REMARKS (Use reverse if necessary) 17 Aug Subject has been in grade since 21 April 1952. | | | |
| 14. REQUESTED BY (Name and title) JOHN M. SCOTT, Chief, RR | | 15. REQUEST APPROVED BY Signature: Edward C. McHannan Title: Mr. FIPO | |
| 16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) 2510 | | 17. VETERAN PREFERENCE | |
| HOME | WWII | OTHER | 9 P.E. |
| | | | 10 POINT |
| | | | DIGAD OTHER |
| 18. SEX | 19. APPROPRIATION FROM: TO: | 20. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) | 21. DATE OF APPOINTMENT AFFIDAVITS (ACCESSORIES ONLY) |
| | | | 22. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: |
| 23. STANDARD FORM 50 REMARKS ✓ | | | |
| 24. CLEARANCES | | INITIAL OR SIGNATURE | DATE |
| A. | | | REMARKS. |
| B. CEIL. OR POS. CONTROL | | | |
| C. CLASSIFICATION | | | |
| D. PLACEMENT OR EMPL. | | Oct 19 | June |
| E. | | | |
| F. APPROVED BY Desiree L. Dawson 4 Jun 1953 | | | |

14-00000
Mr. James S. Woods

25

1 June 1953

Washington, D. C.
Intel. Anal.

FI/RI

GS-4
GS-5

BV-469.08
GS-4

BV-469.08
GS-5

High School Graduate, 2 years of Business College

Treasury Dept., Accounting Clerk, GS-2, May 1950 to Jan. 1952
GS-3, Jan. 1952 to April 1952

OSO/RI, File Section, File Clerk, GS-3, 21 April 1952 to 17 Aug. 1952
GS-4, 17 Aug. 1952 to 16 March 1953
DDP/RI, Consolidation Section, Mail & File Clerk, GS-4, 16 March 1953 to present

JWS
Chief, RI

STANDARD FORM 52
REPRODUCED BY THE
U. S. GOVERNMENT PRINTING
OFFICE 1947—PERSONNEL
MANUAL, CHAPTER IV

REQUEST FOR PERSONNEL ACTION

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

| | | | |
|---|--|---|--|
| 1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) James S. Woods | 2. DATE OF BIRTH 20 Feb 1928 | 3. REQUEST NO. | 4. DATE OF REQUEST 15 Apr 53 |
| 5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment | | 6. EFFECTIVE DATE A. PROPOSED: <i>26 Apr 53</i> | 7. C. S. OR OTHER LEGAL AUTHORITY <i>SA</i> |
| 8. POSITION (Specify whether establish, change grade or title, etc.) | | 9. APPROVED: <i>SA</i> | |
| FROM— Mail & File Clerk GS-4-305 DDP/FI/RI Processing & Records Branch Consolidation Section Washington, D.C. | 10. POSITION TITLE AND NUMBER EV-364.08 GS-4-132 DDP/FI/RI Processing & Records Branch Consolidation Section | 11. SERVICE GRADE AND SALARY \$3175.00 pa GS-4-132 \$3175.00 pa | 12. FIELD OR DEPARTMENTAL FIELD DEPARTMENTAL |
| A. REMARKS (Use reverse if necessary) Position EV-364.08 has been deleted from the T/O. | | | |

| | | | | | | | | | | | | | | | |
|---|--|--|---|---|---|--|--|--|--|-------------|---|--------|----------|------|----------|
| 13. VETERAN PREFERENCE <table border="1"><tr><td>HOME</td><td>WWII</td><td>OTHER</td><td>S.P.V.</td><td>10-PONT</td></tr><tr><td></td><td></td><td></td><td></td><td>DISAB OTHER</td></tr></table> | HOME | WWII | OTHER | S.P.V. | 10-PONT | | | | | DISAB OTHER | 14. POSITION CLASSIFICATION ACTION <table border="1"><tr><td>F.E.M.</td><td>V.I.C.E.</td><td>L.A.</td><td>R.E.A.L.</td></tr></table> | F.E.M. | V.I.C.E. | L.A. | R.E.A.L. |
| HOME | WWII | OTHER | S.P.V. | 10-PONT | | | | | | | | | | | |
| | | | | DISAB OTHER | | | | | | | | | | | |
| F.E.M. | V.I.C.E. | L.A. | R.E.A.L. | | | | | | | | | | | | |
| 15. SEX RACE FROM: TO: | 16. APPROPRIATION <i>16X21.00 23-9-W 23-19-00</i> | 17. SUBJECT TO C. S. RETIREMENT ACT (TCS-HO) | 18. DATE OF APPOINT- MENT AFFIDAVITS (ACCSSIONS ONLY) | 19. DATE OF APPOINT- MENT AFFIDAVITS (ACCSSIONS ONLY) | 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: | | | | | | | | | | |
| 21. STANDARD FORM 50 REMARKS <i>OCIO 20 Apr 1953</i> | | | | | | | | | | | | | | | |
| 22. CLEARANCES A. B. CELL. OR POS. CONTROL C. CLASSIFICATION D. PLACEMENT OR EMPL. E. | INITIAL OR SIGNATURE <i>OCIO</i> | DATE <i>20 Apr 1953</i> | REMARKS: | | | | | | | | | | | | |
| F. APPROVED BY <i>Orrville E. Dawson 20 Apr 1953</i> | | | | | | | | | | | | | | | |

STANDARD FORM 52
FEBRUARY 1955
G. 1. CIVIL SERVICE COMMISSION
APPROVED FOR FEDERAL PERSONNEL
SPECIAL CHAPTER II

REQUEST FOR PERSONNEL ACTION

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

| | | | |
|--|--|--|---|
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) James S. Woods | 2. DATE OF BIRTH 20 Feb 1928 | 3. REQUEST NO. | 4. DATE OF REQUEST 2 March 53 |
| 5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment | | 6. EFFECTIVE DATE 6. PROPOSED: 15 Mar 53 | 7. C. S. OR OTHER LEGAL AUTHORITY SA |
| 8. POSITION (Specify whether established, change grade or title, etc.) | | | |
| FROM: File Clerk BV-356 GS-4-305 \$3175.00 pa DD/P/FI/RI Processing & Records Branch File Section Washington, D.C. | | TO: Mail & File Clerk BV-364, 08 GS-4-305 \$3175.00 pa DD/P/FI/RI Processing & Records Branch Consolidation Section Washington, D.C. | 9. APPROVED: 15 Mar 53 SA |
| 10. RACE <input type="checkbox"/> MNU <input checked="" type="checkbox"/> DEPARTMENTAL | 11. FIELD OR DEPARTMENTAL <input type="checkbox"/> NGO <input checked="" type="checkbox"/> DEPARTMENTAL | | |

A. REMARKS (Use reverse if necessary)

From BV-356 to BV-364.

| | | | | | | | | | | | | |
|---|--|--|---|--------------------------|-----|--------------------------|--|--|-----|------|------|------|
| 12. REQUESTED BY (Name and title) JOHN M. SCOTT, Chief, RI | 13. REQUEST APPROVED AT Edward C. Mac Namara Signature: <i>Ed Mac Namara</i> Title: <i>Asst Sec El 100</i> | | | | | | | | | | | |
| 14. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) | | | | | | | | | | | | |
| 15. VETERAN PREFERENCE <table border="1"><tr><td>NONE</td><td>WWII</td><td>OTHER</td><td>S-P</td><td>10 POINT DISAB. OTHER</td></tr></table> | | NONE | WWII | OTHER | S-P | 10 POINT DISAB. OTHER | 16. POSITION CLASSIFICATION ACTION <table border="1"><tr><td>NEW</td><td>VICE</td><td>L.A.</td><td>REAL</td></tr></table> | | NEW | VICE | L.A. | REAL |
| NONE | WWII | OTHER | S-P | 10 POINT DISAB. OTHER | | | | | | | | |
| NEW | VICE | L.A. | REAL | | | | | | | | | |
| 17. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE | 18. RACE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE | 19. APPROPRIATION FROM: 17632700 TO: 2309-20 | 20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) NO | | | | | | | | | |
| 21. STANDARD FORM 50 REMARKS | | 22. DATE OF APPOINTMENT AFFIDAVITS (RESCINDERS ONLY) | | | | | | | | | | |
| 23. CLEARANCES | | INITIAL OR SIGNATURE | DATE | | | | | | | | | |
| A. | | | REMARKS. | | | | | | | | | |
| B. CEIL. OR POS. CONTROL | | | | | | | | | | | | |
| C. CLASSIFICATION | | | | | | | | | | | | |
| D. PLACEMENT OR ENPL. | | | | | | | | | | | | |
| E. | | | | | | | | | | | | |
| 24. APPROVED BY James S. Woods 3/6/53 | | | | | | | | | | | | |

| PERSONNEL ACTION REQUEST | | | | REGISTER NO. |
|---|--------------------------------|--|--------------------------------|---------------|
| NAME James S. Woods | | REQUESTED EFFECTIVE DATE <i>17 Aug</i> | | |
| NATURE OF ACTION Promotion | | WHEN LEAVING (VOUCHERS) LAST WORKING DAY: EMPLOYEE'S SIGNATURE: | | |
| FROM File Clerk X-39.04 | | TO File Clerk X-102.22 | | |
| GRADE AND SALARY GS-3-305 \$2950.00 per annum | | GS-4-305 \$3175.00 per annum | | |
| OFFICE OSO | | OSO | | |
| DIVISION RI | | RI | | |
| BRANCH AND SECTION Processing & Records Branch File Section | | Analysis & Operations Branch Service & Correspondence Section | | |
| OFFICIAL STATION Washington, D.C. | | Washington, D.C. | | |
| DEPARTMENTAL <input checked="" type="checkbox"/> | FIELD <input type="checkbox"/> | DEPARTMENTAL <input checked="" type="checkbox"/> | FIELD <input type="checkbox"/> | |
| REMARKS: From X-39.04 to X-102.22 Subject has been in grade since 21 April 1952. | | | | |
| <p>Approved: <i>John H. Scott</i> 31 July 52 Chief, RI</p> <p><i>John H. Scott</i></p> | | | | |
| RECOMMENDED: | | | | |
| <p><i>John H. Scott</i></p> <p>SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR ASST. OFFICER</p> | | | | |
| FOR USE OF PERSONNEL ONLY | | | | |
| PLACEMENT DATE QUALIFICATIONS APPROVED | | TRANSACTIONS AND RECORDS APPROVALS ALLIGATIONS C. S. AUTHORITY DATE SIGNATURE SIGNATURE | | |
| CLEARANCE REQUESTED | | CLEARANCE APPROVED | | |
| DATE | TYPE | DATE | TYPE | |
| DATE | SIGNATURE | | | |
| CLASSIFICATION BUREAU NO. | | G. D. C. NO. | | DATE APPROVED |
| NAME | VICE | I. A. | REAL | |
| <i>8/13/52</i> | | <i>James S. Woods</i> | | |
| EFFECTIVE DATE <i>8/13/52</i> | | SUBJECT TO SECURITY CLEARANCE SIGNATURE OF EXECUTIVE DATE <i>7 Aug 52</i> | | |
| | | SIGNATURE OF DIVISION CHIEF <i>John H. Scott</i> | | |

a. To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

From 11 May 1950 to 19 April 1952
 Fiscal Acct. Clerk GS - 3 \$2950.00 per annum
 SUPERVISOR: Miss Ryan
 U.S. Treasury Department
 Pennsylvania Avenue
 Washington, D.C.
 PLEASE FORWARD FILE AND LEAVE RECORD TO:

*File
copy*

WOODS, JAMES S.
(NAME OF EMPLOYEE)

NOTE

If this address is not the correct one
 to which future inquiries should be
 mailed, be sure to insert the correct
 address under item 2a.

FOLD HERE FOR MAILING
 IN WINDOW ENVELOPE

16-61800-8

b. Return to: EMPLOYING ORGANIZATION

FORWARD OFFICIAL PERSONNEL FOLDER TO
 R. C. J. HOPKINS,
 CENTRAL INTELLIGENCE AGENCY
 2440 C STREET, N.W.
 WASHINGTON 25, D.C.

To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

FROM 11 May 1950 to April 1952
 Fiscal Acct. Clerk GS 3 \$2950.00
 U.S. Treasury Dept.
 15th & Pennsylvania Ave. N.W.
 Washington D.C.

James S. Woods
(NAME OF EMPLOYEE)

NOTE

If this address is not the correct one
 to which future inquiries should be
 mailed, be sure to insert the correct
 address under item 1a.

FOLD HERE FOR MAILING
 IN WINDOW ENVELOPE

16-61800-8

Return to: EMPLOYING ORGANIZATION

George E. Melton
 2430 K Street N.W.
 Washington D.C.

By 1150 was forwarded by your office
 in May 1952. Since this copy has been
 detached from our files it is re-
 quested that you forward a copy of
 same to the addressee at left.

115 P.S.L.

Tall

ENTRANCE ON DUTY NOTICE

| | |
|---|--|
| 1. TO 060 21 | 2. DATE 22 April 1952 |
| Notice of Final Processing of Applicant for Entrance on Duty | |
| 3. NAME Jerome E. Woods | 4. ENTRANCE SALARY \$2950.00 |
| 5. TITLE T - File Clerk | 6. GRADE GS — 3 |
| <p>The applicant named in item 3 above meets all standards for full employment with CIA. Signed clearance for entrance on duty has been received from Inspection and Security and made a part of the personnel file of this individual. Effective this date he/she is assigned to duty with your office.</p> <p><i>Final - 26 April 1952</i> <i>Int. - 23 April at 3:00 P.M.</i></p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> POSTED <small>APR 30 1952</small> </div> <p style="text-align: right;"><i>Frank G. Jarman ucc</i></p> <p style="text-align: right;">PERSONNEL OFFICER</p> | |

FORM NO. 97-114
JAN 1952

(4)

Date

APR 4 1952

MR. JAMES WOODS
3606 MINN. AVE., SE
CITY

Dear MR. WOODS,

Your employment has been approved by this Agency at \$2950 per annum, subject to the satisfactory completion of additional processing on the day you enter on duty. It is requested that you report to the Receptionist, East End of Temporary "I" Building located at 17th and Independence Avenue, S. W., at 8:30 a.m. as soon as possible.

Please advise Mrs. Brown, 2430 "E" street, N. W., by telephone, Executive 6115, Extension 3493 of your exact reporting date.

Sincerely yours,

EJS APR 4 - 1952
FRANK G. JAROMA
Personnel Division

Subject telephoned 4-5-52; spoke with EJS
(date)
Subject will be 21 Apr 52 - News w/ Treasury
SUBJECT WILL NOT DOD; Reason _____

Not nec
4/4

CENTRAL INTELLIGENCE AGENCY
2430 E STREET NW.
WASHINGTON 25, D. C.

22 March 1952

Mr. James S. Woods
3505 Minnesota Avenue, S. E.
Washington, D. C.

Dear Mr. Woods:

In reference to your application for employment, this letter is to assure you that the processing of your papers as a GS-3, \$ 2950 per annum is being continued by this agency. A definite offer of employment cannot be made, however, until such time as all processing has been completed.

The processing is a rather lengthy one; but when further information is available, we shall get in touch with you immediately.

In the meantime, it would be appreciated if you would advise us of any change in your present status, such as change of address, etc.

Your continued interest and patience are appreciated.

Very truly yours,

FRANK G. JAHNEMA
Personnel Division

OUTGOING CLASSIFIED MESSAGE

PAGE NO.

CENTRAL INTELLIGENCE AGENCY

| | | | | |
|------------------|--|--|-----------------------------------|---------------------------------|
| DATE: | 5 Mar 52 | ROUTINE <input type="checkbox"/> | PRIORITY <input type="checkbox"/> | URGENT <input type="checkbox"/> |
| FROM: | PDC | (ORIGINATING OFFICER) | | |
| TRANSMIT TO: | MR. JAMES WOODS 2837 CONNECTICUT AVE., N. W. WASHINGTON, D. C. | <i>Review address on route sheet</i> | | |
| (CLASSIFICATION) | | | | |

TYPE IN CAPITAL LETTERS, DOUBLE SPACED

TELEGRAM - NIGHT LETTER

EMPLOYMENT APPROVED THIS AGENCY \$ 2750. PER ANNUM, SUBJECT
 SATISFACTORY COMPLETION OF ADDITIONAL PROCESSING. DESIRE
 REPORT SOONEST POSSIBLE RECEPTIONIST, EAST END TEMPORARY "I"
 BUILDING, 17TH AND INDEPENDENCE AVENUE, SOUTHWEST, WASHINGTON,
 D. C. AT 8:30 A.M. ADVISE MRS. BROWN 2430 "E" STREET NORTHWEST,
 BY COLLECT NIGHT LETTER OR COLLECT PHONE, EXECUTIVE 6115, EXTEN-
 SION 3698 THE EXACT REPORTING DATE.

*To now a
(select PNS)
\$ 3 (select 48.2)
Take a
won't have a
month*

*F. J. G. (a.m.)
FRANK Q. JAREMA*

RELEASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

| |
|----------------|
| CLASSIFICATION |
|----------------|

14-00000

CENTRAL INTELLIGENCE AGENCY
2430 E STREET NW.
WASHINGTON 25, D. C.

20 February 1952
In reply refer to ED-4

Mr. James Woods
2317 Conn. Avenue N. W.
Washington D. C.

Dear Mr. Woods:

This is to advise that actual processing of your application for employment with this Agency has been initiated. Specific details as to the type of appointment and salary will be contained in subsequent correspondence. Please direct all future correspondence to the undersigned.

If applicable, the attached form should be completed and returned within two weeks. Thank you for your prompt attention to this matter.

Very truly yours,

Mfd
Personnel Division

Enclosure

2 37-92
1 Append
1 OWS

Please forward three passport size photographs at your earliest convenience.

Sm 0

CERTIFICATE OF ATTENDANCE

APR 26 1952
I certify that on APR 26 1952 I have attended
(DATE)
the Agency Indoctrination Course specified by Regulation
25-1.

James S. Woods
(NAME)
157456

81-115-LH-25

100-1000

FORM NO. 51-121
DEC 1951

161

384

File
MS

FORM NO. 57-115
MAY 1950

TO: Medical Division
FROM: Transactions & Records
SUBJECT: Woods, James S.

Request that above named subject be given a physical examination.

POSITION: File Clerk

GRADE: GS - 3

BRANCH: CSD - RI

SERVICE: DEPT.

MATTER OF APPOINTMENT: EXC.

FORM NO. 57-115
MAY 1950

EDDY DACEY
TBLG.

OK
BPD

| PERSONNEL ACTION REQUEST | | | | REGISTER NO. |
|--|--|---|--|--------------|
| NAME James S. Woods | | REQUESTED EFFECTIVE DATE APR 21 1952 | | |
| NATURE OF ACTION Excepted Appointment | | WHEN LEAVING (VOUCHERED) LAST BIDDING DAY: EMPLOYEE'S SIGNATURE: | | |
| FROM | | TO | | |
| TITLE File Clerk | | I-39.04-2 | | |
| GRADE AND SALARY GS-305-3 \$2950.00 | | | | |
| OFFICE F. C. March 52 | | OSO | | |
| DIVISION RI | | | | |
| BRANCH AND SECTION Processing and Records Branch File Section | | | | |
| OFFICIAL STATION Washington, D.C. | | | | |
| DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/> | | DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> | | |
| REMARKS <i>(To P-39.04) JMW</i> | | | | |
| Approved: <i>John H. Scott</i> # 57 Chief, RI 15 FEB 1952 <i>In stat. 4-28-52</i> | | | | |
| RECOMMENDED <i>15 Feb 52</i> | | | | |
| FOR USE OF PERSONNEL ONLY <small>SIGNATURE OF OFFICE CHIEF DIVISION CHIEF OR LINE OFFICER</small> PLACEMENT DATE QUALIFICATIONS APPROVED: <i>James H. Powell</i> CLEARANCE REQUESTED DATE TYPE CLEARANCE APPROVED DATE TYPE SIGNATURE CLASSIFICATION Bureau No. C. I. C. No. DATE APPROVED FILED VICE L.A. REAL DATE <i>15 Feb 52</i> SIGNATURE <i>Maryland C. Deasy</i> EFFECTIVE DATE APPROVALS DATE SIGNATURE <small>APPROVAL TO SECURITY CLEARANCE</small> DATE SIGNATURE <small>SIGNATURE OF EXECUTIVE</small> DATE SIGNATURE <small>SIGNATURE OF APPROVING OFFICER</small> <i>4 Mar 52</i> <i>J. P. President</i> | | | | |

FORM NO. 37-3
JUL 1950

| SECURITY INFORMATION REQUEST FOR SECURITY CLEARANCE | | | | REQUEST NO. M-3007A |
|--|---|-----------------------|---------------------------|-------------------------------|
| FULL NAME WOODS, JAMES | (Last) JAMES | (First) WOODS | (Middle) | DATE 1-1-1950 |
| POSITION TITLE FILE CLERK | | | GRADE GS-2 | CODE MLOC-200 |
| LOCATION OFFICES (CITY) | CODE 07 | DIVISION 07 | BRANCH MLOC-200 | CODE 01 |
| GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE) | | | | |
| TYPE OF EMPLOYEE 1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY 5. <input type="checkbox"/> OTHERS | | | | |
| FUNDS <input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED | | | | |
| TYPE(S) OF SECURITY CLEARANCE REQUESTED <input type="checkbox"/> PROVISIONAL FOR: (Show name of pool or group) D ST. POOL <input checked="" type="checkbox"/> SECRET <input type="checkbox"/> FULL <input type="checkbox"/> WAIVER | | | | |
| AVAILABILITY DATE (Mo-Yr) | EST. CLEARANCE DATE (Mo-Yr) | RECRUITMENT SOURCE | | CODE 01 |
| SEX AND VETERAN STATUS 1. <input checked="" type="checkbox"/> M-V 2. <input type="checkbox"/> N-NV | 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV | | | |
| REMARKS: SECURITY INITIATED BY WOODS. SUPERSEDES ACTION OF 1/5/52. CHAMBER OF COMMERCE, DIVISION 2 BRANCH. | | | | |
| Attachments: FMS Append. I Photos. | | | | |
| PRINTER Q. JARRELL SIGNATURE PRD DIVISION | | | | |

Office Memorandum • UNITED STATES GOVERNMENT

DATE: 8 Feb. 1952

TO: Jerome
FROM:
SUBJECT: Woods, James

In process as GS-2 Clerk. He wants accounting clerk eventually, but there are no openings at present & we have two other - better qualified - accounting clerks in process in reverse at present.

Possibility for microfilm trainee?

J. H. England

P.O.
12-26

MP

2817 Conn. Ave. N.W.

January 12, 1952

Dear Sir:

I received your letter dated January 5, stating that I was to inform you of any changes in my present status.

I am now a grade GS 2 with an one year increase. I am now being considered for a grade GS 3 in the Treasury Dept. I assure you, this does not lessen my zeal to get in the C.I.A.

I would like to know if your Agency would transfer or consider me for appointment at a grade GS 3.

Sincerely yours,

James S. Shands

| REQUEST FOR SECURITY CLEARANCE | | | | REQUEST NO. |
|--|--|--------------------------------------|--|--------------------------------------|
| | | | | DATE 17-2007 |
| FULL NAME (Last) | (First) | (Middle) | GRADE | 14142 |
| POSITION TITLE | WEEES | JAMES | Sgt | CODE |
| LOCATION (OFFICE) | Class | CODE | DIVISION | CODE |
| | Personal | | Personal (O) | |
| GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE) Washington, D.C. | | | | |
| TYPE OF EMPLOYEE | 1. <input checked="" type="checkbox"/> REGULAR | 2. <input type="checkbox"/> CONTACT | 3. <input type="checkbox"/> CONSULTANT | 4. <input type="checkbox"/> MILITARY |
| OTHERS | <input type="checkbox"/> | | | |
| FUNDS | <input type="checkbox"/> VOUCHERED | <input type="checkbox"/> UNVOUCHERED | | |
| TYPE(S) OF SECURITY CLEARANCE REQUESTED | | | | |
| <input type="checkbox"/> PROVISIONAL POOL (Show name of pool or group) Do Street Pool <input type="checkbox"/> SECRET <input type="checkbox"/> FULL <input type="checkbox"/> WAIVER | | | | |
| AVAILABILITY DATE (Mo-Yr) | EST. CLEARANCE DATE (Mo-Yr) | RECRUITMENT SOURCE | | CODE |
| SEX AND VETERAN STATUS | 1. <input type="checkbox"/> M-V | 3. <input type="checkbox"/> F-V | | |
| | 2. <input checked="" type="checkbox"/> H-NV | 4. <input type="checkbox"/> F-NV | | |
| REMARKS: | Morris 1-17-52 | | | |
| Attachments: PHS Append. I Photos. | | | | |
| CONFIDENTIAL | | | | |
| JOSEPH D. RAGAN CO Chief, Personnel Division DIVISION | | | | |

FORM NO. 37-104
JUN 1951

SECURITY INFORMATION

14-00000

5 January 1952

Mr. James S. Woods
2017 Conn. Ave. N. W.
Washington, D. C.

Dear Mr. Woods:

You are being considered for employment with the Central Intelligence Agency at grade GS-2, salary \$2750.00 per annum.

The appointment, if offered, will be temporary indefinite in nature. Processing procedures require about 30 days to complete. Unless you are notified to the contrary during this period, you may assume that you are being actively considered for employment. Upon completion of this processing, we will contact you immediately.

In the meantime, it would be appreciated if you will keep us advised of any changes in your present status, such as change of address, etc.

Please let us know immediately if during the interim you find that you will not be able to accept employment with this organization.

Very truly yours,

Joseph E. Ragan *AO*
Chief, Personnel Division

| | | | |
|---|-----------------------------|--------------------|------------------------------|
| CONFIDENTIAL | | | REQUEST NO. |
| REQUEST FOR SECURITY CLEARANCE SECURITY INFORMATION | | | DATE 4 JAN. 1952 |
| FULL NAME (Last) Woods, JAMES SAUVIE (First) (Middle) | | | YEAR OF BIRTH 1928 |
| POSITION TITLE CLERK | GRADE GS 2 | CODE | |
| LOCATION (OFFICE) 100A | CODE | DIVISION | CODE |
| BRANCH CODE | | | |
| GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE) | | | |
| TYPE OF EMPLOYEE 1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY 5. <input type="checkbox"/> OTHER | | | |
| FUNDS <input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED | | | |
| TYPE(S) OF SECURITY CLEARANCE REQUESTED <input checked="" type="checkbox"/> PROVISIONAL FOR: (show name of pool or group) <input checked="" type="checkbox"/> SECRET <input checked="" type="checkbox"/> FULL <input type="checkbox"/> WAIVER | | | |
| AVAILABILITY DATE (DD-MO-YR) <i>copy</i> | EST. CLEARANCE DATE (DD-YR) | RECRUITMENT SOURCE | |
| | | CODE 01 | |
| SEX AND VETERAN STATUS 1. <input checked="" type="checkbox"/> M-V 3. <input type="checkbox"/> F-V 2. <input type="checkbox"/> M-NV 4. <input type="checkbox"/> F-NV | | | |
| REMARKS: | | | |
| <i>89 to Med. Sec</i> Attachments: <i>1/5</i> FHS Append. I _____ Photos. _____ | | | |
| CONFIDENTIAL <small>SECURITY INFORMATION</small> | | | |

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : File
FROM :
SUBJECT: James S. Woods

DATE: 3 January 1952

1. Contacted Treasury Dept. this date and Employee Relations Officer stated that subject had no efficiency ratings since he had not been there long enough before being granted military furlough and after his discharge. However, she stated that Mr. Woods had been a very satisfactory employee and there was nothing derogatory in his file.

L. E. BLAIS

CONFIDENTIAL

| REPORT OF INTERVIEW | | | THIS DATE |
|--|---------------------------------------|----------------------------------|-----------|
| NAME James Sauvie Woods | | REFERRED BY | |
| HOME ADDRESS 2817 Conn. Ave., N. W. Wash., D. C. | | TELEPHONE AD 8130 | |
| BUSINESS ADDRESS Treasury | | TELEPHONE EX 6460 x2612 | |
| DATE OF BIRTH 2/20/1928 | PLACE OF BIRTH Forest River, N. D. | CITIZENSHIP (HOW ACQUIRED) US | |
| NAME OF SPOUSE none - no expectations | | | |
| DATE OF BIRTH | PLACE OF BIRTH | CITIZENSHIP (HOW ACQUIRED) | |
| SALARY REQUESTED DC-2 | NO. OF DEPENDENTS None | INTERVIEWER WM. J. BINGHAM | |
| EDUCATION (SCHOOLS, DEGREES, DATES, MAJORS, EXTRA-CURRICULAR ACTIVITIES) | | | |
| Hadлична Bus. Sch. Diploma in Jr. accounting | | | |
| MAJOR EMPLOYMENT HISTORY (PRINCIPAL OCCUPATION, SPECIAL SKILLS, SALARY LEVELS) | | | |
| Present- Treasury Dept. I/A attached | | | |
| MILITARY OCCUPATION (RANK, SERIAL NO., DATES OF SERVICE, DUTIES AND AREAS) | | | |
| Oct 3, 1946 Apr 12, 1948 | | | |
| Oct 19, 1950 Aug 7, 1951 | | | |
| Pfc (Infantry) | | | |

CONFIDENTIAL

AREA KNOWNLEDGE (RESIDENCE OR STUDY)

Japan, Korea (US Army) No 10-9

LANGUAGE FACILITY

None

EVALUATION AND RECOMMENDATIONS (BE COMPLETE AND JUSTIFY DECISIONS, NOTE ANY UNFAVORABLE CIRCUMSTANCES.)

A CLEAN CUT, BRIGHT EYED, EAGER YOUNGSTER, VERY AMBITIOUS BUT HAS HAD LIMITED EXPERIENCE. HE WOULD LIKE TO GET INTO ACCOUNTING, BUT HE HAS HAD ONLY BASIC ACCOUNTING AND HAS NEVER HAD A JOB IN ACCOUNTING TO TEST HIM. HE IS WILLING TO TAKE A CLERK JOB IF HE WILL GET A CLEARANCE AT ACCOUNTING. WILL GO O/S. FEELS HE IS BLOCKED IN HIS JOB IN TREASURY DEPT. SINCE HE WILL COME AS A GS-2, I WOULD TAKE A CHANCE ON HIIM IF HIS TESTS SHOW ANYTHING ENCOURAGING. HE EXPECTS TO ENTER STRAYERS COLLEGE OF ACCOUNTING (NIGHT) IN FEBRUARY. DOES NOT DESIRE POOL. SUGGEST MISS MC KENNEY LOOK HIM OVER. FORMS ATTACHED. HAS BEEN SCHEDULED FOR GS-4 CLERK-ACCT. TEST ON 20 DECEMBER.

FORMS GIVEN: PHS MEDICAL RESERVEWILLIAM J. BINGHAM
SIGNAT^{RE} OF INTERVIEWER

CONFIDENTIAL

MEMORANDUM TO: Personnel Division
Central Intelligence Agency
2430 "E" Street, N. W.
Washington, 25, D. C.

DEC 3 1951

SUBJECT: Availability of James S. Woods

1. This is to advise you that no objection is interposed to your consideration of the application for employment of the above-named individual who is presently employed by this office.
2. In the event this employee is accepted by your Agency, it is requested that the individual named below be contacted relative to the effective date of his ~~employment~~ releases.

Jeffreub
(Signature)

Acting Personnel Officer
(Title)

Bureau of Accounts
Treasury Department
(Agency)

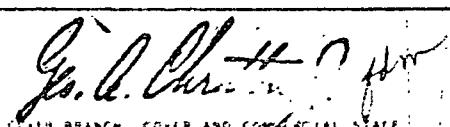
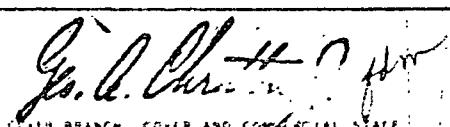
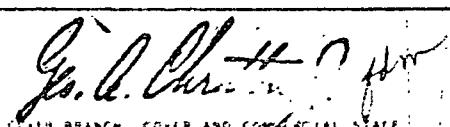
Contact for further information:

Frances C. Murphy
(Name) Employee Relations Officer

Code 172, Extension 2628
(Telephone)

~~SECRET~~~~REPRODUCTION MASTERS~~~~SECRET~~~~BIOGRAPHY~~~~BIOGRAPHIC PROFILE~~~~SECRET~~Handle With Care

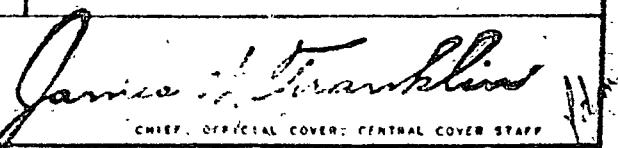
SECRET

| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP | | | DATE | FILE NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------|--------------|---|--|--|--|--|---|--|-----------------|--|--|----------------------|--|-----|--|--|---|--|----------------------|--|--|--|--|--------------------------|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|-------------|--|--|---|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|---|--|--|
| TO: (check) | X CHIEF, CONTROL DIVISION, OP | | 12 May 1975 | 2542 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | ES NUMBER 502-16-6805 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | CHIEF, CONTRACT PERSONNEL DIVISION, OP | EMPLOYEE NUMBER 010032 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | CHIEF, OPERATING COMPONENT (For action) CCS | ID CARD NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATTN: CHIEF ADMIN STAFF | | OFFICIAL COVER | ESTABLISHED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REFS: VERBAL REQUEST | | | X | DISCONTINUED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECT | WOODS, James S. | UNIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KEEP ON TOP OF FILE WHILE COVER IN EFFECT <table border="1"> <tr> <td colspan="2">ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS</td> <td colspan="3">CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> BASIC COVER PROVIDED</td> <td colspan="3">EFFECTIVE DATES</td> </tr> <tr> <td colspan="2">EFFECTIVE DATE _____</td> <td colspan="3">EOB</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> OPERATIONAL COVER PROVIDED</td> <td colspan="3">SUBMIT FORM 3254 CLA</td> </tr> <tr> <td colspan="2">FOR <input type="checkbox"/> TOY OTHER (Specify)</td> <td colspan="3">TO BE ISSUED (HRB 20-11)</td> </tr> <tr> <td colspan="5">SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HRB 20-7)</td> </tr> <tr> <td colspan="5">SUBMIT FORM 3254 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HRB 20-11)</td> </tr> <tr> <td colspan="5">SUBMIT FORM 1322 FOR CHANGING CONTINUATION COVER. (HR 240-2e)</td> </tr> <tr> <td colspan="5">SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)</td> </tr> <tr> <td colspan="2">EAA: CATEGORY I</td> <td colspan="3">CATEGORY II</td> </tr> <tr> <td colspan="5">SUBMIT FORM 2688 FOR HOSPITALIZATION CARD</td> </tr> <tr> <td colspan="5">REMARKS AND/OR COVER HISTORY</td> </tr> <tr> <td colspan="5"> Apr52-Aug54 HQS/Overt Aug54-Nov56 Korea and Japan/DAC Nov56-Aug57 HQS/Overt Aug57-Feb59 Philippines/DAEC Feb59-Mar61 HQS/DAFC Mar61-Jan67 Japan/DAC Jan67-Oct68 HQS/STATE-NOM Oct68-Nov70 London/DAC Nov70-Jun71 HQS/DAC Jun71-Aug73 Rome-STATE-NOM </td> </tr> <tr> <td colspan="2">Aug73-Present Overt</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"> COPY 1 - CO OR CPU COPY 2 - OPERATING COMPONENT COPY 3 - OS/SPACD COPY 4 - DC-DO/TFO COPY 5 - CCS-FILE </td> <td colspan="3">  CHIEF, OFFICIAL COVER BRANCH, COVER AND COMPLIMENTARY STATE </td> </tr> </table> | | | | | ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS | | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS | | | <input type="checkbox"/> BASIC COVER PROVIDED | | EFFECTIVE DATES | | | EFFECTIVE DATE _____ | | EOB | | | <input type="checkbox"/> OPERATIONAL COVER PROVIDED | | SUBMIT FORM 3254 CLA | | | FOR <input type="checkbox"/> TOY OTHER (Specify) | | TO BE ISSUED (HRB 20-11) | | | SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HRB 20-7) | | | | | SUBMIT FORM 3254 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HRB 20-11) | | | | | SUBMIT FORM 1322 FOR CHANGING CONTINUATION COVER. (HR 240-2e) | | | | | SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e) | | | | | EAA: CATEGORY I | | CATEGORY II | | | SUBMIT FORM 2688 FOR HOSPITALIZATION CARD | | | | | REMARKS AND/OR COVER HISTORY | | | | | Apr52-Aug54 HQS/Overt Aug54-Nov56 Korea and Japan/DAC Nov56-Aug57 HQS/Overt Aug57-Feb59 Philippines/DAEC Feb59-Mar61 HQS/DAFC Mar61-Jan67 Japan/DAC Jan67-Oct68 HQS/STATE-NOM Oct68-Nov70 London/DAC Nov70-Jun71 HQS/DAC Jun71-Aug73 Rome-STATE-NOM | | | | | Aug73-Present Overt | | | | | COPY 1 - CO OR CPU COPY 2 - OPERATING COMPONENT COPY 3 - OS/SPACD COPY 4 - DC-DO/TFO COPY 5 - CCS-FILE | |  CHIEF, OFFICIAL COVER BRANCH, COVER AND COMPLIMENTARY STATE | | |
| ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS | | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> BASIC COVER PROVIDED | | EFFECTIVE DATES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EFFECTIVE DATE _____ | | EOB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> OPERATIONAL COVER PROVIDED | | SUBMIT FORM 3254 CLA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR <input type="checkbox"/> TOY OTHER (Specify) | | TO BE ISSUED (HRB 20-11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HRB 20-7) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMIT FORM 3254 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HRB 20-11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMIT FORM 1322 FOR CHANGING CONTINUATION COVER. (HR 240-2e) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EAA: CATEGORY I | | CATEGORY II | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMIT FORM 2688 FOR HOSPITALIZATION CARD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS AND/OR COVER HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr52-Aug54 HQS/Overt Aug54-Nov56 Korea and Japan/DAC Nov56-Aug57 HQS/Overt Aug57-Feb59 Philippines/DAEC Feb59-Mar61 HQS/DAFC Mar61-Jan67 Japan/DAC Jan67-Oct68 HQS/STATE-NOM Oct68-Nov70 London/DAC Nov70-Jun71 HQS/DAC Jun71-Aug73 Rome-STATE-NOM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug73-Present Overt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COPY 1 - CO OR CPU COPY 2 - OPERATING COMPONENT COPY 3 - OS/SPACD COPY 4 - DC-DO/TFO COPY 5 - CCS-FILE | |  CHIEF, OFFICIAL COVER BRANCH, COVER AND COMPLIMENTARY STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECRET

| NOTIFICATION OF ASSIGNMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP | | E | FILE NO. |
|--|---|-------------------|--------------|
| | CHIEF, CONTROL DIVISION, OP | SS NUMBER | |
| TO: (Check) | CHIEF, CONTRACT PERSONNEL DIVISION, OP | EMPLOYEE NUMBER | |
| | CHIEF, OPERATING COMPONENT (For action) | ID CARD NUMBER | |
| ATTN: | | OFFICIAL COVER | ESTABLISHED |
| REFS: | | | DISCONTINUED |
| SUBJECT | | UNIT | |

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

| ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS | | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS | |
|--|--|--|--|
| <input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____ | | EFFECTIVE DATE: JULY 1974 | |
| <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TO _____ OTHER SPACES | | SUBMIT FORM 642 FOR CHANGES IN HOSPITAL TELEPHONE LIMITATION CATEGORY TO CATEGORY (CHIB 20-7) | |
| SUBMIT FORM 3254 FOR BEING ISSUED. (CHIB 20-11) | | SUBMIT FORM 3254 FOR BEING ISSUED. (CHIB 20-11) | |
| SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-2) | | DO NOT WRITE IN THIS BLOCK | |
| SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-2) | | | |
| EAA, CATEGORY I CATEGORY II | | | |
| SUBMIT FORM 2688 FOR HOSPITALIZATION CARD | | | |
| REMARKS AND/OR COVER HISTORY (Handwritten Remarks) | | | |
| DISTRIBUTION: COPY 1 - CO or CFO COPY 2 - OPERATING COMPONENT COPY 3 - OS/SH&CO COPY 4 - OL/TFB COPY 5 - CCS-FILE | |  CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF | |

SECRET

| | | | |
|---|--|----------------------------------|-----------------------------|
| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP | | | DATE |
| TO: <i>(Check)</i> | <input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION | FILE NUMBER 2542 | |
| | <input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION | EMPLOYEE NUMBER 010032 | |
| | <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (<i>For action</i>) | ID CARD NUMBER EUR | |
| ATTN: EUR/Chief Support Staff | | OFFICIAL COVER | BACKSTOP ESTABLISHED |
| REF: Form 1413 dated 6 May 1971 | | | DISCONTINUED |
| SUBJECT | | UNIT | |
| WOODS, James S. | | Department of State | |

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

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

REMARKS AND/or COVER HISTORY

Apr 52 - Aug 54 - Headquarters - Overt
 Aug 54 - Nov 56 - Korea/Japan - DAC
 Nov 56 - Aug 57 - Headquarters - Overt
 Aug 57 - Feb 59 - Philippines - DAFC
 Feb 59 - Mar 61 - Headquarters - DAFC
 Mar 61 - Jan 67 - Japan - DAC
 Jan 67 - Oct 68 - Headquarters - Non State
 Oct 68 - Nov 70 - London - DAC
 Nov 70 - Juno 71 - Headquarters - DAC
 June 71 - Rome - Non State

| | |
|--|-------|
| DISTRIBUTION: COPY 1 - CD COPY 2 - OPERATING COMPONENT COPY 3 - D/SOS COPY 4 - OL/T/ELC COPY 5 - SF COPY 6 - CCS - FILE | RF:km |
|--|-------|

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

SECRET

| | | | | |
|---|-------------------------------------|---|-------------------------------------|----------------------|
| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP | | | DA | 10 November 1970 |
| TO: <i>(CCOCS)</i> | <input checked="" type="checkbox"/> | CHIEF, RECORDS AND CONTROL | FILE NUMBER | 2542 |
| | <input type="checkbox"/> | CHIEF, CONTRACT PERSONNEL DIVISION | EMPLOYEE NUMBER | 100022 |
| | <input checked="" type="checkbox"/> | CHIEF, OPERATING COMPONENT (For action) | ID CARD NUMBER | 100-542 |
| ATTN: | EUE / Chief Support Staff | OFFICIAL COVER | <input checked="" type="checkbox"/> | BACKSTOP ESTABLISHED |
| REF: | Form 1322 | | | DISCONTINUED |
| SUBJECT | WOODS, James S. | UNIT | Records Analysis Group | |

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

| ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPW 30-800-11) | | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPW 30-800-11) |
|--|--|---|
| A. TEMPORARILY FOR _____ DAYS | DATE (DD-MON-YY) _____ | |
| B. CONTINUING AS OF COB <i>Aug 57</i> | | |
| <input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RMB 20-7) | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RMB 20-7) | |
| <input checked="" type="checkbox"/> ASCERTAIN THAT <u>ARMY</u> W-2 BEING ISSUED. (RMB 20-11) | RETURN ALL OFFICIAL DOCUMENTATION TO CCS. | |
| <input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (RMB 240-2a) | DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY | |
| <input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (RMB 240-2a) | | |
| <input checked="" type="checkbox"/> SUBMIT FORM 2008  FOR HOSPITALIZATION CARD | | |

REMARKS AND/OR COVER HISTORY

Apr 57-Aug 58 HQs Overt
 Aug 58-Nov 58 Korea and Japan DAC
 Nov 58-Aug 59 HQs Overt
 Aug 59-Feb 60 Philippines DAFC
 Feb 60-Mar 61 HQs DAFC
 Mar 61-Sep 61 Japan DAC and DAFC
 Sep 66-Jan 67 HQs / State Hon
 Jan 67-Oct 67 Vietnam, State Hon
 Oct 67-Nov 70 England DA
 Nov 70 HQs DAC

JFR

DISTRIBUTION: *HQ*
 COPY 1 TO OPERATING COMPONENT
 COPY 2 TO CCOCS
 COPY 3 TO DPA
 COPY 4 TO DPAFC
 COPY 5 TO DPAH

HQ/pt

SECRET

CHIEF OFFICIAL COVER CENTRAL COVER STAFF

1551 1970 PREMIER 10-11-69

115-20-481

14-00000
SECRET

6 Mar 59

File: 2542

MEMORANDUM FOR: Chief, Records and Services Division

Office of Personnel

SUBJECT: James Scoville WOODS

1. Cover arrangements have been completed for the above-named Subject.

2. Effective as 5 Mar 1959, it is requested that your records be properly blocked to deny Subject's current Agency employment to an external inquirer.

3. This memorandum confirms an oral request of 6 Mar 59 by Mr. E. C. Davies, Room 1608 "L", Building, Extension 2420.

Paul P. Stewart
HARRY W. LITTLE, JR.
Chief, Central Cover Division

cc: SSD/OG

THIS PAPER IS SECRET REMAINING

FEB 1580a
OUT OF FILE

16-13-601

14-00000
S C R E T

DEC 5 1956
(Date)

MEMORANDUM FOR: Chief, Records & Services Division
Office of Personnel

THROUGH : Security Support Division
Office of Security

SUBJECT : James S. Woods

1. Cover arrangements have been completed for the above named subject who will be visiting a foreign country for a _____ day TDY trip.
2. Effective this date, it is requested that your records be properly (XXXXXX) (re-opened) to (XXXX) (acknowledged) subject's current Agency employment by an external inquirer.

Edward J. Boston
JOSEPH M. DAVIS
Chief, Official Cover & Liaison, CCB

CC: SSD/OS

RECORDED
SEARCHED
INDEXED
FILED
S E C R E T

11-11-54

SECRET
(When Filled In)

available. Select

EMR 080878

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | |
|--|-------------------|---|----------------------|----------------------------------|------------------------------|---|---------------------|-----------------|
| OFF. | | 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | 3. CATEGORY OF EMPLOYMENT | | |
| 010032 | | WOODS JAMES S | | RETIREMENT (VOLUNTARY) | | REGULAR | | |
| 4. NATURE OF PERSONNEL ACTION | | 5. EFFECTIVE DATE | | 6. FUND SOURCE | | 7. JAN AND NSCA | | |
| UNDER CIA RETIREMENT AND DISABILITY SYSTEM | | 08 04 78 | | V TO V | | 8. CSC OR OTHER LEGAL AUTHORITY | | |
| 8. FUND SOURCE | | 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | 9026 3430 0000 PL 88-643 SEC 233 | | |
| CSC | | DDO/IMS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT | | WASH., D.C. | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | 14. CLASSIFICATION SCHEDULE (GS, GS-etc.) | | |
| RECORDS ADMIN OFF NE | | CG45 | | DCC | | GS | | |
| 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | 0344.01 | | |
| GS | | 13 2 | | 26889 | | REMARKS | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 18. ACTION CODE | 19. EMPLOYEE CODE | 20. OFFICE CODING | 21. STATION CODE | 22. INTEGEE CODE | 23. MOHIC CODE | 24. DATE OF BIRTH | 25. DATE OF GRADE | 26. DATE OF LES |
| 45 | 10 | NUMERIC | | | | MO DA YR | MO DA YR | MO DA YR |
| 27. RITE EXPIRES | | 28. SPECIAL REFERENCE | 29. RETIREMENT DATA | 30. SEPARATION DATA CODE | 31. SEPARATION DATA CODE | 32. Correction, Compensation Data | 33. SECURITY REQ NO | 34. SEX |
| MO DA YR | | | | | | TM | MO DA YR | |
| 35. VET PREFERENCE | | 36. SEAS COMP DATE | 37. LONG COMP DATE | 38. CAREER LATECODE | 39. FEDERAL HEALTH INSURANCE | 40. SOCIAL SECURITY NO | | |
| GOVA | | 0. NONH | MO DA YR | MO DA YR | CAR BAN COCA COKE | COKE 0. WHEAT HEALTH INS COKE | | |
| 1. 3 PT | | | | | PROV LIP | 1. YES | | |
| 2. 10 PT | | | | | | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | | | | | | | |
| CODE | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | |
| 0 - NO PREVIOUS SERVICE | | | FORM EXECUTED CSCA | 45. TAX EXCEPTIONS | 46. FORM EXECUTED CSCB | 47. TAX EXCEPTIONS | | |
| 1 - NO REPAIR IN SERVICE | | | 1 - YES | | 1 - YES | 2 - NO | | |
| 2 - 20445 OR SERVICE LESS THAN 3 YEARS | | | 2 - NO | | 2 - NO | 3 - YES | | |
| 3 - REPAIR IN SERVICE MORE THAN 3 YEARS | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | |
| JLS | | | | | | | | |

SECRET
(When Filled In)

153078

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | |
|--|--|-----------------------------|--|---------------------------------|--|----------------------------------|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | |
| 910032 | | WOODS JAMES S | | MO DA YR 04 09 78 | | REGULAR | |
| 3. PLACE OF PERSONNEL ACTION | | 7. RANK AND NSCA | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| REASSIGNMENT | | V TO V | | V TO CF | | 8026 3430 0000 50 USC 403 J | |
| 6. FUNDS | | CF TO V | | CF TO CF | | 10. LOCATION OF OFFICIAL STATION | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 11. POSITION NUMBER | | 12. GRADE AND STEP | | 13. SERVICE DESIGNATION | |
| DDO/INS INFORMATION MGMT. AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT | | CO45 | | DCC | | | |
| 14. CLASSIFICATION SCHEDULE (GS, WG, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | |
| GS | | 0344.01 | | 13 2 | | 26889 | |
| 18. REMARKS | | | | | | | |

| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
|---|-------------------|---|------------------|---------------------------|-----------------|------------------------------|-------------------|----------------------------------|--|
| 19. ACTION CODE | 20. EMPLOYEE CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. HAZARD CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LET | |
| 37 | 10 | 53740 | IMS | 75013 | 1 | 02 20 28 | | | |
| 28. PAY EXPENSES | | 29. PAY LEVEL | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | | 32. CORRECTION, COMBINATION DATA | |
| MO DA YR | | REFERENCE | | CSC CSA CSA NSCA | | COM | | MO DA YR | |
| 33. VET PREFERENCE | | 34. GRSY COMP DATE / 35. LONG COMP DATE | | 36. CARRIER CATEGORY | | 37. FIGHT / HEALTH INSURANCE | | 38. SOCIAL SECURITY NO | |
| CODE | | MO DA YR | | MO DA YR | | CODE | | CODE | |
| 0 3700 1 3701 2 3702 | | | | | | 0 3700 1 3701 2 3702 | | | |
| 39. PREVIOUS CHINESE GOVERNMENT SERVICE | | 40. LEAVE CAT CODE | | 41. FEDERAL TAX DATA | | 42. STATE TAX DATA | | | |
| CODE | | CODE | | FORM EXECUTED | | FORM EXECUTED | | CODE | |
| 0 NO PREVIOUS SERVICE 1 MILITARY SERVICE 2 DIPLOMATIC SERVICE 3 SERVICE IN SERVICE LESS THAN 3 yrs. 4 SERVICE IN SERVICE MORE THAN 3 yrs. | | 1 - YES 2 - NO | | 1 - YES 2 - NO | | 1 - YES 2 - NO | | CODE | |
| SIGNATURE OR OTHER AUTHENTICATION: | | | | | | | | | |
| FROM: NE | | | | | | | | | |

PCRM-1140
5-74 MAR 10 1978

Use Previous Edition

SECRET

8.25000000 BY 00000000 10-31

SECRET
(When Filled In)

OCC R

NOTIFICATION OF PERSONNEL ACTION

OCC

| | | | | | | | | | |
|--|-----------------------------|--------------------------------------|------------------|----------------------------------|-----------------|--------------------------------------|----------------------------------|-----------------|------------------------|
| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) | | | | | | | | |
| 010032 | WOODS JAMES S | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | | | | |
| PROMOTION | | | | | | | | | |
| 4. FUNDS | V TO V | V TO CF | | | | | | | |
| | EF TO V | CF TO CF | | | | | | | |
| 5. ORGANIZATIONAL DESIGNATIONS | | | | | | | | | |
| DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF | | | | | | | | | |
| 6. POSITION TITLE | | | | | | | | | |
| RECORDS ADMIN OFF | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, WG, etc.) | | 15. OCCUPATIONAL SERIES | | | | | | | |
| GS | | 0344.01 | | | | | | | |
| 16. REMARKS | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 17. ACTION CODE | 18. EMPLOYEE CODE | 19. OFFICE CODING | 20. STATION CODE | 21. INTEGRAL CODE | 22. HIRING CODE | 23. DATE OF BIRTH | 24. DATE OF GRADE | 25. DATE OF LEI | |
| 22 | 10 | 46075 | NE | 75013 | 1 | 01 20 28 | 03 13 78 | 03 13 78 | |
| 26. DATE EXPIRES | | 27. SPECIAL EXPERIENCE | | 28. RETIREMENT DATA | | 29. SEPARATION DATA CODE | 30. CONVERSION / COMPLETION DATA | | |
| NO DA YR | | 1. CSC 2. CIA 3. DIA 4. NSA | | CODE | | TYPE | NO DA YR | | |
| | | | | | | EOD DATA | | | |
| 31. VFT PREFERENCE | | 32. SERV COMP DATE | | 33. LONG COMP DATE | | 34. CAREER CATEGORY | 35. FEGL / HEALTH INSURANCE | | 36. SOCIAL SECURITY NO |
| CODE | | NO DA YR | | NO DA YR | | CODE | NO DA YR | | NO DA YR |
| 0. HOME 1. 5%; 2. 10%; | | | | | | 0. HOME 1. 5%; 2. 10%; | | | |
| 37. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | 38. LEAVE CAT CODE | | 39. FEDERAL TAX DATA | | 40. STATE TAX DATA | | | |
| CODE | | CODE | | FORM EXECUTED 1. YES 2. NO | | NO TAX EXEMPTIONS 1. YES 2. NO | | | |
| 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YEARS 3. BREAK IN SERVICE MORE THAN 3 YEARS | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
| MAR 22 1978 yhd | | | | | | | | | |

| | | | | |
|--|---------------|-------------------|--------------|---|
| 1 SERIAL NO | 2 NAME | 3 ORGANIZATION | 4 FUNDS | 5 LWOP HOURS |
| 010032 | 6 (1) S JAH-S | 7 | 10 | |
| 6 OLD SALARY RATE | | 7 NEW SALARY RATE | | 8 TYPE ACTION |
| Grade | Step | Salary | Last EH Date | Grade Step Salary Effective Date WGI QSI ADJ. |
| 12 | 6 | 24070 | 11/23/75 | 12 5 24799 11/20/77 |
| CERTIFICATION AND AUTHENTICATION | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | |
| SIGNATURE | DATE | | | |
| <i>John C. C.</i> | 10-Sept-1977 | | | |
| 15 | 16 | 17 | 18 | 19 |
| <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD | | | | |
| CLERKS INITIALS <i>PCB</i> | | | | |
| FORM 10-73 560E Use previous editions PAY CHANGE NOTIFICATION (4-51) | | | | |

LJF 110977

SECRET
(When Filled In)

| OCF NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|--|-------------------------|--|--|--|--|--|----------------------------------|--------------------------------------|-----------------------------------|--|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | | | | | | | | |
| 010032 | | WOODS JAMES S | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND CANCELLATION OF NSCA | | | | | | 4. EFFECTIVE DATE 07 11 77 | | 5. CATEGORY OF EMPLOYMENT REGULAR | | | |
| 6. FUNDS | | V TO V | V TO CP | 7. PAY AND NSCA 3033 4801 0000 50 USC 403 J | | 8. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| CF TO V | | CF TO CP | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DIO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF | | | | | | 10. LOCATION OF OFFICIAL STATION WASH., D.C. | | | | | |
| 11. POSITION TITLE RECORDS ADMIN OFF | | | | | | 12. POSITION NUMBER CG45 | | 13. SERVICE DESIGNATION DCC | | | |
| 14. CLASSIFICATION SCHEDULE (GS, WG, etc.) GS | | | 15. OCCUPATIONAL SERIES 0344.01 | | | 16. GRADE AND STEP 12 4 | | 17. SALARY OR RATE 24070 | | | |
| 18. REMARKS THIS ACTION REFLECTS NEW LEGISLATIVE PAY INCREASE EFFECTIVE 10/09/77. | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE 37 | 20. EMPLOYEE CODE 10 | 21. OFFICE CODING NUMBER 48075 NE | | 22. STATION CODE CODE 75013 | 23. INTRIGUE CODE CODE 1 | 24. HEIGHT Code 02 | 25. DATE OF BIRTH DA 20 28 | 26. DATE OF GRADE DA 00 00 00 | 27. DATE OF REC DA 00 00 00 | | |
| 28. DATE EXPIRES NO DA | | 29. SPECIAL REFERENCE 1. CSC 2. CIA 3. FIA 4. NONE | 30. RETIREMENT DATA CODE CG45 | 31. SEPARATION DATA CODE CODE CG45 | 32. COMBINATION CONVERSION DATA TYPE WA DA 10 | | 33. SECURITY REQ. NO EOD DATA | | 34. SEX REQ. NO | | |
| 35. VET PREFERENCE CSCA 0 - NONE 1 - 5 PT. 2 - 10 PT. | | 36. SERV. COMP. DATE NO DA 10 | 37. LONG COMP. DATE NO DA 10 | 38. CAREER CATEGORY CAR ESSY PROV IMP | 39. FEUL / HEALTH INSURANCE CODE 0 WAIVED 1 YES | 40. SOCIAL SECURITY NO | | | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE COMB 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 CODE | 43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO | 44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO | 45. NO TAX EXEMPT CODE 0 NO TAX EXEMPT 1 YES | | | | | | |
| FROM: CCS SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| POSTED NOV 18 1977 BY [Signature] | | | | | | | | | | | |

AII

L20 100 045

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305
OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12010 PURSUANT TO AUTHORITY
OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI
DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

| NAME | ID NUMBER | CRG. | SCH-GR-STEP | NEW SALARY |
|---------------|-----------|------|-------------|------------|
| WOODS JAMES S | 6010032 | CCS | GS 12 4 | \$24,070 |

15648

SECRET
(When Filled In)

KKK: 22 JULY 76

NOTIFICATION OF PERSONNEL ACTION

OCC

| | | | | | | | | | |
|--|------------------|------------------------------------|---------------------------------------|----------------------------------|----------------------------------|---------------------------------|-------------------|-----------------|---------------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| 010032 | | WOODS JAMES S | | MO | DA | YR | REGULAR | | |
| 3. NATURE OF PERSONNEL ACTION | | REASSIGNMENT - CHANGE OF HOME BASE | | 07 13 76 | | | | | |
| 6. FUNDS | | V TO V | V TO CF | 7. PAY AND NDCA | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| | | CF TO V | CF TO CF | T230 0118 0002 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | DOD/CCS REGISTRY | | 10. LOCATION OF OFFICIAL STATION | | WASH., D.C. | | | |
| 11. POSITION TITLE | | RECORDS ADMIN OFF CH | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | |
| | | BL 44 | | | | DCC | | | |
| 14. CLASSIFICATION SCHEDULE (GS, ETC.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | 0344.01 | | 12 4 | | 21324 | | | |
| 18. REMARKS | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY. CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. INDUSTRY CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | |
| 37 | 10 | 39115 CCS | 75013 | | 1 | MO DA YR | MO DA YR | MO DA YR | |
| 28. RITE EXPIRS | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. Correction / Correction Data | 33. SECURITY REG NO | | 34. SEX | |
| MO DA YR | | | 1. TKA 2. TCA 3. TPA 4. NONE | C000 | TYPE MO DA YR | | | | |
| 35. VET PREFERENCE | | 36. SERV. COMP. DATE | 37. LONG COMP. DATE | 38. CAREER CATEGORY | 39. FEGL / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | | |
| CODE | | MO DA YR | MO DA YR | CODE | CODE | 00000 | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | |
| CODE | | | FORM EXECUTED | CODE | FED TAX EXEMPTIONS | | FORM EXECUTED | CODE | FED TAX EXEMPT STATE CODE |
| 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 3 yrs. 4. BREAK IN SERVICE MORE THAN 3 yrs. | | | 1. YES 2. NO | | | | 1. YES 2. NO | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | J. J. B. L. | |

AEO:13 AUG 76

SECRET
(When Filled In)

| NCF | | NOTIFICATION OF PERSONNEL ACTION | | | | | | |
|---|-----------------------------|--|--|--|---|--|----------------------------------|--|
| 1. SERIAL NUMBER. | 2. NAME (LAST FIRST MIDDLE) | | | | | | | |
| 010032 | WOODS JAMES S | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION CHANGE OF PAY | | | | 4. EFFECTIVE DATE 08 08 76 | 5. CATEGORY OF EMPLOYMENT REGULAR | | | |
| 6. FUNDS | X V TO V CP TO V | V TO CP CP TO CP | 7. PAY AND NSCA T230 0130 0002 | | 8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDO/CCS REGISTRY | | | | 10. LOCATION OF OFFICIAL STATION WASH., D.C. | | | | |
| 11. POSITION TITLE RECORDS ADMIN OFF CH | | | | 12. POSITION NUMBER BL44 | 13. SERVICE DESIGNATION DCC | | | |
| 14. CLASSIFICATION SCHEDULE (GS, GS, etc.) GS | | 15. OCCUPATIONAL SERIES 0344.01 | 16. GRADE AND STEP 12 4 | | 17. SALARY OR RATE 21324 | | | |
| 18. REMARKS | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 19. ACTION CODE 37 | 20. EMPLOY. CODE 10 | 21. OFFICE CODING 39115 | 22. STATION CODE AUTOMATIC 75513 | 23. INTEGRATE CODE 1 | 24. PAY GRADE CODE 072 2G, 2B | 25. DATE OF BIRTH MO DA YE | 26. DATE OF GRADE MO DA YE | |
| 27. EOD EXAMPLES NOV 04 19 | | 28. SPECIAL REFERENCE 1 CSC 2 CIA 3 DIA 4 DDCB | 29. RETIREMENT DATA EOD DATA | 30. SEPARATION DATA CODE 1988 | 31. COMMISSION / CONVERSATION DATA MO DA YE | 32. SECURITY REG NO. - | 33. SEX - | |
| 34. PFT PREFERENCE 0 NO 1 YES 2 GYM | | 35. SERV COMP DATE MO DA YE | 36. LONG COMP DATE MO DA YE | 37. CAREER CATEGORY CAB CSC COC COP | 38. RETAIL / HEALTH INSURANCE COCB COCB COCB COCB | 39. MEDICAL 0 MAILED 1 REC 2 NO | 40. SOCIAL SECURITY NO. - | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE 1 NO PREVIOUS SERVICE 2 NO GRAM IN SERVICE 3 PERIOD IN SERVICE LESS THAN 3 yrs 4 PERIOD IN SERVICE MORE THAN 3 yrs | | 42. LEAVE CAT CCCB | 43. FEDERAL TAX DATA 1 NO 2 NO | 44. STATE TAX DATA 1 YES 2 NO | 45. FEDERAL TAX EXEMPT 1 YES 2 NO | 46. STATE TAX EXEMPT 1 YES 2 NO | 47. STATE TAX CODE STATS CODE | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | |
| POSTED <i>[Signature]</i> AUG 1976 <i>[Signature]</i> RMC | | | | | | | | |

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

EDICS 01/31/70

| | | | |
|--|-----------------------------|------------------------------------|---|
| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) | | |
| 030032 | WILLIAMS JAMES S | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT | | | 4. EFFECTIVE DATE MO DA YE 01 29 76 |
| 5. FUNDS | V TO V | V TO CF | 7. PAY AND NSCA |
| | G TO V | G TO G | 8. CSC OR OTHER LEGAL AUTHORITY 6230 0118 0002 |
| 9. ORGANIZATIONAL DESIGNATIONS DCO/CCS | | | 10. LOCATION OF OFFICIAL STATION BASHE, D.C. |
| 11. POSITION TITLE RECORDS ADMIN OF CH | | | 12. POSITION NUMBER 6144 |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc) LS | | 15. OCCUPATIONAL SERIES 0344.01 | 16. GRADE AND STEP 12 |
| 17. SALARY OR RATE | | | |
| 18. REMARKS | | | |
| SIGNATURE OR OTHER AUTHENTICATION <i>30 205</i> | | | |

| | | | | | | | | | |
|---|------|-------------------------|----------------|--------------------------|------|----------|----------------|-------------|-----|
| SERIAL NO. | | NAME | | GRADE/LOCATION | | PAY RATE | | INCREASES | |
| 010032 | | WOODS JAMES S | | 39 115 | | \$20,678 | | | |
| OLD SALARY RATE | | | | NEW SALARY RATE | | | | TYPE ACTION | |
| Grade | Step | Salary | Cont. En. Date | Grade | Step | Salary | EFFECTIVE DATE | SI | ADJ |
| GS 12 | 3 | 20,678 | 11/24/74 | GS 12 | 4 | 21,324 | 11/23/75 | | |
| CERTIFICATION AND AUTHENTICATION | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE | | | | | | | | | |
| SIGNATURE <u>John C. Woods</u> | | | | DATE <u>12 Sept 1975</u> | | | | | |
| <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | | |
| CLERKS INITIALS: <u>J. Woods</u> | | | | | | | | | |
| FORM 750 560E Use previous editions | | PAY CHANGE NOTIFICATION | | | | | | (4-51) | |

PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

| NAME | SERIAL ORGN. FUNDS GR-STEP | NEW SALARY |
|---------------|----------------------------|------------|
| WOODS JAMES S | 010032 39 115 V GS 12 4 | \$22,485 |

PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

| NAME | SERIAL ORGN. FUNDS GR-STEP | NEW SALARY |
|---------------|----------------------------|------------|
| WOODS JAMES S | 010032 39 115 V GS 12 3 | \$20,678 |

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|--|----------------------------|-----------------------------------|-------------------------|---------------------|---------------------------------|------------------------------------|---------------------------------|-------------------------|-----------------|------------|------------|
| 1 SERIAL NUMBER | 2 NAME (LAST FIRST MIDDLE) | | | | | | | | | | |
| 010032 | WOODS JAMES S | | | | | | | | | | |
| 3 NATURE OF PERSONNEL ACTION | | | | | 4 EFFECTIVE DATE | 5 CATEGORY OF EMPLOYMENT | | | | | |
| PROMOTION | | | | | NO 04 74 | REGULAR | | | | | |
| FUNDS | X | V TO V | | V TO CF | | 6. PAY AND NSCA | 7. CSC OR OTHER LEGAL AUTHORITY | | | | |
| | | CPT TO V | | CPT TO CF | | 5230 0121 0002 | 50 USC 403 | | | | |
| 8. ORGANIZATIONAL DESIGNATIONS | | | | | 9. LOCATION OF OFFICIAL STATION | | | | | | |
| DOC/CCS REGISTRY | | | | | WASH., D.C. | | | | | | |
| 10. POSITION TITLE | | | | | 11. POSITION NUMBER | 12. SERVICE DESIGNATION | | | | | |
| RECORDS ADMIN CEE CH | | | | | 0001 | DAC | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc) | | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | 17. SALARY OR RATE | | | | | |
| GS | | | 0344.01 | | 12 3 | 19693 | | | | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOYEE CODE | 21. OFFICE CODING | | 22. STATION CODE | 23. INTEGEE CODE | 24. HIRE DATE CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LES | | |
| 22 | 10 | NUMERIC | ALPHABETIC | 75043 | | 1 | NO 02 21 28 | 11 24 74 | 11 04 21 74 | | |
| 28. NTE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. Correction / Cancellation Data | | 33. SECURITY REG NO | 34. SES | | |
| | | | | CCOA | | TYPE | NO 04 74 | EDD DATA | | | |
| 35. VET PREFERENCE | | 36. SEV COMP DATE | | 37. LONG COMP DATE | 38. CAREER CATEGORY | 39. FEGL / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO. | | | |
| CODE | | 0 - NONE 1 - 3 PT 2 - 10 PT | NO DA YR | NO DA YR | SAF BSY COKA | CODE | 0 - WALTER 1 - YES | HEALTH INS CODE | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | |
| CODE | | | | | | 1 - NO 2 - NO | CODE | 1 - NO 2 - NO | CODE | NO 24 ESSP | STATE CODE |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| POSTED | | | | | | | | | | | |
| DEC 2 1974 | | | | | | | | | | | |

SECRET
DEM

SECRET
(When Filled In)

BBG: 19 SEPT 73

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | | |
|---|-------------------|--|----------|------------------------------------|------------------|--------------------------|-------------------------------------|--|------------------------|---------------------------------------|---------|--|--|---------------------------------|--|
| (O)CF | | NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | | |
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | | | | | | | | | | | | |
| 0100032 | | WOODS JAMES S | | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | | | | | | | | | 5. CATEGORY OF EMPLOYMENT | | | |
| REASSIGNMENT, TRANSFER TO VOUCHERED FUNDS AND DELEGATION OF NSCA | | 09 10 73 | | | | | | | | | | REGULAR | | | |
| 6. FUNDS ➤ | | V TO V | V TO CP | 7. FAN AND NDCA | | | | | | | | | | 8. CSC OR OTHER LEGAL AUTHORITY | |
| X | | EF TO V | CP TO CF | 4230 0121 0002 | | | | | | | | | | 50 USC 403 J | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIN STATION | | | | | | | | | | | | | |
| DDO/CCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC | | WASH., D.C. | | | | | | | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | | | | | | | | | 13. SERVICE DESIGNATION | | | |
| RECORDS ADMIN OF CH | | 0061 | | | | | | | | | | D | | | |
| 14. CLASSIFICATION SCHEDULE (OCC. LEVEL) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | | | | | |
| GS | | 0344.01 | | 11 6 | | 16326 | | | | | | | | | |
| 18. REMARKS W-2 INFO: CIA | | | | | | | | | | | | | | | |
| HOME BASE: SS | | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOYEE CODE | 21. SERVICE CODING | | 22. STATION CODE | 23. INTEGEE CODE | 24. HIRE CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF END | | | | | | |
| 16 | 10 | 38160 | CCS | 750113 | | 1 | MO DA YE | MO DA YE | MO DA YE | | | | | | |
| 28. END EXPIRES | | 29. SOCIAL SECURITY | | 30. RETIREMENT DATA | | 31. SEPARATION DATA CODE | 32. Correction / Consolidation Data | | 33. SECURITY REG TWO | | 34. SEX | | | | |
| XX XX XX | | XX XX XX | | XX XX XX | | | FIRE | MO DA YE | | | | | | | |
| 35. VET PREFERENCE | | 36. SEPY COMP DATE | | 37. LONG COMP DATE | | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | | | | | | |
| CODE | | MO DA YE | | MO DA YE | | CAB - NEW POOR SEMA | CODE | CODE | 3. MALE | HEALTH INS CODE | | | | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | 42. LEAVE CAT CODE | | 43. FEDERAL TAX DATA | | 44. STATE TAX DATA | | | | | | | | | |
| CODE | | 1. NO PAY-CASE SERVICE 2. NO PAY-CASE SERVICE 3. DEATH IN SERVICE LESS THAN 3 yrs. 4. DEATH IN SERVICE LESS THAN 3 yrs. | | 4. NOT EXECUTED 5. YES 6. NO | | 7. NO 8. YES 9. NO | | 10. NO TAX EXEMPTIONS 11. YES 12. NO | | 13. NOT EXECUTED 14. YES 15. NO | | 16. NO TAX EXEMPT 17. YES 18. NO | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | | |
| FROM: EUR | | | | | | | | | | | | | | | |
| POSTED 9-20-73 <i>[Signature]</i> | | | | | | | | | | | | | | | |

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5325 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS: 13 OCTOBER 1974

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | NEW SALARY |
|---------------|--------|-------|-------|---------|------------------|
| WOODS JAMES S | 010032 | 39 | 115 | V | GS 11 6 \$18,061 |

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

| | | |
|---------------|--------|----------|
| WOODS JAMES S | 010032 | 42300121 |
|---------------|--------|----------|

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER-11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

| NAME | SERIAL ORGN. FUNGS GR-STEP | NEW SALARY |
|----------------|----------------------------|------------|
| WOODS JAMES S. | 010032 39 115 V GS 11 6 | \$17,116 |

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

| NAME | SERIAL ORGN. FUNGS GR-STEP | NEW SALARY |
|----------------|----------------------------|------------|
| WOODS JAMES S. | 010032 44 750 CF GS 10 7 | \$15,331 |

7 JAN 1973 TO 1 OCT 1972
EFFECTIVE DATE OF PAY ADJUSTMENT CORRECTED FROM
11777, DATED 12 APR 1974.
EXECUTIVE ORDER

SECRET

(When Filled In)

LML: 13 FEB 73

| OCF | | NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|--|--|----------------------------------|-----------------------------------|---------------------------|---------------------------------|------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) | | | | | | | | | | |
| 010032 | WOODS JAMES S | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EMPLOYMENT DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | | | |
| PROMOTION | | 02 04 73 | | REGULAR | | | | | | | |
| 6. FUNDS | V TO V | V TO OF | 7. FINANCIAL ARRANGEMENTS | | 8. CDC OR OTHER LEGAL AUTHORITY | | | | | | |
| | C TO V | X C TO OF | 3135 1267 0000 | | 50 USC 403 J | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | | | |
| DDP/EUROPEAN DIVISION FOREIGN FIELD ITALIAN AREA ROME STATION SUPPORT BRANCH | | ROME, ITALY | | | | | | | | | |
| 11. POSITION TITLE | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | | | | | |
| RECORDS ADM OF | | 0699 | | D | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (OASIS, ETC.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | | | |
| GS | | 0344.01 | | 11 6 | | 16326 | | | | | |
| 18. REMARKS | | | | | | | | | | | |
| HOME BASE: IS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOYEE CODE | 21. OFFICE CODING | 22. STATION CODE | 23. MATERIALS CODE | 24. PAYROLL CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LE | 28. SECURITY REG MO | 29. SECURITY REG DA | 30. SECURITY REG VS |
| 22 | 10 | 44750 | EUR | 36533 | 3 | 02 20 28 | 02 04 73 | 02 04 73 | 02 04 73 | 02 04 73 | 02 04 73 |
| 31. RITE EXPENSES | | 32. SPECIAL REFERENCE | 33. RETIREMENT DATA | 34. EDUCATION | 35. CONVERSION INFORMATION | 36. EOD DATA | 37. SECURITY REG MO | 38. SECURITY REG DA | 39. SECURITY REG VS | | |
| MO DA VS | MO DA VS | 81 | 1-CDC 2-CA 3-PICA 4-NONE | DATA CODE | INFO | INFO | INFO | INFO | INFO | | |
| 40. VET PREFERENCE | | 41. SERV COMP DATE | 42. LONG COMP DATE | 43. CURREN CATEGOR | 44. MEDICAL / HEALTH INSURANCE | 45. SOCIAL SECURITY NO | | | | | |
| CODE | 0-NONE 1-1 PT. 2-10 PT. | MO DA VS | MO DA VS | INFO | INFO | INFO | | | | | |
| 46. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | 47. LEAVE CAT | 48. FEDERAL TAX DATA | 49. STATE TAX DATA | | | | | | | |
| CODE | 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE LESS THAN 3 YRS 3-BREAK IN SERVICE MORE THAN 3 YRS | CGOE | INFO | INFO | INFO | INFO | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| POSTED <i>[Signature]</i> | | | | | | | | | | | |

14-00000

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

| NAME | SERIAL ORGN. FUNDS GR-STEP | NEW SALARY |
|---------------|----------------------------|------------|
| WOODS JAMES S | 010032 44 750 CF GS 10 7 | \$14,581 |

SECRET

(When Filled In)

23 MAY 1971.

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | |
|---|--|------------------------------------|---|--|---|---|--------------|---|--|---|--|--|--|--|
| NCF | | NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | |
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | | | | |
| 010032 | | WOODS JAMES S | | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS | | | | 4. EFFECTIVE DATE NO 00 00 05 30 71 | | 5. CATEGORY OF EMPLOYMENT REGULAR | | | | | | | | |
| 6. FUNDS ➤ | | V 10 V | X | V 10 CF | 7. Rank or Grade No Change No. 8 CSC OR OTHER LEGAL AUTHORITY 1136 1267 0000 | | 50 USC 403 J | | | | | | | |
| 9. ORGANIZATIONAL ASSIGNMENT DDP/EUR DIVISION FOREIGN FIELD ITALIAN AREA ROME STATION SUPPORT BRANCH | | | | 10. LOCATION OF OFFICIAL STATION ROME, ITALY | | | | | | | | | | |
| 11. POSITION TITLE RECORDS ADM OF | | | | 12. POSITION NUMBER 0699 | | 13. SERVICE DESIGNATION D | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE 02, 10, 02 | | 15. OCCUPATIONAL SERIES 0344.01 | | 16. GRADE AND STEP 10 7 | | 17. SALARY OR RATE 13821 | | | | | | | | |
| 18. REMARKS HOME BASE: EUR | | | | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | | | | |
| 19. ACT/DET 20. EIN 21. SSN/ITIN 22. COUNTRY CODE CODE NUMBER | | 23. STATION CODE | | 24. MIGRANT CODE | | 25. DATE OF BIRTH MM DD YY 02 20 28 | | 26. DATE OF PASSAGE MM DD YY 00 00 00 | | 27. DATE OF LE. MM DD YY 00 00 00 | | | | |
| 28. MTE NUMBER 05 29 73 - 22 | | 29. DATA CODE | | 30. CURRENT CORRELATION DATA MM DD YY 00 00 00 | | 31. SECURITY INFO 000 | | 32. CSC 000 | | | | | | |
| 33. VET PREFERENCE CODE | | 34. GIFT CODE 000 | | 35. LONG COMM DATE MM DD YY 00 00 00 | | 36. CAREER CATEGORY CODE | | 37. FEOLI - HEALTH INSURANCE CODE | | 38. SOCIAL SECURITY NO. 000-00-0000 | | | | |
| 39. PAY-CODE 40. DEPARTMENT/AGENCY CODE | | 41. LEAVE CAT CODE | | 42. FEDERAL TAX DATA CODE | | 43. STATE TAX DATA CODE | | 44. PAYROLL DATA CODE | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | | | | |
| POSTED 6-3-71 15 | | | | | | | | | | | | | | |

ARS: 11 MARCH 71

SECRET
(When filled in)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | |
|--|----------------|----------------------------|-----------------|--|-----------------|--|------------------|
| CSC | | | | | | | |
| 1 SERIAL NUMBER | | 2 NAME (LAST FIRST MIDDLE) | | | | | |
| 010032 | | WOODS JAMES S | | | | | |
| 3 NATURE OF PERSONNEL ACTION | | | | 4 EFFECTIVE DATE | | 5 CATEGORY OF EMPLOYMENT | |
| CHANGE OF FAN | | | | 02 18 71 | | REGULAR | |
| 6 FUNDS | | V TO V | V TO CF | 7 FINANCIAL ANALYSIS NO. CHARGEABLE | | 8 CSC OR OTHER LEGAL AUTHORITY | |
| | | CF TO V | CF TO CP | 1236 1166 00000 | | 50 USC 403 J | |
| 9 ORGANIZATIONAL DESIGNATIONS | | | | 10 LOCATION OF OFFICIAL STATION | | | |
| DOP/EUR DEVELOPMENT COMPLEMENT | | | | WASH., D.C. | | | |
| 11 POSITION TITLE | | | | 12 POSITION NUMBER | | 13 SERVICE DESIGNATION | |
| RECORDS ADM OFFICER | | | | 9997 | | O | |
| 14 CLASSIFICATION SCHEDULE (GS, LS etc.) | | 15 OCCUPATIONAL SERIES | | 16 GRADE AND STEP | | 17 SALARY OR RATE | |
| GS | | 0344.01 | | 10 7 | | 13621 | |
| 18 REMARKS OTHER | | | | | | | |
| HOME BASE: EUR | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19 ACT/END | 20 Employ Comp | 21 OFFICE CODING | 22 STATION CODE | 23 INTEGEE CODE | 24 PAYROLL Code | 25 DATE OF BIRTH | 26 DATE OF GRADE |
| | | NUMBER ALPHABETIC | 73013 | | 1 | 02 24 19 | 02 24 78 |
| 37 | 16 | 44997 | EUR | | | 02 20 28 | |
| 27 PAY EXPENSE | | 28 SPECIAL REFERENCE | | 29 RETIREMENT DATA | | 30 SEPARATION DATA CODE | |
| | | | | 1 CIC 2 CIA 3 DIA 4 HQNS | | 31 SEPARATION CONSIDERATION DATA PAY MO DA 14 | |
| | | | | | | 32 FEDERAL TAX DATA | |
| | | | | | | 33 SECURITY REG NO | |
| | | | | | | 34 SEA | |
| 35 HRT PREFERENCE | | 36 SERV COMP DATE | | 37 LONG COMP DATE | | 38 CAREER CATEGORY | |
| CODE | | MO DA 14 | | MO DA 14 | | CODE | |
| 39 PREVIOUS CIVILIAN GOVERNMENT SERVICE | | 40 LEAVE CAT CODE | | 41 FEDERAL TAX DATA | | 42 STATE TAX DATA | |
| CODE | | | | 4011 EXEMPT 4012 4013 4014 4015 4016 4017 4018 4019 4019 4020 | | 4211 4212 4213 4214 4215 4216 4217 4218 4219 4220 | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | |
| <i>POSTED 312.714</i> | | | | | | | |

14-00000

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

EFFECTIVE DATE OF PAY ADJUSTMENTS 10 JANUARY 1971

| NAME | SERIAL ORGN. FUNDS GR-STEP | NEW SALARY |
|----------------|----------------------------|------------|
| WOODS JAMES S. | 010032 44 997 V GS 10 7 | \$13,821 |

SECRET
(When Filled In)

ARS: 27 JAN 71

NOTIFICATION OF PERSONNEL ACTION

OKF

| | | | | | | | | |
|--|-----------------------------|--|---|---|--|--|------------------------------------|-----------------------------|
| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | |
| 010032 | WOODS JAMES S | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS-CORRECTION | | | 4. EFFECTIVE DATE 01 10 71 | 5. CATEGORY OF EMPLOYMENT REGULAR | | | | |
| 6. FUNDS ➤ <input checked="" type="checkbox"/> CP TO V | | V TO V | V TO CP | 7. Financial Analysis No Chargeable 1234 1186 0000 | 8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DOP/EUR DEVELOPMENT COMPLEMENT | | | 10. LOCATION OF OFFICIAL STATION WASH., D.C. | | | | | |
| 11. POSITION TITLE RECORDS ADM OFFICER | | | 12. POSITION NUMBER 9997 | 13. SERVICE DESIGNATION D | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS | | 15. OCCUPATIONAL SERIES 0344.01 | 16. GRADE AND STEP 10 7 | 17. SALARY OR RATE 13821 | | | | |
| 18. REMARKS THIS ACTION CORRECTS FORM 1150 THE EFFECTIVE DATE WHICH READ 12/13/70 TO READ 01/10/71. | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 19. ACTION CODE 58 | 20. Employer Code 18 | 21. OFFICE CODING NUMBER: 44997 ALPHABETIC: EUR | 22. STATION CODE 75013 | 23. INTEGEE CODE 1 | 24. HIRING CODE NO 04 74 | 25. DATE OF BIRTH 02 20 1928 | 26. DATE OF GRADE NO 04 74 | 27. DATE OF LEI NO 04 74 |
| 28. NITE EXP RES | | 29. SPECIAL REFERENCE NO 66 18 | | 30. RETIREMENT DATA CONV | 31. SEPARATION DATA CODE 10 | 32. Correction / Completion Date 12 13 70 | 33. SECURITY REQ P&O EOD DATA ➤ | 34. SEA |
| 35. VET PREFERENCE | | 36. SERV COMP DATE NO DA 18 | 37. LONG COMP DATE NO DA 18 | 38. CAREER CATEGORY CAB TEMP | 39. FEGLI - HEALTH INSURANCE CODE: 1 NO 2 YES | 40. SOCIAL SECURITY NO 9 123 456 789 | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE COSR 1. NO PREVIOUS SERVICE 2. ONE YEAR IN SERVICE 3. THREE OR MORE YEARS 4. RECENT IN SERVICE (DRAFT, ETC.) | | | 42. LEAVE CAT CODE NO | 43. FEDERAL TAX DATA NEW EXECUTED 2 NO | 44. STATE TAX DATA NEW EXECUTED 2 NO | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | POSTED 1-29-71 M.J. | | |

SECRET

(When Filled In)

AIRC:

DEC 70

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | |
|--|-------------------|-----------------------------|---------------------|---------------------------------------|-------------------------------|---------------------------------|-------------------|-------------------------|----------|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST MIDDLE) | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | |
| 010032 | | WOODS JAMES S | | NO. | DA | MM | YY | | |
| 3. NATURE OF PERSONNEL ACTION | | | | 12 13 70 | | REGULAR | | | |
| REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS | | | | 7. FINANCIAL ANALYSIS FILE CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| 6. FUNDS ➤ | | V TO V | V TO CF | 1236 1186 0000 | | 50 USC 403 J | | | |
| 8. ORGANIZATIONAL DESIGNATIONS | | | | 10. LOCATION OF OFFICIAL STATION | | | | | |
| DDP/EUR DEVELOPMENT COMPLEMENT | | | | WASH., D.C. | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | 13. SERVICE DESIGNATION | | | | |
| RECORDS AUM OFF | | | | 9997 | D | | | | |
| 14. CLASSIFICATION SCHEDULE (OS, LS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | 17. SALARY OR RATE | | | | |
| GS | | 0344.01 | | 10 7 | 13041 | | | | |
| 18. REMARKS OTHER | | | | | | | | | |
| HOME BASE: EUR | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOYEE CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGRITY CODE | 24. PAYROLL CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF RETI | |
| 16 | 16 | 44497 | EUR | 75013 | | 12 20 28 | | | |
| 20. LIFE EXPENSES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CARRIED OVER/CHARGED DATA | | | 33. SECURITY REG. NO. | 34. GEN. |
| NO DA RS | | | COD | | 1 | 1 | 1 | REG. NO. | RS |
| 35. RET PREFERENCE | | 36. SERV COMP DATE | 37. LONG COMP DATE | 38. CAREER CATEGORY | 39. REG. / HEALTH INSURANCE | | | 40. SOCIAL SECURITY NO. | |
| CODE | | NO DA RS | NO DA RS | COD | REG. | HEALTH | CODE | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | | | 44. STATE TAX DATA | |
| CODE | | | | | SEARCHED | CODE | NO TAX EXEMPTION | SEARCHED | CODE |
| 1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE (LESS THAN 3 yrs) 3. BREAK IN SERVICE (MORE THAN 3 yrs) | | | | | 1 YES | | 2 NO | 1 YES | 2 NO |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | POSTED | |
| | | | | | | | | 11 12-19-70 | |

| | | | | |
|---|----------------|---------------------------|---------------|----------------------------------|
| SERIAL NO. | NAME | ORGANIZATION | FUNDS | LWOP HOURS |
| 010032 | WOODS JAMES S. | 44-525 | CF | |
| 6. OLD SALARY RATE | | 7. NEW SALARY RATE | | 8. TYPE ACTION |
| Grade | Step | Bonus | Last Eff Date | Grade Step Salary Effective Date |
| GS 10 | 6 | \$12,679 | 07/28/68 | GS 10 7 \$13,041 07/28/70 |
| CERTIFICATION AND AUTHENTICATION | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE. | | | | |
| SIGNATURE | | | | DATE |
| <i>[Signature]</i> | | | | 6/23/70 |
| <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD | | | | |
| CLASS INITIALS | APPROVED BY | | | |
| FORM 7-66 560 E Use previous edition | | PAY CHANGE NOTIFICATION | | |
| | | <i>[Signature] (4-81)</i> | | |

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

| NAME | SERIAL ORGN. FUNDS GR-STEP | NEW SALARY |
|---------------|----------------------------|------------|
| WOODS JAMES S | 010032 44-525 CF GS 10 6 | \$12,679 |

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

| NAME | SERIAL ORGN. FUNDS GR-STEP | NEW SALARY |
|---------------|----------------------------|------------|
| WOODS JAMES S | 010032 44-525 CF GS 10 6 | \$11,942 |

SECRET
(When Filled In)

4 NOV 68

NOTIFICATION OF PERSONNEL ACTION**NCF**

| | | | | | | | | | |
|--|-----------------|--|--------------------------------|-------------------------------------|------------------------------------|---------------------------------|---------------------|---------------------------|---------------------|
| 1. SERIAL NUMBER | | 2. NAME (LAST FIRST MIDDLE) | | 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | |
| 010032 | | WOODS JAMES S | | REASSIGNMENT | | 11 04 68 | | REGULAR | |
| 6. FUNDS ➤ | | V TO V | V TO CF | 7. Financial Analysis No Chargeable | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| | | X | CF TO V | 9136 1214 0000 | | 50 USC 403 J | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | DDP/EUR FOREIGN FIELD BRITISH COMMONWEALTH REGION LONDON STATION SUPPORT BRANCH REGISTRY SECTION | | 10. LOCATION OF OFFICIAL STATION | | LONDON, ENGLAND | | | |
| 11. POSITION TITLE | | RECORDS ADM OF | | 12. POSITION NUMBER | | 13. SERVICE DESIGNATION | | | |
| | | 0254 | | | | D | | | |
| 14. CLASSIFICATION SCHEDULE (OS, LS, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | | 17. SALARY OR RATE | | | |
| GS | | 0344.01 | | 10 6 | | 10847 | | | |
| 18. REMARKS | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | |
| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGRITY CODE | 24. MILITARY CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | |
| 37 | 10 | 44525 | EUR | 21025 | 3 | 02 20 28 | | | |
| 28. NTC EXPIRES | | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. Correction / Cancellation Data | | | | |
| 11 03 70 | | 83 | 1 CS 1 CA 1 ICA 1 ICP | CODE | TYPE | MO DA YR | MO DA YR | MO DA YR | 33. SECURITY REQ NO |
| 35. VET PREFERENCE | | 36. SSN COMP DATE | 37. LONG COMP DATE | 38. CAREER CATEGORY | 39. FEH / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | | |
| CODE | | MO DA YR | MO DA YR | CAR TEMP CODE | CODE | 9. WIFE | 1. KIDS | 2. DEPENDENTS | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | |
| CODE | | 1. NO PREVIOUS SERVICE 2. NO LEAVES ON SERVICE 3. LEAVES IN SERVICE (TOTAL LENGTH 3 yrs) | 4. LEAVE EXCLUDED | CODE | NO TAX EXEMPTION | 5. STATE | 6. STATE TAX EXEMPT | 7. STATE TAX CODE | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
| FROM FE ➤ | | | | | | | | | |
| 1- PCKED Dm | | | | | | | | | |

FORM 5-64 1150
MAY 1967

Use Previous Edition

SECRET

EXCERPT
Excluded from automatic
downgrading and
declassification
(When Filled In)

SECRET
(When Filled In)

WD: 16 AUG 68

NOTIFICATION OF PERSONNEL ACTION

NCF

| | | | | | | | | |
|---|-----------------------------|---|---|-------------------------------------|--|-------------------------------|-------------------------------|-----------------------------|
| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) | | | | | | | |
| N10032 | WOODS JAMES S | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | 4. EFFECTIVE DATE | 5. CATEGORY OF EMPLOYMENT | | | | |
| PROMOTION | | | 07 28 68 | REGULAR | | | | |
| 6. FUNDS | V TO V | V TO CP | 7. FINANCIAL ANALYSIS NO: Chargeable | | | | | |
| | CP TO V | X CP TO CP | 9137 1487 0000 50 USC 403 J | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP/FEE FOREIGN FIELD FE/VNO VIET NAM STATION INTELLIGENCE DIVISION COLLATION BRANCH CURRENT INTELLIGENCE SECTION BIOGRAPHIC UNIT | | | 10. LOCATION OF OFFICIAL STATION SAIGON, SOUTH VIET. NAM | | | | | |
| 11. POSITION TITLE RECORDS ADMIN OF | | | 12. POSITION NUMBER 4984 | 13. SERVICE DESIGNATION D | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, GS, ETC.) GS | | 15. OCCUPATIONAL SERIES 0344.01 | 16. GRADE AND STEP 10 6 | 17. SALARY OR RATE 10847 | | | | |
| 18. REMARKS RECORDS ADMIN OFFICER OCCUPYING 10 GENERAL POSITION | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | |
| 19. ACTION CODE 22 | 20. EMPLOYEE CODE 10 | 21. OFFICE CODING 435500 FE | 22. STATION CODE 77205 | 23. INFOTREE CODE 3 | 24. HIRING CODE 02 20 28 | 25. DATE OF BIRTH 07 28 68 | 26. DATE OF GRADE 07 28 68 | 27. DATE OF LES 07 28 68 |
| 28. MIE EXPIRES MO DA YE | | 29. SPECIAL REFERENCE 1 CSC 2 CIA 3 NSA 4 DIA | 30. RETIREMENT DATA CODE | 31. SEPARATION DATA CODE TYPE | 32. Correction / Conviction Data TYPE | 33. SECURITY REG NO REG NO | | |
| 35. VET PREFERENCE CODE | | 36. SERV. COMP. DATE MO DA YE | 37. LONG COMP. DATE MO DA YE | 38. CAREER CATEGORY CAR REG TEMP | 39. FEES / HEALTH INSURANCE 0 WAIVER 1 YES | 40. SOCIAL SECURITY NO. | | |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE | | 42. LEAVE CAT. 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) | 43. FEDERAL TAX DATA 1 YES 2 NO | 44. STATE TAX DATA 1 YES 2 NO | | | | |

SIGNATURE OR OTHER AUTHENTICATION

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|---------------|--------|--------|-------|---------|------------|------------|
| WOODS JAMES S | 010032 | 45 500 | CF | GS 09 7 | \$ 9,668 | \$10,154 |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 6 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|---------------|--------|--------|-------|---------|------------|------------|
| WOODS JAMES S | 010032 | 45 500 | CF | GS 09 7 | \$ 9,202 | \$ 9,668 |

SECRET
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | |
|--|-----------------------------|----------------------------------|--------|--------------------------------------|--------------------------------|---------------------------------|--|--|--|
| OCS 05/31/67 | | | | | | | | | |
| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST MIDDLE) | | | | | | | | |
| 010032 | WOODS JAMES S | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | |
| REASSIGNMENT | | MO. DA YR 05 21 67 | | 6. CSC OR OTHER LEGAL AUTHORITY | | | | | |
| 6. FUNDS | V TO V | | V TO C | 7. FINANCIAL ANALYSIS NO. CHARGEABLE | | 8. CSC OR OTHER LEGAL AUTHORITY | | | |
| | O TO V | X | O TO C | 7137 1487 0000 | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | 10. LOCATION OF OFFICIAL STATION | | | | | | | |
| DDPAFE DIVISION | | SAIGON, SOUTH VIET NAM | | | | | | | |
| 11. POSITION TITLE | | | | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION | | | | |
| RECORDS ADMIN CP | | | | 4985 | D | | | | |
| 14. CLASSIFICATION SCHEDULE (OCS, LB, etc.) | | 15. OCCUPATIONAL SERIES | | 16. GRADE AND STEP | 17. SALARY OR RATE | | | | |
| OCS | | 0344,01 | | D9 | | | | | |
| 18. REMARKS | | | | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | |
|  | | | | | | | | | |

SECRET
(When Filled In)

MRT: 9 DEC 66

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | |
|---|--------------------------------|---------------------------------|---------------------|-----------------------------|----------------------------------|-----------------------|-------------------|
| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | |
| 010032 WOODS JAMES S | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | | |
| DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM | | | | | | | |
| 4. EFFECTIVE DATE | | 5. CATEGORY OF EMPLOYMENT | | | | | |
| MO. DA. YR. | | REGULAR | | | | | |
| 12 18 66 | | | | | | | |
| 6. FUNDS | | V TO V | V TO CF | | | | |
| | | CF TO V | X CF TO CF | | | | |
| 7. COST CENTER NO. CHARGEABLE | | | | | | | |
| 7137 1566 0000 PL 88-643 SECT. 203 | | | | | | | |
| 8. CSC OR OTHER LEGAL AUTHORITY | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | | |
| DDP/FE <i>SAIGON, South Viet Nam TOKYO, JAPAN</i> | | | | | | | |
| 10. LOCATION OF OFFICIAL STATION | | | | | | | |
| 11. POSITION TITLE | | | | | | | |
| 12. POSITION NUMBER | | | | | | | |
| 13. SERVICE DESIGNATION | | | | | | | |
| D | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) | | 15. OCCUPATIONAL SERIES | | | | | |
| | | 16. GRADE AND STEP | | | | | |
| | | 17. SALARY OR RATE | | | | | |
| | | 09 | | | | | |
| 18. REMARKS | | | | | | | |
| EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE. | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | |
| 19. ACTION | 20. Employer Code | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGEE CODE | 24. Mdgts Code | 25. DATE OF BIRTH | 26. DATE OF GRADE |
| | | HIERARCHIC | ALPHABETIC | | | MO DA YR | MO DA YR |
| 27. DATE EXP'SES | 28. SPECIAL REFERENCE | 29. RETIREMENT DATA | 30. SEPARATION DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY REQ NO | 34. SEX |
| MO DA YR | | 1 - CSC 2 - FICA 3 - NONE | CODE | | TYPE | MO DA YR | |
| 35. VET. PREFERENCE | 36. SERV COMP DATE | 37. LONG COMP. DATE | 38. CAREER CATEGORY | 39. FEGL / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. | | |
| CODE | 0 - NONE 1 - GPT 2 - CPT | MO DA YR | MO DA YR | CAR YES PROV EXPD | CODE | 0 - WORKER 1 - YES | HEALTH INS CODE |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT. | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | |
| CODE | CODE | FORM EXECUTED | NO TAX EXEMPTION | FORM EXECUTED | NO TAX EXEMPT | STATE CODE | |
| 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs) | | 1 - YES 2 - NO | | 1 - YES 2 - NO | 1 - YES 2 - NO | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | |
| <div style="text-align: right; margin-right: 10px;"> EOD DATA </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>POSTED 12-14-66</i> </div> | | | | | | | |

SECRET
(When Filled In)

MRT: 8 DEC 66

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|---|-----------------------------|---------------------------------|----------------------|--|-----------------------------|----------------------------------|------------------------|-----------------------|-----------------|------------|--|
| OCC | | | | | | | | | | | |
| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | | |
| 010032 WOODS JAMES S | | | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION | | | | | | | | | | | |
| REASSIGNMENT | | | | | | | | | | | |
| 4. FUND SOURCE | V TO V | V TO C | 5. EFFECTIVE DATE | 6. CATEGORY OF EMPLOYMENT | | | | | | | |
| | X | X | NO. DA. YR. | REGULAR | | | | | | | |
| 7. COST CENTER NO. CHARGEABLE | | | | | | | | | | | |
| 7137 1487 0000 8. CSC OR OTHER LEGAL AUTHORITY | | | | | | | | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS | | | | | | | | | | | |
| DDP/FE FOREIGN FIELD FE/VNC - VIETNAM STATION EXECUTIVE OFFICE REGISTRY SECTION | | | | | | | | | | | |
| 10. LOCATION OF OFFICIAL STATION | | | | | | | | | | | |
| SAIGON, SOUTH VIET NAM. | | | | | | | | | | | |
| 11. POSITION TITLE | | | | | | | | | | | |
| RECORDS ADMIN OF 12. POSITION NUMBER | | | | | | | | | | | |
| 13. SERVICE DESIGNATION | | | | | | | | | | | |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.) 15. OCCUPATIONAL SERIES | | | | | | | | | | | |
| GS 0344.01 16. GRADE AND STEP | | | | | | | | | | | |
| 17. SALARY OR RATE | | | | | | | | | | | |
| 18. REMARKS | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE | 20. Employ. Code | 21. OFFICE CODING | | 22. STATION CODE | 23. INTEGEE CODE | 24. INQUIRIES CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI | | |
| -37 | 10 | 455001 | FE | 77205 | | 3 | 02 120 28 | | | | |
| 28. HIRE EXPIRES | | 29. SPECIAL REFERENCE | | 30. RETIREMENT DATA | 31. SEPARATION DATA | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REQ. NO. | 34. SEX | | |
| NO. DA YR. | | 1 - CSC 2 - FICA 3 - NONE | | CODE | DATA CODE | TYPE | NO. DA. YR. | EOD DATA | | | |
| 35. VET. PREFERENCE | | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | 38. CAREER CATEGORY | 39. FEES / HEALTH INSURANCE | | 40. SOCIAL SECURITY NO | | | | |
| CODE | | 0 - NONE | NO. DA YR. | NO. DA YR. | CAN. BSY. | CODE | CODE | 0 - MARRIED | HEALTH INS CODE | | |
| | | 1 - SPT. | | | 1 - TEMP | | 1 - TES | | | | |
| | | 2 - FDPY | | | 2 - NO | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | | | | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA | | | | | |
| CODE | | | | 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YEARS) 3 - BREAK IN SERVICE (MORE THAN 3 YEARS) | 1 - EXECUTED 2 - NO | NO. TAX EXCEPTIONS | FORM EXECUTED | CODE | NO. TAX EXEMPT | STATE CODE | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| POSTED 12-12-66 | | | | | | | | | | | |

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|---------------|--------|-------|-------|---------|------------------|------------|
| WOODS JAMES S | 010032 | 45 | 380 | CF | GS 09 7 \$ 9,003 | \$ 9,262 |

| | | | |
|--|---------------|-----------------------|----------------|
| 1. Serial No. | 2. Name | 3. Cost Center Number | 4. LWOP Hours |
| 010032 | WOODS JAMES S | 45 380 CF | |
| 5. OLD SALARY RATE | | 6. NEW SALARY RATE | |
| Grade | Step | Salary | Last Eff. Date |
| GS-09 | 6 | 88740 | 11/07/65 |
| Grade | Step | Salary | Effective Date |
| GS-09 | 7 | 89003 | 03/27/66 |
| 7. TYPE ACTION | | | |
| | | | |
| 8. Remarks and Authentication | | | |
| QUALITY STEP INCREASE | | | |
| /s/ Bennett D. Edwards Date: 31 March 1966 | | | |
| PAY CHANGE NOTIFICATION | | | |

Form 901 560
Observe Periodic Edition
(4-51)

| | | | |
|--|---------------|-----------------------|----------------|
| 1. Serial No. | 2. Name | 3. Cost Center Number | 4. LWOP Hours |
| 010032 | WOODS JAMES S | 45 380 CF | |
| 5. OLD SALARY RATE | | 6. NEW SALARY RATE | |
| Grade | Step | Salary | Last Eff. Date |
| GS-09 | 6 | 88740 | 11/07/65 |
| Grade | Step | Salary | Effective Date |
| GS-09 | 7 | 89003 | 03/27/66 |
| 7. TYPE ACTION | | | |
| | | | |
| 8. Remarks and Authentication | | | |
| QUALITY STEP INCREASE | | | |
| /s/ Bennett D. Edwards Date: 31 March 1966 | | | |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-321
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 5 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS 10 OCTOBER 1965

| NAME | SERIAL | ORGN. | FUNCTION | OLD | NEW |
|---------------|--------|--------|----------|------------------|------------------|
| | | | | SALARY | SALARY |
| WOODS JAMES S | 010032 | 45 380 | CF | GS 09 3 \$ 8,200 | GS 09 3 \$ 8,495 |

F.O.C.

| 1 Serial No. | 2 Name | 3 Cost Center Number | 4 LWOP Hours | | | | | |
|--|---------------|----------------------|--------------|--------|----------------|----|-----|------|
| 010032 | WOODS JAMES S | 45 380 CF | | | | | | |
| 5 OLD SALARY RATE | | 6 NEW SALARY RATE | | | | | | |
| Grade | Step | Salary | Step | Salary | Effective Date | Pd | 1st | Adj. |
| GS 09 3 | 8 | 8195 | GS 09 3 | 8749 | 11/10/65 | | | |
| 7 PAY STATUS AT END OF WAITING PERIOD 11/10/65 | | | | | | | | |
| 8 LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | |
| CLERKS INITIALS 9 AUDITED BY | | | | | | | | |
| 10 I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. | | | | | | | | |
| 11 SIGNATURES 12 PAY CHANGE NOTIFICATION | | | | | | | | |

13 DATE 14 SIGNATURE

11 October 65

15

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

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

GENERAL SCHEDULE RATES
Federal Employees Salary Act of 1964

SECRET
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

ADPO 09/18/64

1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE)

010032 WOODS JAMES S

3. NATURE OF PERSONNEL ACTION

REASSIGNMENT

4. FUNDS 

V 10 V V 10 SF

D 10 V X D 30 SF

4. EFFECTIVE DATE

09 18 64

5. CATEGORY OF EMPLOYMENT

7. COST CENTER NO. CHARGEABLE

5137 1966 0000

8. CSC OR GS-48 LEGAL AUTHORITY

9. ORGANIZATION DESIGNATIONS

DDP/FE DIVISION

JKO TOKYO CEN REC REC

10. LOCATION OF OFFICIAL STATION

TOKYO JAPAN

11. POSITION TITLE

INTEL ANALYST CM

12. POSITION NUMBER

4460

13. CAREER SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LS, etc.)

GS

15. OCCUPATIONAL SERIES

9132039

16. GRADE AND STEP

09

17. SALARY OR RATE

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

POSTED

*glb/jud MCR*Form 1150
Rev. 7-63
MNG 1-63Use Previous
Edition

SECRET

16 SEP
Excluded from automatic
downgrading and
declassification

(16 SEP 1968)

14-571

SECRET
(When Filled In)

AES: 16 MARCH 61

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | |
|---|-------------------|--|---|--|--|---|-------------------------------------|---------------------------------------|--|--|--|
| 1. SERIAL NUMBER | | 2. NAME (LAST-FIRST-MIDDLE) | | | | | | | | | |
| 010032 | | WOODS JAMES S | | | | | | | | | |
| 3. NATURE OF PERSONNEL ACTION REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS* | | | | | | | | | | | |
| 4. EFFECTIVE DATE MO DA YY 03 19 61 REGULAR | | | | | | | | | | | |
| 6. FUNDS ➤ | | V TO V | X | V TO CF | 7. COST CENTER NO. CHARGEABLE | | 8. DSC OR OTHER LEGAL AUTHORITY | | | | |
| | | CF TO V | | CF TO CF | 1137 7351 1000 | | 50 USC 403 | | | | |
| 9. ORGANIZATIONAL DESIGNATIONS DDP FE FE/JAO TOKYO STATION OFFICE OF THE CHIEF CENTRAL REGISTRY AND RECORDS SEC | | | | | | 10. LOCATION OF OFFICIAL STATION TOKYO JAPAN | | | | | |
| 11. POSITION TITLE INTEL ANALYST GEN | | | | | | 12. POSITION NUMBER 3061 | | 13. CAREER SERVICE DESIGNATION D | | | |
| 14. CLASSIFICATION SCHEDULE (GS, HS, etc.) GS | | | 15. OCCUPATIONAL SERIES 0132.36 | | | 16. GRADE AND STEP 09 3 | | 17. SALARY OR RATE 6765 | | | |
| 18. REMARKS *SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS. | | | | | | | | | | | |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL | | | | | | | | | | | |
| 19. ACTION CODE 20 | Employ Code 10 | 21. OFFICE CODING NUMERIC 56380 | 22. STATION CODE ALPHABETIC FE | 23. INTENEE CODE CODE 37587 | 24. Grade Code 3 | 25. DATE OF BIRTH MO DA YY 02 20 28 | 26. DATE OF GRADE MO DA YY 14 | 27. DATE OF LS MO SR YR 19 | | | |
| 28. RTE EXPIRES NO DA YR 1 | | 29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE | 30. RETIREMENT DATA CODE | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA TYPE EOD DATA ➤ | | | 33. SECURITY DATA REQ DS REQ DS | | | |
| 35. VET PREFERENCE CODE 1 - 0000 2 - 0000 3 - 0000 | | 36. SERV. COMP. DATE MO DA YY 00 00 00 | 37. LONG COMP. DATE MO DA YY 00 00 00 | 38. MIL. SERV. CREDIT/LCO CODE 1 - YES 2 - NO | 39. FEGL / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES | 40. SOCIAL SECURITY CODE HEALTHCARE 2004 | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE, LESS THAN 12 MOS. 3 - BREAK IN SERVICE, MORE THAN 12 MOS. | | | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA CODE 1 - YES 2 - NO | 44. STATE TAX DATA CODE 1 - YES 2 - NO | | | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | | | | | | | | |
| POSTED 03/22/61, R/K | | | | | | | | | | | |

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DOD
MEMORANDUM DATED 1 AUGUST 1968, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1969.

| NAME | SERIAL | ORG FUND | GR-ST | OLD SALARY | NEW SALARY |
|---------------|--------|----------|-------|------------------|------------|
| WOODS JAMES S | 010032 | 48 380 | CF | GS 09 5 \$ 7,975 | \$ 7,990 |

| 1. Serial No. | 2. Name | | | 3. Cost Center Number | | 4. LWOP Hours | | | | |
|---|---------------|--------|----------------|-----------------------|------|---------------|----------------|----------------|-----|------|
| 010032 | WOODS JAMES S | | | 56 380 CF // | | | | | | |
| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
| Grade | Step | Salary | Effective Date | Grade | Step | Salary | Effective Date | PDI | LSW | ADJ. |
| GS 09 4 | 5 | 7,975 | 11/10/68 | GS 09 5 | 5 | 7,990 | 11/10/68 | | | |
| 8. Remarks and Authentication | | | | | | | | | | |
| / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY | | | | | | | | | | |
| o o | | | | | | | | | | |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. <i>JK</i> SIGNATURE: <i>JK</i> DATE: <i>11/14/68</i> | | | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | | | |

Form 9-61 560

Obsoletes Previous
Edition

(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
DOD MEMORANDUM DATED 1 AUGUST 1968, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 14 OCTOBER 1968.

| NAME | SERIAL | ORG FUND | GR-ST | OLD SALARY | NEW SALARY |
|---------------|--------|----------|---------|------------|------------|
| WOODS JAMES S | 010032 | 6A361 | CF GS 4 | \$ 6,930 | \$ 6,980 |

| OLD SALARY RATE | | | | NEW SALARY RATE | | | |
|--|------|----------|---------------------|---|------|----------|----------------|
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | GRADE | STEP | SALARY | EFFECTIVE DATE |
| GS 09 | 3 | \$ 6,765 | 11 13 60 | GS 09 | 3 | \$ 6,765 | 11 13 60 |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER | | | | | | | |
| 9. CHECK ONE <input checked="" type="checkbox"/> EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD | | | | 10. NUMBER OF HOURS LWOP 11. INITIALS OF CLERK 12. AUDITED BY | | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | |
| 13. TYPE OF ACTION <input type="checkbox"/> P.S. <input type="checkbox"/> L.S. <input type="checkbox"/> PAY ADJUSTMENT | | | | 14. REMARKS | | | |
| 15. AUTHENTICATION O O | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | |

FORM
560REPLACES PREVIOUS EDITION
REPLACES FORM 560, AND 560A.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

| 1. Serial No. | 2. Name | | 3. Cost Center Number | | 4. LWOP Hours | | | |
|--|---------------|--------------------|-----------------------|----------------|---------------|----------|----------------|----------------------|
| 10032 | WOODS JAMES S | | DDP/FF 11 UV | | | | | |
| 5. OLD SALARY RATE | | 6. NEW SALARY RATE | | 7. TYPE ACTION | | | | |
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | P.S. L.S. Adj. |
| GS 09 | 3 | \$ 6,765 | 11/13/60 | GS 09 | 4 | \$ 6,930 | 11/12/61 | |
| 8. Remarks and Authentication / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD | | | | | | | | |
| PAY CHANGE NOTIFICATION | | | | | | | | |

SECRET

(4-81)

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

SD NAME

SI WOODS JAMES S

| SERIAL | ORGN | GR-SY | OLD SALARY | NEW SALARY |
|--------|-------|---------|------------|------------|
| 110032 | SI 12 | GS-09 2 | \$ 6,765 | \$ 6,930 |

SECRET
(WHEN FILLED IN)

| | | | | | | | | | | | | |
|---|---------------|----------|---------------------|--|---------------------------|-------|----------|----------|----------------|-----|-----|--|
| 1. EMP. SERIAL NO. | 2. NAME | | | 3. ASSIGNED ORGAN. | | | 4. FUNDS | | 5. ALLOTMENT | | | |
| 110032 | WOODS JAMES S | | | DDP/FE | | | V-20 | | | | | |
| 6. OLD SALARY RATE | | | | 7. NEW SALARY RATE | | | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE | | | |
| | | | MO | DA. | YR. | | | | MO | DA. | YR. | |
| GS 9 | 1 | \$ 5,984 | 11 | 16 | 58 | GS 9 | 2 | \$ 6,135 | 11 | 15 | 59 | |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER | | | | | | | | | | | | |
| BY CHECK ONE: <input type="checkbox"/> NO EXCESS LWOP. <input type="checkbox"/> EXCESS LWOP. IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD | | | | 9. NUMBER OF HOURS LWOP 10. INITIALS OF CLERK 11. AUDITED BY | | | | | | | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | | | | | | |
| 12. TYPE OF ACTION: <input type="checkbox"/> P.R.I. <input type="checkbox"/> E.O.I. <input type="checkbox"/> PAY ADJUSTMENT | | | | 13. REMARKS | | | | | | | | |
| 14. AUTHENTICATION | | | | | | | | | | | | |
| 15. PAY CHG NOTIFICATION | | | | | | | | | | | | |
| 16. 560. OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B. | | SECRET | | | OFFICIAL PERSONNEL FOLDER | | | (4) | | | | |

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

NOM 20 MAR 59

| | | | | | | | |
|----------------------|-----------------------------|---------------------------------|-------------|----------------------|-----------------------------|------------|---|
| 1. Serial No. | 2. Name (Last-First-Middle) | | | 3. Date Of Birth | 4. Vet. Prof. | 5. Sex | 6. CS-EOD |
| 10032 | WOODS JAMES S | | | Mo. 02 Da. 20 Yr. 28 | None-0 5 Pt-1 10 Pt-2 | Code 1 M 1 | Mo. 04 Da. 21 Yr. 52 |
| 7. SCD | 8. CSC Retmt. | 9. CSC Or Other Legal Authority | | 10. Apmnt. Affidav. | 11. FEGLI | 12. LCD | 13. <small>Other</small> |
| Mo. 11 Da. 12 Yr. 48 | Yes - 1 No - 2 | Code 1 | 50 USCA 403 | Mo. 11 Da. 16 Yr. 50 | Yes - 1 No - 2 | Code 1 | Mo. 04 Da. 21 Yr. 52 Yes - 1 No - 2 |

PREVIOUS ASSIGNMENT

| | | | | | |
|--|--|--|---|-------------------------------------|---|
| 14. Organizational Designations DDP, FE FE/PSH PHILIPPINES STATION SUPPORT BRANCH | Code 5161 | 15. Location Of Official Station MANILA, R.P. | Station Code 57557 | | |
| 16. Dept - Field Dept - 2 USAd - 4 Frgn - 6 | 17. Position Title RECDS MGMT. ANAL | 18. Position No. 3382 | 19. Serv. 20. Occup. Series GS 0306.01 | | |
| 21. Grade & Step 09 1 | 22. Salary Or Rate \$ 5985 | 23. SD DI | 24. Date Of Grade Mo. 11 Da. 16 Yr. 50 | 25. PSI Due Mo. 11 Da. 15 Yr. 59 | 26. Appropriation Number 9 3780 55 006 |

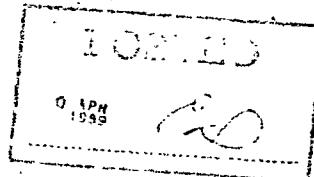
ACTION

| | | | | | |
|---|---------|---------------------------------------|---------------------------------|---------|---------------------|
| 27. Nature Of Action REASSIGNMENT TRANSFER TO VOUCHERED FUNDS | Code 01 | 28. Eff. Date Mo. 03 Da. 22 Yr. 59 | 29. Type Of Employee REGULAR | Code 01 | 30. Separation Data |
|---|---------|---------------------------------------|---------------------------------|---------|---------------------|

PRESENT ASSIGNMENT

| | | | | | |
|--|--------------------------------------|--|---|-------------------------------------|---|
| 31. Organizational Designations DDP, FE OFFICE OF THE CHIEF SECRETARIAT | Code 5112 | 32. Location Of Official Station WASH., D. C. | Station Code 75013 | | |
| 33. Dept - Field Dept - 2 USAd - 4 Frgn - 6 | 34. Position Title RECDS MGMT OFF | 35. Position No. 2461 | 36. Serv. 37. Occup. Series GS 0306.01 | | |
| 38. Grade & Step 09 1 | 39. Salary Or Rate \$ 5985 | 40. SD DI | 41. Date Of Grade Mo. 11 Da. 16 Yr. 50 | 42. PSI Due Mo. 11 Da. 15 Yr. 59 | 43. Appropriation Number 9 3700 20 001 |

44. Remarks



SECRET

MOM : 4 NOV 58

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | |
|----------------------|-----------------------------|---------------------------------|-----------------------------|-----------------|----------------------|--------------------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth | 4. Vet Pref. | 5. Sex | 6. CS - EOD | |
| 510032 | WOODS JAMES S | Mo. 02 Da. 20 Yr. 28 | None-0 5 Pt-1 10 Pt-9 | Code 1 N 1 | Mo. 04 Da. 21 Yr. 52 | |
| 7. SCD | 8. CSC Retmt. | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. | 11. FEGLI | 12. LCD | 13. Mil. Perfo. Recd. |
| Mo. 11 Da. 12 Yr. 48 | Yes - 1 Code 1 No - 2 | 50 USCA 403 | Mo. > Da. > Yr. > | Yes-1 Code No-2 | Mo. 04 Da. 21 Yr. 52 | Yes - 1 Code 2 No - 2 |

PREVIOUS ASSIGNMENT

| | | | | | |
|---|--------------------------------------|---|---|--|--|
| 14. Organizational Designations DDP FE BRANCH 3 PHILIPPINES STATION ADMIN SEC | Code | 15. Location Of Official Station MANILA, R.P. | Station Code 57557 | | |
| 16. Dept. - Field Dept - 1 USMfd - 3 Frgn - 5 | Code 5 | 17. Position Title RECORDS MGMT ANALYST | 18. Position No. 3382 | 19. Serv. 20. Occup. Series GS 0306.01 | |
| 21. Grade & Step 07 4 | 22. Salary Or Rate \$ 5430 | 23. SD 01 | 24. Date Of Grade Mo. 04 Da. 10 Yr. 55 | 25. PSI Due Mo. 04 Da. 06 Yr. 58 | 26. Appropriation Number 8 3780 55 006 |

ACTION

| | | | | | |
|--|-------------------|---------------------------------------|--|-------------------|---------------------|
| 27. Nature Of Action PROMOTION | Code 30 | 28. Eff. Date Mo. 11 Da. 16 Yr. 58 | 29. Type Of Employee REGULAR | Code 01 | 30. Separation Data |
|--|-------------------|---------------------------------------|--|-------------------|---------------------|

PRESENT ASSIGNMENT

| | | | | | |
|--|--------------------------------------|---|---|--|--|
| 31. Organizational Designations DDP FE FE/PSH PHILIPPINES STATION SUPPORT BRANCH | Code | 32. Location Of Official Station MANILA, R.P. | Station Code 57557 | | |
| 33. Dept. - Field Dept - 1 USMfd - 3 Frgn - 5 | Code 5 | 34. Position Title RECDS MGMT ANAL | 35. Position No. 3382 | 36. Serv. 37. Occup. Series GS 0306.01 | |
| 38. Grade & Step 09 1 | 39. Salary Or Rate \$ 5985 | 40. SD 01 | 41. Date Of Grade Mo. 11 Da. 16 Yr. 58 | 42. PSI Due Mo. 11 Da. 15 Yr. 59 | 43. Appropriation Number 9 3780 55 006 |

44. Remarks

POSTED

20 NOV 1958

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE

12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI

DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

| NAME | SERIAL | GRADE-STEP | OLD SALARY | NEW SALARY |
|---------------|--------|------------|------------|------------|
| WOODS JAMES S | 510032 | GS-07-4 | \$ 4,930 | \$ 5,430 |

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

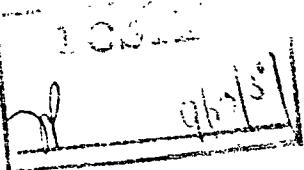
SECRET

SECRET
(WHEN FILED IN)

| 1. EMP. SERIAL NO. | 2. NAME | 3. ASSIGNED ORGAN. | 4. FUNDS | 5. ALLOTMENT | | | | | |
|---|---------------|--------------------|------------------------------------|--------------------------|------|--------------------|-------------------------------|--|--|
| 510032 | WOODS JAMES S | DDP/FE | UV | | | | | | |
| 6. OLD SALARY RATE | | | 7. NEW SALARY RATE | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE MO. DA. YR. | GRADE | STEP | SALARY | EFFECTIVE DATE MO. DA. YR. | | |
| GS 7 | 3 | \$ 4,795 | 04 07 57 | GS 7 | 4 | \$ 4,930 | 06 06 58 | | |
| 8. TO BE COMPLETED BY THE OFFICE OF COMPTROLLER | | | | | | | | | |
| 9. CHECK ONE: <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP | | | | 10. NUMBER OF HOURS LWOP | | | | | |
| 11. IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD | | | | 12. INITIALS OF CLERK | | 13. AUDITED BY | | | |
| 14. TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | | | | |
| 15. PROJECTED SALARY RATE AND EFFECTIVE DATE | | | | 16. REMARKS | | | | | |
| GRADE | STEP | SALARY | MO. | DA. | YR. | 17. AUTHENTICATION | | | |
| GS 7 | 4 | \$ 5,430 | 06 | 06 | 58 | | | | |
| 18. PERIODIC STEP INCREASE - AUTHENTICATION | | | | | | | | | |
| 19. FORM NO. 1 MAY 58 360a | | | | | | | | | |
| 20. SECRET | | | | | | | | | |
| 21. PERSONNEL FOLDER (1) | | | | | | | | | |

SECRET

(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION | | | | | | | | | | | | |
|--|--|--------------------------------|--|--------|---|----------------------------------|--|---|--|---|--|--|
| LVL | | S. Name (Last-First-Middle) | | | 3. Date Of Birth | | | 4. Vol. Prod. | | 5. Serv. | | |
| 510032 | | WOODS JAMES S | | | Mo. Da. Yr. | | | None-O Code 5 Pt-1 10 Pt-9 | | Mo. Da. Yr. | | |
| 7. SCD | | 8. CSC Room. | | | 9. CSC Or Other Legal Authority | | | 10. Appnt. Affidiv. | | 11. FEGLI | | |
| Mo. Da. Yr. XX XX | | | | | Mo. Da. Yr. Yes - 1 Code No - 8 1 | | | Mo. Da. Yr. Yes - 1 Code No - 8 1 | | Mo. Da. Yr. Yes - 1 Code No - 8 2 | | |
| 50 USCA 403 J | | | | | | | | | | | | |
| PREVIOUS ASSIGNMENT | | | | | | | | | | | | |
| 14. Organizational Designations DDP FI RECORDS INTEGRATION DIV ANALYSIS AND OPERATIONS BR ANALYSIS SEC | | | | Code | | 15. Location Of Official Station | | | | Station Code | | |
| | | | | | | WASH., D.C. | | | | | | |
| 16. Dept. - Field | | 17. Position Title | | | | 18. Position No. | | 19. Serv. | | 20. Occup. Series | | |
| Dpt - 1 USfld - 3 Frgn - 5 | | Code 2 INTEL ANALYST | | | | 430.12 | | GS | | 0132.35 | | |
| 21. Grade & Step | | 22. Salary Or Rate | | 23. SD | | 24. Date Of Grade | | 25. PSL Due | | 26. Appropriation Number | | |
| 07 3 | | \$ 4795 | | DI | | Mo. Da. Yr. | | Mo. Da. Yr. | | S 2309 23 | | |
| ACTION | | | | | | | | | | | | |
| 27. Nature Of Action REASSIGNMENT TRANSFER TO UNVOCERED FUNDS | | | | Code | | 28. Eff. Date | | 29. Type Of Employee | | 30. Separation Data | | |
| | | | | 06 | | Mo. Da. Yr. 09 08 57 | | REGULAR | | 01 | | |
| PRESENT ASSIGNMENT | | | | | | | | | | | | |
| 31. Organizational Designations DDP FE BRANCH 3 PHILIPPINES STATION ADMIN SEC | | | | Code | | 32. Location Of Official Station | | | | Station Code | | |
| | | | | 5161 | | MANILA, R.P. | | | | 57557 | | |
| 33. Dept. - Field | | 34. Position Title | | | | 35. Position No. | | 36. Serv. | | 37. Occup. Series | | |
| Dpt - 1 USfld - 3 Frgn - 5 | | Code 5 RECORDS MGMT ANALYST | | | | 3302 | | GS | | 0306.01 | | |
| 38. Grade & Step | | 39. Salary Or Rate | | 40. SD | | 41. Date Of Grade | | 42. PSL Due | | 43. Appropriation Number | | |
| 07 3 | | \$ 4795 | | DI | | Mo. Da. Yr. 04 10 55 | | Mo. Da. Yr. 04 106 55 | | 8 3780 55 006 | | |
| 44. Remarks SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

SECRET
(WHEN FILLED IN)

| | | | | | | | | | | | | |
|--|---------------|-------------|---------------------|-------------------------|----------------------|-------|----------|--------------|----------------|----|----|--|
| 1. EMP. SERIAL NO. | 2. NAME | | | 3. ASSIGNED ORGAN. | | | 4. FUNDS | 5. ALLOTMENT | | | | |
| 110032 | WOODS JAMES S | | | DDP/FI 29 | | | V-20 | | | | | |
| 6. OLD SALARY RATE | | | 7. NEW SALARY RATE | | | | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE | | | |
| | | | MO | DA | YR | | | | MO | DA | YR | |
| 7 | 2 | \$ 4,660 | 04 | 08 | 56 | 7 | 3 | \$ 4,795 | 04 | 07 | 57 | |
| REMARKS | | | | | | | | | | | | |
| CERTIFICATION | | | | | | | | | | | | |
| I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY. | | | | | | | | | | | | |
| TYPED OR PRINTED NAME OF SUPERVISOR JOHN M. SCOTT | | 11 MAR 1957 | | SIGNATURE OF SUPERVISOR | | | | | | | | |
| PERIODIC STEP INCREASE - CERTIFICATION | | | | | | | | | | | | |
| FORM NO. 560 1 MAR. 58 560 | | SECRET | | | PERSONNEL FOLDER (4) | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|----------|---|--------------------|----|-----------------------|----------|--------------|----------------|----|----|--|--|--|--|--|--|--|--|--|--|--|
| 1. EMP. SERIAL NO. | 2. NAME | | | 3. ASSIGNED ORGAN. | | | 4. FUNDS | 5. ALLOTMENT | | | | | | | | | | | | | | |
| 110032 | WOODS JAMES S | | | DDP/FI | | | V-20 | 2301 | | | | | | | | | | | | | | |
| 6. OLD SALARY RATE | | | 7. NEW SALARY RATE | | | | | | | | | | | | | | | | | | | |
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE | | | | | | | | | | | | | |
| | | | MO | DA | YR | | | | MO | DA | YR | | | | | | | | | | | |
| 7 | 2 | \$ 4,660 | 04 | 08 | 56 | 7 | 3 | \$ 4,795 | 04 | 07 | 57 | | | | | | | | | | | |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER | | | | | | | | | | | | | | | | | | | | | | |
| 8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD | | | <input type="checkbox"/> EXCESS LWOP 9. NUMBER OF HOURS LWOP | | | 10. INITIALS OF CLERK | | | 11. AUDITED BY | | | | | | | | | | | | | |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL | | | | | | 13. REMARKS | | | | | | | | | | | | | | | | |
| 12. PROJECTED SALARY RATE AND EFFECTIVE DATE <table border="1"> <tr> <td>GRADE</td> <td>STEP</td> <td>SALARY</td> <td>MO</td> <td>DA</td> <td>YR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | | | | | GRADE | STEP | SALARY | MO | DA | YR | | | | | | | 14. AUTHENTICATION FORM NO. 1 MAR. 58 5605 | | | | |
| GRADE | STEP | SALARY | MO | DA | YR | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| PERIODIC STEP INCREASE - AUTHENTICATION | | | | | | | | | | | | | | | | | | | | | | |
| SECRET | | | | | | PERSONNEL FOLDER (4) | | | | | | | | | | | | | | | | |

MEMORANDUM FROM: CHIEF, PAYROLL SECTION
ATTENTION: Payroll Section
SUBJECT: Change in Allowment Report Decryption
Personal Services of Woods, James G.

1. At PMSI Decryption request, that name of personnel whose monthly pay
is to be changed effective 1/1/68, be changed to John W. Woods.

FROM ALLOWANCE 6-3710-55-098

TO ALLOWANCE 6-2309-83

2. When duly change in personnel is made, to ensure that a copy of this correction goes to the Payroll section, Please compare changes with the actual record of John W. Woods.

1/7/68

STANDARD FORM 50 (18 PART)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER VI, FEDERAL PERSONNEL REGULATIONS

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

REG

| | | | |
|--|--|---|--|
| 1. NAME (ONE - MISS-MES - ONE GIVEN NAME, INITIALS, AND SURNAME) | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
| MR. JAMES S. WOODS 110038 | 20 Feb 1923 | | 22 August 1956 |
| This is to notify you of the following action affecting your employment: | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | |
| REASSIGNMENT 56 | 26 Aug 1956 | 50 USC 403 J | |
| FROM | TO | | |
| BW-430.02 | 8. POSITION TITLE | Intel Analyst BW-430.12 | |
| | 9. SERVICE, SERIES, GRADE, SALARY | GS-0132-35-7 \$4660.00 per annum | |
| | 10. ORGANIZATIONAL DESIGNATIONS | BID/P/72 Records Integration Division Analysis & Operations Branch Analysis Section | |
| | 11. HEADQUARTERS | Washington, D. C. | |
| FIELD | DEPARTMENTAL | 12. FIELD OR DEPT'L | FIELD DEPARTMENTAL |
| 13. VETERAN'S PREFERENCE | | 14. POSITION CLASSIFICATION ACTION | |
| None | White Other C-P-F <input checked="" type="checkbox"/> V-P-F <input type="checkbox"/> Other | New <input type="checkbox"/> Vice <input type="checkbox"/> I.A. <input type="checkbox"/> Reass <input type="checkbox"/> | BW-430 |
| 15. GSA | 16. APPROPRIATION FROM: 7-2329-23 M TO: Some | 17. SUBJECT TO C. S. RETIREMENT ACT (1952 NSI) Yes | 18. DATE OF APPOINT. REASS AFFIDAVITS (ASSESSMENTS ONLY) |
| 19. STATE: | 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED | | |
| 21. REMARKS: 3 EOD 08/21/56 | | | |
| ENTRANCE PERFORMANCE RATINGS: Director of Personnel | | | |
| 4. PERSONNEL FOLDER COPY | | | |

U. S. GOVERNMENT PRINTING OFFICE: 1950-373067

JUN 8/28/56

POSTED
8/29/56 Rept

STANDARD FORM 50 (2 PARTS)
REV. APRIL 1951
PROVISED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER VI, FEDERAL PERSONNEL REGULATIONS

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | |
|--|--|--|---|---|-----|------|-------|------|
| 1. NAME (ONE - MAXIMUM - ONE GIVEN NAME, INITIAL(S) AND SURNAME) | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE | | | | | |
| Mr. James B. Woods 110032 | 20 Feb 1928 | | 2 Jul 1956 | | | | | |
| THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT: | | | | | | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | | | | | | |
| Reassignment | 02 15 Jul 1956 | 50 USC 403 J | | | | | | |
| FROM | TO | | | | | | | |
| 10 (01) 507-503-03 GS-0136.53-7 \$4660.00 per annum DDP/PI Branch 1-Korea Base Records Interpretation Branch Personality Files Section Yokosuka, Japan | 8. POSITION TITLE 9. SERVICE, SERIES, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 2 | Intel Analyst 50-A50.02 GS-0132.53-7 \$4660.00 per annum DDP/PI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D. C. | | | | | | |
| <input checked="" type="checkbox"/> FIELD | DEPARTMENTAL | 12. FIELD OR DEPTL | <input checked="" type="checkbox"/> FIELD | DEPARTMENTAL | | | | |
| 13. VETERAN'S PREFERENCE | | 14. POSITION CLASSIFICATION ACTION | | | | | | |
| None | WWII | Other | S-PT | 10 POINT | NEW | VICE | I. A. | REAL |
| <input checked="" type="checkbox"/> | | | | | | | | |
| 15. SICK | 16. APPROPRIATION | 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) | 18. DATE OF APPOINT- MENT AFFIDAVITS (ACKNOWLEDGEMENT ONLY) | 19. LEGAL ATTENDANCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED STATE: | | | | |
| 14 | W FROM: 7-3740-55-055 TO: 7-6302-23 | 750-13 | 1956 | | | | | |
| 20. REMARKS: Transfer TO Reassigned funds 507-503-03 "Transfer TO Reassigned funds 507-503-03 Unencumbered funds." | | | | | | | | |
| 3 END 08/21/56 | | | | | | | | |
| POSTED <i>AB 7/17/56</i> | | | | | | | | |
| ENTRANCE PERFORMANCE RATINGS: | | | | | | | | |
| Director of Personnel | | | | | | | | |
| 5. PERSONNEL FOLDER COPY | | | | | | | | |
| 7/17/56 | | | | | | | | |
| * U. S. GOVERNMENT PRINTING OFFICE: 1950-1730-61 | | | | | | | | |

SECRET

WPAFB 465

| | | | |
|--|--|---|---|
| STANDARD FORM 52 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE 21 OCT 64 GSA GEN. REG. NO. 27 REGULATIONS AND PRACTICES GENERAL CHAPTER II | | | |
| REQUEST FOR PERSONNEL ACTION | | | |
| UNCLASSIFIED | | | |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse. | | | |
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) | | 2. DATE OF BIRTH | 3. REQUEST NO. |
| Mr. James S. Woods | | 20 Feb 28 | 5 May 56 |
| 4. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Reclassification</i> | | 5. EFFECTIVE DATE A. PROPOSED: | 6. DATE OF REQUEST B. APPROVED: |
| | | 9 Jun 56 | 17 JUN 1956 |
| B. POSITION (Specify whether establish, change grade or title, etc.) Change in Title and Service Number FROM: Ops Off (CE) BFF 583.05-3 GS-0136.52-7 055554660 DDF/YE Korea Mission Records Integration Branch Personality Files Section Atsugi, Japan | | | |
| <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | | 10. POSITION TITLE AND NUMBER 11. SERVICE GRADE AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS | 10- IO-CI BFF 583.05-4 GS-0136.53-7 955554660 DDF/FE Branch 1 - Korea Base Records Integration Branch Personality Files Section Yokosuka, Japan |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | | 14. FIELD OR DEPARTMENTAL | X FIELD <input type="checkbox"/> DEPARTMENTAL SD:DI |
| A. REMARKS (Use reverse if necessary) <i>T/O Change</i> | | | |
| B. REQUESTED BY (Name and title) H. L. Gilbert, FE Personnel Officer C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Iris S. Wilson Ex 8761 | | D. REQUEST APPROVED BY Signature: <i>Robert A. Shadley (Signature)</i> E. TITLE F1CMA - 21 May 56 | |
| F. VETERAN PREFERENCE RACE: WHITE OTHER & PT. 10 POINT DISAB. OTHER | | G. POSITION CLASSIFICATION ACTION NEW VICE I A REAL SD:DI | |
| H. APPROPRIATION FROM: 6-3710-55-096 TO: Same | | I. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes | J. DATE OF APPOINTMENT AFFIDAVITS (ACCSSIONS ONLY) K. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/> STATE: D.C. |
| L. STANDARD FORM 50 REMARKS <div style="border: 1px solid black; padding: 5px; display: inline-block;"> USED IN LIEU OF SF50 NOT A FORM OF PERSONNEL ACTION </div> | | | |
| M. CLEARANCES A. B. CECIL OR POS CONTROL C. CLASSIFICATION D. PLACEMENT OR EMPL. E. | | N. INITIAL OR SIGNATURE Date: 21 May 56 O. APPROVED <i>H. L. Gilbert</i> | |
| P. REMARKS SECRET by <i>H. L. Gilbert, 21 May 56</i> | | | |

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

(This form is to be filled in)

U. S. GOVERNMENT PRINTING OFFICE 1954-220020

| 1. Agency and organizational designation | | | | | | | | | | 2. Payroll period | 3. Block No. | 4. Step No. | |
|--|-----------|----------|--|-----------|------|-------------|------|-------------|-----------|---------------------------------------|----------------------|-------------|-----------------------------|
| 5. Employee's name (and social security account number where appropriate) HOLES, JAMES S. | | | | | | | | | | 6. Grade and salary GS-7 \$4525.00 | | | |
| PAYROLL CHANGE DATA | | | | | | | | | | | | | |
| | BASIC PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX | BOND | F. L. C. A. | STATE TAX | GROUP LIFE INS. | | NET PAY | |
| 7. Previous period | | | | | | | | | | | | | |
| 8. New period | | | | | | | | | | | | | |
| 9. Pay rate period | | | | | | | | | | | | | |
| 10. Remarks | 4/1/6 | | | | | | | | | | 11. Appropriation(s) | PE-7 | 12. Prepared by SFA 1/10 |
| 13. Audited by | | | | | | | | | | | | | |
| <input type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase 14. Effective date 15. Date last increased 16. Old salary rate 17. New salary rate 8 Apr 56 10 Apr 55 \$4525.00 \$4660.00 | | | | | | | | | | | | | |
| 18. Authorization for increase based on SERVICE AND CONDUCT ARE SATISFACTORY <small>(Signature or other authentication)</small> | | | | | | | | | | | | | |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period 1 <input type="checkbox"/> No excess LWOP. Total excess LWOP | | | | | | | | | | | | | |
| (Check applicable box in case of excess LWOP) Excess LWOP Excess LWOP covered by working period Initials of Clerk | | | | | | | | | | | | | |

CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY

STANDARD FORM NO. 11264—Revised
 Form prescribed by Comp. Gen. U. S.
 October 20, 1954, General Regulations No. 102

S-E-C-A-L-E-T

COMBINED INTRACRITICAL ACTION IN LIST OF SP-52
CHANGE OF STAFFICL DESIGNATION

Effective Date - 22 April 1950

D to DI

| <u>FE</u> | <u>Name</u> | <u>Grade</u> | <u>NEA</u> | <u>Name</u> | <u>Grade</u> |
|-----------|-----------------------|--------------|------------|-----------------|--------------|
| | ACANTHIA, Bellius | 12 | | FRIAR, John R. | 12 |
| | CILLIS, Vincent A. | 12 | | | |
| | WATERS, Harry C., Jr. | 11 | | | |
| | WOODS, James S. | 07 | | | |
| | McCoy, Leonard V. | 09 | | | |
| | | | | DECK, Marian F. | 07 |
| | | | | ROY, Ruth R. | 07 |

EE

MONTGOMERY, Hugh 12

SRTHECICKAS, Aldona V. 07
KAPUSTA, Peter P. 11D to DSWE

LOHRS, Virginia 65

D to DPME

McLAUGHLIN, Mary S. 07

by

17 April 1950

S-E-C-A-L-E-T

SECRET**SECRET****UNTOUCHED**JABMR
4/7/55
DAN

| | | | | | | | | | | | | | | | | | |
|---|------|---|---|--------------|-----|----------|---|--|---|--|--------------|---|--|-----|------|------|-----|
| STANDARD FORM 52 PRODUCED BY THE U. S. CIVIL SERVICE COMMISSION JACKET TWO - FEDERAL PERSONNEL REGULATORY CHAPTER VI | | REQUEST FOR PERSONNEL ACTION | | | | | | | | | | | | | | | |
| | | APR | | | | | | | | | | | | | | | |
| | | UNTOUCHED | | | | | | | | | | | | | | | |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse. | | | | | | | | | | | | | | | | | |
| 1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname) Mr. James S. Woods | | 2. DATE OF BIRTH 20 Feb 28 | 3. REQUEST NO. 21 Feb 54 | | | | | | | | | | | | | | |
| 4. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion | | 5. EFFECTIVE DATE A. PROPOSED: <i>Apr 10 1955</i> | 6. C. 3 OR OTHER LEGAL AUTHORITY <i>DD/P</i> | | | | | | | | | | | | | | |
| 7. POSITION (Specify whether establish, change grade or title, etc.) <i>OPS. OFF. (C) APR 10 1955</i> | | 8. APPROVED: <i>Apr 10 1955</i> | | | | | | | | | | | | | | | |
| FROM— IO (PI) DDP 602.02-5 GS-0136.51-5 \$3535.00 p/a | | 9. POSITION TITLE AND NUMBER TO— IO (PI) DDP 602.02-7 GS-0136.51-7 \$34.00. p/a | | | | | | | | | | | | | | | |
| DDP/FE Korea Mission Intelligence Division Positive Intelligence Branch Atsugi, Japan UNCOMIN. WARF. DIV. | | 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS Same Same Same RECORDS INFORMATION BR. Same SAME PERSONNEL, RIGOR SECTION | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> DEPARTMENTAL | | 12. HEADQUARTERS FIELD <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | | | | | | | | | | | | | | | |
| A. REMARKS (Use reverse if necessary) <p>Attached herewith are Job Description, Dispatch, and DD/P Personnel Data Sheet.</p> | | | | | | | | | | | | | | | | | |
| B. REQUESTER (Name and Title) H. C. Clark-Gale, FE Personnel Officer | | C. REQUEST APPROVED BY Signature Title | | | | | | | | | | | | | | | |
| D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) O. A. Fellow, PI/1, 1001 | | | | | | | | | | | | | | | | | |
| 13. VETERAN PREFERENCE <table border="1"> <tr> <td>None</td> <td>WAV</td> <td>OTHER</td> <td>SP1</td> <td>10 POINT</td> </tr> <tr> <td>X</td> <td></td> <td>X</td> <td></td> <td>DISAB. OTHER</td> </tr> </table> | | None | WAV | OTHER | SP1 | 10 POINT | X | | X | | DISAB. OTHER | 14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I.A.</td> <td>PER</td> </tr> </table> | | NEW | VICE | I.A. | PER |
| None | WAV | OTHER | SP1 | 10 POINT | | | | | | | | | | | | | |
| X | | X | | DISAB. OTHER | | | | | | | | | | | | | |
| NEW | VICE | I.A. | PER | | | | | | | | | | | | | | |
| 15. GRADE 16. RACE M W 17. APPROPRIATION FROM: 6-3740-55-096 TO: Same | | 18. SUBJECT TO C. 5 RETIREMENT ACT (YES-NO) Yes | 19. DATE OF APPOINT- MENT AFFIDAVIT'S EXCEPTIONS (DATE) 20. LEGAL RESERVE [] CLAIMED [] PROVED STATE: D.C. | | | | | | | | | | | | | | |
| 21. STANDARD FORM 50 REMARKS <p style="text-align: center;"><i>RECORDED IN FILE APR 10 1955 TO: 1125</i></p> | | | | | | | | | | | | | | | | | |
| 22. CLEARANCES A. | | INITIAL OR SIGNATURE <i>APR 10 1955</i> | DATE <i>APR 10 1955</i> | | | | | | | | | | | | | | |
| B. CECIL OR POS CONTROL C. CLASSIFICATION D. PLACEMENT OR EMPL. E. | | REMARKS <i>RECORDED</i> | | | | | | | | | | | | | | | |
| F. APPROVED BY <i>R. A. Stricklin</i> | | | | | | | | | | | | | | | | | |

SECRET

SECRET2/24/55
S...

| | | | | | |
|--|--|---|---|---|---|
| STANDARD FORM 52 PREVIOUS EDITION IS OBSOLETE U. S. GOVERNMENT PRINTING OFFICE 1948 16-1000-10000 MANUAL CHAPTER IV | | REQUEST FOR PERSONNEL ACTION | | UNVOCABULARY | |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse. | | | | | |
| 1. NAME (Mr. -- Miss -- Mrs. -- One given name, initial(s), and surname) | | 4. DATE OF BIRTH | | 5. REQUEST NO. | |
| Mr. James S. Woods | | 20 Feb 38 | | 28 Jan 55 | |
| 6. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) | | 7. EFFECTIVE DATE A. PROPOSED: | | 8. DATE OF SEPARATION | |
| Reassignment | | 26 Oct 54 | | 7. C. S. OF OTHER LEGAL AUTHORITY ITV | |
| B. POSITION (Specify whether establish, change grade or title, etc.) | | 9. APPROVED: | | | |
| | | 26 Oct 1954 | | | |
| FROM— IO (PI) BPF 602.02-5 GS-0136.51-45 \$55.00 p/a 3535. DDP/PE Korean Mission UNCOOPERATIVE WARFARE DEFENSIVE Division Personnel and Personnel Services, Forces Korea | | 10. POSITION TITLE AND NUMBER B. SERVICE, GRADE AND SALARY | | TO— IO (PI) BPF 602.02-5 GS-0136.51-45 \$55.00 p/a 3535. Same Same Same Same Atsugi, Japan | |
| <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | | 11. ORGANIZATIONAL DESIGNATIONS C. HEADQUARTERS | | <input checked="" type="checkbox"/> PRO <input type="checkbox"/> DEPARTMENTAL | |
| A. REMARKS (Use reverse if necessary) Subject arrived PCS Japan 26 Oct 54 per FKLA-5239 of 17 Nov 1954. | | | | | |
| B. REQUEST BY NAME CLASSIFICATION H. G. CLARKSCALE, FE Personnel Officer C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) O. A. FIEHLER, FE/1 X3761 | | | D. REQUEST APPROVED BY Signature: <i>Jerry P. Humphries (USA)</i> Date: <i>1 Feb 55</i> | | |
| 13. VETERAN INFORMATION | | 14. INDIVIDUAL IDENTIFICATION ACTION | | | |
| NAME | GRADE | RANK | 15. POINT DISAG. OTHER | 16. NEW NAME | 17. REAL |
| X | X | | | | SJ 52 |
| SEX | 18. APPROPRIATION Fiscal Year 1954-55-096 | | 19. SUBJECT TO C. S. RETIREMENT ACT (1953-54) | 20. DATE OF APPOINT- MENT AFFIDAVITS ACCESORIES ONLY | 21. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> OWNED STATE: D.C. |
| M | H | TO: Same | Yes | | |
| 22. STANDARD FORM 52 REMARKS <i>See Concur for Action - 18 Feb 55 2/24/55 J. Martin</i> | | | | | |
| 23. CLEARANCES | | INITIAL OR SIGNATURE | DATE | REMARKS | |
| A. COMM. OR POS. CONTROL | | <i>PL</i> | 2/17/55 | | |
| B. CLASSIFICATION | | | | | |
| C. PLACEMENT OR EQUIP. | | | | | |
| D. APPROVED BY <i>Keayish Balcos</i> | | SECRET | | | |

GOVERNMENT PRINTING OFFICE: 1952 - 55774

| 1. Agency and organizational designations | | 4. Pay rate | 5. Basic pay | 6. Sine | | | | | |
|--|----------|------------------|--------------|---------|----------------------|------|-------------------------------|--|---------|
| 5. Employee's name (last, first, middle initial) Social security account number after coordination | | T. G. JONES 8320 | | | | | | | |
| PAY ROLL CHANGE DATA | | | | | | | | | |
| | BASE PAY | OVERTIME | GROSS PAY | RET. | TAX | BOND | F.I.C.A. | | NET PAY |
| 7. Previous period | | | | | | | | | |
| 8. New period | | | | | | | | | |
| 9. For this period | | | | | | | | | |
| 10. Remarks | | | | | 11. Appropriation(s) | | 12. Prepared by JM 4/20/52 | | |
| | | | | | PBA | | 13. Audited by | | |
| <p><input checked="" type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other (specify)</p> <p>14. Effective date 15. Date last equivalent 16. Old salary rate 17. New salary rate 18. Performance rating is satisfactory or better.</p> <p>JANUARY 1952 97120 97500 97500 - T 5M 3.12</p> <p>19. LWOP data will be appropriate spaces covering LWOP during following periods.</p> <p>No entries LWOP Total excess LWOP</p> <p>STANDARD FORM NO. 1324-Rev. 2 Form prescribed by Compt. Gen. Reg. No. 3 Nov. 6, 1940, General Regulation No. 102</p> <p>PAY ROLL CHANGE SLIP—PERSONNEL COPY</p> <p><i>[Signature]</i></p> | | | | | | | | | |

STANDARD FORM 50
REV. APRIL 1951
PROLICATED BY
U. S. CIVIL SERVICE COMMISSION
THE FEDERAL PERSONNEL MANUAL

CONFIDENTIAL
CENTRAL INTELLIGENCE AGENCY.

NOTIFICATION OF PERSONNEL ACTION *Conc. 26 Mar 1954 Jan*

| | | | | |
|--|-------------------|---|---|--|
| NAME (MR. - MRS. - MRS. - ONE OTHER NAME, DUSTLES), AND SURNAME | | 2. DATE OF BIRTH | 3. JOURNAL OR LIAISON NO. | 4. DATE |
| JAMES S. Woods | | 20 Feb 1928 | | 16 Apr 1954 |
| It is to notify you of the following action affecting your employment: | | | | |
| NATURE OF ACTION (USE STANDARD TERMINOLOGY) | | 5. LIFE/DEATH | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | |
| Assignment | | 5. LIFE/DEATH 25 Apr 1954 | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 403 J | |
| FROM | | TO | | |
| Analyst BY 469.08 0132.35-5 \$3410.00 per annum | | 8. POSITION TITLE DS-1036.51-5 | 10 (VI) EPP 602.02-5 08-0136.51-5 \$3410.00 per annum | |
| D/PY Korea Integration Division Personnel and Records Branch Identification Section Washington, D. C. | | 9. SERVICE, SERIES, GRADE, SALARY D/PY Korean Mission Unconventional Warfare Division | 11. ORGANIZATIONAL DESIGNATIONS Korea | |
| FIELD DEPARTMENTAL | | 12. FIELD OR DEPTL | FIELD | DEPARTMENTAL |
| VETERAN'S PREFERENCE | | 14. POSITION CLASSIFICATION ACTION | | |
| 15. RACE | 16. APPROPRIATION | 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) | 18. DATE OF APPOINT- MENT AFFIDAVIT (ACCESSIONS ONLY) | 20. LEGAL PENSION E CLAIMED [] IOWA STATE D. C. |
| W | FROM: TO: | 4-2259-83 4-37-0-55-006 | Yes | SD:D D/PY |
| REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. | | | | |
| RECORDED IN UNCONVENTIONAL WARFARE DIVISION VERBALIZED FEB 26 1954 J. M. (initials) P.M.C. | | | | |
| PAST PERFORMANCE RATING Army Assistant Director for Personnel | | | | |

4. PERSONNEL FOLDER COPY

4-2259-83
4-37-0-55-006
4-16-54

STANDARD FORM 50
MAY 1964 EDITION
PROVIDED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER II, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGEN

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | |
|--|--|--|---|--|--|--|
| 1. NAME (MR - MRS - MRS - ORG OTHER NAME, INITIALS, AND SURNAME) Mr. James S. Woods | 2. DATE OF BIRTH 20 Feb. 58 | 3. JOURNAL OR ACTION NO. 800 | 4. DATE 27 Feb. 58 | | | |
| <i>This is to notify you of the following action affecting your employment:</i> | | | | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment | 6. EFFECTIVE DATE 28 Feb. 58 | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 403 g | | | | |
| FROM | | TO | | | | |
| CS-130-5 | R I Staff | Intel. Analyst 27 569.00 | 09-0130-33-3 \$310.00 per annum | | | |
| | | SDP/VI R I Division Processing & Records Branch Consolidation Section | | | | |
| | | Washington, D. C. | | | | |
| <input type="checkbox"/> FIELD | <input type="checkbox"/> DEPARTMENTAL | 12. FIELD OR DEPTL | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL | | | |
| 13. VETERAN'S PREFERENCE | | 14. POSITION CLASSIFICATION ACTION | | | | |
| None | W/M | Other | S.P.F. | 15. PAY | 16. POSITION CLASSIFICATION ACTION | |
| | | | | X | 17. PAY | |
| 15. SEX | 16. RACE | 17. APPROPRIATION | | 18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) | 19. DATE OF APPROV- EMENT AUTHORITY (ACCSSIONS ONLY) | 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED STATE: |
| M | W | FROM: | 4-2303-23 | Yes | | |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. | | | | | | |
| ENTRANCE PERFORMANCE RATING Property Assistant Director for Personnel | | | | | | |

4. *Recd 3-1-58*
RECORDED, FOLDED COPY

STANDARD FORM 50
REV APRIL 1961
PROFORMA GATE BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER II, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

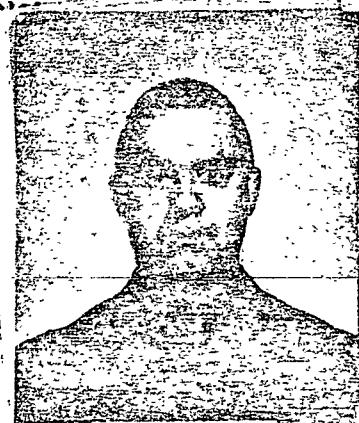
| | | | | | | | | | |
|--|-------------------------------|---|---------|--------------------------|--|--|------|------|---|
| 1. NAME (MR.—MISS—MRS.—ONE GIVER NAME, BOTH NAMES, AND SURNAME) | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE | | | | | | |
| Mr. James S. Woods | 29 February 1938 | 5 June 1953 | | | | | | | |
| This is to notify you of the following action affecting your employment: | | | | | | | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | | | | | | | |
| Promotion | 7 June 1953 | Sch A-6, 116(d) | | | | | | | |
| FROM | TO | | | | | | | | |
| Intel. Anal. 08-132-4 | Same 08-132-3 | 08-132-3 \$3110.00 per annum | | | | | | | |
| DSP/FI Records Integration Staff Processing & Records Branch Consolidation Section Washington, D.C. | ORGANIZATIONAL DEMONSTRATIONS | Same Same Same Same Same | | | | | | | |
| FIELD | DEPARTMENTAL | 12. FIELD OR DEPTL | FIELD | | | | | | |
| 13. VETERAN'S PREFERENCE | | 14. POSITION CLASSIFICATION ACTION | | | | | | | |
| HOME | WWII | OTHER | SFT | 10-POINT DISAB. OTHER | NEW | VICE | L.A. | REAL | |
| X | X | | | | | | | | |
| 15. SEX | 16. RACE | 17. APPROPRIATION | | | 18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) | 19. DATE OF APPOINT. MILIT. AFFIDAVITS (ACCESSIONS ONLY) | | | 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: |
| M | W | FROM: 11X2100 TO: 8309-20 | | | Yes | | | | |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. | | | | | | | | | |
| EXTENSION 2027 | | | | | | | | | |
| ENTRANCE PERFORMANCE RATINGS | | | | | | | | | |
| Chief, Personnel Division | | | | | | | | | |

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JUN 6-853 U. S. GOVERNMENT PRINTING OFFICE 1954 210706

STANDARD FORM 50
15 APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER VI, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

| | | | |
|--|--|---|---|
| 1. NAME (MR. - MRS. - ONE GIFTED NAME, INITIAL(S), AND SURNAME) | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
| Mr. James S. Woods | 20 Feb. 28 | | 24 Apr. 53 |
| This is to notify you of the following action affecting your employment: | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | |
| Reassignment | 26 Apr. 53 | Scheduled A-6.116(b) | |
| FROM: Mail and File Clerk BV-304.00 | | | |
| TO: Intel. Anal. BV-469.00-1 | | | |
| 8. POSITION TITLE | 9. SERVICE NUMBER, GRADE/SALARY | 10. ORGANIZATIONAL DESIGNATIONS | 11. HEADQUARTERS |
| BS-4-303 \$3175.00 per annum | BS-4-132 Some Some Some | | Some |
| DDP/PI/RM Processing and Records Br. Consolidation Section | | | |
| 12. FIELD OR DEPTL | FIELD | DEPARTMENTAL | |
| Washington, D.C. | | | |
| 13. VETERAN'S PREFERENCE | 14. POSITION CLASSIFICATION ACTION | | |
| <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | <input type="checkbox"/> GS-11 <input type="checkbox"/> F-1 <input type="checkbox"/> L.A. <input type="checkbox"/> REAR | | |
| NONE <input type="checkbox"/> MMW <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> 3-PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> DISEA <input type="checkbox"/> OTHER | | | |
| 15. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F 16. RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> H 17. APPROPRIATION FROM: 2309-00 TO: 2309-20 | 18. SUBJECT TO C.S. RETIREMENT ACT (PLS-AO) YES | 19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY) STATE: DC | 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if it does not meet all requirements. | | | |
|  ENTRANCE PERFORMANCE RATING: 8.00 8.00 8.00 8.00 8.00 8.00 Chief, Personnel Division | | | |
| 4. PERSONNEL FOLDER COPY | | | |

STANDARD FORM 50
 REV. APRIL 1952
 PROLIFERATED BY
 U. S. CIVIL SERVICE COMMISSION
 CHAPTER VI, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

| 1. NAME (MR., MRS., MS., OR GIVER NAME, INITIAL(S), AND SURNAME) | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE | | | | | | | | |
|--|-------------------|---|-----------|--|--------------------------|--|--------------------------|---|--|------------|-------|
| Mr. James S. Woods | 20 Feb. 28 | | 9 Mar. 53 | | | | | | | | |
| <i>This is to notify you of the following action affecting your employment:</i> | | | | | | | | | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | | | | | | | | | |
| Reassignment | 15 Mar. 53 | Schedule A-6, 116(b) | | | | | | | | | |
| FROM | | TO | | | | | | | | | |
| File Clerk PW-356 | | Mail and File Clerk PW-356.00 | | | | | | | | | |
| DS-4-305 \$3175.00 per annum DMP/PY/RB Processing and Records Br. File Section | | GS-4 SAME SAME Consolidation Section | | | | | | | | | |
| Washington, D.C. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> | | 12. FIELD OR DEPT'L FIELD DEPARTMENTAL | | | | | | | | | |
| 13. VETERAN'S PREFERENCE | | | | | | | | | | | |
| <table border="1"> <tr> <th rowspan="2">NONE</th> <th rowspan="2">W.H.B.</th> <th rowspan="2">OTHER</th> <th rowspan="2">S-P.T.</th> <th colspan="2">10-POINT</th> </tr> <tr> <th>DISABILITY</th> <th>OTHER</th> </tr> </table> | | | | NONE | W.H.B. | OTHER | S-P.T. | 10-POINT | | DISABILITY | OTHER |
| NONE | W.H.B. | OTHER | S-P.T. | | | | | 10-POINT | | | |
| | | | | DISABILITY | OTHER | | | | | | |
| | | | | 14. POSITION CLASSIFICATION ACTION | | | | | | | |
| | | | | NEW | VICE | L.A. | REAL | | | | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 15. SEX | 16. RACE | 17. APPROPRIATION | | 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) | | 19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY) | | 20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE | | | |
| M | W | FROM: 11X2100 TO: 2309-20 | | YES | | | | | | | |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. | | | | | | | | | | | |
| ENTRANCE PERFORMANCE RATING | | | | | | | | | | | |
| Chief, Personnel Division | | | | | | | | | | | |

4. PERSONNEL FOLDER COPY

C-E-C-R-E-T
Security Information

COMBINED PERSONNEL ACTION

Page, 9 of 36 pages.

Used in lieu of SF-52 and/or SF-50 to document the following types of personnel actions involving no change in grade or salary: (a) Change in title (b) Change of position number (c) Reassignment within Division without series code change (d) Reassignment within Division with series code change. (Note: For action (type d) a SF-50 will be prepared for voucherized positions from information on this form.)

(1) Staff or Division RI (2) Date I/O Approved 17 November 1952 (3) Effective Date of Action 7 December 1952
I/O:

| (4) NAME | (5) ORG. I/F. & POS. TITLE | (6) SCHEDULE SLOTS-GRADE | (7) SLOT NOS. | (8) ACTION | (9) ORG. I/F. & POS. TITLE | (10) SCHEDULE SLOTS-GRADE | (11) SLOT NOS. |
|---|-------------------------------|-----------------------------|------------------|------------|-------------------------------|------------------------------|-------------------|
| Johnson, Dorothy A. | File Clerk | GS-4 | X-32.03 | R | File Supervisor | GS-305-4 | BV-353.01 |
| Akers, Erma D. | File Clerk | GS-4 | X-34.02 | R | File Clerk | GS-305-4 | BV-354. |
| Hallinan, Martha M. | File Clerk | GS-4 | X-34. | R | File Clerk | GS-305-4 | BV-354.01 |
| Cawlor, Carol A. | File Clerk | GS-4 | X-38.02 | R | File Clerk | GS-305-4 | BV-354.02 |
| Law, Lois | File Clerk | GS-4 | X-38.03 | R | File Clerk | GS-305-4 | BV-354.03 |
| Pruitt, Earl B. Service & Correspondence Section | File Supervisor | GS-5 | X-33. | R | File Supvr. | GS-305-5 | BV-355. |
| Woods, James | File Clerk | GS-4 | X-302.22 | R | File Clerk | GS-305-4 | BV-356. |
| File Section | | | | | | | |
| Lanapice, Marie J. | File Clerk | GS-4 | X-34.03 | R | File Supervisor | GS-305-4 | BV-357. |
| Riter, Irene M. | File Clerk | GS-4 | X-32.02 | R | File Clerk | GS-305-4 | BV-358. |
| Iyddine, Mildred K. | File Clerk | GS-4 | X-38.04 | R | File Clerk | GS-305-4 | BV-358.01 |
| Coppa, Loretta M. | File Clerk | GS-4 | X-34.01 | R | File Clerk | GS-305-4 | BV-358.02 |

(12) APPROVED: John C. Hart (13) APPROVED: T. J. [unclear] (14) APPROVED: John C. Hart
Class & Wage Div. Personnel Div.

S-1
10/1/52

S-1
10/1/52

STANDARD FORM NO. 10 (PARTS)
MAY 1954 EDITION
PROCLAMED BY
CHAPTER 1, FEDERAL PERSONNEL MANUAL
U. S. CIVIL SERVICE COMMISSION

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

(a)

| | | | | | | | | |
|--|--|--|--------------------------------|--------------------------|-------|---|-------|--------------------------|
| 1. NAME (MR.—MISS—MRS.)—ONE GIVEN NAME, MIDDLE NAME, AND SURNAME Mr. James S. Woods | 2. DATE OF BIRTH 20 Feb. 1928 | 3. JOURNAL OR ACTION NO. 14 Aug. 1952 | 4. DATE 14 Aug. 1952 | | | | | |
| This is to notify you of the following action affecting your employment: | | | | | | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Promotion | 6. EFFECTIVE DATE 17 Aug. 1952 | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule of 6.116(a) | | | | | | |
| FROM: File Clerk I-39-04 | | TO: File Clerk I-102-22 | | | | | | |
| 8. POSITION TITLE GS-3-305 \$2950.00 per annum 080 RI Processing and Records Branch File Section | | 9. SERVICE, SERIES, GRADE, SALARY GS-4-305 \$3175.00 per annum 080 RI Analysis and Operations Branch Service and Correspondence Section | | | | | | |
| 10. ORGANIZATIONAL SIGNIFICATIONS Washington, D.C. | | 11. HEADQUARTERS | | | | | | |
| FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> | | FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/> | | | | | | |
| 12. FIELD OR DEPT'L 11X2100 | | 13. VETERAN'S PREFERENCE <table border="1"><tr><td>HOME</td><td>WHITE</td><td>OTHER</td><td>E-PY:</td><td>10-POINT DISAB. OTHER</td></tr></table> | | HOME | WHITE | OTHER | E-PY: | 10-POINT DISAB. OTHER |
| HOME | WHITE | OTHER | E-PY: | 10-POINT DISAB. OTHER | | | | |
| 14. POSITION CLASSIFICATION ACTION <table border="1"><tr><td>NEW</td><td>VETER</td><td>I.A.</td><td>REAR</td></tr></table> | | NEW | VETER | I.A. | REAR | 15. SEX <input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> 17. PROPRIORSHIP M W 11X2100 | | |
| NEW | VETER | I.A. | REAR | | | | | |
| 16. SUBJECT TO C. S. RETIREMENT ACT 1952 | | 18. DATE OF APPOINT. MENT AFFIDAVIT (EXCESSIONS ONLY) 14 Aug. 1952 | | | | | | |
| | | 19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED STATES | | | | | | |
| 21. REMARKS: THIS ACTION IS SUBJECT TO APPLICABLE LAWS, RULES AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS. | | | | | | | | |
| Chief, Personnel Division John S. Woods ENTRANCE EFFICIENCY RATING: 80 | | | | | | | | |
| 22. SIGNATURE OR OTHER AUTHENTICATION John S. Woods | | | | | | | | |

* U. S. GOVERNMENT PRINTING OFFICE 1950-600076

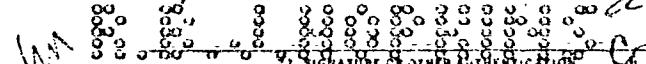
4. PERSONNEL FOLDER COPY

V.C. 26 March 1952
ACD

STANDARD FORM NO. 10 (PART II)
MAY 1948 EDITION
PROMULGATED BY
CHAPTER V, PART II, FEDERAL PERSONNEL MANUAL
U. S. CIVIL SERVICE COMMISSION

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

| 1. NAME (MR., MRS., OR OTHER NAME, INITIALS, AND SURNAME) | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
|---|------------------|---|--|
| Mr. James S. Woods | 20 Feb. 1928 | 157 | 21 Apr. '52 |
| <i>This is to notify you of the following action affecting your employment:</i> | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | | 6. EFFECTIVE DATE | |
| Excepted Appointment | | 21 Apr. 1952 | Sch. A — 6,116 (B) |
| FROM | | TO | |
| | | 9. POSITION TITLE | File Clerk GS-3 \$39.04 |
| | | 9. SERVICE, SERIES, GRADE, SALARY | GS-3 \$39.04 per annum |
| | | 10. ORGANIZATIONAL DESIGNATIONS | OSO RI PROCESSING AND RECORDS BRANCH FILE SECTION |
| | | 11. HEADQUARTERS | Washington, D.C. |
| FIELD | | DEPARTMENTAL | |
| 13. FIELD | | 12. FIELD OR DEPT'L | |
| 14. POSITION CLASSIFICATION ACTION | | | |
| 15. VETERAN'S PREFERENCE | | 16. RACE | |
| NONE | | 17. APPROPRIATION | |
| W.H.I. | OTHER | B.F.T. | TO POINT: (RISAB, OTHER) |
| | | From: 2125500 To: 2000 | |
| 18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) | | 19. DATE OF APPOINT- MENT AFFIDAVITS (ACKNOWLEDGMENTS ONLY) | |
| Yes | | 21 Apr. 1952 | |
| 20. REMARKS: THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES, AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS. | | | |
| (39.04) This appointment is subject to a satisfactory trial period of one year. Subject to a satisfactory medical examination. SF 61 Affidavit executed. 3441 | | | |
| DOD - 06/07/52 CIAOD - 04/27/52 LCD - 04/21/52 | | | |
| 88 0 00 0 00 0 00 0 88 0 00 0 00 0 00 0 | | | |
| 21. SIGNATURE OR OTHER AUTHENTICATION  | | | |

* U. S. GOVERNMENT PRINTING OFFICE 1950-505673

4. PERSONNEL FOLDER COPY

CONFIDENTIAL
CLASSIFICATION

| FITNESS REPORT | | | | | | | | |
|--|---|--|---|------------------------------|---|---|------------|--------------------|
| GENERAL INFORMATION | | | | | | | | |
| 1. EMPLOYEE NUMBER 010032 | 2. NAME (Last, first, middle) WOODS, James S. | | | 3. DATE OF BIRTH 02/20/28 | 4. SEX M | 5. GRADE 12 | 6. SD D | |
| 7. OFFICIAL POSITION TITLE RECORDS ADMIN OFF CH | 8. OFF. DIV/BR OF ASSIGNMENT DDO/CCS/REG | | | 9. CURRENT STATION HQS | 10. CLOZ (C.R.) <input checked="" type="checkbox"/> MOS. <input type="checkbox"/> OF | | | |
| 11. TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | | 12. TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT <input type="checkbox"/> SPECIAL | | | | | |
| CONTRACT <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER | | | 13. REPORTING PERIOD (FROM - TO) 01 July 76 - 08 July 77 | | | 14. DATE REPORT DUE IN D.P. 31 July 1977 | | |
| SECTION B. QUALIFICATIONS UPDATE | | | | | | | | |
| If qualifications update form is being submitted with changes, and is attached to this report, place the word "YES" in the box to the right. If no changes are required, place the word "NO" in the box at right. <input type="checkbox"/> NO | | | | | | | | |
| SECTION C. PERFORMANCE EVALUATION | | | | | | | | |
| <u>U</u> -Unsatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. | | | | | | | |
| <u>M</u> -Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described. | | | | | | | |
| <u>P</u> -Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. | | | | | | | |
| <u>S</u> -Strong | Performance is characterized by exceptional proficiency. | | | | | | | |
| <u>O</u> -Outstanding | 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. | | | | | | | |
| 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 Chief of CCS Registry--Supervises employees in setting up and maintaining Staff files and necessary card indices; receiving, distributing and dispatching correspondence to and from the Staff; and processing requests for file traces and other information. | | | | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 2 CCS Records Management Officer--Responsible for overall management of CCS records management program. Monitors developments in DDO records management policies and procedures; maintains liaison with ISS and DDO Records Management Officers; seeks improvement in CCS records organization and discipline. | | | | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 3 Works with personnel responsible for developing and launching the CCS computerized records system (CENCO) to ensure proper integration of Registry Information. | | | | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 4 | | | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | | RATING LETTER O |

CONFIDENTIAL
CLASSIFICATION

SECTION D**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 C to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and test consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Mr. Woods continued to perform in outstanding fashion as Chief of the CCS Registry during an extremely busy period. The figures cited in the last Fitness Report as to the workload of the CCS Registry continued to be representative of the volume and variety of Mr. Woods' responsibilities. He supervised the work of six subordinates with a successful combination of patience and firm professionalism. He continued to be the source of sound, constructive suggestions for coping with the paper "explosion" occasioned by the investigations of CIA and the Freedom of Information and Privacy Acts.

Mr. Woods is a highly valuable, reliable, unobtrusively effective records manager. In moving on to new responsibilities in an area division he leaves behind a solid record of achievement and the admiration of those with whom he has served in CCS.

SECTION E**CERTIFICATION AND COMMENTS****1. BY SUPERVISOR**

| | |
|---|--|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION. | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION. |
|---|--|

24

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

16 August 1977

DC/CCS

Arthur C. Close
Arthur C. Close

2. BY EMPLOYEE

| | | |
|--|------|-----------------------|
| I HAVE <input type="checkbox"/> OR HAVE NOT <input checked="" type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE. | DATE | SIGNATURE OF EMPLOYEE |
|--|------|-----------------------|

Comments of Employee

James S. Woods
James S. Woods

3. BY REVIEWING OFFICIAL

Comments of Reviewing Official

Mr. Close's evaluation of Mr. Woods' performance during the reporting period agrees completely with my observations and conclusions. Mr. Woods is a first-class professional records officer and supervisor who has clearly earned an overall rating of OUTSTANDING.

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

17 August 1977

Chief, Central Cover Staff

ERICH W. ISENSTEAD
ERICH W. ISENSTEAD

4. BY EMPLOYEE

| | | |
|---|------|-----------------------|
| I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE <input type="checkbox"/> HAVE NOT <input checked="" type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE. | DATE | SIGNATURE OF EMPLOYEE |
|---|------|-----------------------|

1977
18 Aug

James S. Woods
James S. Woods

CLASSIFICATION
CONFIDENTIAL

C O N F I D E N T I A L
CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

| | | | | | |
|--|--|-------------------------------------|---|---------------------------------|---|
| 1. EMPLOYEE NUMBER 010032 | 2. NAME (Last, First, Middle) WOODS James S. | 3. DATE OF BIRTH 02/20/28 | 4. SEX M | 5. GRADE GS-12 | 6. GS DAC |
| 7. OFFICIAL POSITION/TITLE RECORDS ADMIN OF CH | 8. OFFICER/HR OF ASSIGNMENT DDO/CCS/REC | 9. CURRENT STATION HQS | 10. CODE (C.B.S.) X | MOS. DF | |
| 11. TYPE OF APPOINTMENT | | | 12. TYPE OF REPORT | | |
| <input checked="" type="checkbox"/> CAREER | <input type="checkbox"/> RESERVE | <input type="checkbox"/> TEMPORARY | INITIAL <input checked="" type="checkbox"/> | ANNUAL <input type="checkbox"/> | REASSIGNMENT <input type="checkbox"/> |
| CONTRACT | SPECIAL | OTHER | 13. REPORTING PERIOD (FROM TO) | | 14. DATE REPORT DUE IN O.P. 1 July 1975-30 June 1976 30 July 1976 |

SECTION B

QUALIFICATIONS UPDATE

If qualifications update form is being submitted with changes, and is attached to this report, place the word "YES" in the box to the right. If no changes are required, place the word "NO" in the box at right. **NO**

SECTION C

PERFORMANCE EVALUATION

- U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
- M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
- P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.
- S—Strong** Performance is characterized by exceptional proficiency.
- O—Outstanding** 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.

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 Chief of Registry Section--supervises 6 employees in maintenance of Staff files and required card indices; receiving and distributing Staff correspondence; and processing requests for file checks and other information | RATING LETTER S |
| SPECIFIC DUTY NO. 2 Records Management Officer--responsible for the overall CCS records management program | RATING LETTER O |
| SPECIFIC DUTY NO. 3 | RATING LETTER |
| SPECIFIC DUTY NO. 4 | RATING LETTER |
| SPECIFIC DUTY NO. 5 | RATING LETTER |
| SPECIFIC DUTY NO. 6 | RATING LETTER |

OVERALL PERFORMANCE IN CURRENT POSITION

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 adequately reflects his level of performance.

C O N F I D E N T I A L
CLASSIFICATION

SECTION D**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 C to provide best 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 D, attach a separate sheet of paper.

Mr. Woods is a quiet, highly effective manager of a major repository of records within the DDO. The workload of his Section is staggering: over 8,000 documents filed each month, over 500 index cards prepared each month; close to 300 Freedom of Information or Privacy Act requests processed each month, etc. Mr. Woods organizes his Section well; he handles a group of six women with skill and understanding and he heads, as a result, a harmoniously working team.

Mr. Woods approaches problems with a positive attitude and brings his considerable experience and imagination to bear with appropriate initiative and follow-through. His response to the exceptionally heavy workload of the Staff over the past year of Congressional investigations and cover exposés was vital to the Staff's and the DDO's requirements for current and historical records. He volunteers ideas designed to improve the Staff's records; he works weekends and after hours to keep ahead of a growing avalanche of paper and requests for information. He is, in sum, a highly competent, knowledgeable, yet flexible records manager upon whom the Staff relies heavily.

SECTION E**CERTIFICATION AND COMMENTS****1. BY SUPERVISOR**

| | | |
|---|---|---|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 12 | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPE OR PRINTED NAME AND SIGNATURE |
| 27 July 1976 | DC/CCS | <i>Arthur C. Close</i> Arthur C. Close |

2. BY EMPLOYEE

| | | |
|---|------------|-----------------------|
| I HAVE <input type="checkbox"/> OR HAVE NOT <input type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE. | DATE | SIGNATURE OF EMPLOYEE |
| | 27 July 76 | <i>James S. Woods</i> |

3. BY REVIEWING OFFICIAL

| | | |
|---|--------------------------------------|---|
| COMMENTS OF REVIEWING OFFICIAL | | |
| <p>I have no difficulty in agreeing with the letter ratings and the narrative evaluation in the above report. Mr. Woods established the high level of his professional competence very soon after his assignment in CCS and has maintained this standard without interruption. I again must emphasize his abilities as supervisor in one of the toughest supervisory assignments known to me. With a Registry Chief like Mr. Woods, it is easy to come to the conclusion that running a registry of the complexity and volume as that of CCS is a cinch - at least he makes it appear that way.</p> | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPE OR PRINTED NAME AND SIGNATURE |
| 29 July 1976 | Chief, CCS | <i>Erich W. Isenstead</i> Erich W. Isenstead |

4. BY EMPLOYEE

| | | |
|--|---------|---|
| I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE <input type="checkbox"/> HAVE NOT <input type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE. | DATE | SIGNATURE OF EMPLOYEE |
| | 29 July | <i>James S. Woods</i> James S. Woods |

CLASSIFICATION

C O N F I D E N T I A L

SECRET
CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

| | | | | |
|-------------------------------------|---|-------------------------------------|--------------------|-------------------------------|
| 1. EMPLOYEE NUMBER 010032 | 2. NAME (last, first, middle) Woods, James S. | 3. DATE OF BIRTH 02/20/28 | 4. SEX M | 5. GRADE GS-12, DAC |
|-------------------------------------|---|-------------------------------------|--------------------|-------------------------------|

| | | | | |
|--|---|----------------------------------|-----------------------------------|--------|
| 7. OFFICIAL POSITION TITLE Records Admin OF-CH | 8. OFF/DIV/BR OF ASSIGNMENT DDO/CCS/REG | 9. CURRENT STATION HQS | 10. CCCB (cc bmo) X HGS | 11. DP |
|--|---|----------------------------------|-----------------------------------|--------|

| | |
|--|--|
| 12. TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER (Spec.) <input type="checkbox"/> TEMPORARY | 13. TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASIGNMENT <input type="checkbox"/> SPECIAL |
|--|--|

| | |
|--|--|
| 15. REPORTING PERIOD (from-to) 1 January 1975 - 30 June 1975 | 16. DATE REPORT DUE IN O.P. 31 July 1975 |
|--|--|

SECTION B

QUALIFICATIONS UPDATE

If QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT EIGHT.

SECTION C

PERFORMANCE EVALUATION

- | | |
|-------------------------|--|
| U—Unsatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Corrective actions taken or proposed in Section D. |
| M—Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described. |
| S—Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. |
| G—Strong | Performance is characterized by exceptional proficiency. |
| O—Outstanding | 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. |

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 ALSO list the number of employees supervised).

SPECIFIC DUTY NO. 1

Chief of Registry Section - supervises 7 employees

RATING LETTER

S

SPECIFIC DUTY NO. 2

Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.

RATING LETTER

O

SPECIFIC DUTY NO. 3

RATING LETTER

SPECIFIC DUTY NO. 4

RATING LETTER

SPECIFIC DUTY NO. 5

RATING LETTER

SPECIFIC DUTY NO. 6

RATING LETTER

RATING LETTER

S

OVERALL PERFORMANCE IN CURRENT POSITION

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 closely reflects his level of performance.

SECRET

CLASSIFICATION

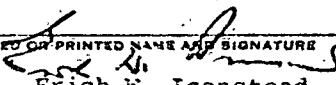
SECTION D**NARRATIVE COMMENTS**

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 C to provide best 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 D, attach a separate sheet of paper.

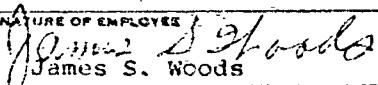
JUL 8 11 29 AM '75

During the 6 months under review Mr. Woods has continued to fulfill his responsibilities in the same excellent manner which has been documented in his last two fitness reports and which led to his promotion to GS-12. Mr. Woods surefootedness as a records officer and manager of people, together with ability to take necessary initiatives where actions are required and his maturity and sound judgement, make him an ideal chief of this very active and complex registry and records management office. I dread to think that eventual rotation will deprive me of the services of this extraordinarily competent and effective officer.

SECTION E**CERTIFICATION AND COMMENTS****1. BY SUPERVISOR**

| | | |
|---|---|--|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| 1 year, 9 months | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 7 July 1975 | Chief, CCS |  Erich W. Isenstead |

2. BY EMPLOYEE

| | | | |
|--|-------------------|-------------|--|
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE | | DATE | SIGNATURE OF EMPLOYEE |
| HAVE ATTACHED | HAVE NOT ATTACHED | 7 July 1975 |  James S. Woods |

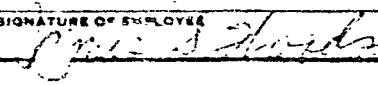
3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

There is no one in the chain of command who could act as reviewing officer.

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

4. BY EMPLOYEE

| | | |
|---|-------------|--|
| I CERTIFY THAT I HAVE BEEN THE ENTRIED IN ALL SECTIONS OF THIS REPORT | DATE | SIGNATURE OF EMPLOYEE |
| | 7 July 1975 |  James S. Woods |
| CLASSIFICATION | | SECRET |

CLASSIFICATION

FITNESS REPORT

| GENERAL INFORMATION | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------------------|---|---|---|--|--|--|--------------------|-------------------------|---|--------------------|--|----------------------|---|------------------|--|-----------------------|--|
| 1. EMPLOYEE NUMBER 010032 | 2. NAME (last, first, middle) WOODS, JAMES S. | 3. DATE OF BIRTH 02/20/28 | 4. SEX M | 5. GRADE/S. GS GS-12 D | | | | | | | | | | | | | | | |
| 7. OFFICIAL POSITION TITLE: RECORDS ADMIN OF-CH | 8. OFF/DIV/BR OF ASSIGNMENT DDO/CCS/REGISTRY | 9. CURRENT STATION HEADQUARTERS | 10. CODE (if one) <input checked="" type="checkbox"/> M08. <input type="checkbox"/> DP | | | | | | | | | | | | | | | | |
| 11. TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER (Spec.) | | | | 12. TYPE OF REPORT <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT <input checked="" type="checkbox"/> SPECIAL | | | | | | | | | | | | | | | |
| 13. REPORTING PERIOD (from-to). 1 June 1974-31 December 1974 | | | | | 14. DATE REPORT DUE IN O.P. 31 January 1974 (Retirement of Supervisor) | | | | | | | | | | | | | | |
| SECTION B - QUALIFICATIONS UPDATE | | | | | | | | | | | | | | | | | | | |
| If "QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT. | | | | | | | | | | | | | | | | | | | |
| SECTION C - PERFORMANCE EVALUATION | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><u>U</u>-Unatisfactory</td> <td>Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</td> </tr> <tr> <td><u>M</u>-Marginal</td> <td>Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</td> </tr> <tr> <td><u>P</u>-Proficient</td> <td>Performance is satisfactory. Desired results are being produced in the manner expected.</td> </tr> <tr> <td><u>S</u>-Strong</td> <td>Performance is characterized by exceptional proficiency.</td> </tr> <tr> <td><u>O</u>-Outstanding</td> <td>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.</td> </tr> </table> | | | | | | | | | | <u>U</u> -Unatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. | <u>M</u> -Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described. | <u>P</u> -Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. | <u>S</u> -Strong | Performance is characterized by exceptional proficiency. | <u>O</u> -Outstanding | 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. |
| <u>U</u> -Unatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. | | | | | | | | | | | | | | | | | | |
| <u>M</u> -Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described. | | | | | | | | | | | | | | | | | | |
| <u>P</u> -Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. | | | | | | | | | | | | | | | | | | |
| <u>S</u> -Strong | Performance is characterized by exceptional proficiency. | | | | | | | | | | | | | | | | | | |
| <u>O</u> -Outstanding | 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. | | | | | | | | | | | | | | | | | | |
| 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 Chief of Registry Section - supervises seven employees | | | | | | | | | RATING LETTER S | | | | | | | | | | |
| SPECIFIC DUTY NO. 2 Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures. | | | | | | | | | RATING LETTER O | | | | | | | | | | |
| SPECIFIC DUTY NO. 3 CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security - through 6 October 1974. | | | | | | | | | RATING LETTER S | | | | | | | | | | |
| SPECIFIC DUTY NO. 4 | | | | | | | | | RATING LETTER | | | | | | | | | | |
| SPECIFIC DUTY NO. 5 | | | | | | | | | RATING LETTER | | | | | | | | | | |
| SPECIFIC DUTY NO. 6 | | | | | | | | | RATING LETTER | | | | | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | | | | | | | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | | | | | RATING LETTER S | | | | | | | | | |

S E C R E T
CLASSIFICATION

SECTION D

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 C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost considerations in the use of personnel, time, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Since his last Fitness Report, in June 1974, Mr. Woods has continued his extremely fine performance as a conscientious, hardworking and thoughtful records manager and registry supervisor. The CCS registry workload remains at about the same level as previously reported, and Mr. Woods regularly works an hour or so of uninterrupted overtime every working day personally reorganizing procedures, cleaning out, consolidating, and retiring files. His enthusiastic determination in reducing the numbers of out-of-date and no longer useful files is most exemplary. Knowing the numbers of primary and supplemental files involved in this exercise, and as a retiring supervisor, I can only wish him "good luck"!

Mr. Woods also continues eager to learn and use new methods and techniques. During this reporting period, in July 1974, he took the Agency course "Introduction to Micrographics Seminar #2."

Finally it gives me pleasure to note here that, effective ²⁴ November 1974, Mr. Woods will be given a well deserved promotion from GS 11/6 to GS 12/3.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

| | | |
|---|---|--|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
|---|---|--|

15 months

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

20 November 1974

Deputy Chief, CCS

Carter H. Yates

2. BY EMPLOYEE

| | | |
|--|------|-----------------------|
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE | DATE | SIGNATURE OF EMPLOYEE |
|--|------|-----------------------|

 HAVE ATTACHED HAVE NOT ATTACHED

20 Nov 74

James S. Woods

| | | |
|--------------------------|--|--|
| 3. BY REVIEWING OFFICIAL | | |
|--------------------------|--|--|

| | | |
|--------------------------------|--|--|
| COMMENTS OF REVIEWING OFFICIAL | | |
|--------------------------------|--|--|

Both Mr. Yates' letter ratings and narrative comments accurately reflect the quality of Mr. Woods' performance during the reporting period. He is a thoroughgoing professional records officer who uses his extensive experience and his good judgement to take initiatives toward improving the Registry service and the management of records. Hand in hand with his high substantive competence goes his excellent ability as a supervisor. I can say nothing more laudable in this regard than that I have not had to deal with Registry personnel problems during the last year. He knows the job that needs to be done and so do his people. With this kind of leadership, the work gets accomplished with a high state of morale.

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

25 November 1974

Chief, Cover and Commercial Staff

Erich W. Isenstead

4. BY EMPLOYEE

| | | |
|---|------|-----------------------|
| I CERTIFY THAT I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT | DATE | SIGNATURE OF EMPLOYEE |
|---|------|-----------------------|

25 Nov 74

James S. Woods

CLASSIFICATION
SECRET

S R C R E T
CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

| | | | | |
|--|---|---|--------------------------------------|----------------------------|
| 1. EMPLOYEE NUMBER 010032 | 2. NAME (last, first, middle) WOODS, JAMES S. | 3. DATE OF BIRTH 02/20/28 | 4. SEX M | 5. GRADE GS-11 D |
| 7. OFFICIAL POSITION TITLE RECORDS ADMIN OF - CH | 8. OFF/DIV/BR OF ASSIGNMENT DDO/CCS/REGISTRY | 9. CURRENT STATION HEADQUARTERS | 10. CODE (if one) X MOS DF | |

11. TYPE OF APPOINTMENT

| <input checked="" type="checkbox"/> CAREER | <input type="checkbox"/> RESERVE | <input type="checkbox"/> CONTRACT | OTHER (Spec.) | TEMPORARY | <input checked="" type="checkbox"/> ANNUAL | REASIGNMENT | SPECIAL |
|--|----------------------------------|-----------------------------------|---------------|-----------|--|-------------|---------|
|--|----------------------------------|-----------------------------------|---------------|-----------|--|-------------|---------|

12. REPORTING PERIOD (from-to)

1 June 1973 - 31 May 1974

13. DATE REPORT DUE IN O.P.

30 June 1974

SECTION B

QUALIFICATIONS UPDATE

If qualifications update form is being submitted with changes, and is attached to this report, place the word "YES" in the box to the right. If no changes are required, place the word "NO" in the box at right.

NO

SECTION C

PERFORMANCE EVALUATION

U-Unsatisfactory

Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe actions taken or proposed in Section D.

M-Marginal

Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

P-Proficient

Performance is satisfactory. Desired results are being produced to the manner expected.

S-Strong

Performance is characterized by exceptional proficiency.

O-Outstanding

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.

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

Chief of Registry Section - supervises seven employees.

RATING LETTER

S

SPECIFIC DUTY NO. 2

Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.

RATING LETTER

O

SPECIFIC DUTY NO. 3

CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security.

RATING LETTER

S

SPECIFIC DUTY NO. 4

RATING LETTER

SPECIFIC DUTY NO. 5

RATING LETTER

SPECIFIC DUTY NO. 6

RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER

S

S E C R E T
CLASSIFICATION

ALL

SECTION D

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 C to provide best 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 entire space is needed to complete Section D, attach separate sheet of paper.

After a short overlap with his predecessor, Mr. Woods assumed his responsibilities as Chief of Registry, CCS, on 3 October 1973 - roughly nine months ago. In this position he is responsible, overall, for CCS registry and records management activities, including the supervision of seven other individuals. As could be expected from even a casual reading of his past fitness reports, Mr. Woods quickly took hold, and has been performing his new responsibilities in an exemplary manner. Despite the volume and variety of files with which he was required to become familiar, early on he systematically began cleaning out, consolidating, and retiring files as appropriate, reorganizing and updating the indexing system for individual and project files, and redistributing employee workloads. He also reorganized the placement of file machinery, desks, and service counter to achieve greater employee comfort and efficiency in the utilization of personnel. Although his task as Staff Security Officer is a secondary function, he also reorganized, simplified and re-wrote the security check and duty officer roster procedures.

Indicative of the work which he supervises are selected Registry statistics for May 1974: 7015 documents filed, 8200 files pulled (and re-filed) for Staff officers' use, 6642 cables processed and distributed, 9900 facility and name searches, 2353 documents logged, 833 index cards made and filed, and 200 new files opened. During his nine months with CCS, Mr. Woods not only has had to learn the CCS "system" himself,

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

| | | |
|---|---|--|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 10 mos | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE 25 June 1974 | OFFICIAL TITLE OF SUPERVISOR DC/CCS | TYPED OR PRINTED NAME AND SIGNATURE <i>Carter H. Yates</i> Carter H. Yates |

2. BY EMPLOYEE

| | | |
|---|------------------------|--|
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE <input checked="" type="checkbox"/> HAVE ATTACHED <input type="checkbox"/> HAVE NOT ATTACHED | DATE 25 June 74 | SIGNATURE OF EMPLOYEE <i>James S. Woods</i> James S. Woods |
|---|------------------------|--|

3. BY REVIEWING OFFICIAL

| | | |
|--|---|--|
| COMMENTS OF REVIEWING OFFICIAL | | |
| In the relatively short period of his assignment to CCS, Mr. Woods has completely lived up to his advance billing as reflected in past fitness reports. Mr. Yates has provided the specifics of Mr. Woods' accomplishments and has left me only to say that Mr. Woods is a first class professional Records Officer and supervisor who fully deserves an overall rating of Strong. | | |
| DATE <i>1 July</i> | OFFICIAL TITLE OF REVIEWING OFFICIAL C/CCS | TYPED OR PRINTED NAME AND SIGNATURE <i>Erich W. Isenbroad</i> Erich W. Isenbroad |

4. BY EMPLOYEE

| | | |
|--|-----------------------|--|
| STATEMENT THAT I HAVE BEEN THE ENTRIED IN ALL SECTIONS OF THIS REPORT. | DATE 1 July 74 | SIGNATURE OF EMPLOYEE <i>James S. Woods</i> |
|--|-----------------------|--|

CLASSIFICATION
S E C R E T

14-00000

S E C R E T

Fitness Report Woods, James D. 010032

SECTION D NARRATIVE COMMENTS (continued)

but has been required, due to a turnover in personnel, to train three new Records Clerks.

Courses taken since the start of his tour with CCS include Operational Records I and III, AOP I, Forms Management Seminar, and Forms Analysis and Design Workshop.

Mr. Woods has proved to be a conscientious, hard-working and thoughtful records manager and supervisor, and CCS is glad to have him aboard. I am sure that the next records inventory will provide statistical evidence of his abilities as a "housecleaner."

S E C R E T

SECRET

(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER | |
|--|---------|-----------|---|----------------------------|-------------------------|-----------------------|
| GENERAL | | | | | 010032 | |
| SECTION A | | | | | | |
| 1. NAME (Last) (First) (Middle) | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
| Woods, James S. | | | 20 Feb 28 | M | GS-11 | D |
| 6. OFFICIAL POSITION TITLE Records Admin Officer | | | 7. OFF/ DIV/ BR OF ASSIGNMENT | 8. CURRENT STATION Rome | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | | | |
| CAREER | RESERVE | TEMPORARY | INITIAL | X | REASSIGNMENT SUPERVISOR | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | X | ANNUAL | X | REASSIGNMENT EMPLOYEE |
| SPECIAL (Specify): | | | SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From - To) 1 June 72 - 31 May 73 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>U-Inadequate Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding 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 | | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | | | |
| SPECIFIC DUTY NO. 1 Station Records Management and Control Officer - responsible for the mediation, preparation, implementation and control of the Records Management Program. | | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 2 Chief of Registry Section - in this capacity he supervises one employee in the processing and pouching of all dispatch and other correspondence; serves as the cable analyst, processing and distributing all cable traffic; and serves as Top Secret Control Officer. | | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| <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 O |
| 8 MAY | | | | | | |

SECRET

(Form filled in)

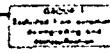
| SECTION C | | NARRATIVE COMMENTS | | | | | | | | | | | |
|---|---|---|-----------------------|---|---------------------|---|---|--|--|--|---------------------|---|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship 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 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.</p> <p>This officer has continued to perform with a high degree of effectiveness and accomplishment. He has concentrated on improving our records holding standards and on purging irrelevant and outdated files. In May 1972 he began a monthly series of progress reports for the Chief of Station outlining the month's accomplishments. Copies of these reports through January 1973 were sent to HQs in OIRT-18014 and 18015, dated 9 Feb 73. These reports clearly show this officer's focus on records management activities, his ingenuity and aggressiveness in launching programs of review of files and his tireless efforts in reducing Station holdings to a practical and useable minimum. His records inventory as of September 1972, reporting a total reduction in excess of 85 feet, speaks for itself. His next report also promises to show dramatic reductions.</p> <p>This officer shows a sense of professional responsibility and determination in the oft neglected function of records management, deeper and more intense than any other witnessed by the rating officer in his career. He performs his other duties as Chief, Registry with an equally high degree of effectiveness. Subject officer may have been inadvertently hiding his talents under the proverbial bushel basket by having remained in the field for so long. It is the rater's hope that HQs now has focussed on him and has discovered his potential for greater responsibilities. The records in this Station are tremendously improved for his having had a tour in Rome. We are certainly glad he came.</p> | | | | | | | | | | | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | | | | | | | | | | | |
| <p>1. BY EMPLOYEE</p> <p>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p> <table border="1"> <tr> <td>DATE 30 April 1973</td> <td>SIGNATURE OF EMPLOYEE /s/ James S. Woods</td> </tr> </table> <p>2. BY SUPERVISOR</p> <p>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</p> <table border="1"> <tr> <td>DATE 23 May 1973</td> <td>OFFICIAL TITLE OF SUPERVISOR Admin Officer</td> <td>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</td> </tr> <tr> <td></td> <td></td> <td>TYPED OR PRINTED NAME AND SIGNATURE /s/ Thomas McKinley</td> </tr> </table> <p>3. BY REVIEWING OFFICIAL</p> <p>COMMENTS OF REVIEWING OFFICIAL</p> <p>This officer has been remarkably effective during his tour in Rome. While we are very sorry to lose him, there is no question that his formidable talents should be used on a much broader range of records management and related problems than could be done in this Station. His next assignment in Headquarters appears to give him that additional scope. We are glad that he served in Rome and that during this tour here he received a well-deserved promotion. Rome Station's records have improved considerably as a result of this officer's tour here. I am in full agreement with the above comments and ratings.</p> <table border="1"> <tr> <td>DATE 23 May 1973</td> <td>OFFICIAL TITLE OF REVIEWING OFFICIAL Ops Officer</td> <td>TYPED OR PRINTED NAME AND SIGNATURE /s/ William Acon, Jr.</td> </tr> </table> | | | DATE 30 April 1973 | SIGNATURE OF EMPLOYEE /s/ James S. Woods | DATE 23 May 1973 | OFFICIAL TITLE OF SUPERVISOR Admin Officer | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | | | TYPED OR PRINTED NAME AND SIGNATURE /s/ Thomas McKinley | DATE 23 May 1973 | OFFICIAL TITLE OF REVIEWING OFFICIAL Ops Officer | TYPED OR PRINTED NAME AND SIGNATURE /s/ William Acon, Jr. |
| DATE 30 April 1973 | SIGNATURE OF EMPLOYEE /s/ James S. Woods | | | | | | | | | | | | |
| DATE 23 May 1973 | OFFICIAL TITLE OF SUPERVISOR Admin Officer | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | | | | | | | | | | | |
| | | TYPED OR PRINTED NAME AND SIGNATURE /s/ Thomas McKinley | | | | | | | | | | | |
| DATE 23 May 1973 | OFFICIAL TITLE OF REVIEWING OFFICIAL Ops Officer | TYPED OR PRINTED NAME AND SIGNATURE /s/ William Acon, Jr. | | | | | | | | | | | |

SECRET

SECRET

(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 010032 | |
|--|-----------------------------------|--------------------------------------|--|----------------------------------|---------------------------|
| SECTION A | | | | | |
| GENERAL | | | | | |
| 1. NAME Woods, James S. | (Last) (First) (Middle) | 2. DATE OF BIRTH 20 Feb 28 | 3. SEX M | 4. GRADE GS-10 | 5. SD D |
| 6. OFFICIAL POSITION TITLE Records Admin Officer | | | 7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION DDP/EUR/I Rome | | |
| 9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <small>CAREER/PROVISIONAL (See Instructions - Section C)</small> | | | 10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <small>SPECIAL (Specify):</small> | | |
| 11. DATE REPORT DUE IN O.P. 31 July 1972 | | | 12. REPORTING PERIOD (From To) 1 October 1971 - 31 May 1972 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. | | | | | |
| M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. | | | | | |
| P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected. | | | | | |
| S-Strong Performance is characterized by exceptional proficiency. | | | | | |
| O-Outstanding 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. | | | | | |
| 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 Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and in the performance of other registry duties. | RATING LETTER O | | | | |
| SPECIFIC DUTY NO. 2 Station Records Officer - Responsible for the Station's Record Management Program. | RATING LETTER O | | | | |
| SPECIFIC DUTY NO. 3 Cable Analyst - Processes and distributes all incoming and outgoing cable traffic. | RATING LETTER S | | | | |
| SPECIFIC DUTY NO. 4 Top Secret Control Officer. | RATING LETTER S | | | | |
| SPECIFIC DUTY NO. 5 | RATING LETTER | | | | |
| SPECIFIC DUTY NO. 6 | RATING LETTER <i>21 Aug 72</i> | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | RATING LETTER O |



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 unit 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 actions. Nature 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 officer's performance over the past year has been outstanding. He is a skilled professional records manager, an indefatigable worker and a highly imaginative and efficient supervisor. Since his last Fitness Report he has directed a TDY team of records officers in a concentrated program of records reduction. He devised the program and supervised its execution with most effective results. This officer is a driver and a doer. He constantly strives to improve the Station's records management posture and follows up with procedures designed to maintain the gains achieved by his efforts. It is highly gratifying and stimulating to work with him. He sees the broad dimensions of the task at hand and focuses constantly on improving the system. This quality convinces the rater that he is capable of greater responsibilities in a position of broader scope. I recommend that Headquarters begin to plan for the utilization of this officer on the completion of his tour of duty in Rome. He should be placed in a Headquarters position in which his skills and broad experience can be fully used and in which he can achieve the professional growth of which he is both capable and deserving.

SECTION D**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

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

DATE

17 July 1972

SIGNATURE OF EMPLOYEE

/s/ James S. Woods

2.

BY SUPERVISORMONTHS 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

17 July 1972

Admin Officer

/s/ Thomas McKinley

3.

BY REVIEWING OFFICIAL**COMMENTS OF REVIEWING OFFICIAL**

I concur in the comments of the rating officer and believe the overall outstanding rating is well deserved. Subject is a first-rate Records Management officer - deeply interested in his work, conscientious in the extreme and always looking for an innovative approach that will upgrade the functioning of Registry and better serve Station needs. Without losing sight of the unending pressure to reduce and periodically reorder the Station's holdings, this officer avoids assuming attitudes that are cast in cement. He works with the Branches and individual officers in solving problems rationally. He is unfailingly pleasant and courteous and is well-liked by all. The Station is fortunate to have

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

25 July 1972

DCOS

/s/ Joseph A DiStefano

SECRET

CN dvt

SECRET
(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER | |
|--|-----------------|--|------------------|--|------------------------|---------------------------|
| GENERAL | | | | | 010032 | |
| SECTION A | | | | | | |
| 1. NAME <i>(Last) (First) (Middle)</i> | Woods, James S. | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
| 5. OFFICIAL POSITION TITLE <i>Records Admin Off</i> | | 7. OFF/DIV/BR OF ASSIGNMENT <i>DDP/EUR/I</i> | | 8. CURRENT STATION <i>Rome</i> | | |
| 9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <i>CAREER-PROVISIONAL (See Instructions - Section C)</i> | | 10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL | | 11. REASSIGNMENT SUPERVISOR <i>REASSIGNMENT EMPLOYEE</i> | | |
| SPECIAL (Specify): <i></i> | | SPECIAL (Specify): <i></i> | | 12. REPORTING PERIOD (From - To) <i>4 July 1971-30 September 1971</i> | | |
| SECTION B | | PERFORMANCE EVALUATION | | | | |
| <p>U-Uncatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding 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 Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and other registry duties. | | RATING LETTER S | | | | |
| SPECIFIC DUTY NO. 2 Station Records Officer - Responsible for the Station's record program and to give guidance and/or assist the Station officers when called upon to do so. | | RATING LETTER S | | | | |
| SPECIFIC DUTY NO. 3 Cable Analyst - Process and distribute all incoming and outgoing cable traffic, this includes maintenance of the chrono files. | | RATING LETTER S | | | | |
| SPECIFIC DUTY NO. 4 Top Secret Control Officer. | | RATING LETTER P | | | | |
| SPECIFIC DUTY NO. 5 | | RATING LETTER | | | | |
| SPECIFIC DUTY NO. 6 | | RATING LETTER <i>21/29</i> | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| 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. | | | | | | |
| FORM 45 7-60 | | SECRET | | DRAFT | | RATING LETTER S |
| Reviewed by OP/SPD/PPB | | | | | | |

SECRET

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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 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 separate sheet of paper.

I have worked with this officer just 2½ months, but this has been long enough to satisfy me that he is above average in registry work. He is a very knowledgeable registry technician, but most important, he is aggressive and imaginative in devising new procedures, or revising old ones to improve the quality of registry service to this Station. He is affable in dealing with his peers and confident and persuasive in dealing with the senior management of this Station. Shortly after his arrival he took over the analysing and distribution of the cables, and prepared a Station procedure for this purpose. Immediately following that, he devised a new procedure for handling correspondence and installed it. He had reviewed the multitudinous files at this Station and has plans to trim them back to more reasonable and appropriate dimensions. In every respect, this officer has taken charge of the function he is here to perform, and has devoted a great deal of time, thought and effort to improve it. We are indeed satisfied with his 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

4 October 1971

/s/ James S. Woods

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

2½ months

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

4 October 1971

Chief, Support

/s/ Thomas McKinley

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Since I have just arrived at the Station I have not had an opportunity to observe this officer's performance. However, I respect the rating officer's judgment which in this case coincides with other favorable comments I have heard about the Subject. I therefore defer to the rating officer's evaluation.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

4 October 1971

Deputy Chief of Station

/s/ Joseph A. Distefano

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER | |
|--|---|---|--|--------------------------|------------------------|------------------------------------|
| GENERAL | | | | | 010032 | |
| SECTION A | | | | | | |
| 1. NAME WOODS James S | | 2. DATE OF BIRTH 20 Feb. 1923 | 3. SEX M | 4. GRADE GS-10 | 5. SD D | |
| 6. OFFICIAL POSITION/TITLE Records Adm. Officer | | 7. OFF/DIV/BR OF ASSIGNMENT DDP/EUR/Italian | 8. CURRENT STATION Rome, Italy | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input checked="" type="checkbox"/> SPECIAL (Specify): Promotion | | 10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL | REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYER | | | |
| 11. DATE REPORT DUE IN O.P. 1 January 1971 - 30 May 1971 | | 12. REPORTING PERIOD (From - To) | | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| U-Unsatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. | | | | | |
| M-Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. | | | | | |
| P-Proficient | Performance is satisfactory. Desired results are being produced in this manner expected. | | | | | |
| S-Strong | Performance is characterized by exceptional proficiency. | | | | | |
| O-Outstanding | 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. | | | | | |
| 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 | Reviewed, retired and rationalized Italian Branch Files and explained same system to Branch personnel | | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER <i>3 Aug 1971</i> |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | RATING LETTER O |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | | RATING LETTER |

SECRET

(When Filled In)

SECTION C**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. 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 relating to staff, 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.

Mr. Woods first made a survey of the Augean stable that the Italian Branch files had become over many years of shifts in personnel and changes of direction. He then reviewed, downgraded, and retired approximately 350 Top Secret documents with appropriate Project and Subject files and copies destroyed. At the completion of this there was not one Top Secret document on the Branch. He devised, gained approval from FI/D, and carried out a new procedure for the downgrading of TYLOTE material from Top Secret to Secret so that it could be retired. He retired approximately 60 Project, 25 Subject, and fifty 201 files. He surveyed the Communist Party of Italy files and discovered that there were a total of 93 of which 19 were already closed. He closed 47 of the remainder and left 25 open and arranged for RID/ARD to retire all the material in the open files prior to 1 January 1971. He closed and retired Plan files dating back to the early 1950's. All in all, out of 76 feet of safe space filled with CS material, he retired 36 feet of files leaving a catalogue of where everything is or has been sent. A remarkable record (and done with a minimum of fuss and Branch dislocation)!

What he did in such a short time speaks eloquently of how he went about his duties for which see the accompanying memorandum of recommendation for promotion. Reporting officer has known him over fourteen years and has the unvarying impression of him as a quietly competent, diligent, reliable, self-reliant individual.

/continued/

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

Subject now in Rome Station

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

4 months

See above

DATE

OFFICIAL TITLE OF SUPERVISION

TYPED OR PRINTED NAME AND SIGNATURE

27 July 1971

ADC/EUR/Italy

R. Campbell James

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL I concur in the above evaluation. Subject turned in a most impressive performance during his brief time on the Italian Branch. Largely as a result of his enthusiasm and initiative, the Branch was able to achieve what had never been accomplished before: a complete overhaul, cleaning, purging, and restructuring of its filing system. To his credit, Subject has a keen appreciation for operational requirements and all of this work was done without sacrificing the future utilization of information acquired in the past; on the contrary, the efficient use of this material has been so enhanced that it will surely be reflected in our future operations. Mr. Woods has a unique contribution to make in Rome or any other place he is assigned. The Station is fortunate to have him...his presence is sorely needed to do the same thing in Rome that he has just accomplished

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

27 July 1971

Chief/Italian Branch

Mirschel F. Peak

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-2-

You give him a job and need not worry about whether or how it will be done.

The job offered no opportunity to observe his supervisory capabilities. He is cost conscious and security conscious.

Fitness Report James S. Woods (continued)

SECTION D.3. (continued).

in Headquarters. The importance of his contribution and his personal initiative and efforts should be rewarded by a promotion.

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(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER |
|--|--|--|--------|---|
| | | | | 010032 |
| SECTION A | | | | |
| GENERAL | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
| Woods, James S. | | 20 Feb 23 | M | GS-10 D |
| 5. OFFICIAL POSITION TITLE Recs Adm Off | | 6. OFF/DIV/BR OF ASSIGNMENT DDP/EUR/BCR | | 7. CURRENT STATION London |
| 8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify): | | 9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL | | 10. REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE 11. DATE REPORT DUE IN O.P. 30 November 1970 |
| | | | | 12. REPORTING PERIOD (From - To) 30 June 1970 - 18 November 1970 |
| SECTION B PERFORMANCE EVALUATION | | | | |
| <p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe actions taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Profilient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding 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 Responsible for organization and direct management of the Station Registry | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 2 First-line supervisor for two full-time registry assistants. | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 3 Organizes and implements review and purge of Registry and other Station files. | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 4 Prepares Station notices and outgoing correspondence on Registry matters. | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 5 Maintains and controls case file index and 201 file index. | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 6 Top Secret Control Officer | | | | RATING LETTER S |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | RATING LETTER S |

SECRET

Form 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. Matters 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.

In the four months he has been under my supervision, Subject has demonstrated that he merits in full measure the high opinion of him held by his previous supervisor. Conscientious, careful, fully knowledgeable of Registry procedures he has gone about his day-to-day tasks in an exceptionally proficient way without the need for constant supervision. He is prompt in his response to requests and has an excellent sense of "get the job done". He is an intelligent and concerned supervisor who has been meticulous in keeping his supervisors briefed on personnel and other problems as they have arisen in the Station Registry. He appears fully capable of assuming larger responsibilities in the records field. The rating officer regrets that Subject's family situation precludes his staying for another tour.

SECTION D**CERTIFICATION AND COMMENTS**

| | | |
|---|---|---|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE 17 Nov 1970 | SIGNATURE OF EMPLOYEE James S. Woods | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 4 months | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE 17 November 1970 | OFFICIAL TITLE OF SUPERVISOR DCOS | TYPED OR PRINTED NAME AND SIGNATURE /s/ Cameron J. LaClair |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| Although the rating officer is newly arrived in London, he has had numerous opportunities in the past to observe Subject's work and the results he has achieved in reducing London files to manageable proportions. As a result the ratings awarded in this report are endorsed without hesitation. | | SIGNATURE /s/ Rolfe Kingsley |
| DATE 23 November 1970 | OFFICIAL TITLE OF REVIEWING OFFICIAL COS | |

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(When Filled In)

| | | | | |
|--|---|--|-------------------------------------|--|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 010032 |
| SECTION A | | | | |
| GENERAL | | | | |
| 1. NAME <i>(Last) (First) (Middle)</i> | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE |
| Woods, James S. | 20 Feb. 23 | | M | GS-10 D |
| 5. OFFICIAL POSITION TITLE Records Admin Off | 6. OFF/DIV/BR OF ASSIGNMENT DDP/EUR/BCR | | 7. CURRENT STATION London | |
| 8. CHECK (X) TYPE OF APPOINTMENT | | 9. CHECK (X) TYPE OF REPORT | | |
| CAREER | RESERVE | TEMPORARY | INITIAL | X REASSIGNMENT SUPERVISOR |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | ANNUAL | REASSIGNMENT EMPLOYEE |
| SPECIAL (Specify) | | | SPECIAL (Specify) | |
| 11. DATE REPORT DUE IN O.P. | | 12. REPORTING PERIOD (From To) 1 October 1969 - 30 June 1970 | | |
| SECTION B PERFORMANCE EVALUATION | | | | |
| U-Unsatisfactory | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. | | | |
| M-Marginal | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. | | | |
| P-Proficient | Performance is satisfactory. Desired results are being produced in the manner expected. | | | |
| S-Strong | Performance is characterized by exceptional proficiency. | | | |
| O-Outstanding | 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. | | | |
| 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 Responsible for organization and direct management of station registry. | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 2 First-line supervisor for two full-time and one part-time registry assistants. | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 3 Organizes and implements review and purge of registry and other station files. | | | | RATING LETTER O |
| SPECIFIC DUTY NO. 4 Prepares station notices and outgoing correspondence on registry matters. | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 5 Maintains and controls case file index and 201 file index. | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 6 Top Secret Control Officer. | | | | RATING LETTER S |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | |
| | | | | RATING LETTER S |

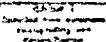
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| SECTION C | | NARRATIVE COMMENTS | | | | | | | | | | | | |
|--|---|--|--|----------------------|--|---|---|----------------------|--------------------------------------|--|---|----------------------|---|--|
| <p>Indicate significant strengths or 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 findings given in Section B to provide best 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.</p> <p>With about nineteen months experience managing the station registry already under his belt, his usefulness here increases. He continues to demonstrate the same quietly effective leadership and talent for sound organization in his own shop as were noted on the last fitness report.</p> <p>While maintaining a high standard in the more routine day-to-day services and processes a registry is normally expected to supply, he has also been the catalyst for a thorough, carefully phased and continuing review and, where appropriate, purge of registry and other file holdings. Administering this ambitious reduction program requires sound judgment and experience in handling the detail in our existing records. Subject has these qualities and has achieved impressive results. To complete this task, he has asked to extend his tour here for one year until November 1971 and Headquarters has approved this.</p> <p>He is invariably completely responsive to guidance from the DCOS, his immediate supervisor, and conscientiously seeks to achieve the work goals which are identified during our occasional accomplishment and performance consultations. The spirit of cooperation with which he deals with other station personnel is equally commendable.</p> <p>No criticism can be made of his security and cover deportment.</p> | | | | | | | | | | | | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | | | | | | | | | | | | |
| <p>1. BY EMPLOYEE</p> <p>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p> <table border="1"> <tr> <td>DATE 18 June 1970</td> <td>SIGNATURE OF EMPLOYEE <i>/s/ James S. Woods</i></td> </tr> </table> <p>2. BY SUPERVISOR</p> <table border="1"> <tr> <td>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</td> <td>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE: GIVE EXPLANATION</td> </tr> <tr> <td>DATE 18 June 1970</td> <td>OFFICIAL TITLE OF SUPERVISOR DCOS</td> </tr> <tr> <td></td> <td>TYPED OR PRINTED NAME AND SIGNATURE <i>/s/ David Whipple</i></td> </tr> </table> <p>3. BY REVIEWING OFFICIAL</p> <p>COMMENTS OF REVIEWING OFFICIAL</p> <p>Concur entirely with this favorable assessment. Subject has been a dedicated and conscientious supervisor of his office. His achievements have been quite measurable and specific, as described in the above report. On the basis of his performance here, Subject should have excellent career prospects for further growth in his chosen field.</p> <table border="1"> <tr> <td>DATE 22 June 1970</td> <td>OFFICIAL TITLE OF REVIEWING OFFICIAL COS</td> <td>TYPED OR PRINTED NAME AND SIGNATURE <i>/s/ Bronson Tweedy</i></td> </tr> </table> | | | | DATE 18 June 1970 | SIGNATURE OF EMPLOYEE <i>/s/ James S. Woods</i> | MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE: GIVE EXPLANATION | DATE 18 June 1970 | OFFICIAL TITLE OF SUPERVISOR DCOS | | TYPED OR PRINTED NAME AND SIGNATURE <i>/s/ David Whipple</i> | DATE 22 June 1970 | OFFICIAL TITLE OF REVIEWING OFFICIAL COS | TYPED OR PRINTED NAME AND SIGNATURE <i>/s/ Bronson Tweedy</i> |
| DATE 18 June 1970 | SIGNATURE OF EMPLOYEE <i>/s/ James S. Woods</i> | | | | | | | | | | | | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE: GIVE EXPLANATION | | | | | | | | | | | | | |
| DATE 18 June 1970 | OFFICIAL TITLE OF SUPERVISOR DCOS | | | | | | | | | | | | | |
| | TYPED OR PRINTED NAME AND SIGNATURE <i>/s/ David Whipple</i> | | | | | | | | | | | | | |
| DATE 22 June 1970 | OFFICIAL TITLE OF REVIEWING OFFICIAL COS | TYPED OR PRINTED NAME AND SIGNATURE <i>/s/ Bronson Tweedy</i> | | | | | | | | | | | | |

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(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 010032 | | | |
|---|--|---|-----------|---|-------------------------------------|---------------------------|-------------------|
| SECTION A | | | | | | | |
| GENERAL | | | | | | | |
| 1. NAME WOODS, James S. | | (Last) (First) (Middle) | | 2. DATE OF BIRTH 20 Feb 23 | 3. SEX M | 4. GRADE GS-10 | 5. SD D |
| 6. OFFICIAL POSITION TITLE Records Admin Officer | | | | 7. OFF/DIV/BR OF ASSIGNMENT DDP/EUR/BCR | 8. CURRENT STATION London | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | | | 10. CHECK (X) TYPE OF REPORT | | | |
| CAREER | | RESERVE | TEMPORARY | INITIAL | | REASSIGNMENT SUPERVISOR | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | | X ANNUAL | | REASSIGNMENT EMPLOYEE | |
| SPECIAL (Specify): | | | | SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. 31 October 1969 | | | | 12. REPORTING PERIOD (From To) 18 November 1968-30 September 1969 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | | |
| <p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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 | | RESPONSIBLE FOR ORGANIZATION AND DIRECT MANAGEMENT OF STATION REGISTRY. | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 2 | | FIRST-LINE SUPERVISOR FOR AT FIRST THREE, LATER TWO, FULL-TIME REGISTRY PERSONNEL AND ONE PART-TIME REGISTRY ASSISTANT. | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 3 | | PROVIDES INFORMAL TRAINING AND GUIDANCE TO SOME STATION OFFICERS AND SECRETARIES ON RECORDS PROCEDURES. | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 4 | | PREPARES STATION NOTICES AND OUTGOING CORRESPONDENCE ON REGISTRY MATTERS. | | | | RATING LETTER P | |
| SPECIFIC DUTY NO. 5 | | MAINTAINS AND CONTROLS CASE FILE INDEX AND 201 FILE INDEX. | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 6 | | TOP SECRET CONTROL OFFICER. | | | | RATING LETTER S | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | |
| 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 bar corresponding to the statement which most accurately reflects his level of performance. | | | | | | | |
| FORM 45 OBSOLETE PREVIOUS EDITIONS. 4-62 | | SECRET | | | | RATING LETTER S | |



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(From Form 12-1)

| SECTION C | | NARRATIVE COMMENTS | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------------|-------------------------------------|--|------|-----------------------|--|----------------|--------------------|--|------|------------------------------|-------------------------------------|----------------|--|----------------------|------|--------------------------------------|-------------------------------------|-----------------|--|--------------------|
| <p>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 must be described, if applicable.</p> <p>He arrived ten months ago at this post, with considerable experience in Registry work at Headquarters and at other field stations and with a thorough understanding of how a Station Registry should be organized and run. He immediately put this understanding to good use. While maintaining the overall efficiency of Registry programs already in effect when he took over, he enthusiastically began a carefully-planned and continuing effort to further reduce less than essential Registry paper holdings with results which are already impressive. His suggestions on new procedures designed to conserve space and manpower are usually imaginative and practical.</p> <p>He himself is a remarkably well-organized, conscientious and cooperative person.</p> <p>He has had to undertake his improvements while accommodating to the loss of one Registry slot which fell victim to a Foreign Service reductions program. Primarily due to his managerial talents, the Registry has been made to carry on almost as well with three regulars as with the previous four. Although his people are increasingly hard-worked, their morale is high. He himself appears to be a glutton for work but his Registry is obviously a happy shop.</p> | | | | | | | | | | | | | | | | | | | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | | | | | | | | | | | | | | | | | | | |
| <p>1. BY EMPLOYEE</p> <p>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p> <table border="1"> <tr> <td>DATE</td> <td colspan="2">SIGNATURE OF EMPLOYEE</td> </tr> <tr> <td>9 October 1969</td> <td colspan="2">/s/ James S. Woods</td> </tr> </table> <p>2. BY SUPERVISOR</p> <p>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</p> <p>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</p> <table border="1"> <tr> <td>DATE</td> <td>OFFICIAL TITLE OF SUPERVISOR</td> <td>TYPED OR PRINTED NAME AND SIGNATURE</td> </tr> <tr> <td>9 October 1969</td> <td></td> <td>/s/ David D. Whipple</td> </tr> </table> <p>3. BY REVIEWING OFFICIAL</p> <p>COMMENTS OF REVIEWING OFFICIAL</p> <p>Concur with this very favorable assessment. Subject has a real talent for work in his chosen field and his professional accomplishments here have been impressive. Subject's career should be watched with care and there should be room for considerable advancement in the Records Management end of our business.</p> <table border="1"> <tr> <td>DATE</td> <td>OFFICIAL TITLE OF REVIEWING OFFICIAL</td> <td>TYPED OR PRINTED NAME AND SIGNATURE</td> </tr> <tr> <td>5 November 1969</td> <td></td> <td>/s/ Bronson Tweedy</td> </tr> </table> | | | | DATE | SIGNATURE OF EMPLOYEE | | 9 October 1969 | /s/ James S. Woods | | DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE | 9 October 1969 | | /s/ David D. Whipple | DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE | 5 November 1969 | | /s/ Bronson Tweedy |
| DATE | SIGNATURE OF EMPLOYEE | | | | | | | | | | | | | | | | | | | | |
| 9 October 1969 | /s/ James S. Woods | | | | | | | | | | | | | | | | | | | | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE | | | | | | | | | | | | | | | | | | | |
| 9 October 1969 | | /s/ David D. Whipple | | | | | | | | | | | | | | | | | | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE | | | | | | | | | | | | | | | | | | | |
| 5 November 1969 | | /s/ Bronson Tweedy | | | | | | | | | | | | | | | | | | | |

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(When Filled In)

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|---|--|-------|---|--------------------------------------|--------------------------|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 010032 | |
| SECTION A | | | | | |
| 1. NAME (Last) (First) (Middle) Woods, James S. | | | 2. DATE OF BIRTH 20 Feb 28 | 3. SEX M | 4. GRADE GS-10 |
| 5. OFFICIAL POSITION TITLE Records Admin Of | | | 6. OFF/DIV/BR OF ASSIGNMENT DDP/FE/VNO | 7. CURRENT STATION Vietnam | |
| 8. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) | | | 9. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): SPECIAL (Specify): | | |
| 10. DATE REPORT DUE IN O.P. 5 March 1968 | | | 11. REPORTING PERIOD (From To) 5 March 1968 - 5 October 1968 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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 Chief Station Registry | | DG 52 | | RATING LETTER O | |
| SPECIFIC DUTY NO. 2 Management and training of personnel under his supervision | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 3 Scheduling of routine and exceptional work assigned to his unit. | | | | RATING LETTER O | |
| SPECIFIC DUTY NO. 4 Preparation of routine and other reports on the activities of his Section. | | | | RATING LETTER S | |
| SPECIFIC DUTY NO. 5 Overall Security of Registry operations | | | | RATING LETTER .S | |
| SPECIFIC DUTY NO. 6 <i>8 OCT 1968 DK</i> | | | | RATING LETTER | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| 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, persistent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| RATING LETTER S | | | | | |

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(When Filled In)

SECTION C**NAKARATIVE 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 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 is Subject's final Fitness Report as Chief, Registry at Vietnam Station. He has worked long and hard but can look with pride at the many accomplishments that he has effected during his tenure. He will depart leaving a sound and well-functioning organization. His planning has been effective and his cross-training and development of the personnel under his supervision have been fully productive.

During this period, his unit has experienced heavy increases in work-load and assumed new or additional functions with no reduction in the service provided to Station components.

Subject has been responsible for many work saving innovations, procedural changes and a thorough updating and revamping of the highly important registry reference records.

The personnel under his supervision display enthusiasm and dedication in their work. Their pleasant manner is a reflection of Subject's management ability.

Subject performs his managerial and supervisory duties in a highly professional manner. He knows systems, writes lucid and concise procedures and reacts positively to situations. He is a "Doer".

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

21 Sept 1968

/s/James S. Woods

2.

BY SUPERVISORMONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

L-1

DATE

OFFICIAL TITLE OF SUPERVISION

TYPED OR PRINTED NAME AND SIGNATURE

21 Sept 1968

Records Admin Officer

/s/John K. Smith

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the ratings and comments of the Rating Officer.

Subject has been most amenable and responsive to positive direction.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

22 Sept 1968

C-3 Officer

/s/Vincent N. Lockhart

SECRET

14-00000

S E C R E T

-2-

NARRATIVE COMMENTS, Section C. (Continued)

I have enjoyed serving with Subject, wish him success at his next post and look forward to serving with him again.

Subject is cost conscious.

S E C R E T

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|---|----------------------------------|--|----------------------------------|-------------------------|----------|
| | | | | 010032 | |
| SECTION A | | | | | |
| GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE |
| Woods, James S. | | 20 Feb 28 | | M | GS-9 D |
| 5. OFFICIAL POSITION TITLE | | 6. OFF'DIV/BR OF ASSIGNMENT | | 7. CURRENT STATION | |
| Records Admin Officer | | DPR/PR/VBO | | Vietnam | |
| 8. CHECK (X) TYPE OF APPOINTMENT | | 9. CHECK (X) TYPE OF REPORT | | | |
| <input checked="" type="checkbox"/> CAREER | <input type="checkbox"/> RESERVE | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> INITIAL | REASSIGNMENT SUPERVISOR | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | <input type="checkbox"/> ANNUAL | REASSIGNMENT EMPLOYER | |
| 10. SPECIAL (Specify): | | <input checked="" type="checkbox"/> SPECIAL (Specify): Promotion | | | |
| 11. DATE REPORT DUE IN O.P. | | 12. REPORTING PERIOD (From To) | | | |
| | | 16 Oct 67 - 11 March 68 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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 | | | | RATING LETTER | |
| Chief Station Registry | | | | S | |
| SPECIFIC DUTY NO. 2 | | | | RATING LETTER | |
| Management and training of Personnel under his supervision | | | | P | |
| SPECIFIC DUTY NO. 3 | | | | RATING LETTER | |
| Scheduling of routine and exceptional work assigned to his unit | | | | O | |
| SPECIFIC DUTY NO. 4 | | | | RATING LETTER | |
| Preparation of routine and other reports on the activities of his Section | | | | S | |
| SPECIFIC DUTY NO. 5 | | | | RATING LETTER | |
| Overall Security of Registry operations | | | | P | |
| SPECIFIC DUTY NO. 6 | | | | RATING LETTER | |
| 20 MAY 1968 OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| <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 | |
| | | | | S | |

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

(Leave blank if not applicable)

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 must be described, if applicable.

Subject has done an excellent job in organizing the layout and arranging the work flow in the new Station Registry. As a result, his unit has been operating on a fully effective and productive basis, even during the recent emergency when certain workloads increased several hundred per cent. In operation and physical appearance the Station Registry may be considered a model registry.

He is very cooperative and works well with other offices in solving mutual problems or setting up new requirements.

Subject is industrious and dedicated and willingly works long hours to meet the daily demands of his position. He performed in an exemplary manner while working for an extended period under stress during the recent emergency.

Subject is a pleasant, dependable individual who is anxious to do the best job possible in a demanding and vital position at the Station.

He is properly cost conscious in the use of personnel, space and equipment.

SECTION D **CERTIFICATION AND COMMENTS****1. BY EMPLOYEE**

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

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

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

If this report has not been shown to employee, give explanation
Subject has not reviewed this report inasmuch as it recommends him for promotion.

| | | |
|--------------|------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 5 March 1968 | Records Admin Officer | /s/John K. Smith |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

| | | |
|--------------|--------------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 5 March 1968 | Ops Officer | /s/Vincent Lockhart |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER 010032 |
|---|--|--|--|--------------------------------------|----------------------------------|
| SECTION A | | | | | |
| GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) Woods, James S. | | | 2. DATE OF BIRTH 20 Feb. '28 | 3. SEX M | 4. GRADE GS-9 |
| 5. OFFICIAL POSITION TITLE Records Admin Of | | | 6. OFF/DIV/BR OF ASSIGNMENT DDP/FE/VNO | 7. CURRENT STATION Vietnam | |
| 8. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify): _____ | | | 9. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): _____ | | |
| 10. DATE REPORT DUE IN O.P. 10 May 1967 | | | 11. REPORTING PERIOD (From- To) 10 May 1967 - 30 Sep. 1967 | | |
| SECTION B | | | | | |
| PERFORMANCE EVALUATION | | | | | |
| <p>W - Work 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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 | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p> | | | | | |
| SPECIFIC DUTY NO. 1 Chief, Station Registry Section | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Management and training of personnel under his supervision | | | | | RATING LETTER A |
| SPECIFIC DUTY NO. 3 Scheduling of routine and exceptional work assigned to his unit. | | | | | RATING LETTER S |
| SPECIFIC DUTY NO. 4 Preparation of routine and other reports on the activities of his Section. | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 5 Overall security of Registry operations. | | | | | RATING LETTER A |
| SPECIFIC DUTY NO. 6 29 NOV 1967 | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| <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 P |

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. Mention 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 separate sheet of paper.

Subject is responsible for the supervision and operation of one of the more diversified and complex field registry operations in the Organization. He is thoroughly knowledgeable and experienced in registry practices. Subject is a dedicated and hard working officer who will apply himself diligently to individual registry activities. Such diligent application occasionally causes him to overlook his overall supervisory role, the supervision and management of eleven personnel and the responsibility for providing a wide variety of services, locally and in-country. In the press of his activities, he does not always employ a high degree of tact in dealing with his subordinates. In this context it should be noted that he is performing proficiently in a position well above his present grade level.

During the past several months, the Section has undergone several changes and assumed additional functions under his guidance.

Subject is cost conscious in the use of supplies and equipment in his Section.

Subject is attending evening courses leading toward his degree to further himself professionally.

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 | |
| 14 Aug 1967 | /s/ James S. Woods | |
| 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 |
| 14 Oct 1967 | Records Admin Officer | /s/ John K. Smith |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| I concur in the ratings and comments of the supervisor. In fairness to the employee, it should be noted that the supervisor is a conscientious and conservative rater. | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 14 Oct 1967 | Ops Officer | /s/ Vincent M. Lockhart |

SECRET

SECRET
(When Filled In)

| | | | | | | |
|---|--|--|--|--------------------------------------|------------------------------------|---------------------------|
| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER 010032 ✓ | |
| SECTION A GENERAL | | | | | | |
| 1. NAME (Last) (First) (Middle) Woods, James S. | | | 2. DATE OF BIRTH 20 Feb. 28 | 3. SEX M | 4. GRADE GS 9 | 5. SD D |
| 6. OFFICIAL POSITION TITLE Records Admin Officer | | | 7. OFF/DIV/BR OF ASSIGNMENT DP/PE/T50 | 8. CURRENT STATION VIETNAM | | |
| 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 <input type="checkbox"/> SPECIAL (Specify): SPECIAL (Specify): | | | |
| 11. DATE REPORT DUE IN O.P. 14 Jan 67 - 9 May 67 | | | 12. REPORTING PERIOD (From To) 14 Jan 67 - 9 May 67 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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 | | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | | | |
| SPECIFIC DUTY NO. 1 Chief, Registry with supervisory responsibility for 8 employees. | | | | | | RATING LETTER B |
| SPECIFIC DUTY NO. 2 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 3 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 <i>Q.B. JUN 1967</i> | | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| <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 S |

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 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.

JUL 12 10 4 21 '67

Although Subject has been at the Station for only a few months, he quickly established himself as a formidable leader in a very large Registry operation. He is resourceful and constantly strives to improve office procedures in order to increase efficiency and provide better service. He is an old hand in the Registry field, well indoctrinated in proper procedure and knows when and how to adjust to meet changing situations.

Subject effectively supervises 8 employees and displays cost consciousness in the management and operation of his office.

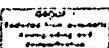
SECTION D**CERTIFICATION AND COMMENTS**

| | | |
|---|---|--|
| 1. BY EMPLOYEE | | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE 8 May 1967 | SIGNATURE OF EMPLOYEE /s/James S. Woods | |
| 2. BY SUPERVISOR | | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 4 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE 8 May 1967 | OFFICIAL TITLE OF SUPERVISOR Records Officer | TYPED OR PRINTED NAME AND SIGNATURE /s/Richard Richardson |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| Concur with rating and narrative comments. Subject is employing in this position his cumulative experience as a Registry supervisor at previous posts. Subject has contributed to the improvement of Registry procedures and in-country courier system of this large and fast moving station. | | |
| DATE 15 May 1967 | OFFICIAL TITLE OF REVIEWING OFFICIAL Ops Officer | TYPED OR PRINTED NAME AND SIGNATURE /s/Terry T. Shima |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------------------------------|-------------------------|---------------------------|---|--|---------------------|--|-----------------------|---|--|--|------------------------|--|----|-------------------------|--------|--|--|--------------------|--|--|
| GENERAL | | | | 010032 ✓ | | | | | | | | | | | | | | | | | | | |
| 1. NAME WOODS JAMES | | 2. DATE OF BIRTH 20 Feb 28 | 3. SEX M | 4. GRADE GS-9 | 5. SD b | | | | | | | | | | | | | | | | | | |
| 6. OFFICIAL POSITION TITLE Intell. Analyst - CH | | 7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/Pers/JKO | 8. CURRENT STATION Tokyo | | | | | | | | | | | | | | | | | | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT <table border="1"> <tr> <td>CAREER</td> <td>RESERVE</td> <td>TEMPORARY</td> </tr> <tr> <td colspan="3">CAREER-PROVISIONAL (See Instructions - Section C)</td> </tr> <tr> <td colspan="3">SPECIAL (Specify):</td> </tr> </table> | | | CAREER | RESERVE | TEMPORARY | CAREER-PROVISIONAL (See Instructions - Section C) | | | SPECIAL (Specify): | | | 10. CHECK (X) TYPE OF REPORT <table border="1"> <tr> <td>INITIAL</td> <td>XX</td> <td>REASSIGNMENT SUPERVISOR</td> </tr> <tr> <td colspan="3">ANNUAL</td> </tr> <tr> <td colspan="3">SPECIAL (Specify):</td> </tr> </table> | | | INITIAL | XX | REASSIGNMENT SUPERVISOR | ANNUAL | | | SPECIAL (Specify): | | |
| CAREER | RESERVE | TEMPORARY | | | | | | | | | | | | | | | | | | | | | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIAL (Specify): | | | | | | | | | | | | | | | | | | | | | | | |
| INITIAL | XX | REASSIGNMENT SUPERVISOR | | | | | | | | | | | | | | | | | | | | | |
| ANNUAL | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIAL (Specify): | | | | | | | | | | | | | | | | | | | | | | | |
| 11. DATE REPORT DUE IN O.P. 30 Sept 65 - 1 Sept 1966 | | | 12. REPORTING PERIOD (From - To) | | | | | | | | | | | | | | | | | | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | | | | | | | | | | | | | | | | | | |
| <table> <tr> <td>W - Weak</td> <td>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.</td> </tr> <tr> <td>A - Adequate</td> <td>Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</td> </tr> <tr> <td>P - Proficient</td> <td>Performance is more than satisfactory. Desired results are being produced in a proficient manner.</td> </tr> <tr> <td>S - Strong</td> <td>Performance is characterized by exceptional proficiency.</td> </tr> <tr> <td>O - Outstanding</td> <td>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.</td> </tr> </table> | | | | | | W - Weak | 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. | A - Adequate | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. | P - Proficient | Performance is more than satisfactory. Desired results are being produced in a proficient manner. | S - Strong | Performance is characterized by exceptional proficiency. | O - Outstanding | 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. | | | | | | | | |
| W - Weak | 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. | | | | | | | | | | | | | | | | | | | | | | |
| A - Adequate | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. | | | | | | | | | | | | | | | | | | | | | | |
| P - Proficient | Performance is more than satisfactory. Desired results are being produced in a proficient manner. | | | | | | | | | | | | | | | | | | | | | | |
| S - Strong | Performance is characterized by exceptional proficiency. | | | | | | | | | | | | | | | | | | | | | | |
| O - Outstanding | 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. | | | | | | | | | | | | | | | | | | | | | | |
| 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 | Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station. | | | | RATING LETTER O | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 2 | Supervises six Registry employees | | | | RATING LETTER S | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 3 | Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station. | | | | RATING LETTER S | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 4 | Supervises the analysis and distribution of incoming and outgoing cables. | | | | RATING LETTER S | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 5 | Supervises the operation of the Station Flexowriters. | | | | RATING LETTER S | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 6 | | | | | RATING LETTER | | | | | | | | | | | | | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | | | | | | | | | | | | | | | |
| <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> <p style="text-align: center;">O B S / J M /</p> | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | RATING LETTER S | | | | | | | | | | | | | | | | | | |



SECRET

(Form Filled In)

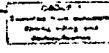
| | | | |
|--|--|---|---|
| SECTION C | | NARRATIVE COMMENTS | OFFICE |
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations 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. <u>Manner of performance of managerial or professional duties must be described, if applicable.</u></p> <p style="text-align: right;">S 30 PH '66</p> | | | |
| <p>FOSHAG has continued to perform at a "Strong" level. He is a fine supervisor and thereby gets maximum performance from his staff which is too small to handle a work load which has constantly increased over the past year. He is cost conscious in funds material and also strives to stream-line and improve the functioning of the Registry and its related functions.</p> <p>FOSHAG has twice been recommended for promotion. He definitely deserves it and should be assigned next to a position above his present rating.</p> | | | |
| SECTION D | | CERTIFICATION AND COMMENTS | |
| <p>1. BY EMPLOYEE</p> <p>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</p> <p>DATE 15 August 1966 SIGNATURE OF EMPLOYEE JAMES WOODS /S/</p> | | | |
| <p>2. BY SUPERVISOR</p> <p>MONTHS EMPLOYEE HAS BEEN UNDERR MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</p> <p>14 DATE 16 August 1966 OFFICIAL TITLE OF SUPERVISOR OPS. Officer TYPED OR PRINTED NAME AND SIGNATURE Kenneth Miller /S/</p> | | | |
| <p>3. BY REVIEWING OFFICIAL</p> <p>COMMENTS OF REVIEWING OFFICIAL</p> <p>Concur in above rating.</p> | | | |
| DATE 17 August 1966 | | OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station | TYPED OR PRINTED NAME AND SIGNATURE William S. Nelson /S/ |

SECRET

SECRET

(This form will be filed in)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER 010032 | | | | | | | | | | | | | | | | | |
|---|-------------------------|--|--|---|--------------------------|-------------------|---|--|--|--------------------|--|--|---|--|--|---------|-------------------------|--------|-----------------------|--------------------|--|
| SECTION A | | | | GENERAL | | | | | | | | | | | | | | | | | |
| 1. NAME (Last) (First) (Middle) Woods, James S. | | 2. DATE OF BIRTH 20 Feb 28 | | 3. SEX M | 4. GRADE GS-09 | 5. SD D | | | | | | | | | | | | | | | |
| 6. OFFICIAL POSITION-TITLE Intel Analyst Ch | | 7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/JKO | | 8. CURRENT STATION Tokyo | | | | | | | | | | | | | | | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">CAREER</td> <td style="padding: 2px;">RESERVE</td> <td style="padding: 2px;">TEMPORARY</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;">CAREER-PROVISIONAL (See Instructions - Section C)</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;">SPECIAL (Specify):</td> </tr> </table> | | | | CAREER | RESERVE | TEMPORARY | CAREER-PROVISIONAL (See Instructions - Section C) | | | SPECIAL (Specify): | | | 10. CHECK (X) TYPE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">INITIAL</td> <td style="padding: 2px;">REASSIGNMENT SUPERVISOR</td> </tr> <tr> <td style="padding: 2px;">ANNUAL</td> <td style="padding: 2px;">REASSIGNMENT EMPLOYEE</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">SPECIAL (Specify):</td> </tr> </table> | | | INITIAL | REASSIGNMENT SUPERVISOR | ANNUAL | REASSIGNMENT EMPLOYEE | SPECIAL (Specify): | |
| CAREER | RESERVE | TEMPORARY | | | | | | | | | | | | | | | | | | | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | | | | | | | | | | | | | | | | | | | |
| SPECIAL (Specify): | | | | | | | | | | | | | | | | | | | | | |
| INITIAL | REASSIGNMENT SUPERVISOR | | | | | | | | | | | | | | | | | | | | |
| ANNUAL | REASSIGNMENT EMPLOYEE | | | | | | | | | | | | | | | | | | | | |
| SPECIAL (Specify): | | | | | | | | | | | | | | | | | | | | | |
| 11. DATE REPORT DUE IN O.P. NOV 30 1965 | | | | 12. REPORTING PERIOD (From - To) 1 July - 30 September 1965 | | | | | | | | | | | | | | | | | |
| SECTION B | | | | PERFORMANCE EVALUATION | | | | | | | | | | | | | | | | | |
| <p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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 | | | | | | | | | | | | | | | | | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p> | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station. | | | | RATING LETTER O | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 2 Supervises six Registry employees | | | | RATING LETTER S | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the station. | | | | RATING LETTER S | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 4 Analyze and distribute all incoming and outgoing Station cables. | | | | RATING LETTER O | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 5 Supervise the operation of the Station Flexowriter. | | | | RATING LETTER S | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 6 | | | | | | | | | | | | | | | | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | | | | | | | | | | | | | |
| <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> <p>15 DEC 1965</p> | | | | | | | | | | | | | | | | | | | | | |
| | | | | RATING LETTER S | | | | | | | | | | | | | | | | | |



SECRET

(This field is)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping 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 must be described, if applicable.

Woods Dec 15 9 21 AM '65

During the four months [REDACTED] has been under my supervision he has demonstrated very real supervisory ability and a talent for getting maximum performance from a small staff which handles an increasingly large volume of work. He has also shown his ability to cut the costs of his operation.

[REDACTED] not only runs a most efficient Registry but is also constantly seeking ways to improve and stream-line its operation. He is a man who takes such interest in his job that his ideas and plans for improvement are carefully worked out and sound.

Though I have observed his work for only four months, I believe his over-all performance is "Strong" and close to "Outstanding." He has been recommended for promotion. He deserves it.

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

27 October 1965

/S/ James S. Woods

2.

BY SUPERVISOR

MONTHS ENDS 1965 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

27 October 1965

Ops Officer

/S/ Kenneth P. Miller

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I agree with his supervisor that Subject is unusually competent in his field and fully deserving of a "Strong" rating. Subject displays unflagging enthusiasm for his job and constantly tries to improve his operation. He has displayed a high degree of imagination and inventiveness in making changes in our over-all CRR set-up. He very definitely deserves promotion.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

2 November 1965

DCOS

/S/ Horace Z. Feldman

SECRET

13711
SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|---------------|--------------------------------|------------------------|---|
| | | | | 010032 | |
| SECTION A | | | | | |
| 1. NAME (Last) (First) (Middle) | | | GENERAL | | |
| Woods, James S. | | | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
| | | | 20 Feb 1923 | M | GS-09 D |
| 5. OFFICIAL POSITION TITLE | | | 5. OFF/DIV/BR OF ASSIGNMENT | | |
| Intel Analyst Cen | | | DDP/PE | | |
| 6. CHECK (X) TYPE OF APPOINTMENT | | | 7. CHECK (X) TYPE OF REPORT | | |
| <input checked="" type="checkbox"/> CAREER | | RESERVE | TEMPORARY | INITIAL | <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | | ANNUAL | REASSIGNMENT EMPLOYEE |
| SPECIAL (Specify) | | | SPECIAL (Specify) | | |
| 11. DATE REPORT DUE IN O.P. | | | 12. REPORTING PERIOD (From To) | | |
| | | | 1 October 1964 - 30 June 1965 | | |
| SECTION B PERFORMANCE EVALUATION | | | | | |
| <p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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 | | RATING LETTER | | | |
| Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station | | S | | | |
| SPECIFIC DUTY NO. 2 | | RATING LETTER | | | |
| Supervises six Registry employees | | S | | | |
| SPECIFIC DUTY NO. 3 | | RATING LETTER | | | |
| Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station | | S | | | |
| SPECIFIC DUTY NO. 4 | | RATING LETTER | | | |
| Analyzes and distributes all incoming and outgoing Station cables | | O | | | |
| SPECIFIC DUTY NO. 5 | | RATING LETTER | | | |
| Supervises the Station Flexowriter | | S | | | |
| SPECIFIC DUTY NO. 6 | | RATING LETTER | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| 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. | | | | | |
| 29 JUN 1965 | | | | | |

~~SECRET~~

(Form 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 reclassification. 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 must be described, if applicable.

As Chief of the Station Registry this employee continues to perform at an exceptionally proficient level with little supervision from his supervisor. His supervisor is being reassigned and is scheduled to be replaced by another officer who will necessarily need several months to become knowledgeable of Registry activities. However there is no concern that the flow of paper and the maintenance of accurate records will be affected due to the turnover of supervisors. This employee continues to use his native ingenuity and high standards of achievement to ensure that his office continues to be a well run and efficient unit. He continues to ensure that no government funds are wasted, even to the extent of arranging for the construction of certain modifications to the Registry office by Registry employees at little cost to the Government. This employee has been performing at a level above his present GS-09 grade. As recommended in November 1964, it is reconfirmed that this employee should be promoted to the next higher grade at the earliest possible opportunity.

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

4 June 65

/s/ James S. Woods

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

45

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

4 June 65

Cpl Officer

/s/ Frederick Randall

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject takes his job seriously and performs it in strong fashion. I would say that he displays more energy, interest, and continuing attention than just about anyone else I've seen in registry-type work.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

10 June 65

DOGS

/s/ Horace Z. Feldman

~~SECRET~~

CONFIDENTIAL Attachment No. 10 FJL 12242
 SECRET
 (Open Filed In)

| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | | | | | | | | | | | |
|--|--|------------------------------------|---|-------------------------|----------------|----------|--|--------------|--|----------------|---|------------|--|-----------------|--|
| | | | | 010032 | | | | | | | | | | | |
| SECTION A | | | | | | | | | | | | | | | |
| GENERAL | | | | | | | | | | | | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. DATE OF BIRTH | | 3. SEX | 4. GRADE 5. SD | | | | | | | | | | |
| Woods, James S. | | 20 Feb 23 | | M | GS-09 D | | | | | | | | | | |
| 6. OFFICIAL POSITION TITLE | | 7. OFF/CIV- BR OF ASSIGNMENT | | 8. CURRENT STATION | | | | | | | | | | | |
| Intel Analyst Gen | | DDP/FE/JKO | | Tokyo | | | | | | | | | | | |
| 9. CHECK (X) TYPE OF APPOINTMENT | | 10. CHECK (X) TYPE OF REPORT | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> CAREER | <input type="checkbox"/> RESERVE | <input type="checkbox"/> TEMPORARY | <input checked="" type="checkbox"/> INITIAL | REASSIGNMENT SUPERVISOR | | | | | | | | | | | |
| CAREER-PROVISIONAL (See Instructions - Section C) | | | <input checked="" type="checkbox"/> ANNUAL | REASSIGNMENT EMPLOYER | | | | | | | | | | | |
| SPECIAL (Specify): | | | SPECIAL (Specify): | | | | | | | | | | | | |
| 11. DATE REPORT DUE IN O.P. | | 12. REPORTING PERIOD (From- To-) | | | | | | | | | | | | | |
| 30 Nov 64 | | 1 October 1963 - 30 September 1964 | | | | | | | | | | | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>W - Work</td> <td>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.</td> </tr> <tr> <td>A - Adequate</td> <td>Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</td> </tr> <tr> <td>P - Proficient</td> <td>Performance is more than satisfactory. Desired results are being produced in a proficient manner.</td> </tr> <tr> <td>S - Strong</td> <td>Performance is characterized by exceptional proficiency.</td> </tr> <tr> <td>O - Outstanding</td> <td>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.</td> </tr> </table> | | | | | | W - Work | 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. | A - Adequate | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. | P - Proficient | Performance is more than satisfactory. Desired results are being produced in a proficient manner. | S - Strong | Performance is characterized by exceptional proficiency. | O - Outstanding | 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. |
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| SPECIFIC DUTIES | | | | | | | | | | | | | | | |
| <p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p> | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 1 | Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station | | | | RATING LETTER | | | | | | | | | | |
| SPECIFIC DUTY NO. 2 | Supervises six Registry employees | | | | S | | | | | | | | | | |
| SPECIFIC DUTY NO. 3 | Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station | | | | S | | | | | | | | | | |
| SPECIFIC DUTY NO. 4 | Analyzes and distributes all incoming and outgoing Station cables | | | | S | | | | | | | | | | |
| SPECIFIC DUTY NO. 5 | Supervises the Station Flexowriter | | | | S | | | | | | | | | | |
| SPECIFIC DUTY NO. 6 | | | | | | | | | | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | | | | | | | | | | |
| <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> | | | | | | | | | | | | | | | |
| 16 DEC 1964 | | | | RATING LETTER | S | | | | | | | | | | |

~~SECRET~~

(Formerly Classified Info)

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 as a guide basis for determining future personnel action. Manner of performance of managerial or supervisory duties may be described, if applicable.

This employee continues to be Chief of the Station Registry. During the past year his level of performance can be properly evaluated as exceptionally proficient. He continues to welcome hard work, is not bothered by constantly changing deadlines and is able to fill in for any absent member of his unit, and keep up his own work as well. He is quite conscious of the value of Government personnel and materiel, and does everything in his power to conserve these resources. He continues to come up with new ideas on how to perform his functions in a more efficient and effective manner. This results in benefits to the entire Station. It is regretable that the position this employee fills does not allow for promotion since he has been performing at a level above his present grade for several years.

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

1 Oct 64

/s/ James S. Woods

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

1 Oct 64

Ops Officer

/s/ Frederick Randall

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully concur with the rater's comments and sentiments. I have known this employee for a number of years during which time he has evidenced real growth in self-sufficiency and also in the handling of his responsibilities as a supervisor.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

29 Oct 64

COS

/s/ William V. Broe

~~SECRET~~
(Formerly Classified Info)

CONFIDENTIAL

SECRET

(When Filled In)

ATT TO FJTT-10860

| | | | | | | | | | | | | | | | |
|--|--|--|---|------------------------------------|--|-----------------|--|---------------------|--|-----------------------|---|-------------------|--|------------------------|--|
| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER 10032 | | | | | | | | | | |
| SECTION A | | | | | | | | | | | | | | | |
| 1. NAME Woods, James S. | | | 2. DATE OF BIRTH 20 Feb 28 | 3. SEX M | 4. GRADE GS-09 | | | | | | | | | | |
| 5. OFFICIAL POSITION TITLE Intel Analyst Gen | | | 6. OFF/CIV/DR OF ASSIGNMENT DDP/FE/JKO | 7. CURRENT STATION Tokyo | | | | | | | | | | | |
| 8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify): | | | 9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): | | | | | | | | | | | | |
| 10. DATE REPORT DUE IN O.P. 30 November 1963 | | | 11. REPORTING PERIOD (From To) 1 Oct 62-30 Sep 63 | | | | | | | | | | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | | | | | | | | | | |
| <table> <tr> <td>W - Weak</td> <td>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.</td> </tr> <tr> <td>A - Adequate</td> <td>Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</td> </tr> <tr> <td>P - Proficient</td> <td>Performance is more than satisfactory. Desired results are being produced in a proficient manner.</td> </tr> <tr> <td>S - Strong</td> <td>Performance is characterized by exceptional proficiency.</td> </tr> <tr> <td>O - Outstanding</td> <td>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.</td> </tr> </table> | | | | | | W - Weak | 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. | A - Adequate | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. | P - Proficient | Performance is more than satisfactory. Desired results are being produced in a proficient manner. | S - Strong | Performance is characterized by exceptional proficiency. | O - Outstanding | 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. |
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| 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). | | | | | | | | | | | | | | | |
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| SPECIFIC DUTY NO. 2 Supervises six Registry employees | | | RATING LETTER P | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station. | | | RATING LETTER P | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables. | | | RATING LETTER P | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 5 | | | RATING LETTER | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 6 | | | RATING LETTER | | | | | | | | | | | | |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | RATING LETTER S | | | | | | | | | | | | |
| 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 the level of performance. | | | | | | | | | | | | | | | |

30 SEP 63

CONFIDENTIAL

SECRET

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 must be described, if applicable.

As Chief of the Tokyo Station Registry, this employee has performed at a level of exceptional proficiency for the past year. He welcomes hard work, is able to fill in for any absent member of his unit and keep up his own work as well. He continues to bring up ideas for the improvement of his unit. These have been particularly welcome during the past year in view of the impending move of the Registry to a new location at Fuchu Air Station. The slight tendency to be arbitrary mentioned in the last fitness report has been eliminated during this reporting period. In view of this employee's strong performance over the past year, he is being recommended for promotion to GS-10.

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 | |
| 10 Sept. 63 | /s/ James S. Woods | |
| 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 |
| 10 Sept. 63 | Chief, Ops Support Staff | /s/ Frederick Randall |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| I concur in this rating and add that this employee has not let the very serious personal problems thrust upon him during this period interfere in any way with his consistently dependable performance. In this key role, in any station of this size, dependability, reliability, and confidence are "musts" and while there are quite naturally small aggravating incidents of mis-routing or mis-direction of documents, I have been struck by the lack of them here, because ratee has the "must" qualities. His performance certainly warrants favorable consideration of the projected promotion action. | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 11 September 63 | Deputy Chief of Station | Robert Wheeler <i>LJ</i> |

SECRET

SECRET

| FITNESS REPORT | | | | | EMPLOYEE SERIAL NUMBER | |
|---|--|--|---|------------------------------|------------------------|--------------------|
| SECTION A | | | | | GENERAL | |
| 1. NAME (Last) (First) (Middle) | | | 4. DATE OF BIRTH | 5. SEX | 6. GRADE | 7. SD |
| WOODS, James S. | | | 20 Feb 28 | M | GS-9 | D |
| 8. OFFICIAL POSITION TITLE Intel Analyst | | | 9. OFF/CIV/BR OF ASSIGNMENT DDP/FE | 10. CURRENT STATION TOKYO | | |
| 11. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY | | | 12. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify): <input type="checkbox"/> SPECIAL (Specify): | | | |
| 13. DATE REPORT DUE IN O.P. 1 Oct 61 - 30 Sept 62 | | | 14. REPORTING PERIOD (From - To) 1 Oct 61 - 30 Sept 62 | | | |
| SECTION B PERFORMANCE EVALUATION | | | | | | |
| <p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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 Chief of Central Registry and Records with responsibility for the receipt, analysis and routing of all incoming and outgoing cables, dispatches and memoranda of the Station, including all other organizations corresponding with the Station. | | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 2 Supervises four Registry employees. | | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 3 Supervises a courier service which distributes correspondence to the five geographically separated elements of the Station. | | | | | | RATING LETTER P |
| SPECIFIC DUTY NO. 4 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 5 | | | | | | RATING LETTER |
| SPECIFIC DUTY NO. 6 | | | | | | RATING LETTER |
| OVERALL PERFORMANCE IN CURRENT POSITION | | | | | | |
| <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 P |

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 must be described, if applicable.

As the Chief of the Tokyo Registry this employee has performed well. He has abundant energy and constantly comes up with ideas for the improvement of the efficiency of his unit. He welcomes hard work and is able to fill in and take over any job in his unit and keep up with his own duties as well. As a supervisor, he has a slight tendency to be arbitrary when convinced he is right. This may be due to the fact that the Registry frequently operates under conditions of pressure due to the recent reorganization, reduction, and relocation of the Station. The Station has been required to get the job done with fewer people and under more difficult working conditions.

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 | |
| 25 Oct. 1962 | James S. Woods /s/ | |
| 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 |
| | | Frederick Randall. |
| 3. BY REVIEWING OFFICIAL | | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| Subject has done and continues to do well what is expected of him. In amplification of the last sentence of the rater's comments (Section C) Subject has made the adjustment to "fewer people" and "more difficult working conditions" quite well, without trouble and more importantly with no impediment to the CRM service. | | |
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
| 26 Oct 1962 | | Robert P. Wheeler |

SECRET

SECRET
(When Filled In)

| FITNESS REPORT | | | | EMPLOYEE SYMBOL NUMBER CSPD | |
|--|---------------------|-----------------------------|--------------------------|--------------------------------|-----------------|
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) (First) (Middle) | | 4. DATE OF BIRTH | | 5. SEX | 6. GRADE |
| Woods, James | | 20 Feb 28 | | M | GS-9 |
| 8. SERVICE DESIGNATION; 9. OFFICIAL POSITION TITLE | | 7. OFF/DIV/BR OF ASSIGNMENT | | | |
| D | Opa Officer | TOKYO STATION | | | |
| 10. CAREER STAFF STATUS | | | 11. TYPE OF REPORT | | |
| NOT ELIGIBLE | MEMORIAL | DEFERRED | INITIAL | REASSIGNMENT/SUPERVISOR | |
| PENDING | DECLINED | DENIED | X ANNUAL | REASSIGNMENT/EMPLOYEE | |
| 10. DATE REPORT DUE IN O.P. | | 11. REPORTING PERIOD | | 12. SPECIAL (Specify) | |
| From 15 Apr 61 | | To 30 Sep 61 | | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number 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). | | | | | |
| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior |
| SPECIFIC DUTY NO. 1 Chief of local registry, supervising four persons. | | RATING NO. 4 | SPECIFIC DUTY NO. 4 | | RATING NO. |
| SPECIFIC DUTY NO. 2 | | RATING NO. | SPECIFIC DUTY NO. 5 | | RATING NO. |
| SPECIFIC DUTY NO. 3 | | RATING NO. | SPECIFIC DUTY NO. 6 | | RATING NO. |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | RATING NO. 1 |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | |
| CHARACTERISTICS | | | NOT APPLI-CABLE | NOT OBSERVED | RATING |
| GETS THINGS DONE | | | | | 1 2 3 4 5 |
| RESOURCEFUL | | | | | 1 2 3 4 5 |
| ACCEPTS RESPONSIBILITY | | | | | 1 2 3 4 5 |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | 1 2 3 4 5 |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | 1 2 3 4 5 |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | X | | 1 2 3 4 5 |
| WRITES EFFECTIVELY | | X | | | 1 2 3 4 5 |
| SECURITY CONSCIOUS | | | | | 1 2 3 4 5 |
| THINKS CLEARLY | | | | X | 1 2 3 4 5 |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | 1 2 3 4 5 |
| OTHER (Specify): | | | | | |
| SEE SECTION "E" ON REVERSE SIDE | | | | | |

SECRET
(When Filled In)

OFFICE OF PERSONNEL

SECTION E**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide a clear basis for determining future personnel actions.

Hatce has been in charge of station registry since 2nd April 1961. This has been a period of dramatic change in the station and especially in our paper management. He has responded well to these changes and shows a degree of adaptability that bodes well. His handling of our recent "holdings" inventory, his unceasing efforts to reduce unnecessary holdings, and his knowledge of his business (KL) have made him a valued addition to our shrinking team. In this short rating period there has been little opportunity for me to observe his supervisory abilities, but the lack of any problem on this count coming to my attention seems to me that he is doing well. Another six months should tell us more on this score.

SECTION F**CERTIFICATION AND COMMENTS****1.**

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

SIGNATURE OF EMPLOYEE

6 Oct 61

Signed**2.**

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

6 Oct 61

One OFFICER

Wheeler, Robert P.

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

6 Oct 61

One OFFICER

Wheeler, Robert P.

SECRET

SECRET
(When Filled In)

20 DEC 1964

2 FEB 1964 **FITNESS REPORT**

EMPLOYEE SERIAL NUMBER

110032

| | | | | | | |
|---|---|--------------------------------------|----------------|--|---|---|
| SECTION A | | | | GENERAL | | |
| 1. NAME WOODS | (Last) Woods | (First) James | (Middle) S. | 2. DATE OF BIRTH 20 February 1928 | 3. SEX M | 4. GRADE GS-9 |
| 5. SERVICE DESIGNATION DI | 6. OFFICIAL POSITION TITLE Records Management Officer | | | 7. OFF/DIV/BR OF ASSIGNMENT DDP/DC/Secretariat | | |
| 8. CAREER STAFF STATUS | | | | 9. TYPE OF REPORT | | |
| NOT ELIGIBLE <input checked="" type="checkbox"/> | MEMBER <input type="checkbox"/> | DEFERRED <input type="checkbox"/> | | INITIAL <input checked="" type="checkbox"/> | REASSIGNMENT/SUPERVISOR <input type="checkbox"/> | REASSIGNMENT/EMPLOYEE <input type="checkbox"/> |
| 10. DATE REPORT DUE IN O.P. 31 October 1960 | 11. REPORTING PERIOD <i>From Sep 59 - 30 Sep '60 To</i> | 12. SPECIAL (Specify) | | | | |

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number 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).

| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding |
|---|---------------------|---|---------------------|---------------|--------------|-----------------|
| SPECIFIC DUTY NO. 1 Liaison with RID, DDP/RMO, DDP/METU, other Division records officers, etc., re implementation of DDP records management program | RATING NO. 6 | SPECIFIC DUTY NO. 4 Assistance to FE personnel in problems of retention and retirement of records | RATING NO. DC 54 | | | |
| SPECIFIC DUTY NO. 2 Training and assistance to FE personnel in records management procedures | RATING NO. 5 | SPECIFIC DUTY NO. 5 Guidance to field records officers | RATING NO. 5 | | | |
| SPECIFIC DUTY NO. 3 Planning and development of Division vital materials program | RATING NO. 5 | SPECIFIC DUTY NO. 6 Implementation of various records purges and records programs | RATING NO. 5 | | | |

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
5**SECTION D DESCRIPTION OF THE EMPLOYEE**

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | | |
|---|--------------------|-------------------|--------------------------|------------------------|---|---|
| CHARACTERISTICS | | | | RATING | | |
| NOT APPLI-CABLE | NOT DERIVED | 1 | 2 | 3 | 4 | 5 |
| DOES THINGS DONE | | | | | | X |
| RESOURCEFUL | | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEEDED | | | | | | X |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | | X |
| WRITES EFFECTIVELY | | | | | | X |
| SECURITY CONSCIOUS | | | | | | X |
| THINKS CLEARLY | | | | | | X |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | X |
| OTHER (Specify): | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for greater responsibilities. Amplify, or explain, if appropriate, ratings given in **SECTIONS B, C, AND D** to provide the best basis for determining future personnel actions.

Subject is an excellent records officer. His interest in the subject and his perseverance in carrying out tasks connected with it have not only produced results in his own work, but have kindled enthusiasm and interest within the Division in developments in Agency records management. He has been able to improve records within the Division with a great deal of success, and at the same time avoided the usual aversion to records responsibility which too much emphasis on records creates in the case officer. His ability to get along well with others is important in his liaison function.

Mr. Woods' work on the vital materials program in the last year has resulted in a much more realistic program for the Division. The creation and establishment up-to-date retention of vital materials has for some time been a problem for which little solution could be found. It appears that the present program will result in vital materials which will be current and usable if needed.

Subject is at present assigned to a part-time detail in MMU. This should help to broaden his knowledge of new approaches in the records field. A/EXO/DDP has expressed his complete satisfaction with the very effective work Mr. Woods is doing on this detail.

Mr. Woods' work during the last year was one basis for a commendation of the Division's records program by COP.

SECTION F**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

16 DEC 1960

SIGNATURE OF EMPLOYEE

James S. Woods

2.

BY SUPERVISORMONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

30

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

NOTIFICATION:

DATE

OFFICIAL TITLE OF SUPERVISOR**TYPED OR PRINTED NAME AND SIGNATURE**

16 December 1960

C/FE/ESEC

Harriet L. Waller

Harriet L. Waller

3.

BY REVIEWING OFFICIAL I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

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

FE/EXO

Orrin R. Magill, Jr.

Orrin R. Magill, Jr.

SECRET

~~SECRET~~

(When Filled In)

Rec'd
CCSD

100-1500

| | | | | | |
|--|--|--|---|--|---------------------|
| FITNESS REPORT | | | | EMPLOYEE SERIAL NUMBER | |
| SECTION A GENERAL | | | | | |
| 1. NAME (Last) <i>Welder, George</i> | | (First) <i>G.</i> | (Middle) <i>J.</i> | 2. DATE OF BIRTH <i>30 February 1928</i> | |
| 3. SERVICE DESIGNATION <i>DI</i> | | 4. OFFICIAL POSITION TITLE <i>Records Mgmt Officer</i> | | 5. SEX <i>M</i> | |
| 6. CAREER STAFF STATUS <i>AA</i> | | 7. OFF/DIV/DR OF ASSIGNMENT <i>AF/FE/IS/contingent</i> | | 8. GRADE <i>R-7</i> | |
| NOT ELIGIBLE <input checked="" type="checkbox"/> | MEMOR <input type="checkbox"/> | DEFERRED <input type="checkbox"/> | INITIAL <input type="checkbox"/> | REASSIGNMENT/SUPERVISOR <input type="checkbox"/> | |
| PENDING <input type="checkbox"/> | DECLINED <input type="checkbox"/> | DENIED <input type="checkbox"/> | ANNUAL <input type="checkbox"/> | REASSIGNMENT/EMPLOYEE <input type="checkbox"/> | |
| 10. DATE REPORT DUE IN O.P. <i>21 October 1959</i> | 11. REPORTING PERIOD <i>From 01-31 Sep 59 To</i> | | SPECIAL (Specify) | | |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES | | | | | |
| List up to six of the most important specific duties performed during the rating period. Insert rating number 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). | | | | | |
| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | |
| SPECIFIC DUTY NO. 1 | | RATING NO. | SPECIFIC DUTY NO. 4 | | RATING NO. |
| Liaison with RID, DDP/RMO, DDP/MMU, other Division records officers, etc, re implementation of records mgt. | | 6 | Assistance to FE personnel in problems of retention and retirement of records | | 5 |
| SPECIFIC DUTY NO. 2 | | RATING NO. | SPECIFIC DUTY NO. 5 | | RATING NO. |
| program Training and assistance for FE personnel in records mgt procedures | | 4 | Guidance to field records officers | | 6 |
| SPECIFIC DUTY NO. 3 | | RATING NO. | SPECIFIC DUTY NO. 6 | | RATING NO. |
| Planning and development of Division vital materials program | | 4 | Guidance in all records problems | | 5 |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION | | | | | |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. | | | | | |
| 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. | | | | | RATING NO. <i>5</i> |
| SECTION D DESCRIPTION OF THE EMPLOYEE | | | | | |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee | | | | | |
| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree | |
| CHARACTERISTICS | | | NOT APPLI-CABLE | NOT OBSERVED | RATING |
| GETS THINGS DONE | | | | | X |
| RESOURCEFUL | | | | | X |
| ACCEPTS RESPONSIBILITIES | | | | | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | X |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | X |
| WRITES EFFECTIVELY | | | | | X |
| SECURITY CONSCIOUS | | | | | X |
| THINKS CLEARLY | | | | | X |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | 1 | 2 | X |
| OTHER (Specify): | | | 3 | 4 | X |
| SEE SECTION "E" ON REVERSE SIDE | | | | | |

SECRET
(When Filled In)

OFFICE OF PERSONNEL

| | | |
|--|--|--|
| SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE | | |
| <p><i>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made for his development of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and responsibility for greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</i></p> <p align="right"><i>RAY BROWN</i></p> <p>Subject is an excellent records officer. He is enthusiastic about his specialty and works hard at it, putting a great deal of energy into his work.</p> <p>He is quick and understands records thoroughly. Because of this, he is at times inclined to jump ahead of others in records discussions and should attempt to slow down his approach to the subject to meet the level of persons who do not have the same records background.</p> <p>Subject could fill any position in the records management field, and should advance quickly. He is interested in developing his capabilities and is at present enrolled in the Writing Workshop with this in mind.</p> | | |
| <p><i>This report has been prepared in accordance with FE Division standards which recognize the importance of rating the individual against the group. Thus an "average" rating reflects an entirely satisfactory performance.</i></p> | | |
| SECTION F CERTIFICATION AND COMMENTS | | |
| <p>1. BY EMPLOYEE I certify that I have seen Sections A, B, C, D and E of this Report.</p> <p>DATE: <u>29 Oct 59</u> SIGNATURE OF EMPLOYEE: <u>James S. Strode</u></p> | | |
| <p>2. BY SUPERVISOR MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: <u>7</u> IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:</p> <p>EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: _____ REPORT MADE WITHIN LAST 90 DAYS: _____</p> <p>OTHER (Specify): _____</p> | | |
| <p>DATE: <u>27 October 1959</u> OFFICIAL TITLE OF SUPERVISOR: <u>C/PE/ESEC</u> TYPED OR PRINTED NAME AND SIGNATURE: <u>Harriet Weiler</u></p> | | |
| <p>3. BY REVIEWING OFFICIAL</p> <p><input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.</p> | | |
| <p>COMMENTS OF REVIEWING OFFICIAL: Subject is a promising young records officer. He has demonstrated a capability for growth and for assuming greater responsibility. He is very much interested in records management and wants to make a career of it. His career development should be designed to afford him opportunities for maximum development both in terms of varied Headquarters experience and in field assignments.</p> | | |
| <p>DATE: _____ OFFICIAL TITLE OF REVIEWING OFFICIAL: <u>FE/EXO</u> TYPED OR PRINTED NAME AND SIGNATURE: <u>Orrin R. McGrath</u> <u>Orrin R. McGrath</u></p> | | |

SECRET

SECRET

(When Filled In)

FF-25

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

FOR THE SUPERVISOR. This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and review officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item A, of Section A below.

SECTION A. GENERAL

| | | | | | |
|---|---|-------------------------|--|--------|------------------------|
| 1. NAME (Last) | 2. Grade | 3. Middle | 4. Date of Birth | 5. Sex | 6. Service Designation |
| Woods | SGM | XXX | 20 Feb 1938 | M | DT |
| 7. OFFICIAL DIVISION/BRANCH OF ASSIGNMENT | 8. OFFICIAL POSITION/TITLE | | | | |
| DDP/ | Colls G. Harris, Lieut of Station, Melb | | | | |
| 9. GRADE | 10. DATE REPORT DUE IN DD | | 11. PERIOD COVERED BY THIS REPORT (Inclusive dates) | | |
| GS-7 | | | 21 August 1958 - 4 Sept 1958 | | |
| 10. TYPE OF REPORT (Check one) | ANNUAL | REASSESSMENT-SUPERVISOR | SPECIFIC (Specify) | | |
| | | REASSESSMENT-EMPLOYEE | <input checked="" type="checkbox"/> FOR TDY Period--MELB | | |

SECTION B. CERTIFICATION

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

A. CHECK (X) APPROPRIATE STATEMENTS:

| | |
|---|---|
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | <input type="checkbox"/> IF INDIVIDUAL IS RATED DEFICIENT OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| <input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | <input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify) |
| <input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |

B. THIS DATE

18 Sept 1958

C. THIS DATE

C. OFFICIAL TITLE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE

Colls G. Harris, Lieut of Station, Melb

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

BY DATE

T. P. 3/1958
J. Russell, MELB

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

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

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

COMMENTS: This rating covers the period 21 August - 4 September 1958, while subject was in Melbourne surveying Station files and installing new RI standardized filing system.

SECRET

1955 Edition Form

OFFICE OF PERSONNEL

E. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important **SPECIFIC** duties performed during the ~~past year~~
Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
U.S. 24-2 14.84
- For supervisor, ability to supervise will always be rated as a specific duty *(do not rate those who supervise a secretary only)*.
- Compare in your mind, when possible, the individual being rated with others performing similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

| | | |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING | HAS AND USES AREA ANSWERBOARD | CONDUCTS INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN |
| WRITING TECHNICAL REPORTS | MANGES FILES | DEFRAUDING SOURCES |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

| | | |
|---------------------------------|---|--|
| DESCRIPTIVE RATING NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER |
| | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
| | 3 - PERFORMS THIS DUTY ACCEPTABLY | 8 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
| | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | |
| | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | |

| SPECIFIC DUTY NO. 1 | RATING NUMBER | SPECIFIC DUTY NO. 4 | RATING NUMBER |
|---------------------------------|---------------|-----------------------|---------------|
| Installing new RI Filing System | 5 | Develops new Programs | 5 |
| Surveying Station Files | 5 | Manages Files | 5 |
| Oral Briefing | 5 | | |

F. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development of present job

STRENGTHS: Ability to see another's viewpoint and to work out satisfactory compromises between the RI system and operational requirements of the Melbourne Station.

WEAKNESSES: None observed.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct on the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY - HE SHOULD NOT HAVE ACCEPTED UNTIL I KNEW WHAT I KNEW NOW
- A BARELY ACCEPTABLE EMPLOYEE - BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO MAKE HIS SEPARATION
- THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION

RATING: 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
NUMBER: 8 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATIONIS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO
EXPLAIN FULLY:

SECRET

SECRET

5

PWA

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item 8. of Section "A" below.

SECTION A.

GENERAL

| | | | | | | |
|------------------------|-----------------|---------|----------|-------------------------------------|-------------|------------------------------|
| 1. NAME SMITH WOODS | (Last) James | (First) | (Middle) | 2. DATE OF BIRTH 8. 20 Feb. 1928 | 3. SEX M | 4. SERVICE DESIGNATION DT |
|------------------------|-----------------|---------|----------|-------------------------------------|-------------|------------------------------|

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT

Manila

6. OFFICIAL POSITION/TITLE

Records Management Analyst

7. GRADE
03-78. DATE REPORT DUE IN OP
8 December 1957 - September 19589. TYPE OF REPORT
(Check one)10. INITIAL
ANNUAL

REASSESSMENT-SUPERVISOR

REASSESSMENT-EMPLOYEE

SPECIAL (Specify)

Promotion

SECTION B.

CERTIFICATION

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

Absent from Station. Will be shown upon return.

A. CHECK (X) APPROPRIATE STATEMENTS

| | |
|---|--|
| THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | I IF INDIVIDUAL IS RATED "F" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| X THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. SEE ATTACHED REPORTS | I I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify) |
| I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | X Will upon return to Station. |

11. THIS DATE
4 Sept 1958

12. C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR
Ray F. Drummond

13. C. SUPERVISOR'S OFFICIAL TITLE
C/Admin

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

BY DATE

H. B. ... 1958
EXR 10/2/58

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE
15. 4 Sept 1958

B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL
George E. Aurell

C. OFFICIAL TITLE OF REVIEWING OFFICIAL
COS

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

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

COMMENTS

5

SECRET
(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS

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

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

| | | | |
|--|--------------------|--|--------------------|
| SPECIFIC DUTY NO. 1 Supervises 2 Records Mgm. Analysts | RATING NUMBER 5 | SPECIFIC DUTY NO. 4 Processes files in accordance with Specific Records System | RATING NUMBER 6 |
| SPECIFIC DUTY NO. 2 Devises Records Systems to suit Station needs. | RATING NUMBER 6 | SPECIFIC DUTY NO. 5 | RATING NUMBER |
| SPECIFIC DUTY NO. 3 Trains Station personnel in Records maintenance. | RATING NUMBER 5 | SPECIFIC DUTY NO. 6 | RATING NUMBER |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Strengths: Works hard and fast. Able to analyze problems and organize work of Records Management Team in methodical sequence.**Weaknesses:** No notable weaknesses.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
 2 - OF COURTEFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
 3 - A BARELY ACCEPTABLE EMPLOYEE...BEGINS AVERAGE BUT WITH NO BEAUTIES-SUFFICIENTLY OUTSTANDING TO ENSURE HIS SEPARATION
 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?

EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CO no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

| | | | | | | |
|--|-----------------|---------------|---|---|--------------------|-------------------------------------|
| 1. NAME WOODS | (Last) James | (First) B. | (Middle) | 2. DATE OF BIRTH 20 Feb. 1928 | 3. SEX M | 4. SERVICE DESIGNATION DI |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Manila | | | 6. OFFICIAL POSITION TITLE Records Management Analyst | | | |

| | | |
|-------------------------|---|---|
| 7. GRADE GS-7 | 8. DATE REPORT DUE IN OP 8 December 1957 - September 1958 | 9. PERIOD COVERED BY THIS REPORT (Inclusive Dates) 8 December 1957 - September 1958 |
|-------------------------|---|---|

| | | | |
|---|---------|-------------------------|---------------------------------------|
| 10. TYPE OF REPORT (Check one): ANNUAL | INITIAL | REASSIGNMENT-SUPERVISOR | SPECIAL (Specify) Promotion |
| | | REASSIGNMENT-EMPLOYEE | |

SECTION F.

CERTIFICATION

I, **THE RATER**, I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED AT THIS DATE.

1. Sept. 1958 **Ray F. Drummond** **C/Adm.** **B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR** **C. SUPERVISOR'S OFFICIAL TITLE**

I, **THE REVIEWING OFFICIAL**, I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

1. Sept. 1958 **George E. Aurell** **COS** **B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL** **C. OFFICIAL TITLE OF REVIEWING OFFICIAL**

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

- RATING NUMBER **6**
- 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
 - 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
 - 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
 - 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
 - 5 - WILL PROBABLY ADJUST SUCCESFULLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
 - 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
 - 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUFFICIENT TRAINING. Indicate your opinion, by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing his supervisor, note your rating in the "Actual" column. If based on opinion of his potential, note the rating in the "Potential" column.

| | |
|---------------------------|---|
| DESCRIPTIVE RATING NUMBER | 0 - HAVE NO OPINION OF HIS SUPERVISORY POTENTIAL IN THIS SITUATION |
| 1 | 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION |
| 2 | 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION |
| 3 | 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION |

| ACTUAL | POTENTIAL | DESCRIPTIVE SITUATION |
|--------|-----------|---|
| | 3 | A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor). |
| | 3 | A GROUP OF SUPERVISORS WHO OVERSEE THE BASIC JOB (Second line supervisor). |
| | 0 | A GROUP, WHO MAY OR MAY NOT BE SUPERVISED, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level). |
| | 2 | WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT |
| | 3 | WHEN IMMEDIATE SUBORDINATE ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION |
| | 3 | WHEN IMMEDIATE SUPERVISORY MATES INCLUDE MEMBERS OF THE OPPOSITE SEX |
| | | OTHER (Specify) |

SECRET

(Info Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN IN SUPERVISION
6 months

4. COMMENTS CONCERNING POTENTIAL

OFFICE OF PERSONNEL**Oct 14 9 17 AH '58****MAIL ROOM****SECTION II.****FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

None planned nor available while on current overseas tour.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

Subject single and willing serve geographic locations. Believe subject performs best in demanding assignments.**SECTION I.****DESCRIPTION OF INDIVIDUAL**

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "Category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

| | | | | | |
|---|---|--|---|--|---|
| X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL | | | | | |
| 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE | | | | | |
| CATEGORY NUMBER | 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE | 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE | 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE | 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE | |
| 1 | 2 | 3 | 4 | 5 | |
| CATEGORY | STATEMENT | CATEGORY | STATEMENT | CATEGORY | STATEMENT |
| 3 | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW | 5 | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 4 | 21. IS EFFECTIVE IN DISCUSSION WITH ASSOCIATES |
| 3 | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4 | 12. SHOWS ORIGINALITY | 4 | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 5 | 3. HAS INITIATIVE | 5 | 13. ACCEPTS RESPONSIBILITY | 5 | 23. IS THOUGHTFUL OF OTHERS |
| 4 | 4. IS ANALYTIC IN HIS THINKING | 3 | 14. ADMITS HIS ERRORS | 4 | 24. WORKS WELL UNDER PRESSURE |
| 5 | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 4 | 15. RESPONDS WELL TO SUPERVISION | 4 | 25. DISPLAYS JUDGEMENT |
| 4 | 6. KNOWS WHEN TO SEEK ASSISTANCE | 5 | 16. DOES HIS JOB WITHOUT STRONG SUPPORT | 3 | 26. IS SECURITY CONSCIOUS |
| 5 | 7. CAN GET ALONG WITH PEOPLE | 5 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | 3 | 27. IS VERSATILE |
| 4 | 8. HAS MEMORY FOR FACTS | 3 | 18. IS OBSEVANT | 3 | 28. HIS CRITICISM IS CONSTRUCTIVE |
| 4 | 9. GETS THINGS DONE | 3 | 19. THINKS CLEARLY | 4 | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE |
| X | 10. CAN CURE WITH EMERGENCIES | 4 | 20. COMPLETES ASSIGNMENTS WITHIN REASONABLE TIME LIMITS | 5 | 30. DOES NOT DESERVE SERIOUS AND CONTINUOUS SUPERVISION |

SECRET

SECRET

(When Filled In)

FF-35 20 SEP 54

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

FOR THIS SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item A, of Section A below.

SECTION A.

GENERAL

| | | | | | | |
|---|--------------------------|-------------------------|--|------------------|-------------------|------------------------|
| A. NAME WOODS | (Last) JAMES | (First) B. | (Middle) | B. DATE OF BIRTH | C. SEX | D. SERVICE DESIGNATION |
| B. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | | | E. OFFICIAL POSITION TITLE | | | |
| E. GRADE | F. DATE REPORT DUE IN OP | | G. PERIOD COVERED BY THIS REPORT (Inclusive dates) | | | |
| | | | 4 April - 30 June 1958 | | | |
| F. TYPE OF REPORT (Check one) | INITIAL | REASSIGNMENT-SUPERVISOR | REASSIGNMENT-EMPLOYEE | | SPECIAL (Specify) | T.D.Y. |
| G. ANNUAL | | | | | | |

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY
NOT.
Report prepared after subject departed this station.

A. CHECK (X) APPROPRIATE STATEMENTS:

| | |
|--|---|
| THIS REPORT REFLECTS MY OWN OPINION OF THIS INDIVIDUAL. | THE INDIVIDUAL IS RATED "P" IN CT OR D. A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| X THIS REPORT REFLECTS THE COMBINED OPINION OF MYSELF AND AND SUPERVISORS. | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL CAN DO DO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify). |
| OTHER | |
| I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |

B. THIS DATE C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE
10 July 1958 **Orrin R. Marill, Jr.**

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

BY DATE
Revised Per Command **28 OCT 1958**
GAC 10/20/58

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL
10 July 1958 **Nicholas A. Intibio**

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

- 6**
- 1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
 - 2 - BASICALLY INADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
 - 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY BEVELS SOME AREA OF WEAKNESS.
 - 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
 - 5 - A HIGH PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
 - 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS REGARDED BY FEW OTHER PERSONS AS THE SUPERVISOR.

COMMENTS:

SECRET

OFFICE OF PERSONNEL

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this SPECIFIC duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisor those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:

| | | |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | CONDUCTS INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |

- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

| | | | |
|--|---------------------------|---------------------|---------------|
| SPECIFIC DUTY NO. 1 Analysis of records problems and establishing records procedures | RATING NUMBER 6 | SPECIFIC DUTY NO. 4 | RATING NUMBER |
| SPECIFIC DUTY NO. 2 Supervising | RATING NUMBER 6 | SPECIFIC DUTY NO. 5 | RATING NUMBER |
| SPECIFIC DUTY NO. 3 Keeping his own records and reporting on work progress. | RATING NUMBER 5 | SPECIFIC DUTY NO. 6 | RATING NUMBER |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject analyzed difficult records problems quickly and precisely, discussed his recommendations forcefully and convincingly, and then proceeded to put them into effect with considerable energy. He not only supervised his subordinates effectively so that every minute was productive, but did a good share of the routine work himself, making certain that everything was done precisely as planned.

SECTION 4.

SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN THAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO MEANNESS SUFFICIENTLY OUTSTANDING TO PAR-
TAIN HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF YES, EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

29 SEP 1960

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REQUEST on the employee, however, it MUST be completed and forwarded to the OF no later than 30 days after the due date indicated in Item 8 of Section "E" below.

SECTION E.

GENERAL

| | | | |
|---|--------------------------|--|------------------------|
| 1. NAME (Last) -- (First) -- (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
| WOODS James S. | | | |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | | 6. OFFICIAL POSITION TITLE | |
| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) | |
| | | 4 April - 30 June 1958 | |
| 10. TYPE OF REPORT (Check one) | INITIAL | REASSIGNMENT-SUPERVISOR | SPECIAL (Specify) |
| | ANNUAL | REASSIGNMENT-EMPLOYEE | T.D.Y. |

SECTION F.

CERTIFICATION

| | | |
|---|--|---|
| 11. FOR THE DATED I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED | | |
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | C. SUPERVISOR'S OFFICIAL TITLE |
| 10 July 1958 | ZEMES Orrin R. Magill, Jr. | |
| 12. FOR THE REVIEWING OFFICIAL I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO | | |
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
| 10 July 1958 | Nicholas A. Matsios | |

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

INSTRUCTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

- 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
- 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
- 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
- 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
- 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

6

2. SUPERVISORY POTENTIAL

INSTRUCTIONS: Answer this question: does this person the ability to be a supervisor? Yes No If your answer is YES indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

| DESCRIPTIVE RATING NUMBER | 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION | 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION | 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION | 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION |
|---------------------------|--|---|---|---|
| ACTUAL | POTENTIAL | DESCRIPTIVE SITUATION | | |
| 3 | | A GROUP DOING THE BASIC JOB (truck drivers, telegraphers, technicians or professional specialists of various kinds) close contact with immediate subordinates is frequent (First line supervisor) | | |
| 3 | | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors) | | |
| 0 | | A GROUP WHO MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level) | | |
| 3 | | OPEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT | | |
| 3 | | OPEN IMMEDIATE SUBORDINATES ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION | | |
| 0 | | OPEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX | | |
| 0 | | OTHER (Specify) | | |

SECRET

(Form P-104 Rev. 1)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION. *Oct 14*

Three *OF PERSONNEL*

4. COMMENTS CONCERNING POTENTIAL

From subject's performance here it appears that his potential in the records management field may be limited only by his lack of formal higher education, and *Oct 14* that even in this respect he could overcome this deficiency with some training. His forcefulness and boundless energy would unquestionably inspire any subordinate to higher performance. He has an intense interest in records work and an ability to grasp complex problems and make quick decisions.

SECTION II.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

3

None

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

None

SECTION I.

DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X = HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

- | | |
|-----------------|--|
| CATEGORY NUMBER | 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE |
| | 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE |
| | 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE |
| | 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE |
| | 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE |

| CATEGORY | STATEMENT | CATEGORY | STATEMENT | CATEGORY | STATEMENT |
|----------|---|----------|--|----------|--|
| 3 | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW | 5 | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 5 | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES |
| 4 | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4 | 12. SHOWS ORIGINALITY | 3 | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 5 | 3. HAS INITIATIVE | 5 | 13. ACCEPTS RESPONSIBILITY | 3 | 23. IS THOUGHTFUL OF OTHERS |
| 4 | 4. IS ANALYTIC IN HIS THINKING | 3 | 14. ADMITS HIS ERRORS | 5 | 24. WORKS WELL UNDER PRESSURE |
| 5 | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 3 | 15. RESPONDS WELL TO SUPERVISION | 4 | 25. DISPLAYS JUDGEMENT |
| 5 | 6. KNOWS WHEN TO SEEK ASSISTANCE | 5 | 16. DOES HIS JOB WITHOUT STRONG SUPPORT | 3 | 26. IS SECURITY CONSCIOUS |
| 5 | 7. CAN GET ALONG WITH PEOPLE | 4 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | X | 27. IS VERSATILE |
| 5 | 8. HAS MEMORY FOR FACTS | 4 | 18. IS OBSERVANT | 4 | 28. HIS CRITICISM IS CONSTRUCTIVE |
| 5 | 9. GETS THINGS DONE | 5 | 19. THINKS CLEARLY | 4 | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE |
| X | 10. CAN COPE WITH EMERGENCIES | 4 | 20. COMPLETED ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | 5 | 30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION |

SECRET

G/S

SECRET

(When Filled)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

SECTION A.

GENERAL

| | | | | | | |
|--|--------------------------|---------|--|--|--|----------------------------------|
| 1. NAME WOODS | (Last) James | (First) | (Middle) | 2. DATE OF BIRTH 20 Feb 1928 | 3. SEX M | 4. SERVICE DESIGNATION SD: DI |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT FI RI A&O | | | | 6. OFFICIAL POSITION TITLE OS-0132.35-7 Intel Analyst | | |
| 7. GRADE OS-7 | 8. DATE REPORT DUE IN OP | | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 21 January 1957 - 15 July 1957 | | | |
| 10. TYPE OF REPORT (Check one) ANNUAL | | INITIAL | REASSESSMENT-SUPERVISOR <input checked="" type="checkbox"/> | | SPECIAL (Specify) REASSESSMENT-EMPLOYEE | |

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY.
NOTE: Mr. Woods is on temporary duty in Mexico City, Mexico.

A. CHECK (X) APPROPRIATE STATEMENTS:

| | |
|---|--|
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINION OF THIS INDIVIDUAL. | <input type="checkbox"/> IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| <input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINION OF MYSELF AND PREVIOUS SUPERVISORS. | <input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify) |
| <input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |

B. THIS DATE 22 July 1957 James L. Brandon C. APPROVED FOR RELEASE AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE
Coordinator, 231 Control Unit,
RT/Analysis Section

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

| | |
|---------------------|-------------------|
| BY | DATE |
| Posted Pos. Control | <u>DL 7/23/57</u> |
| D. L. REEDY 10-8-57 | |
| Reviewed by POC | |

CONTINUED ON ATTACHED SHEET

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

| | | |
|------------------------------|-------------------------------|--|
| A. THIS DATE 22 July 1957 | B. TYPE OF REPORT OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL Supervisor, RT/Analysis Section |
|------------------------------|-------------------------------|--|

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

INSERT
RATING
NUMBER

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

COMMENTS: Mr. Woods departed for temporary duty on 9 Feb 1957. His last Fitness Report was completed on 5 Feb 1957, just prior to his departure. Reports from the station indicates he is doing a commendable job.

AUG 16 3:19 PM '68

SECRET
*(When filled in)***2. RATING ON PERFORMANCE OF AROMALICE'S PERSONNEL****DIRECTIONS:**

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

| | | |
|----------------------------------|---|---|
| DESCRIPTIVE RATING NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER |
| | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
| | 3 - PERFORMS THIS DUTY ACCEPTABLY | 8 - EXCELS. ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
| | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | |
| | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | |
| | SPECIFIC DUTY NO. 1 | RATING NUMBER |
| | SPECIFIC DUTY NO. 2 | RATING NUMBER |
| | SPECIFIC DUTY NO. 3 | RATING NUMBER |
| | SPECIFIC DUTY NO. 4 | RATING NUMBER |
| | SPECIFIC DUTY NO. 5 | RATING NUMBER |
| | SPECIFIC DUTY NO. 6 | RATING NUMBER |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.**'SECTION 2. SUITABILITY FOR CURRENT JOB IN ORGANIZATION'****DIRECTIONS:** Take into account here everything you know about the individual....productivity, conduct in the job, permanent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION

RATING NUMBER

| |
|--|
| 1 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS |
| 2 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION |
| 3 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION |

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF YES, EXPLAIN FULLY:

SECR

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CO no later than 30 days after the due date indicated in Item 8 of Section "E" below.

SECTION E.

GENERAL

| | | | | |
|--|--------------------------|--|--|----------------------------------|
| 1. NAME WOODS James | (Last) (First) (Middle) | 2. DATE OF BIRTH 20 Feb 1928 | 3. SEX M | 4. SERVICE DESIGNATION SD: DI |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT FI RI A&O | | 6. OFFICIAL POSITION-TITLE OS-0132,35-7 Intel Analyst | | |
| 7. GRADE GS-7 | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 21 January 1957 - 15 July 1957 | | |
| 10. TYPE OF REPORT (Check One) ANNUAL | | INITIAL | REASSIGNMENT-SUPERVISOR <input checked="" type="checkbox"/> | SPECIAL (Specify) |

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.

| | | |
|--------------|--|--------------------------------|
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | C. SUPERVISOR'S OFFICIAL TITLE |
|--------------|--|--------------------------------|

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

| | | |
|--------------|--|---|
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|--------------|--|---|

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

- | | | |
|---------------|---|--|
| RATING NUMBER | 1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED <input type="checkbox"/> | 2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED <input type="checkbox"/> |
| | 3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES <input type="checkbox"/> | 4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES <input type="checkbox"/> |
| | 5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING <input type="checkbox"/> | 6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL <input type="checkbox"/> |
| | 7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES <input type="checkbox"/> | |

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

| | |
|--|--|
| DESCRIPTIVE RATING NUMBER | 0. HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION |
| 1. BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION | 2. BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION |
| 3. BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION | |

| ACTUAL | POTENTIAL | DESCRIPTIVE SITUATION |
|--------|-----------|--|
| | | A GROUP DOING THE BASIC JOB (FACULTY, DELEGATES, TECHNICIANS OR PROFESSIONAL SPECIALISTS OF VARIOUS KINDS) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor) |
| | | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisor) |
| | | A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level) |
| | | WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT |
| | | WHERE IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION |
| | | WHERE IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX |
| | | OTHER (Specify) |

OFFICE OF PERSONNEL
SECRET
(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS DATED INDIVIDUAL HAS BEEN UNDER YOUR SUPERVISION

ABU 16 3 19 1957

4. COMMENTS CONCERNING POTENTIAL

MAIL ROOM

SECTION H.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I.

DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "Category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- | | |
|-----------------|--|
| CATEGORY NUMBER | X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE |
|-----------------|--|

| CATEGORY | STATEMENT | CATEGORY | STATEMENT | CATEGORY | STATEMENT |
|----------|---|----------|--|----------|--|
| 1. | ABLE TO SEE ANOTHER'S POINT OF VIEW | 11. | HIGHS STANDARDS OF ACCOMPLISHMENT | 21. | IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES |
| 2. | CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARRISES | 12. | SHOWS ORIGINALITY | 22. | IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 3. | HAS INITIATIVE | 13. | ACCEPTS RESPONSIBILITY EASILY | 23. | IS THOUGHTFUL OF OTHERS |
| 4. | IS ANALYTIC IN HIS THINKING | 14. | ADmits HIS ERRORS | 24. | WORKS WELL UNDER PRESSURE |
| 5. | STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 15. | RESPONDS WELL TO SUPERVISION | 25. | DISPLAYS JUDGEMENT |
| 6. | KNOWS WHEN TO SEEK ASSISTANCE | 16. | DOES HIS JOB WITHOUT STRONG SUPPORT | 26. | IS SECURITY CONSCIOUS |
| 7. | CAN GET ALONG WITH PEOPLE | 17. | COMES UP WITH SOLUTIONS TO PROBLEMS | 27. | IS VERSATILE |
| 8. | HAS MEMORY FOR FACTS | 18. | IS OBSERVANT | 28. | HIS CRITICISM IS CONSTRUCTIVE |
| 9. | SETS THINGS DONE | 19. | THINKS CLEARLY | 29. | FACILITATES SMOOTH OPERATION OF HIS OFFICE |
| 10. | CAN COPE WITH EMERGENCIES | 20. | COMPLETELY ABSORBED WITHIN ALLOWABLE TIME LIMITS | 30. | DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION |

SECRET

SECRET

(Form Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item A, of Section A below.

SECTION A.

GENERAL

| | | | |
|--|--|--|---|
| 1. NAME (Last) - (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
| WOODS, JAMES S. | 20 Feb 1928 | M | SD&DI |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT PT RT AMO | | 6. OFFICIAL POSITION TITLE OS-0132.35-7 Intel Analyst | |
| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) | |
| OB-7 | 21 Jan 57 | 22 January 1956 - 20 January 1957 | |
| 10. TYPE OF REPORT (Check one) | INITIAL <input checked="" type="checkbox"/> | REASSIGNMENT-SUPERVISOR <input type="checkbox"/> | REASSIGNMENT-EMPLOYEE <input type="checkbox"/> |
| SPECIAL (Specify) | | | |

SECTION B.

CERTIFICATION

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

| | |
|--|---|
| A. CHECK (X) APPROPRIATE STATEMENTS: | |
| <input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | <input type="checkbox"/> IF INDIVIDUAL IS RATED PENDING OR D. A BARRING LETTER WAS SENT TO HIM A COPY ATTACHED TO THIS REPORT. |
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | <input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): |
| <input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | |
| B. THIS DATE | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE |
| 5 Feb 1957 | James L. Brogdon James L. Brogdon Coordinator 201 Control Unit |

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

Mr. Woods since return from foreign assignment has completed one temporary duty assignment and is preparing for another. He has applied the present headquarters work at the station registration on a standard equating with this evaluation.

DATE

Posted Pos. Control J 11/1957Reviewed by RDC JM 2-11-57

CONTINUED ON ATTACHED SHEET

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

| | | |
|--------------|--|---|
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
| 5 Feb 1957 | John J. Murray, Jr. | Supervisor, RI/AN Section |

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

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

COGNITIONS:

SECRET
(When Filled In)

FILE OF PERSONNEL

FEB 6

308 PH 37

Hall Room

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|---|-----------------------------|---|---------------------------|-----------------------|--------------------|---------------------|-----------------------------|--|---------------------------|---------------------|--------------------|-----------------------------|----------------|-------------|--------|---|---------------------------|---------------------|--------------------|----------------------------|-------------|-------------------------|--------------------------------|
| 2. RATINGS OF PERFORMANCE OF SPECIFIC DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>DIRECTIONS:</p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during the rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering <i>ONLY</i> effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisor those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="margin-left: 20px; border-collapse: collapse;"> <tr><td>ORAL BRIEFING</td><td>HAS AND USES AREA KNOWLEDGE</td><td>CONDUCTS INTERROGATIONS</td></tr> <tr><td>GIVING LECTURES</td><td>DEVELOPS NEW PROGRAMS</td><td>PREPARES SUMMARIES</td></tr> <tr><td>CONDUCTING SEMINARS</td><td>ANALYZES INDUSTRIAL REPORTS</td><td>TRANSLATES GERMAN</td></tr> <tr><td>WRITING TECHNICAL REPORTS</td><td>MANAGES FILES</td><td>DEBRIEFING SOURCES</td></tr> <tr><td>CONDUCTING EXTERNAL LIAISON</td><td>OPERATES RADIO</td><td>KEEPS BOOKS</td></tr> <tr><td>TYPING</td><td>COORDINATES WITH OTHER OFFICES</td><td>DRIVES TRUCK</td></tr> <tr><td>TAKING DICTATION</td><td>WRITES REGULATIONS</td><td>MAINTAINS AIR CONDITIONING</td></tr> <tr><td>SUPERVISING</td><td>PREPARES CORRESPONDENCE</td><td>EVALUATES SIGNIFICANCE OF DATA</td></tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p> | | ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | CONDUCTS INTERROGATIONS | GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES | CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN | WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES | CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS | TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK | TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING | SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | CONDUCTS INTERROGATIONS | | | | | | | | | | | | | | | | | | | | | | | |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN | | | | | | | | | | | | | | | | | | | | | | | |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES | | | | | | | | | | | | | | | | | | | | | | | |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS | | | | | | | | | | | | | | | | | | | | | | | |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK | | | | | | | | | | | | | | | | | | | | | | | |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING | | | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p> <p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">SPECIFIC DUTY NO. 1 Analysis - Subjective analysis of CB, FI and PP material.</td> <td style="width: 33%; padding: 5px;">RATING NUMBER 5</td> <td style="width: 33%; padding: 5px;">SPECIFIC DUTY NO. 4 Assignment Management - Organization & scheduling of work.</td> <td style="width: 33%; padding: 5px;">RATING NUMBER 5</td> </tr> <tr> <td colspan="2" style="height: 10px;"></td> <td colspan="2" style="height: 10px;"></td> </tr> <tr> <td style="padding: 5px;">SPECIFIC DUTY NO. 2 Analysis - Quantitative</td> <td style="padding: 5px;">RATING NUMBER 5</td> <td style="padding: 5px;">SPECIFIC DUTY NO. 5</td> <td style="padding: 5px;">RATING NUMBER</td> </tr> <tr> <td colspan="2" style="height: 10px;"></td> <td colspan="2" style="height: 10px;"></td> </tr> <tr> <td style="padding: 5px;">SPECIFIC DUTY NO. 3 Has and uses area knowledge.</td> <td style="padding: 5px;">RATING NUMBER 4</td> <td style="padding: 5px;">SPECIFIC DUTY NO. 6</td> <td style="padding: 5px;">RATING NUMBER</td> </tr> <tr> <td colspan="2" style="height: 10px;"></td> <td colspan="2" style="height: 10px;"></td> </tr> </table> | | SPECIFIC DUTY NO. 1 Analysis - Subjective analysis of CB, FI and PP material. | RATING NUMBER 5 | SPECIFIC DUTY NO. 4 Assignment Management - Organization & scheduling of work. | RATING NUMBER 5 | | | | | SPECIFIC DUTY NO. 2 Analysis - Quantitative | RATING NUMBER 5 | SPECIFIC DUTY NO. 5 | RATING NUMBER | | | | | SPECIFIC DUTY NO. 3 Has and uses area knowledge. | RATING NUMBER 4 | SPECIFIC DUTY NO. 6 | RATING NUMBER | | | | |
| SPECIFIC DUTY NO. 1 Analysis - Subjective analysis of CB, FI and PP material. | RATING NUMBER 5 | SPECIFIC DUTY NO. 4 Assignment Management - Organization & scheduling of work. | RATING NUMBER 5 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 2 Analysis - Quantitative | RATING NUMBER 5 | SPECIFIC DUTY NO. 5 | RATING NUMBER | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC DUTY NO. 3 Has and uses area knowledge. | RATING NUMBER 4 | SPECIFIC DUTY NO. 6 | RATING NUMBER | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</p> <p>DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>During the short time Mr. Woods has been assigned to this office, he has very quickly grasped the essentials of his assignment; he knows when to seek guidance and is constantly striving to increase his knowledge and understanding of his assignment. He is extremely conscientious, accepts the responsibilities of his job and performs his duties commendably.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</p> <p>DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A CAREFULLY ACCEPTABLE EMPLOYEE...DETER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>RATING 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>NUMBER 7 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>2 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p> | | | | | | | | | | | | | | | | | | | | | | | | | |

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CIC no later than 30 days after the due date indicated in item 8 of Section "E" below.

| SECTION E. GENERAL | | | | | |
|---|--|---|--------------------|---|--|
| 1. NAME WOODS, James | (Last) (First) (Middle) | 2. DATE OF BIRTH 20 Feb 1928 | 3. SEX M | 4. SERVICE DESIGNATION SD&M | |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT PA AGO | | 6. OFFICIAL POSITION TITLE GS-0132.35-7 Intel Analyst | | | |
| 7. GRADE OS-7 | 8. DATE REPORT DUE IN OP 21 Jan 57 | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 21 January 1956 - 20 January 1957 | | | |
| 10. TYPE OF REPORT (Check one) ANNUAL | INITIAL | REASSIGNMENT-SUPERVISOR | SPECIAL (Specify) | | |
| SECTION F. CERTIFICATION | | | | | |
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED | | | | | |
| A. THIS DATE 5 Feb 1957 | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR James L. Brogdon | C. SUPERVISOR'S OFFICIAL TITLE Coordinator 201 Control Unit | | | |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND FIND ANY DIFFERENCE OF OPINION IN ATTACHED MEMO | | | | | |
| A. THIS DATE 5 Feb 1957 | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL John J. Murray, Jr. | C. OFFICIAL TITLE OF REVIEWING OFFICIAL Supervisor, RI/Analysis Section | | | |
| SECTION G. ESTIMATE OF POTENTIAL | | | | | |
| 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES | | | | | |
| DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work. | | | | | |
| <p><input checked="" type="checkbox"/> 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED</p> <p><input type="checkbox"/> 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED</p> <p><input type="checkbox"/> 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES</p> <p><input type="checkbox"/> 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES</p> <p><input type="checkbox"/> 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING</p> <p><input type="checkbox"/> 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL</p> <p><input type="checkbox"/> 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES</p> | | | | | |
| 2. SUPERVISORY POTENTIAL | | | | | |
| DEFINITION: Answer this question: Has this person the ability to be a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUFFICIENT TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column. | | | | | |
| ACTUAL | POTENTIAL | DESCRIPTIVE SITUATION | | | |
| | 5 | A GROUP DOING THE BASIC JOB (TRUCK drivers, stenographers, technicians or professional assistants of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor) | | | |
| | 3 | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors) | | | |
| | 2 | A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level) | | | |
| | 0 | WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT | | | |
| | 2 | WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION | | | |
| | 2 | WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX | | | |
| | | OTHER (Specify) | | | |

SECRET
(When Filled In)

OFFICE OF PERSONNEL

FEB 6

308 PH 57

9. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION.

Three Months

6. COMMENTS CONCERNING POTENTIAL

Mr. Woods is lacking in formal education, however, he has intelligence, initiative and ability and with continued on-the-job experience is capable of developing into a good supervisor of a section in RI or in operating the Registry Section of a field installation.

SECTION N.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Training within the established FI/RI pattern.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I.

DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

- | | |
|-----------------|--|
| CATEGORY NUMBER | 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE |
| | 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE |
| | 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE |
| | 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE |
| | 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE |

| CATEGORY | STATEMENT | CATEGORY | STATEMENT | CATEGORY | STATEMENT |
|----------|---|----------|--|----------|--|
| 3 | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW | 5 | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 4 | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES |
| 4 | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4 | 12. SHOWS ORIGINALITY | 3 | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS |
| 4 | 3. HAS INITIATIVE | 4 | 13. ACCEPTS RESPONSIBILITY EASILY | 4 | 23. IS THOUGHTFUL OF OTHERS |
| 4 | 4. IS ANALYTIC IN HIS THINKING | 3 | 14. ADMITS HIS ERRORS | 4 | 24. WORKS WELL UNDER PRESSURE |
| 4 | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 3 | 15. RESPONDS WELL TO SUPERVISION | 4 | 25. DISPLAYS JUDGEMENT |
| 3 | 6. KNOWS WHEN TO SEEK ASSISTANCE | 4 | 16. DOES HIS JOB WITHOUT STRONG SUPPORT | 4 | 26. IS ACCURATELY CONSCIOUS |
| 5 | 7. CAN GET ALONG WITH PEOPLE | 4 | 17. COMES UP WITH SOLUTIONS TO PROBLEMS | 4 | 27. IS VERSATILE |
| 4 | 8. HAS MEMORY FOR FACTS | 4 | 18. IS OBSERVANT | 4 | 28. HIS CONCERN IS FOR STRENGTH |
| 5 | 9. SETS THINGS DONE | 4 | 19. THINKS CLEARLY | 5 | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE |
| 5 | 10. CAN COPE WITH EMERGENCIES | 5 | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | 3 | 30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION |

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(When Filled In)

15

FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work so that in a general way he knows where he stands DATE

28 MAY 1956

Postd Pos. Control 7411
It is optional whether or not this fitness report is shown to the person being rated

SECTION I

| | | | | |
|--|---|----------------------------------|-------------|-------------------------------|
| LEAVE BLANK - FOR HEADQUARTERS USE ONLY | | 1. DATE OF BIRTH 25 Feb. 1928 | 2. SEX M | 3. SERVICE DESIGNATION III |
| 4. GRADE GS-7 | 5. STATION DESIGNATION (Current) KOBA/Hqs | | | |
| 6. DUE DATE OF THIS REPORT April 1956 | 7. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 April 1955 - 15 April 1956 | | | |

SECTION II (To be completed by field supervisor)

| | |
|--|--|
| 1. CURRENT POSITION Intelligence Analyst - GS | 2. DATE ASSUMED RESPONSIBILITY FOR POSITION 25 September 1954 |
| 3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency) | |

ity

Subject is an intelligence analyst in the Personal/ File Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all KOBA file checks.

SECTION III (To be completed at headquarters only)

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

| | |
|--|---|
| AUTHENTICATION OF REPORT AND SIGNATURES | |
| 1. NAME OF RATER (True) Agnes M. Prima | 2. NAME OF REVIEWING OFFICIAL IN FIELD (True) Paul B. Breitweiser |
| 3. THIS REPORT <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED. | |
| 4. DATE REPORT AUTHENTICATED AT Hqs. 1 May 56 | 5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES William E. Nelson, CEE/l |
| DO NOT COMPLETE FOR HEADQUARTERS USE ONLY | |

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(When Filled In)

OFFICE OF PERSONNEL

SECTION IV

May 5, 1968

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The table, within each category to divided into three small blocks, is to allow you to make finer distinctions if you so desire. Look at the statement on the left & then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

| STATEMENTS | NOT OR- SERVED | CATEGORIES | | | | |
|--|----------------------|----------------------|-----------------------------------|--------------------------------------|--|--|
| | | DOES NOT APPLY | APPLIES TO A LIMITED DEGREE | APPLIES TO A REASONABLE DEGREE | APPLIES TO AN ABOVE AVERAGE DEGREE | APPLIES TO AN OUTSTANDING DEGREE |
| A. ABLE TO SEE ANOTHER'S POINT OF VIEW. | SAMPLES | | X | | | |
| B. PRACTICAL. | | | | | X | |
| 1. A GOOD REPORTER OF EVENTS. | | X | | | | |
| 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES. | | | | X | | |
| 3. CAUTIOUS IN ACTION. | | | | X | | |
| 4. HAS INITIATIVE. | | | | | X | |
| 5. UNEMOTIONAL. | | | | X | | |
| 6. ANALYTIC IN HIS THINKINGS. | | | | | X | |
| 7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS. | | | | X | | |
| 8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS. | | | | X | | |
| 9. HAS SENSE OF HUMOR. | | | | X | | |
| 10. KNOWS WHEN TO SEEK ASSISTANCE. | | | | X | | |
| 11. CALM. | | | | X | | |
| 12. CAN GET ALONG WITH PEOPLE. | | | | X | | |
| 13. MEMORY FOR FACTS. | | | | X | | |
| 14. GETS THINGS DONE. | | | | | X | |
| 15. KEEPS ORIENTED TOWARD LONG TERM GOALS. | | | | | X | |
| 16. CAN COPE WITH EMERGENCIES. | | | | | X | |
| 17. HAS HIGH STANDARDS OF ACCOMPLISHMENT. | | | | | X | |
| 18. HAS STAMINA CAN KEEP GOING A LONG TIME. | | | | | X | |
| 19. HAS BROAD RANGE OF INFORMATION. | | | | X | | |
| 20. SHOWS ORIGINALITY. | | | | X | | |
| 21. ACCEPTS RESPONSIBILITIES. | | | | | X | |
| 22. ADMITS HIS ERRORS. | | | | X | | |
| 23. RESPONDS WELL TO SUPERVISION. | | | | X | | |
| 24. EVEN DISPOSITION. | | | | X | | |
| 25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT. | | | | X | | |

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(When Filled In)

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|---|---|---|---|---|---|---|---|--|--|
| 26. CAN THINK ON HIS FEET. | | X | | | | | | | |
| 27. COMES UP WITH SOLUTIONS TO PROBLEMS. | | | X | | | | | | |
| 28. STIMULATING TO ASSOCIATES; A "SPARK PLUG". | | | | X | | | | | |
| 29. TOUGH MINDED. | | | | X | | | | | |
| 30. OBSERVANT. | | | | X | | | | | |
| 31. CAPABLE. | | | | | X | | | | |
| 32. CLEAR THINKING. | | | | | X | | | | |
| 33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS. | | | | | | X | | | |
| 34. EVALUATES SELF REALISTICALLY. | | | | | X | | | | |
| 35. WELL INFORMED ABOUT CURRENT EVENTS. | X | | | | | | | | |
| 36. DELIBERATE. | | | | | X | | | | |
| 37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES. | | | | | X | | | | |
| 38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS. | | | | | | X | | | |
| 39. THOUGHTFUL OF OTHERS. | | | | | X | | | | |
| 40. WORKS WELL UNDER PRESSURE. | | | | | | X | | | |
| 41. DISPLAYS JUDGMENT. | | | | | | X | | | |
| 42. GIVES CREDIT WHERE CREDIT IS DUE. | | | | | | X | | | |
| 43. HAS DRIVE. | | | | | | | X | | |
| 44. IS SECURITY CONSCIOUS. | | | | | | | X | | |
| 45. VERSATILE. | | | | | | X | | | |
| 46. HIS CRITICISM IS CONSTRUCTIVE. | | | | | | X | | | |
| 47. ABLE TO INSPIRE OTHERS. | | | | | | X | | | |
| 48. FACILITATES SMOOTH OPERATION OF HIS OFFICE. | | | | | | X | | | |
| 49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION. | | | | | | | X | | |
| 50. A GOOD SUPERVISOR. | | | | | | X | | | |
| SECTION V | | | | | | | | | |
| A. WHAT ARE HIS OUTSTANDING STRENGTHS? | | | | | | | | | |
| Subject is conscientious, hard-working and more than willing to work long hours. Subject has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision. | | | | | | | | | |
| B. WHAT ARE HIS OUTSTANDING WEAKNESSES? | | | | | | | | | |
| Subject is weak in his ability to express himself in writing. | | | | | | | | | |

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OFFICE OF PG

(Form Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGH ALL OTHER CONSIDERATIONS.
 Subject's stamina and persistence in accomplishing his tasks in a minimum amount of time outweigh his weakness.

MAY 28 11 16 AM '56

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? IF YES, WHY?

HAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person)

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A,B,C,D

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

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

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? NO YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions and any other indications, give your opinion of this person's attitude toward the organization.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION.. WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION.. LIKES RESTRICTIONS...REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION.. DISTURBED BY MINOR FRUSTRATIONS.. WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFERENT.. HAS "WAIT AND SEE" ATTITUDE.. WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION.. MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION.. THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION.. BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY WILL PROBABLY ENDAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION.. WILL PROBABLY NEVER TURN FOR WORKING ANY PLACE BUT IN THE ORGANIZATION.

D. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities than normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating...SKILL in job duties, conduct on the job, personal-characteristics or habits, and special defects or talents.

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DUBIOUS SUITABILITY.. WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE.. DEFINITELY BELOW AVERAGE BUT WITH NO DEFECTS SOLELY SUITABILITY TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE.. HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
- 5. A GOOD EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN EXCELLENTLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
- 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

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(When Filled In)

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FIELD FITNESS REPORT

- The Fitness Report is an important factor in organization personnel management. It seeks to provide:
1. The organization selection board with information of value when considering the application of an individual for membership in the career staff, and
 2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICERS: Consult current field administrative instructions regarding the initiation and transmission of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and evaluates the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisor to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he should be familiar with it.

Reviewed by FOD

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

James S. Woods

1. DATE OF BIRTH 2. SEX 3. SERVICE DESIGNATION
25 Feb 1928 M 500000 50-D

4. GRADE 5. STATION DESIGNATION (Current)

GS-5 Korean Mission Headquarters

6. DUE DATE OF THIS REPORT

7. PERIOD COVERED BY THIS REPORT (Inclusive dates)

1 November 1954 - 14 April 1955

8. CURRENT POSITION

0136.52

9. DATE ASSUMED RESPONSIBILITY FOR POSITION

Intelligence Analyst - CE 25 September 1955

10. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

Subject is an intelligence analyst in the Personality Files Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all Korea Mission file checks.

SECTION II (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES

| | |
|--|--|
| 1. NAME OF RATER (Type) Agnes M. Irine | 2. NAME OF REVIEWING OFFICIAL IN FIELD (Type) John L. Hart |
| 3. THIS REPORT <input type="checkbox"/> WAS <input checked="" type="checkbox"/> NOT SHOWN TO THE INDIVIDUAL BEING RATED. | |
| 4. DATE REPORT AUTHENTICATED AT HQS. 29 April 55 | 5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES William E. Nelson William E. Nelson |

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

SECRET
(When Filled In)

SECTION IV**OFFICE OF PERSONNEL**

This section is provided as an aid in describing the individual. Your description is to be sympathetic or unfavorable in itself but acquire the meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that ~~have~~ ^{apply} to most people. On the right hand side of the page are four major categories of descriptions. This scale ~~is~~ ^{allows} each category to be divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Check each of the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means you have the definite opinion that the description is not at all suited to the individual.

| STATEMENTS | CATEGORIES | | | | | |
|---|--------------|----------------|-----------------------------|--------------------------------|------------------------------------|----------------------------------|
| | NOT OBSERVED | DOES NOT APPLY | APPLIES TO A LIMITED DEGREE | APPLIES TO A REASONABLE DEGREE | APPLIES TO AN ABOVE AVERAGE DEGREE | APPLIES TO AN OUTSTANDING DEGREE |
| A. ABLE TO SEE ANOTHER'S POINT OF VIEW. | | X | | | | |
| B. PRACTICAL. | | | | | X | |
| 1. A GOOD REPORTER OF EVENTS. | | X | | | | |
| 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES. | | | X | | | |
| 3. CAUTIOUS IN ACTION. | | | | X | | |
| 4. HAS INITIATIVE. | | | | | X | |
| 5. UNEMOTIONAL. | | | | X | | |
| 6. ANALYTIC IN HIS THINKING. | | | | | X | |
| 7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS. | | | | X | | |
| 8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS. | | | | X | | |
| 9. HAS SENSE OF HUMOR. | | | | X | | |
| 10. KNOWS WHEN TO SEEK ASSISTANCE. | | | | X | | |
| 11. CALM. | | | | X | | |
| 12. CAN GET ALONG WITH PEOPLE. | | | | X | | |
| 13. MEMORY FOR FACTS. | | | | X | | |
| 14. GETS THINGS DONE. | | | | | X | |
| 15. KEEPS ORIENTED TOWARD LONG TERM GOALS. | | | | | X | |
| 16. CAN COPE WITH EMERGENCIES. | | | | | X | |
| 17. HAS HIGH STANDARDS OF ACCOMPLISHMENT. | | | | | | X |
| 18. HAS STAMINA CAN KEEP GOING A LONG TIME. | | | | | | X |
| 19. HAS WIDE RANGE OF INFORMATION. | | | | X | | |
| 20. SHOWS ORIGINALITY. | | | | X | | |
| 21. ACCEPTS RESPONSIBILITIES. | | | | | X | |
| 22. ADMITS HIS ERRORS. | | | | X | | |
| 23. RESPONDS WELL TO SUPERVISION. | | | | X | | |
| 24. EVEN DISPOSITION. | | | | X | | |
| 25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT. | | | | | X | |

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|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| 26. CAN THINK ON HIS FEET. 27. COMES UP WITH SOLUTIONS TO PROBLEMS. 28. STIMULATING TO ASSOCIATES; A "SPARK PLUG". 29. TOUGH MINDED. 30. OBSERVANT. | | | | | | | | X | | | | | | | | | | |
| | | | | | | | | X | | | | | | | | | | |
| | | | | | | | | X | | | | | | | | | | |
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| | | | | | | | | X | | | | | | | | | | |
| | | | | | | | | X | | | | | | | | | | |
| 41. DISPLAYS JUDGEMENT. 42. GIVES CREDIT WHERE CREDIT IS DUE. 43. HAS DRIVE. 44. IS SECURITY CONSCIOUS. 45. VERBATIC. 46. HIS CRITICISM IS CONSTRUCTIVE. 47. ABLE TO INFLUENCE OTHERS. 48. FACILITATES SMOOTH OPERATION OF HIS OFFICE. 49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION. 50. A GOOD SUPERVISOR. | | | | | | | | X | | | | | | | | | | |
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| | | | | | | | | X | | | | | | | | | | |
| | | | | | | | | X | | | | | | | | | | |

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

Subject is conscientious, hard-working, and more than willing to work long hours. He has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

B. WHAT ARE HIS OUTSTANDING WEAKNESSES?

Subject is weak in his ability to express himself in writing.

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(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONCERNED FACTORS:
Subject's stamina and persistence in accomplishing his tasks in a minimum amount of time outweigh his weaknesses.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? NO YES. IF YES, WHY?

May 16 8 43 AM '55

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A,B,C,&D

A. DIRECTIONS: Consider only the ability with which the person has performed the duties of his job and rate him accordingly.

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

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? NO YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said; his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION. WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION...FRAMED BY RESTRICTIONS...REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION. GOATHERED BY MINOR FRUSTRATIONS. WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFERENT...HAS "WAIT AND SEE" ATTITUDE. WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION. MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION. THINKS, IN TERMS OF A CAREER IN THE ORGANIZATION.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION. BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION. WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating...skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE..DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE, HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
- 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

SECRET

SECRET

SECURITY INFORMATION

DATE

| | | | | |
|--|-----------------------------------|---|--|------------------------------------|
| PERSONNEL EVALUATION REPORT | | | | (On 24 June 54) OD |
| <i>ER 9/10/54</i> | | | | |
| Item 1 through 6 will be completed by Administrative or Personnel Officer | | | | |
| 1. NAME (Last) (First) (Middle) | | 2. GRADE | 3. POSITION TITLE | |
| WOODS, James S. | | CS-5 | Intel. Anal. CD-FI | |
| 4. OFFICE DDP/FI/RI | STAFF OR DIVISION P & R Branch | BRANCH Consol Section | <input checked="" type="checkbox"/> DEPT'L. <input type="checkbox"/> FIELD | IF FIELD, SPECIFY STATION FIELD |
| 5. PERIOD COVERED BY REPORT From 21 Apr. 53 | To 20 Apr. 54 | 6. TYPE OF REPORT <input type="checkbox"/> Initial <input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor | <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special | |
| Item 7 through 10 will be completed by the person evaluated | | | | |
| 7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES. As senior anaylist on the EE/FI/G/Z area my duties consist of: (A) Consolidating personality files which entails the following: (1) Make a complete search in Index on all references pertaining to the subject, (2) gathering all references in RI/Files, (3) anaylyzing documents for inclusion in ZOI, (4) preparing a summary of reference sheet which notes the disposition of all the documents put in the case. (B) Liaison with the area desk. (c) Supervising the work of the junior anaylist. | | | | |
| 8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD. | | | | |
| Name of Course | Location | Length of Course | Date Completed | |
| NONE | | | | |
| 9. IN WHAT TYPE OF WORK ARE YOU PARTICULARLY INTERESTED? Intelligence work at the desk level. IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS). Two years experience in RI. | | | | |
| 10. 12 April 1954 | | DATE | <i>James S Woods</i> SIGNATURE | |
| Item 11 through 18 will be completed by Supervisor | | | | |
| 11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE. Mr. Woods has performed his duties conscientiously and well. He possesses a great deal of energy, is extremely industrious and has maintained excellent relations in his liaison with the area desk. | | | | |

SECRET

SECURITY INFORMATION

OFFICE OF PERSONNEL

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?

Mr. Woods has performed his duties most outstandingly by virtue of his formation and maintenance of excellent liaison relations.

13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?

14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.

Mr. Woods has handled his present responsibilities admirably and I am certain he would be capable of handling additional ones as the opportunity occurs.

15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)

Mr. Woods could qualify as an Intelligence Analyst in any of the appropriate section of RI.

16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?

None at this time

17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.

18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.

13 April 54

DATE

Harry D. Randall

SIGNATURE OF SUPERVISOR

19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in Item 20.)

18 May 1954

DATE

John G. Smith

SIGNATURE OF REVIEWING OFFICIAL

20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)

Subject transferred to FE effective 05 April 1954.
[Handwritten signature]

SECRET

SECRET
SECURITY INFORMATION

PERSONNEL EVALUATION REPORT

Items 1 through 6 will be completed by Administrative or Personnel Officer

| | | | | |
|--|-----------------------------|--|---|--|
| 1. NAME (Last) WOODS | (First) James | (Middle) S. | 2. GRADE GS-4 | 3. POSITION TITLE File Clerk |
| 4. OFFICE DD/P | STAFF OR DIVISION FI | BRANCH W | <input checked="" type="checkbox"/> DEPT'L. | IP FIELD, SPECIFY STATION FIELD |
| 5. PERIOD COVERED BY REPORT From 4-21-52 To 4-21-53 | | 6. TYPE OF REPORT <input type="checkbox"/> Initial <input type="checkbox"/> Reassignment <input type="checkbox"/> Resignation of Supervisor | <input type="checkbox"/> Annual <input type="checkbox"/> Special | |

Items 7 through 10 will be completed by the person evaluated

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

Review and finalize material for consolidation of 201 Personality Files. This includes making a complete impartial name check in RI/SC index and a complete search for all material pertinent to the subject in the RI/files. Also maintain liaison with the area checks.

After reviewing documents, take up Cross references and any document changes as necessary. Complete a Summary of References Form listing all references reviewed and the action taken on each.

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

| Name of Course | Location | Length of Course | Date Completed |
|----------------|----------|------------------|----------------|
| Kono | | | |

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

Accounting.

If different from your present job, EXPLAIN YOUR QUALIFICATIONS (ATTITUDE, KNOWLEDGE, SKILLS).

Two years of Accounting and Law school.

10.

9 April 1953

DATE

SIGNATURE

James S Woods

Items 11 through 18 will be completed by Supervisor

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

Mr. Woods' performance in this section has been very satisfactory. While still in a trainee position, he is learning the procedure of this section very well. He is extremely industrious and shows little inclination to waste time.

SECRET
SECURITY INFORMATION

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?

Mr. Woods has been most outstanding by virtue of his industry.

13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?

14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.

Mr. Woods has had little opportunity to show his ability, in this line, so far.

15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)

Due to his position as trainee, other duties cannot be considered, but I feel that he is quite capable of filling any number of jobs in RI.

16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?

None at this time.

17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.

18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.

20 April 1953

Harry D. Randall

SIGNATURE OF SUPERVISOR

19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in Item 20.)

John K. Smith

SIGNATURE OF REVIEWING OFFICIAL

20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM**

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

| | | | | | | | | |
|--------------------------------|---------|----------|----------------------------------|----|------------------------|-----|----|------|
| NAME (last) | (first) | (middle) | DATE OF BIRTH (month, day, year) | | SOCIAL SECURITY NUMBER | | | |
| WOODS | James | Sauvie | FEB | 20 | 1928 | 502 | 16 | 6806 |
| EMPLOYING DEPARTMENT OR AGENCY | | | LOCATION (City, State, ZIP Code) | | | | | |
| OIOOO32 | | | | | | | | |

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)

James J. Woods

DATE

4 MAR 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

OFFICE OF PERSONNEL
89 PH 47 MAR 20 1968

89 PH 47 MAR 20 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 176-7
JANUARY 1958
(For use only until April 14, 1968)
176-101

SECRET

14-00000
C-O-N-F-I-D-E-N-T-I-A-L
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student: James S. Woods Dates: 23-24 February 1978
Employee No: 010032 Office: ISS
Service Designation: P

COURSE OBJECTIVES

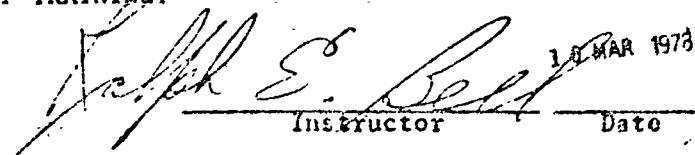
At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective FR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TRAINING:


Joseph E. Bell
Instructor Date
16 MAR 1978

C-O-N-F-I-D-E-N-T-I-A-L
(when filled in)

CERTIFICATION OF SEPARATING EMPLOYEE

Date: 9/14/82
Name (Last-First-Middle)

Shoats, James S.

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

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

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

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

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

4. Standard Form 2302 (Application for Refund of Retirement Deductions).

5. Form 2595 (Authorization for Disposition of Paychecks).
COTTONWOOD, MD 20850

6. Only applicable to Retiree - Returnee (resignee from overseas assignment)
I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.

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

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

Signature of Employee

Date Signed

James S. Shoats

Address (Street, City, State, Zip Code)

Correspondence

304 MEADOW HALL DR.
ROCKVILLE, MD 20851

GSA CONTRACT NUMBER

 Overt Con

14-00000
C-O-N-F-I-D-E-N-T-I-A-L
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student: James S. Woods Dates: 23-24 February 1978
Employee No: 010032 Office: ISS
Service Designation:D

COURSE OBJECTIVES

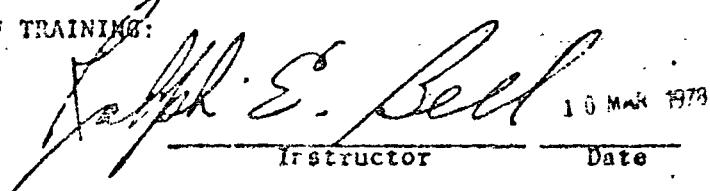
At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective PR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TRAINING:


Ralph E. Bell
Instructor Date
10 MAR 1978

C-O-N-F-I-D-E-N-T-I-A-L
(when filled in)

14-00000

ADMINISTRATIVE - INTERNAL USE ONLY



3 February 1977

MEMORANDUM FOR THE RECORD

FROM : ISS/Training Staff
SUBJECT: Document Analysis II for Records Management Officers

1. Jim Woods ~~OPF~~ has satisfactorily completed the Document Analysis II Course given for Division and Staff Records Management Officers by ISS Training Officer, JoEllen S. McCann. Classes were held daily from 0900 to 1230 hours from 29 November through 10 December 1976.

2. The topics covered in the course were records principles and processing procedures used by Data Management Section analysts for initial input of correspondence into the DDO Records System. The students also covered the official files system and indexing criteria as they currently exist and discussed some of the drawbacks and possible systems changes we might expect in the next few years. Periodic exercises were given to test the students comprehension of topics discussed.

JoEllen McCann
JoEllen McCann

ADMINISTRATIVE - INTERNAL USE ONLY

14-00000

20 JUL 1976

I, the undersigned, authorize the Office of Personnel
to give to CartBlanche whatever information is necessary
for me to obtain a credit card.

James S. Woods
James S. Woods

Proprietary
7/21/76

CERTIFICATE OF TRAINING

THIS IS TO CERTIFY THAT

JAMES WOODS

SUCCESSFULLY COMPLETED

SUPERVISORY COUNSELING WORKSHOP

ON

26 - 27 AUGUST 1976

INFORMATION SERVICES GROUP

Peggy Hall
CHIEF, ISG TRAINING

14-00000

TRAINING REPORT
OFFICE OF TRAINING

This certifies that James S. Woods has successfully completed the Introduction to Micrographics Seminar #2 which was conducted from 24 July to 25 July 1974.

This seminar provides basic information on microphotography and explores the application of this technology in controlling overburdened and sometimes inefficient paperwork systems. Specific blocks of instruction include: Image Recording Techniques, Microfilm Formats, Viewers and Viewer-Printers, Indexing Methods, Computer Output Microfilm (COM), Micropublishing, and Development and Implementation of Agency Applications. Participants receive a portfolio of various samples of microforms, a Glossary of Micrographic Terms, and a Primer on Information Science.

FOR THE DIRECTOR OF TRAINING:

Edward A. Seroskie
Course Coordinator

Final Grade Report**Grading System:**

- A - Superior Scholarship
- B - Good Scholarship
- C - Average Scholarship
- D - Fairly Good Scholarship
- F(a) - Failure Academic
- F(m) - Failure Non-Attendance
- I - Incomplete*
- WX - Withdraw during first half of term
- WF - Withdraw failing during second half of term
- WF - Withdraw failing during second half of term
- X - Emergency withdrawal

UNIVERSITY OF MARYLAND
EUROPEAN DIVISION - UNIVERSITY COLLEGE
OFFICE OF THE REGISTRAR

Report of NOCUS, James S. Student
Copy

Term 1, Acad. Yr. 1971/72 at Rome Center

| COURSE | Semester | GRADE |
|----------|----------|-------|
| ITAL 111 | 3 | B |

Signature of Instructor: DeSantis

* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g., final exams, term paper, reports, etc.

Grade to Date _____ Due date date for completion, if established _____

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 18 (20-22-42-43)

Final Grade Report**Grading System:**

- A - Superior Scholarship
- B - Good Scholarship
- C - Average Scholarship
- D - Fairly Good Scholarship
- F(a) - Failure Academic
- F(m) - Failure Non-Attendance
- I - Incomplete*
- WX - Withdraw during first half of term
- WF - Withdraw failing during second half of term
- WF - Withdraw failing during second half of term
- X - Emergency withdrawal

UNIVERSITY OF MARYLAND
EUROPEAN DIVISION - UNIVERSITY COLLEGE
OFFICE OF THE REGISTRAR

Report of NOCUS, James S. Student
Copy

Term 2, Acad. Yr. 1971/72 at Rome Center

| COURSE | Semester | GRADE |
|----------|----------|-------|
| ITAL 112 | 3 | B |

Signature of Instructor: DeSantis

* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g., final exams, term paper, reports, etc.

Grade to Date _____ Due date date for completion, if established _____

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 18 (20-22-42-43)

Long-Range
(Over-Completed)

SC

MAINTAINING RECORDS

| | | |
|---------------------------------|----------------------------|-------------------|
| Academic Period Orientation - | Japan | Stations |
| 16 Hours | 20-21 March 1961 | 6 |
| Student: 59720, James S. | Year of Entry: 1968 | |
| DO Date: April 1962 | Grade: 65-9 | Office: 73 |

OPTIONAL FORM FOR USE IN RECORDS

The following is a brief summary of the activities and materials presented in the general area and country of deployment. Included was a briefing on "The American abroad problem," its implications for the individual employee or decimated and the Agency, practical advice for successful personal adjustment to foreign environment of work and living, in the areas of assignment, useful information on U.S. society and culture, tips on understanding the foreign culture, native language, code for effective interpersonal relations in the particular country or region, basic information including an analysis of the government of the region to the United States, departments of the economy, their institutions, and current living conditions. The course "Cross lectures," oral discussions, films, slides and exhibits, and selected readings for recommended reading of subjects. Materials for presentation were fully prepared for each subject.

Official certification of attendance will be made by the Director of Training or his representative in this document.

Date of Course: **20 April 1961** **20 April 1961**
 /s/ **DEPARTMENT OF DEFENSE**

20-21 March 1961
Japan (continued)

20-21 March 1961

Japan

16 Japan Broad Orientation **20-21 March 1961**

Place:

Woods, London (Dependants, wives & 1)

6

Student:

Year of Birth:

Activities:

Grade:

Office:

NAME AND TITLE: **COLIN COLEMAN**

This booklet is designed to assist dependents and spouses for orientation of travel in the general area and country of assignment. Included are a briefing on "The American Abroad Program," its administration for the individual employee or dependent and the family, practical advice for successful personal adjustments to everyday problems of working and living in the area of assignment, useful information on the area, and advice for understanding its organizations. Advice includes data for effective interpretation relating to the political, economic, social and free information available on all aspects of the dependence of the service to the United States and dependence of the people, the institutions, and current civilian occupations. The usual cultural lectures, musical消遣, film, slide presentations, and selected readings for the enjoyment and growth of family life.

Information contained in this booklet is general in nature and is not intended to be specific to your particular assignment.

This is a very brief orientation. If you have any questions, please refer them to your supervisor or your spouse.

26 April 1961

/s/ **COLIN E. COLEMAN**

S-E-C-R-E-T

WRITING WORKSHOP (INTERMEDIATE) NO. 2

TRAINING EVALUATION

| SECTION I: IDENTIFYING INFORMATION | | | | |
|---|------------------------|--|-----------------------------|--|
| NAME WOODS, James S. | SEX M | DATES OF COURSE 26 October - 19 November 1959 | NO. OF STUDENTS 17 | |
| DATE OF BIRTH 20 February 1928 | END DATE April 1952 | GRADE OR RANK GS-9 | OFFICE FE/Administration | |
| PROJECTED ASSIGNMENT OR PRESENT POSITION Records Officer | | | | |
| SECTION II: OBJECTIVE OF THE COURSE | | | | |
| To stimulate habits of thoughtful, self-critical writing for intelligence production. | | | | |

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The class is conducted for 10 to 15 students to learn the nine three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

S-E-C-R-E-T

14-00000
S-E-C-R-E-T

SECTION V: REPORT OF STUDENT ACHIEVEMENT

Mr. Woods added to the good improvement in mechanics of expression he had achieved in the Basic Writing Workshop. He has now developed the ability to write smooth, compact, and readable sentences. He also learned to organize topics more effectively, and with further writing experience, he can develop the ability to write analytical papers of a professional caliber.

John F. Powell

Chief Instructor

S-E-C-R-E-T

S-E-C-H-S-T

WRITING WORKSHOP (BASIC) NO. 2

TRAINING EVALUATION

| SECTION I: IDENTIFYING INFORMATION | | | | |
|--|-------------------------------|------------------------------|---|------------------------------|
| NAME WOODS, James S. | | SEX M | DATES OF COURSE 21 Sept. - 15 Oct. 1959 | NO. OF STUDENTS 13 |
| DATE OF BIRTH 20 February 1928 | EDU DATE April 1952 | GRADE OR RANK GS-9 | OFFICE PR/Administration | |
| PROJECTED ASSIGNMENT OR PRESENT POSITION Records Officer | | | | |
| SECTION II: OBJECTIVE OF THE COURSE | | | | |
| To stimulate habits of thoughtful, self-critical writing for intelligence production. | | | | |

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The class is conducted for ten to fifteen students. It meets for one three-hour morning session over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any changes demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

S-E-C-H-S-T

S-6-C-R-8-7

SECTION V: REPORT OF STUDENT ACHIEVEMENT

Mr. Woods considerably improved the clarity of his writing during the course, by reducing sentence errors and roundabout phrasing. His written papers reflected his gains in knowledge of basic rules of English usage. His achievement in the Writing Workshop (Basic) shows that Mr. Woods can develop good writing skills, and that he and the Agency would benefit if he took the Writing Workshop (Intermediate).

Frances C. Glennell
CRTC Instructor

S-6-C-R-8-7

S-1-C-2-6-1

TRAINING EVALUATION

ADMINISTRATIVE SUPPORT COURSE # 9

| SECTION I: IDENTIFYING INFORMATION | | | | |
|---|---------------|------------------|-----------------|--------------------|
| NAME | SEX | DATES OF COURSE | NO. OF STUDENTS | |
| Woods, James S. | M | 10 - 28 May 1954 | 1st Week-49 | 2nd & 3rd Weeks-44 |
| DATE OF BIRTH | FOR DATE | GRADE OR RANK | OFFICE | FE/FI |
| 21 February 1928 | 21 April 1952 | GS-5 | | |
| PROJECTED ASSIGNMENT OR PRESENT POSITION | | | | |
| Registry Analyst | | | | |
| SECTION II: OBJECTIVES | | | | |
| <p>The objectives of this course are to provide the student with (1) an understanding of the inter-relationships between operating functions and administrative support functions; (2) an understanding of some of the basic principles and techniques of Agency operations and the organization and functions of the various clandestine components; (3) a knowledge of procedures, regulations, and problems peculiar to logistics, Finance, and other areas of administrative support.</p> | | | | |
| SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE | | | | |
| <p>One week of the course is devoted to lectures in the areas described in category 1 on reverse of this page. The material in categories 2 and 3 is presented both by lecture and by practical exercises during the remaining two weeks of the course. Categories 4 through 9 are concerned with the application of knowledge of Agency organization, structure, procedures and regulations in practical situations.</p> | | | | |
| SECTION IV: STUDENT EVALUATION | | | | |
| <p>Two ratings are being given of the student's performance in this course. The first rating is made at the time of the final examination. The second rating is made at the time of the student's graduation from the course with no allowance made for differences in age, education, experience, etc. These ratings are defined as follows:</p> | | | | |
| <p>EXCELLENT: The student indicated exceptional ability or proficiency in meeting this goal or objective; he demonstrated an unusually thorough knowledge of the material presented.</p> | | | | |
| <p>SATISFACTORY: The student met this objective in a competent and effective manner; he demonstrated a good grasp and understanding of the material presented.</p> | | | | |
| <p>UNSATISFACTORY: The student did not achieve this goal or objective; the student's performance indicated a serious lack of knowledge concerning material presented.</p> | | | | |

S-1-C-2-6-1

OAB

D-E-C-34-1

| MAJOR CATEGORIES | CRAT | CAT | EXCERPT |
|---|------|------|---------|
| 1. Orientation in basic principles of clandestine activity. | 2 | 30 * | 17 |
| 2. Knowledge of clandestine services command structure and organization. | 5 * | 14 | 25 |
| 3. Knowledge of Agency and clandestine services regulations and administrative procedures. | 2 | 28 * | 14 |
| 4. (A) Preparation of advance form; travel voucher (DOMESTIC) and entertainment reimbursement (DOMESTIC). | 0 | 17 | * |
| (B) Preparation of travel voucher (FOREIGN) including computation of per diem and currency conversion. | 1 | 15 * | 26 |
| 5. Preparation of Station Finance Reports. | 3 | 5 | 16 * |
| 6. Preparation of forms used in a detached station for property records; knowledge of responsibility for property at the station. | 2 | 20 * | 22 |
| 7. Preparation of form required for project presentation to the Project Review Committee. | 1 | 10 * | 13 |
| 8. Preparation of cable form used at Headquarters writing message from material given, with use of accepted digits, punctuation, and abbreviations. | 1 | 33 * | 14 |
| 9. Preparation of Headquarters and Field dispatch form and Field pouch manifest. | 0 | 24 | 12 |

SECTION VI: COMMENTS

Comments, especially on habits and characteristics, with particular reference to strong or weak points of the individual or anything that might have influenced his performance in the course.

FOR THE DIRECTOR OF TRAINING:

Evelyn J. Brugge
Director of Training

D-E-C-34-1

S E C R E T

TRAINING EVALUATION

| SECTION I: IDENTIFYING INFORMATION | | | | | | |
|--|------------------|-----------------------|---|---------------------------|------------------------|-----|
| Name Woods, James S. | | Sex M | Course and Beginning Date PHASE I - ORIENTATION #9 - 19 April 54 | | | |
| Date of Birth 23 February 1928 | EOD April '52 | Grade or Rank GS-5 | Office FE/ET | | | |
| Projected Assignment or Present Position Registry Analyst | | | | | | |
| <p>This evaluation is based on a course of 120 hours given over a period of 3 weeks in which there were 89 students. The length of the course, number of students, nature of the course, skills and knowledge taught, and the opportunity for observing the individual student determine which sections of this report are used. These facts must also be considered in interpreting the evaluations which, therefore, should not be used as the sole basis for personnel decisions. THIS REPORT IS INTENDED PRIMARILY TO FURNISH INFORMATION AS TO HOW WELL THE STUDENT LEARNED THE SUBJECT MATTER OR SKILLS TAUGHT. In addition, observations of interest and importance are reported which can have significance only as they are related to other information. Unless otherwise stated, performance is evaluated in terms of standards set by instructors or in relation to the performance of others who have taken the course. For further information, consult the Training Evaluation Branch, Assessment and Evaluation Staff, Office of Training.</p> | | | | | | |
| SECTION II: KNOWLEDGE | | | | | | |
| Subject | Hrs. | Rating | | | | |
| | | Fail | Poor | Sat | Exc | Sup |
| Introduction to Intelligence | 80 | 5 | 12 | 26* | 34 | 12 |
| Communism and the U.S.S.R. | 40 | 5 | 17 | 35* | 31 | 7 |
| <p>The numbers show how many students received each rating. An asterisk (*) shows the rating this student received.</p> | | | | | | |
| SECTION III: SKILLS | | | | | | |
| <p>The 'Course Instruction' column contains scores and/or ratings given by the instructional staff for skills which are specifically intended to be outcomes of the course. The 'Observation' column contains ratings by instructors and/or students concerning skills which have been observed for every student in a class but which have not been the subject of intensive instruction or practice.</p> | | | | | | |
| Skill | Hrs. | Course Instruction | | Observation | | |
| | | Objective Score | Rating or Evaluation | Av. Rating by Instructors | Av. Rating by Students | |
| | | | | | | |

SECTION IV: OBSERVATIONS of ATTITUDES or OTHER PERSONAL CHARACTERISTICS

During the course incidents were observed which suggested that this person:

| | | | | | |
|---|---|-----------------------------|---|------------------------------|--|
| Had difficulty in getting along with others. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Lacked motivation for an Agency career. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Interfered with instructional and classroom activities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Lacked sufficient security-mindedness. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | | Lacked interest in the course. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Explanations of any 'Yes' answers to items above. Frequency of occurrence and number of persons observing these attitudes or characteristics are included.

SECTION V: COMMENTS

Comments, especially on habits or characteristics, with particular reference to strong and weak points of the individual, or anything that may have influenced his performance in the course are reported here:

Edward J. D. Morris
Chief-Instructor

SECTION VI: ADJUSTED OVER-ALL EVALUATION

FOR OPTIONAL USE BY INSTRUCTORS

In terms of all factors assessed during the course and taking into account this student's experience in the Agency, grade, and general area of work, the following indicates the instructor's judgment of his performance in the course.

He was inadequate in his performance.

He was barely adequate in his performance and performed acceptably only in a limited range of assignments.

He performed acceptably, but was barely adequate in some respects.

He was a typically effective student who performed in a competent, dependable manner.

He performed at a high level of competence.

He performed at an extremely high level that only a few students have surpassed.

FOR OPTIONAL USE BY TRAINING OFFICERS

This evaluation, shown by an 'X' in one of the boxes, takes into account this training record, the student's age, grade, age at expiration, and projected assignment. It is included for the purpose of giving supervisors an estimate of the implications of the training evaluation report for the student's assignment and career potential.

This is an inadequate performance.

This is a barely adequate performance and raises questions concerning his suitability for his assignment.

This is an acceptable performance but discloses possible areas of weakness.

This is a satisfactory performance revealing a typically competent person.

This performance reveals a high level of competence.

This is an extremely competent performance that only a few persons of his background and position have surpassed.

Training Officer's Comments

John H. [Signature]
Training Officer

SECRET

15 A.M.

MEMORANDUM FOR: Chairman, Clandestine Service Personnel
Staff

SUBJECT: James S. WOODS - Recommendation for Promotion

1. Subject has been in grade GS-10 since June 1968. Based on his outstanding performance as Chief of Registry in the Romo Station since June 30, 1971, he strongly merits promotion to grade GS-11 at this time. When Subject took over the responsibility for Registry a year ago, he found a system glutted with paper and bound up by a policy which discouraged getting rid of it. He found many procedures in force which were out of date, if not obsolete, and proposed streamlined procedures, which were adopted, to replace them. He asked for and was given the responsibility to analyze and distribute the cables, which had previously been a function of the Chief of Station's secretary. He recommended the discontinuance of the abstract system, which proposal had been adopted by most elements of the Station. He recommended a reduction in the retention period for cable and dispatch chronos. With the help of a TDY team here for the first half of CY 1972, he devised and instituted a program of purging the files. This program has resulted in the disposition of most of the departed Soviet files, a severe trimming of the true name files, and the review, reduction and up-dating of the project and operational files. All of this work was accompanied by appropriate name checks, entries on the index cards and selection of pertinent documents for transmittal to Headquarters. In summary, Subject performed a thorough "house-cleaning" of Station records in the full meaning of that phrase. This program is by no means finished. In fact, Subject has plans for continuing efforts along these lines which may exceed his tenure at this Station since he intends to return to Headquarters not later than May 1974. The on-going program includes a review and reorganization of the subject files, the encrypted 201's and the disposition (hopefully) of about 50 feet of micro-film. A corollary to these projects will be a significant reduction in the index cards, which at present lead to the micro-film and to other superfluous material we either have or will destroy.

2. The equally important aspect of records management, namely the introduction of procedures to lessen the likelihood

WARNING NOTICE
SENSITIVE INTELLIGENCE SOURCES
AND METHODS INVOLVED

SECRET

| | |
|--|---|
| CLASSIFIED BY | 6/16/74 |
| DATE PERIOD ON WHICH DECLASSIFICATION | |
| SCHEMATIC (S) | 11 |
| ROUTINE (R) | 1 |
| EXPIRES (E) | 5 years from classification date or earlier (if applicable) |
| AMOUNT OF INFORMATION (A) | None |
| DATE APPROVED FOR RELEASE (D) | 6/16/74 |
| (Enter responsible agency date or event) | |

14-00000
SECRET

-2-

if not prevent the reoccurrence of this pile-up of paper is not lost on this officer. He constantly thinks in terms of procedures and controls to accomplish this end.

3. Subject is dedicated, highly motivated, conscientious, and hard working. He reports to work each day an hour before the Station opens in order to distribute the cables by opening of business. He never hesitates to respond positively to any request for help. Indeed, he solicits work which he believes can be done more easily or more simply in his unit. In all respects, Subject is a trained, professional records management officer who is thoughtful as well as enthusiastic about his work.

4. It is strongly recommended that Subject be promoted to grade GS-11.

Archibald B. Roosevelt, Jr.

Chief, European Division

SECRET

CONFIDENTIAL
(Do not return this)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMR 25-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLIO(S).

GENERAL

| | | | | | | | | | | | |
|--|-------------------------------------|---------|--------------------------|------------|--------------------------|------------------|--------------------------|---------|--------------------------|----------|--------------------------|
| NAME OF EMPLOYEE (Last, First, Middle) | (Address) | (City) | (State) | (Zip Code) | SOCIAL SECURITY NUMBER | | | | | | |
| Woods, James Salvile | | | | | 502 16 6806 | | | | | | |
| 1. MARITAL STATUS (Check one) | | | | | | | | | | | |
| SINGLE | <input checked="" type="checkbox"/> | MARRIED | <input type="checkbox"/> | SEPARATED | <input type="checkbox"/> | DIVORCED | <input type="checkbox"/> | WIDOWED | <input type="checkbox"/> | ANNULLED | <input type="checkbox"/> |
| IF MARRIED, PLACE OF MARRIAGE | | | | | | DATE OF MARRIAGE | | | | | |
| Washington, D.C. | | | | | | 6 Aug 60 | | | | | |
| IF DIVORCED, PLACE OF DIVORCE DECREE | | | | | | DATE OF DECREE | | | | | |

MEMBERS OF FAMILY

| | | |
|--|---|------------------|
| NAME OF SPOUSE | ADDRESS (No. Street, City, State, Zip Code) | TELEPHONE NO. |
| Lorraine Anne | 432 COLLEGE PKWY Rockville | 24-0163 |
| NAME OF CHILDREN | ADDRESS | DATE OF BIRTH |
| Laura Renée Woods | 432 COLLEGE PKWY ROCKVILLE, MD | FEB 27 PH 7-2021 |
| NAME OF FATHER (or male guardian) | ADDRESS | TELEPHONE NO. |
| Ross A. Woods - Deceased | | |
| NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian) | ADDRESS | TELEPHONE NO. |
| Susan A. Woods | FOREST RIVER, N. DAK. | |

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

Mother & Sister (husband is deceased, contact in previous)

3. OTHER RELATIVES WHO ARE DEPENDENT UPON YOU AT LEAST ONE OF THEIR SUPPORT AND WHAT OTHER REQUESTED RIGHTS IN CASE OF EMERGENCIES (See 22 CFR 1.5). SPECIFY NAMES AND RELATIONSHIPS

| | | |
|------|---------------|--------------|
| NAME | DATE OF BIRTH | RELATIONSHIP |
| | | |

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

| | |
|--|-----------------------|
| NAME (Last, First, Middle) | RELATIONSHIP |
| Philip Richard | BROTHER-IN-LAW |
| HOME ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE | HOME TELEPHONE NUMBER |
| 521 HARBOR ST. GRAND FORK'S, ND 58201 | 701-775-4472 |
| BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & FAX NUMBER | |

IS THE INDIVIDUAL NAMED ABOVE A MEMBER OF YOUR FAMILY OR AFFILIATION? IF "NO" GIVE NAME AND ADDRESS OF ORGANIZATION HE BELIEVES YOU WORK FOR

| | |
|-----|-------------------------------------|
| YES | <input checked="" type="checkbox"/> |
| NO | <input type="checkbox"/> |

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPACITATED (IF "NO" GIVE NAME AND ADDRESS OF PERSON, IF ANY, WHO CAN MAKE SUCH DECISIONS IN CASE OF EMERGENCY)

| | |
|-----|-------------------------------------|
| YES | <input type="checkbox"/> |
| NO | <input checked="" type="checkbox"/> |

UNION TRUST CO. OFF D.C.

DOES THIS INDIVIDUAL ENTHUSIASTICALLY AGREE THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? IF "NO" EXPLAIN WHY IN ITEM 6.)

| | |
|-----|-------------------------------------|
| YES | <input type="checkbox"/> |
| NO | <input checked="" type="checkbox"/> |

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 OF THE REVERSE SIDE OF THIS FORM.

CONFIDENTIAL

(Even if filled in)

6.

VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

UNION TRUST CO. OF D.C.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? YES NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? YES NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. (If "Yes" where is document located?)

UNION TRUST CO. OF D.C.

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

YES NO. (If "Yes" give name(s) and address)

IN THE WILL

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. (If "Yes", who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY
(No Approval Required)

| RESIDENCE WHEN EMPLOYED (Full Address) | PERMANENT PLACE OF RESIDENCE AS DEFINED IN IR 22-3 (Full Address) |
|--|--|
| | |

2. CHANGE IN PERMANENT PLACE OF RESIDENCE (See IR 22-3)
(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)

| FULL ADDRESS | DEPUTY DIRECTOR OR DESIGNEE | DATE |
|--------------|---|------|
| | | |
| | DIRECTOR OF PERSONNEL (when applicable per IR 22-3) | DATE |

SIGNED AT Hqrs. DATE 9/1/71 SIGNATURE J. Daniel S. Johnson

CONFIDENTIAL

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

FILE

TO: Office of Personnel, Transactions and Records Branch, Status Section

| | | | |
|----------------------|-----------------|--------------|----------------|
| SERIAL NO. | LAST (Print) | FIRST | NAME MIDDLE |
| 1-6 010032 | WOODS | JAMES | S |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | O/P USE ONLY | COUNTRY | |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|-------------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | CODE | CODE |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION | 37 | 38 39 | 40-42 |
| | | | | | | | | | ENGLAND 210 |

TDY DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | O/P USE ONLY | AREA(S) | |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | CODE | CODE |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 2 - TDY (Basic) 3 - CORRECTION 6 - CANCELLATION | 37 | 38 39 | 40-42 |
| | | | | | | | | | |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

| | |
|-----------------------------|---|
| TRAVEL VOUCHER | DISPATCH |
| CABLE | <input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) | |
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |

REMARKS

| | | |
|--|--|---|
| PREPARED BY | REPORT ENCLOSED ON CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| 1000 | <input checked="" type="checkbox"/> | |
| C & L REVISIONAL CTDR. | DATE | SIGNATURE |
| <input checked="" type="checkbox"/> C & T REVISION | 11-17 | <i>[Signature]</i> |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

30 June 1970

MEMORANDUM FOR: Chief, European Division
FROM : Chief of Station, London
SUBJECT : Promotion Recommendation -
James S. Woods

Subject, who has been in grade as a GS-10 just two years, has been Chief of the Registry of the London Station for eighteen months. Subject, fresh from a Saigon assignment, brought with him a broad and varied background of field experience (Far East) and several Headquarters' assignments. He has been in one or another aspect of records management work since he started with us as a very junior clerk in 1952.

Subject's fitness reports, since he has been in London, testify to the high regard in which he is held by the Station and the excellent results he has managed to achieve. When he arrived at the Station, the start had been made on a file reduction program but an enormous amount of organized work remained to be done. Subject set about it with great enthusiasm and a high degree of professional organization. As a result, the Registry inventory today is the leanest and the most efficient the Station has seen for many a long day, if ever before. To a great extent this can be laid at Subject's own door and he personally did much of the work. At the same time, Subject surveyed and reorganized the overall workload of the Registry and was finally able to recommend to the Station management a reduction of one Registry clerk. The smaller staff has certainly required a more intensive work effort on the part of Registry personnel, which has been attained without any loss of morale; in fact, quite the reverse.

Subject, therefore, emerges as a records management officer who has thoroughly learned his business and a hard-driving, sympathetic and successful supervisor. In the opinion of the Station management, Subject is already quite capable of taking over broader and more senior responsibilities in the records management field. In this respect, however, we do not believe he will be wasting his time in London by spending, as he currently plans to do, an additional year here on the completion of his tour in November. The London Registry, reflecting the multi-faceted work of the Station, is sufficiently complex an operation to warrant

Subject's continued attention.

In view of his really excellent performance and high promise,
it is strongly recommended that Subject be promoted to GS-11.

/s/ Bronson Tweedy
COS

SECRET

(DRAFT 5-1964 EDITION)

REPORT OF SERVICE ABROAD

TO:
Office of Personnel, Transactions and Records Branch, Status Section

| | | | | | |
|--|---|--|--------------|-----------|------------------|
| SERIAL NO. | NAME | | | | |
| | LAST (Print) | FIRST | MIDDLE | | |
| 1-6 010032 | WOODS | JAMES | S | | |
| INSTRUCTIONS | | | | | |
| USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 56, REVISED. | | | | | |
| PCS-DATES OF SERVICE | | | | | |
| ARRIVAL D/S | DEPARTURE D/S | | TYPE OF DATA | O/P USE | COUNTRY |
| MONTH DAY YEAR | MONTH | DAY | YEAR | CODE ONLY | CODE |
| 25-26 27-28 29-30 | 31-32 | 33-34 | 35-36 | 37 38 39 | 40-42 |
| 11 18 68 | | | | 1 | 17461 HAWAII 210 |
| TOY-DATES OF SERVICE | | | | | |
| ARRIVAL D/S | DEPARTURE D/S | | TYPE OF DATA | O/P USE | AREA(S) |
| MONTH DAY YEAR | MONTH | DAY | YEAR | CODE ONLY | CODE |
| 25-26 27-28 29-30 | 31-32 | 33-34 | 35-36 | 37 38 39 | 40-42 |
| | | | | | |
| OFFICE OF PERSONNEL USE ONLY - PUNCH AREA | | | | | |
| SOURCE DOCUMENT AND CERTIFICATION | | | | | |
| TRAVEL VOUCHER | CERTIFICATE | | | | |
| CABLE | DATA STATUS OR TIME AND ATTENDANCE REPORT | | | | |
| OTHER (Specify) | | | | | |
| DOCUMENT IDENTIFICATION NO. | ACCOUNT DATE PERIOD | | | | |
| | 1-78-68 | | | | |
| REMARKS | | | | | |
| PREPARED BY | REPORT ANNOTATED IN | DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED | | | |
| REQ | COPIED DOCUMENT | | | | |
| C & A DIVISION, DATE | DATE | CERTIFIED | | | |
| T & T DIVISION | 895103000 | | | | |
| THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER | | | | | |

CONFIDENTIAL
(When Filled In)

I M P O R T A N T

Central Processing Branch has been charged with responsibility (OMI 20-6-dated October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

James S. Shedd 15 JUL 68
Signature Date

JAMES S. SHEDD

CONFIDENTIAL
(When Filled In)

SECRET
(Data Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

| | | | |
|---------------|-------------------------|-------|--------|
| SERIAL NO. | NAME | | |
| | LAST | FIRST | MIDDLE |
| 1-6 D10032 | (Print) Woods, James S. | | |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFP NO. 80, REVISED.

PCS DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | O/P USE ONLY | COUNTRY | |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | CODE | CODE |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION | 37 | 38 | 39 |
| | | | 10 | 11 | 12-13 | | | Vietnam | 40-42 |

TDY DATES OF SERVICE

| ARRIVAL O/S | | | DEPARTURE O/S | | | TYPE OF DATA | O/P USE ONLY | AREA(S) | |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|-------|
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | | CODE | CODE |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | 2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION | 37 | 38 | 39 |
| | | | | | | | | | 40-42 |

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

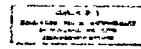
| | |
|----------------------------------|---|
| TRAVEL VOUCHER | DISPATCH |
| CABLE | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) <i>le Delecl</i> | |

DOCUMENT IDENTIFICATION NO.: FUST 31976 DOCUMENT DATE/PERIOD: 10/13/68

REMARKS

| | | |
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| PREPARED BY HED | REPORT ANNOTATED ON CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| C & L DIVISION, CTRB. | DATE 10/13/68 | SIGNATURE <i>H. Lee</i> |
| C & T DIVISION | | |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



SECRET
(When Filled In)*Reyel*

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

| | | | | | | | | | |
|--|-----------------|---------------------|---|--|---|---|------------|---------------|---------------|
| SERIAL NO. | NAME | | | | | | | | |
| | LAST (Print) | FIRST | MIDDLE | | | | | | |
| 1-6 010032 | Woodard | James | S. | | | | | | |
| INSTRUCTIONS | | | | | | | | | |
| USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED. | | | | | | | | | |
| PCS DATES OF SERVICE | | | | | | | | | |
| ARRIVAL O/S | | | DEPARTURE O/S | TYPE OF DATA | | O/P USE ONLY | COUNTRY | | |
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | 1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION | 1968 37 | 19-19 | CODE 40-42 |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | | | | |
| 01 | 1 | 467 | | | | 1. | | | Vietnam 772 |
| TDY DATES OF SERVICE | | | | TYPE OF DATA | | O/P USE ONLY | REASONS | | |
| ARRIVAL O/S | DEPARTURE O/S | MONTH | DAY | YEAR | 2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION | 1968 37 | 19-19 | CODE 40-42 | |
| 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36 | | | | |
| OFFICE OF PERSONNEL USE ONLY - PUNCH AREA | | | | | | | | | |
| SOURCE DOCUMENT AND CERTIFICATION | | | | | | | | | |
| TRAVEL VOUCHER | | | DISPATCH | | | | | | |
| CABLE | | | DUTY STATUS OR TIME AND ATTENDANCE REPORT | | | | | | |
| OTHER (Specify) | | | | | | | | | |
| DOCUMENT IDENTIFICATION NO. | | | DOCUMENT DATE/PERIOD | | | | | | |
| REMARKS | | | | | | | | | |
| PREPARED BY | | REPORT ANNOTATED ON | | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED | | | | | |
| O&G DIVISION, CTB&R | | DATE | | SIGNATURE | | | | | |
| TCA&T DIVISION | | | | | | | | | |
| THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER | | | | | | | | | |

CONFIDENTIAL
(When Filled In)

I hereby acknowledge that I have read and understand the contents
of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the
information brochure for PCS returns, dated May 1964.

James S. Woods
Signature
JAMES S. WOODS

28 Nov 66
Date

CONFIDENTIAL
(When Filled In)

SECRET
(When Filled In)

19 December 1966

MEMORANDUM FOR: Mr. James S. Woods

THROUGH : Head of C³ Career Service

SUBJECT : Notification of Designation as a Participant
in the CIA Retirement and Disability System

1. I have determined that you meet the criteria outlined
in HR 20-50 for designation as a participant in the CIA Retire-
ment and Disability System. Your designation as a participant
was made effective 18 December 1966.

2. You are hereby notified of your right to appeal this
action to the Director of Central Intelligence as specified in
HR 20-50. Such appeal must be received in the Office of the
Director not later than 30 calendar days from the date of this
memorandum.



Emmett D. Echols
Director of Personnel

SECRET

1400000
SECRET

(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

| EMPLOYEE SERIAL NO. | NAME OF EMPLOYEE | | | OFFICE/COMPONENT |
|---------------------|------------------|-------|--------|------------------|
| | LAST (Print) | FIRST | MIDDLE | |
| 010032 | Woods | James | S | 45 |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA | ARRIVAL | | | DEPARTURE | | | COUNTRY | OMIT | |
|------------------|---------|-------|-------|-----------|-------|-------|---------|-------|-------|
| | CODE | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 1 - PCS (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | | 40-42 |
| 3 - CORRECTION | | | | | | | | | |
| 5 - CANCELLATION | | | | | | | | | |
| | 1 | 01 | 24 | 61 | 09 | 24 | 66 | Japan | 375 |

TDY DATES OF SERVICE

| TYPE OF DATA | DEPARTURE | | | RETURN | | | AREA(S) | OMIT | |
|------------------|-----------|-------|-------|--------|-------|-------|---------|------|-------|
| | CODE | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 2 - TDY (Basic) | 27 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | | 40-42 |
| 4 - CORRECTION | | | | | | | | | |
| 5 - CANCELLATION | | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | | |
|-----------------|---|---|
| TRAVEL VOUCHER | | VISITORS |
| CABLE | X | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) | | |

| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |
|-----------------------------|----------------------|
| | 8/23 - 9/24/66 |

| | | | |
|------------------|----------|--|--|
| PREPARED BY | X | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| C S L DIVISION | DATE | SIGNATURE | |
| X C S T DIVISION | 10/14/66 | John P. Miller | |

FORM 1451a USE PREVIOUS
10-64 EDITION.

SECRET

GROUP I
Excluded from automatic
downgrading and declassification

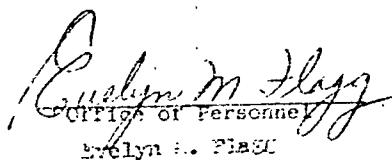
(4-10)

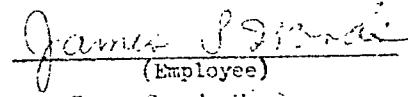
CONFIDENTIAL
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 2 Years from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.
2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.
3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:


Evelyn M. Flagg
OFFICE OF PERSONNEL
Evelyn M. Flagg


(Employee)
James Sauvie Woods
Date: 29 Nov 66

SECRET

23 MAR 1966

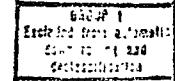
MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of
Quality Step Increase -
James S. Woods

1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.
2. As this award is designed to encourage excellence by recognizing and rewarding the employee, may I ask that you arrange to have this Quality Step Increase presented at an appropriate ceremony.


Emmett D. Echols
Director of Personnel

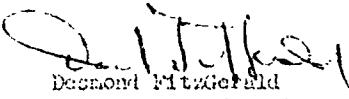
SECRET



SECRET
29 MAR 1966

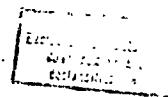
MEMORANDUM FOR: Mr. James S. Woods
SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such a recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Services.
2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.


Desmond Fitzgerald

Deputy Director for Plans

SECRET



SECRET

612-259

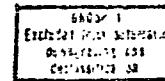
4 MAR 1965

MEMORANDUM FOR: Deputy Director for Plans
ATTENTION: DDP/QP
SUBJECT: Request for Quality Step Increase
for Mr. James S. Woods, GS-09

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for Mr. James S. Woods.
2. Mr. Woods entered on duty with the Agency in April 1952 as a GS-03 Records and File Clerk assigned to RID. Since that time Mr. Woods has served as a Records Analyst at Headquarters, in Korea and Atsugi, Manila, and since 1961 in the Central Registry Section of the Tokyo Station. Mr. Woods is 37 years old and has been in grade as a GS-09 since 1958.
3. Mr. Woods' exceptional performance is described by the Tokyo Station as follows:

"A. Mr. Woods is now on his second tour as Chief of the Tokyo Station Registry. This unit is located at Fuchu Air Station and handles all correspondence for all Station elements. In view of the fact that the Station is located in five different geographic locations, a great deal of responsibility is given to Mr. Woods to ensure that action responsibility on incoming cables is rapidly and properly assigned, dispatches are correctly routed and processed, correspondence from other local military agencies is correctly analyzed and routed, the twice-a-day courier system is functioning effectively, and the Station flexowriter is rapidly churning out priority dispatch traffic.

"B. The Registry is presently composed of six employees in addition to Mr. Woods, who is Chief of this unit. Mr. Woods does an exemplary job in supervising these employees with the result that the Station Registry is a smooth and well-functioning unit.

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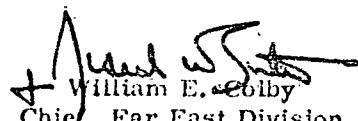
SECRET

"C. In addition to his normal duties, Mr. Woods is constantly thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

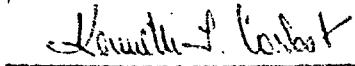
"D. In view of Mr. Woods' demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity."

4. Mr. Woods has continued to perform in an over-all "Strong" manner as indicated in his recent fitness report. He recently planned and effectively implemented the move of the Cable Secretariat from one location to another. In a dispatch, dated 22 November 1965, the present Chief of Station, Tokyo, stated, "There is little I can add to my predecessor's recommendation, dated 9 November 1964, for promotion of Mr. Woods. He is performing his duties as Chief of the Tokyo Station Registry with efficiency and dispatch. He is a strong supervisor who constantly strives to achieve the maximum economy in the use of his personnel and materials."

5. Consideration has been given to the granting of an Honor and Merit Award to Mr. Woods, but in this particular case it appears that a Quality Step Increase is more appropriate.


William E. Colby
Chief, Far East Division

APPROVAL RECOMMENDED:



Kenneth L. Corlett
Secretary, CS Panel Section C

MAR 11

MAR 11

1966

Date

SECRET

14-00000

SECRET
CLASSIFIED

SUBJECT: Request for Quality Step Increase
for Mr. James S. Woods, GS-09

CONCUR:

Grace Miller 15 March 66
DDP/OP Date

APPROVED:

John J. Caldwell 18 Mar 66
for Director of Personnel Date

SECRET
CLASSIFIED

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

| EMPLOYEE SERIAL NO. | NAME OF EMPLOYEE | | | OFFICE/COMPONENT |
|---------------------|-------------------|-------|--------|------------------|
| | LAST (Printed) | FIRST | MIDDLE | |
| 1-6 10032 | Woods, James S. | | | 20-20 SG |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA | ARRIVAL | | | DEPARTURE | | | COUNTRY | OMIT | |
|------------------|---------|-------|-------|-----------|-------|-------|---------|-------|-------|
| | CODE | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 1 - PCS (Basic) | 27 | 20-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | | 40-42 |
| 2 - CORRECTION | | | | | | | | | |
| 3 - CANCELLATION | | | | | | | | | |
| | 1 | 04 | 15 | 61 | | | | JAPAN | 375 |

TDY DATES OF SERVICE

| TYPE OF DATA | DEPARTURE | | | RETURN | | | AREA(S) | OMIT | |
|------------------|-----------|-------|-------|--------|-------|-------|---------|------|-------|
| | CODE | MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| 2 - TDY (Basic) | 27 | 20-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | | 40-42 |
| 4 - CORRECTION | | | | | | | | | |
| 6 - CANCELLATION | | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | |
|-----------------|---|
| TRAVEL VOUCHER | DISPATCH |
| CABLE | DUTY STATUS UP-TIME AND ATTENDANCE REPORT |
| OTHER (Specify) | |

| | |
|-----------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |
| | 30 MAR - 15 APR 1961 |

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| REMARKS | |
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|---------------------------------------|--|--|
| PREPARED BY | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| FISCAL DIVISION FINANCIAL DIVISION | DATE 26 JUNE 1961 | SIGNATURE J. W. H. /f/ |
| | | |

FORM 1451a EDITION 1
14-00000**SECRET**

14-103

3362 09-16-18

| | | | | | | |
|---|--|--|---|--|--|-------------------------------------|
| Standard Form No. 2800 CHAPTER 141 F.P.M. G-141-1000 | | HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 | | | CARRIER'S CONTROL NO. <i>070100</i> | |
| (Read back down on back of last page. Use only hyphen or dots.) | | | | | | |
| PART A FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN. | 1. NAME (LAST) <i>WOODS</i> | MIDDLE INITIAL <i>S</i> | 2. DATE OF BIRTH YEAR <i>23</i> | 3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| | 4. YOUR MAILING ADDRESS <i>ALCD AP# 925</i> | (CITY AND STATE NUMBER) <i>San Francisco, Calif.</i> | 5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> | | | |
| | 6. Are you covered by, or is any form's member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or co-convictant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 7. Place an "X" to show basic salary range: UNDER \$8,000 <input type="checkbox"/> \$8,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/> | | | |
| | 1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you selected.) | | | | | |
| | NAME OF PLAN Association Benefits Plan - Family | | OPTIONAL CLASSIFICATION <i>High</i> | ENROLLMENT CARD NUMBER <i>4 2 2</i> | | |
| | 2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) | | | | | |
| | NAMES OF FAMILY MEMBERS Wife or Husband <i>Louise A.</i> | | DATE OF BIRTH (Month, Day, Year) <i>8 May 37</i> | NAMES OF FAMILY MEMBERS | | DATE OF BIRTH (Month, Day, Year) |
| | | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 3. If you are a female (employee or co-convictant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | |
| PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT. | | | | | | |
| PLACE AN "X" IN ITEM 1 OR ITEM 2, WHEREVER APPLIES, AND ANSWER ITEM 3. | | | | | | |
| 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> 3. The reason for my election is (Please use "X" in spaces below). (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parents. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/> | | | | | | |
| 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> | | | | | | |
| PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT. | | | | | | |
| 1. I elect to change my enrollment as shown by the enrollment card number and other information in Item 2. | | | | | | |
| 1. Enrollment card number of present plan: <i>4 2 5</i> | | | 2. Number of event which permits change. (See table on back of application for further details.) | 3. Date of event which permits change. <i>March 22 1964</i> | | |
| PART E ALL WHO REGISTER MUST FILL IN THIS PART. | | | | | | |
| 1. NAME AND ADDRESS <i>J. H. Higgins</i> HEALTH BENEFITS OFFICER (FEDERAL GOVERNMENT) | | | 2. DATE RECEIVED BY EXCHANGING OFFICE <i>3-16-64</i> | 3. EFFECTIVE DATE OF ELECTION <i>3-15-64</i> | | |
| 4. PAYROLL OFFICE NO. 5. PAYROLL ACTION (INITIALS AND DATE) | | | | | | |
| REMARKS FOR USE ONLY BY AUDITORS AND AGENCY. <i>1/15</i> <i>5010</i> | | | | | | |

SECRET
(When Filled In)

CS
VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

| EMPLOYEE SERIAL NO. | NAME OF EMPLOYEE | | | OFFICE/COMPONENT |
|----------------------|------------------------|-------|--------|--------------------|
| | LAST | FIRST | MIDDLE | |
| 1-8 <i>100321</i> | <i>Woods, Janos S.</i> | | | 25-26 <i>57</i> |

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One OR TWO). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA | ARRIVAL | | | DEPARTURE | | | COUNTRY | OMIT |
|------------------|---------|-------|-------|-----------|-------|-------|-------------|-------|
| | CODE | MONTH | DAY | YEAR | MONTH | DAY | | |
| 1 - PCS (Basic) | 2025 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | 40-42 |
| 2 - CORRECTION | 27 | | | | | | | |
| 3 - CANCELLATION | | | | | | | | |
| | | | | 03 | 19 | 59 | Philippines | 575 |

TDY DATES OF SERVICE

| TYPE OF DATA | DEPARTURE | | | RETURN | | | AREA(S) | OMIT |
|------------------|-----------|-------|-------|--------|-------|-------|---------|-------|
| | CODE | MONTH | DAY | YEAR | MONTH | DAY | | |
| 2 - TDY (Basic) | 2025 | 28-29 | 30-31 | 32-33 | 34-35 | 36-37 | 38-39 | 40-42 |
| 3 - CORRECTION | 27 | | | | | | | |
| 4 - CANCELLATION | | | | | | | | |
| | | | | | | | | |

SOURCE OF RECORD DOCUMENT

| | |
|--|---|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | DISPATCH |
| CABLE | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) | |

DOCUMENT IDENTIFICATION NO. / DOCUMENT DATE/PERIOD

REMARKS

| PREPARED BY | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
|--------------------|-------------------------------------|---|
| FISCAL DIVISION | 2476 | SYNTHETIC |
| FINANCIAL DIVISION | 2476 | SYNTHETIC |

FORM 1451a OBSOLETE PREVIOUS EDITIONS
0-58

SECRET

16-103

| | | | | | |
|---|--|---|--|--|--|
| Standard Form No. 3099 CHAPTER I-3 FPM. GSA GEN. REG. | | FTH BENEFITS REGISTRATION FORM 133-52 FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read b Check on back of last page. Use only typewriter or ink.) | | | CARRIER'S COMBO NO. 882697 |
| PART A ALL WHO REGISTER MUST FILE IN THIS PART. | 1. NAME (LAST) <i>J. J. J.</i> (FIRST) (MIDDLE INITIAL) | | 2. DATE OF BIRTH (the numbers) MONTH DAY YEAR | | 3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| | 4. YOUR MARRY ADDRESS (NUMBER AND STREET) <i>111 1st Street</i> (CITY AND ZONE NUMBER) <i>W. D.C.</i> (STATE) <i>D.C.</i> | | | | 5. SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> |
| PART B FILE IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN. | 6. Are you covered by, or is any family member listed below cov- ered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/> \$4,000 TO \$9,999 <input type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/> | | |
| | NAME OF PLAN <i>FEDERAL PLANS</i> | | OPTION (HIGH OR LOW) <i>L-2</i> | | ENROLLMENT CODE NUMBER <i>1125</i> |
| 2. In space below list all eligible family members without exceptions. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) | | | | | |
| NAME OF FAMILY MEMBERS Wife or Husband <i>J. J. J.</i> (Month, Day, Year) <i>11/11/61</i> | | NAME OF FAMILY MEMBERS <i> </i> (Month, Day, Year) <i> </i> | | NAME OF FAMILY MEMBERS <i> </i> (Month, Day, Year) <i> </i> | |
| <i> </i> (Month, Day, Year) <i> </i> | | <i> </i> (Month, Day, Year) <i> </i> | | <i> </i> (Month, Day, Year) <i> </i> | |
| <i> </i> (Month, Day, Year) <i> </i> | | <i> </i> (Month, Day, Year) <i> </i> | | <i> </i> (Month, Day, Year) <i> </i> | |
| <i> </i> (Month, Day, Year) <i> </i> | | <i> </i> (Month, Day, Year) <i> </i> | | <i> </i> (Month, Day, Year) <i> </i> | |
| <i> </i> (Month, Day, Year) <i> </i> | | <i> </i> (Month, Day, Year) <i> </i> | | <i> </i> (Month, Day, Year) <i> </i> | |
| 3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self- support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 4. PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3. | | | | | |
| 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> | | 3. The reason for my election is (Place an "X" in proper box) (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/> | | | |
| 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> | | | | | |
| 5. Select to change my enrollment as shown by the enrollment number and other information in Part B. | | | | | |
| 1. Enrollment code number of present plan. <i>112</i> | | 2. Number of event which permits change. (See table on back of duplicate for proper number.) <i>7</i> | | 3. Date of event which permits change. MONTH DAY YEAR <i>11/11/61</i> | |
| 6. SIGNATURE—DO NOT PRINT <i>J. J. J. 11/11/61</i> | | | | | |
| 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 5 years, or both. (10 U.S.C. 1001.) | | | | | |
| 7. NAME AND ADDRESS OF EMPLOYING OFFICE <i> </i> | | 8. DATE RECEIVED IN EMPLOYING OFFICE <i>11/11/61</i> | | 9. EFFECTIVE DATE OF ELECTION <i>4/16/61</i> | |
| 10. PAYROLL OFFICE NO. <i> </i> | | 11. PAYROLL ACTION (INITIALS AND DATE) <i> </i> | | | |
| REMARKS FILE ONCE BY ANY FEDERAL AGENCY. <i>FE</i> | | | | | |
| 12. APPROVED BY AUTHORIZED AGENT OFFICIAL <i>X-1599</i> <i> </i> | | | | | |
| 13. TRIPLEXED TO EMPLOYING OFFICE <i>1125-32</i> | | | | | |
| APRIL 1960 | | | | | |

CONFIDENTIAL
*(When Filled In)*TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of Twenty-four months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

James S. Woods
 James S. Woods
Employee

Date: 21 Feb. 1961

Anna L. Phillips
 Anna L. Phillips
Office Personnel

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| STANDARD FORM NO. 2809 CHAPTER 1-SUPPLEMENTAL 6-64 (1-64) | | 1. HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 | | | 2. LAST 3 DIGITS OF CARRIER'S COUNTRY NO. <i>367 00000</i> | | |
| | | (Read instructions on back of last page. Use only one answer for both parts.) | | | | | |
| PART A ALL WHO REGISTER MUST FILE IN THIS PART. | | 1. NAME (LAST) <i>Woods</i> (FIRST) <i>J. T. M.</i> (MIDDLE INITIALS) <i>S.</i> | 2. DATE OF BIRTH (MM-DD-YYYY) MONTH <i>2</i> DAY <i>2</i> YEAR <i>19</i> | 3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| | | 4. YOUR MAILING ADDRESS (NUMBER AND STREET) <i>440 N. 1st St., Dept. 100, Wausau, WI</i> | 5. CITY AND ZONE NUMBER <i>WI</i> | 6. STATE <i>WI</i> | 7. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> | | |
| | | 8. Are you covered by, or is any family member listed below covered by, or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? | | 9. Place an "X" in proper box to show your annual basic salary range. | | | |
| | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | UNDER \$4,000 <input type="checkbox"/> | \$4,000 TO \$8,999 <input checked="" type="checkbox"/> | \$8,999 TO \$12,999 <input type="checkbox"/> | |
| | | | | \$4,000 TO \$8,999 <input type="checkbox"/> | \$10,000 OR OVER <input type="checkbox"/> | \$12,999 OR OVER <input type="checkbox"/> | |
| PART B FILE IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN. | | 1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) | | | | | |
| | | NAME OF PLAN <i>J. T. M.</i> | OPTION (HIGH OR LOW) <i>4</i> | ENROLLMENT CODE NUMBER <i>12</i> | | | |
| | | 2. In space below list all eligible family members without exception: list your wife or husband first, then your unmarried children under age 19, including legally adopted children, stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) | | | | | |
| | | NAME OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | NAME OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | | |
| | | Wife or Husband <i>J. T. M.</i> | <i>2-21-47</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>6</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>7</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>8</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>9</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>10</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>11</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>12</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>13</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>14</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>15</i> | |
| | | | <i>2-21-47</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>16</i> | |
| THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT. | | 3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) | | | | | |
| | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| PART C FILE IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT. | | PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3. | | | | | |
| | | 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> | 3. The reason for my election is (Place an "X" in proper box). (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. (b) I am covered by a health insurance plan which is not under the Health Benefits Act. (c) Any other reason. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> | | | | | |
| PART D FILE IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT. | | I elect to change my enrollment as shown by the enrollment number and other information in Part B. | | | | | |
| | | 1. Enrollment code number of present plan. <i>4211</i> | 2. Number of event which permits change. <i>2</i> | 3. Date of event which permits change (See table on back of envelope for proper number.) | | | |
| | | | | MONTH <i>APR</i> | DAY <i>6</i> | YEAR <i>1960</i> | |
| PART E FILE WHO REGISTER MUST FILE IN THIS PART. | | 4. SIGNATURE AND ADDRESS OF EMPLOYING OFFICE <i>J. L. Bischoff</i> J. L. Bischoff HEALTH BENEFITS OFFICER | | | 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 5 years, or both. (18 U.S.C. 1031.) | | |
| | | | | | 5. DATE RECEIVED BY EMPLOYING OFFICE <i>8/11/60</i> | 6. EFFECTIVE DATE OF ELECTION <i>10/1/60</i> | |
| | | | | | 7. PAYROLL OFFICE NO. <i>100</i> | 8. PAYROLL ACTION INITIALS AND DATES | |
| REMARKS 1. USE ONLY 2. LEGAL NAME 3. AGENT | | | | | <i>110-0302</i> | | |

| Standard Form No. 2000 CHAPTER I-1 F.P.M. 6 (AO 1961) | | H-1TH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read instructions on back of last page. Use only blue or black ink.) | | | CARRIER'S CONTROL NO. <i>336n2 093078</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|--|------------------------|-------------------------------------|------------------------|-------------------------------------|-----------------|-------------------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|
| PART A ALL WHO REGISTER MUST FILE IN THIS PART. | 1. NAME AND (FIRST) (MIDDLE INITIALS) WOODS JAMES S. | | 2. DATE OF BIRTH (If in military) MONTH DAY YEAR 2 20 28 | | 3. Are you now married? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. YOUR MAILING ADDRESS (NUMBER AND STREET) FOREST RIVER | | (CITY AND STATE NUMBER) NORTH DAKOTA | | 5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Are you covered by, or is any family member listed below covered by, an enrollment in a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 7. Place an "X" in proper box to show your annual income range: UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN. <small>If enrollment is for self only, answer Item 1. If enrollment is for wife and family also, answer Item 2 and Item 3 if it applies.</small> THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT. | 1. I elect to enroll in a health benefit plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NAME OF PLAN ASSOCIATION BENEFIT PLAN | | OPTION (HIGH OR LOW) HIGH | | ENROLLMENT CODE NUMBER 1 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME OF FAMILY MEMBERS</th> <th style="width: 25%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 25%;">NAME OF FAMILY MEMBERS</th> <th style="width: 25%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | NAME OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | NAME OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | Wife or Husband | <input checked="" type="checkbox"/> | | <input type="checkbox"/> |
| NAME OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | NAME OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wife or Husband | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> | | 3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. I elect to change my enrollment as shown by the enrollment number and other information in Part B. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Enrollment code number of present plan. | | 2. Number of event which permits change. (See table on back of application for proper numbers.) | | 3. Date of event which permits change MONTH DAY YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART E ALL WHO REGISTER MUST FILE IN THIS PART | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>8.2.1960 - 14 June 60</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 5 years, or both. (18 U.S.C. 1001.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART F TO BE COMPLETED BY AGENCY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. NAME AND ADDRESS OF EMPLOYING OFFICE 2. DATE RECEIVED IN EMPLOYING OFFICE 6/30/60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. EFFECTIVE DATE OF ELECTION 7/10/60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. APPROVAL SIGN (INITIALS AND DATES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS FOR USE ONLY BY AMBULANCE AND AGENCY: FE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Triplicate--To Employing Office

AFTER 1000

10564

CONFIDENTIAL
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 24 months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.
2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.
3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:


James S. Woods
(Employee)
James S. Woods
Date: 23 Aug 57

Lorraine E. Harbeck

CONFIDENTIAL

29 November 1956

JAMES S. Woods

Korea Station wishes to express its appreciation to _____ for his most diligent performance of duty during his recent TDY hero, his highly cooperative attitude and above all, his extreme eagerness to get a job done well and expeditiously.

It was largely with his help that Korea Station was able to screen and process the voluminous material which needed to be handled in order to establish a coordinated and integrated record and file maintenance system.

All Korea Station personnel connected with the work of the TDY Team members were impressed and gratified by the earnestness with which they assisted with details and helped with problems that were outside the responsibilities of their assigned task. Their pleasant manner, apt suggestions, their excellent cooperation and untiring efforts to complete more than the initially estimated workload, all created a most favorable impression which reflects much credit not only on the team members themselves but on the Records Integration Branch as well.

Leland H. Carlisle

Leland H. CARLISLE
Chief, ROSTA (Recr)

CONFIDENTIAL

144 Buell Hall-
Visa. Board

10-3

CONFIDENTIAL
(When Filled In)

| | | | |
|--|-------------------------------------|--|--------------------------------------|
| 1. NAME (First) <i>Woods</i> | (First) <i>James</i> | (Middle) <i>S.</i> | 2. THIS DATE <i>6 August 1962</i> |
| 3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME | | | |
| <input checked="" type="checkbox"/> U.S. AGENCIES EMPLOYEES' PROTECTIVE ASSOCIATION (AEPAS) | | <input type="checkbox"/> CREDIT DISBURSEMENT | |
| <input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI) | | <input type="checkbox"/> INCOME REPLACEMENT | |
| <input checked="" type="checkbox"/> MUTUAL BENEFIT OF OHANA - HOSPITALIZATION | | <i>Held back</i> | |
| <input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC) | | CASH PAYMENT OF PREMIUM AT THE TIME EMPLOYEE APPLIES FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS. | |
| <input checked="" type="checkbox"/> AIR TRIP INSURANCE | | | |
| 4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance) <i>WDC - Tokyo - WASH - TDY</i> | | | |
| 5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW. | | | |
| TYPE OF POLICY | DESIRED | NOT HAVE | POLICY NUMBER |
| AIR TRIP FIGHT | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <i>2017</i> |
| DEDUCTION AUTHORIZED EACH PAY PERIOD | | | |
| <i>4.50</i> | | | |
| 6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS | | | |
| 7. EMPLOYEE INTERVIEWED BY | CPB (Signature) <i>Wattan</i> | ICD (Signature) <i>Ester Wattan</i> | |
| 8. REMARKS | | | |
| When completed, the original of this form should be forwarded to TARR for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files. | | | |
| INSURANCE QUESTIONNAIRE | | | |

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.
WASHINGTON 25, D.C.

Date 23 July 1954

Dear James S. Woods

1. This is to notify you that the United States Government, as represented by the Central Intelligence Agency, has accepted your employment effective 25 April 1954.

Position: I.O.

Base Salary: GS-5 \$3535.00

2. You will be:

- a. Entitled to annual and sick leave in accordance with Civil Service Commission rules and regulations, or such other provisions of law or regulations as may be established in lieu thereof.
 - b. Reimbursed for travel expenses in accordance with CIA Regulations or Standardized Government Travel Regulations, as amended.
 - c. If stationed outside continental United States, granted such monetary allowances as are prescribed by CIA Regulations.

3. As a condition of your employment by the Central Intelligence Agency, you are subject to assignment to tours of duty at posts outside the continental United States. Each time you are so assigned, unless otherwise specified in advance by CIA, you will be required to remain at the post to which assigned for a period of 24 months from the date of arrival thereat, unless sooner transferred, reassigned or separated for reasons beyond your control. If you wish to return to the United States for personal reasons during that period, all travel and transportation costs incident to such return will be borne by you, with no expense to the Government.

4. If this employment is for assignment to an overseas post, it is understood and agreed that, unless earlier separated for reasons beyond your control, you will remain in Government service for 12 months after your arrival at your first overseas post, and if you violate this agreement, any money expended by the United States on account of your travel and the transportation of your immediate family and household goods will be considered a debt due to the United States.

5. Employment is conditioned upon satisfactory completion of the training courses prescribed by CIA and satisfactory performance of duty for a total period of six months from date of employment. In the event

-2-

either training or performance of duty is deemed unsatisfactory by CIA, you will be offered other types of employment if available, or your employment will be terminated.

6. Your appointment is for such time as your services may be required and funds are available for the work of CIA. Notice of termination will be given you by procedure similar to that provided by Civil Service rules and regulations.

Ralph H. Dunlace
Official authorized to sign letters of appointment.

I accept the above agreement as a condition of my employment by CIA.

James S. Strode 23 July 54
Employee Date

2208 { 1st floor, 100th floor
PE-1 Wing E 15° 2.40m.
Mar 1954

| INSURANCE QUESTIONNAIRE | | | | | |
|--|-------------------------------------|-------------------|--|---------------------------------------|-----------|
| 1. NAME (Last) Woods | (First) James | (Middle) S | 2. THIS DATE 10 June 54 | | |
| 3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME: | | | | | |
| <input checked="" type="checkbox"/> WAFES EMPLOYEES PROTECTIVE ASSOCIATION (WAEPAS) <input checked="" type="checkbox"/> MUTUAL BENEFIT OF OMAHA | | | | | |
| NI <input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED | | | <input checked="" type="checkbox"/> AIR TRIP INSURANCE | | |
| 4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance): Lvg Wash. 2 July 54 To Minneapolis, Seattle, & Tokyo | | | | | |
| 5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE FOLLOWING INSURANCE PROGRAMS: | | | | | |
| TYPE OF POLICY | DESIRED | NOW HAVE | POLICY NUMBER | DEDUCTIONS AUTHORIZED EACH PAY PERIOD | CASH PAID |
| WAEPAS | <input checked="" type="checkbox"/> | | #2574 P/R - 28.33-264/54 | \$27.65 | |
| AIR TRIP | <input checked="" type="checkbox"/> | | 28.354 | | \$4.00 |
| James S. Woods SIGNATURE | | | | | |
| 6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS: SIGNATURE | | | | | |
| 7. EMPLOYEE INTERVIEWED BY CPB: G. John | SIGNATURE | 18CB: L. S. Woods | SIGNATURE | | |
| 8. REMARKS: 3 | | | | | |
| When completed, the original of this form should be forwarded to TARD for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files. | | | | | |

STANDARD FORM 61 (REVISED AUGUST 1962)
PROMULGATED BY CIVIL SERVICE COMMISSION
FEDERAL PERSONNEL MANUAL

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

C.I.A.

(Department or agency)

Washington, D.C.

(Place of employment)

I, James S. Woods

do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

April 21, 1952
(Date of entrance on duty)

James S. Woods
(Signature of appointee)

Subscribed and sworn before me this 21st day of April, A. D. 1952,

at Washington
(City)

D.C.
(State)

[SEAL]

Margaret C. Dailey
(Signature of officer)
5 U.S.C. 160816A
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

14-00100-3

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

| 1. PRESENT ADDRESS (street and number, city and State) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|-------------------|-----------------------------|----------------------------|-----------------------|--------------|--|--|--|--|------------------|--|--|--|--|-----------------|---------------|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <u>3505 Mian. Ave. S.E. Washington 19, D.C.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. (a) DATE OF BIRTH | (b) PLACE OF BIRTH (city or town and State or country) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Feb. 20, 1928</u> | <u>Forest River, N. Dak.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. (a) IN CASE OF EMERGENCY PLEASE NOTIFY | (b) RELATIONSHIP | (c) STREET AND NUMBER, CITY AND STATE | (d) TELEPHONE NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Mr. Rose a Shadie</u> | <u>Father</u> | <u>Forest River, N. Dak.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">NAME</th> <th style="text-align: left;">POST OFFICE ADDRESS (Other street number, if any)</th> <th style="text-align: left;">(1) PUPILSHIP (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED</th> <th style="text-align: left;">RELATION- SHIP</th> <th style="text-align: left;">MAR- RIED (Check one)</th> </tr> <tr> <td><u>Miss Marilyn Shadie</u></td> <td><u>3143 W 18th St</u></td> <td><u>clerk</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><u>temporary</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><u>A. F. C.</u></td> <td><u>sister</u></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | NAME | POST OFFICE ADDRESS (Other street number, if any) | (1) PUPILSHIP (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATION- SHIP | MAR- RIED (Check one) | <u>Miss Marilyn Shadie</u> | <u>3143 W 18th St</u> | <u>clerk</u> | | | | | <u>temporary</u> | | | | | <u>A. F. C.</u> | <u>sister</u> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | POST OFFICE ADDRESS (Other street number, if any) | (1) PUPILSHIP (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATION- SHIP | MAR- RIED (Check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Miss Marilyn Shadie</u> | <u>3143 W 18th St</u> | <u>clerk</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <u>temporary</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <u>A. F. C.</u> | <u>sister</u> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | | YES | NO | 10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS | |
|---|--|-------------|-------------|---|--|
| | | ITEM NO. | ITEM NO. | WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY | |
| 5. ARE YOU A CITIZEN OF OR DO YOU OBTAIN ALIENAGE TO THE UNITED STATES? | | X | | | |
| 6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? | | X | | | |
| If your answer is "Yes", give details in Item 10. | | | | | |
| 7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY, CIVILIAN SERVICE? | | | | | |
| If your answer is "Yes", give in Item 10 reason for retirement, that is, age; optional disability; or by reason of voluntary or involuntary separation after 2 years' service; amount of retirement pay; and under what retirement act; and rating if retired from military or naval service. | | | | | |
| 8. SINCE YOU FILLED APPLICATION FORM 10 IN THIS APPOINTMENT HAVE YOU BEN DISCHARGED, OR FORGOTTEN, OR FORGIVEN, FOR MISCONDUCT OR UNSATIS- FACTORY SERVICE FROM ANY POSITION? | | X | | | |
| If your answer is "Yes", give in Item 10 the name and address of employer, date and reason for such case. | | X | | | |
| 9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED OR LASED OR FORFEITED COLLATERAL OF \$50 OR LESS) SINCE YOU FILLED APPLICATION FORM 10 RESULTING IN THIS APPOINTMENT? | | | | | |
| If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) the date; (2) the nature of the offense or violation; (3) the accused and authority before the court; (4) the penalty imposed, if any; or agreed disposition of the case. If appointed, your fingerprints will be taken. | | X | | | |

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine from his information that the appointment would not in conformance with the Civil Service Act, apply the Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for tracking of office, position, suitability in connection with any record of removal, demotion or arrest, and particularly for the following:

- (1) Identity of Appointee - It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee qualified in a written examination, the signature on that form should be compared with the signature on the application sheet, which was signed in the examination room. His physical appearance may also be checked against the medical certificate. The appointee may also be questioned on his previous history for agreement with his previous statements.

(2) Age - If definite age limits have been established for the position, it should be determined that applicant is not outside the age limits for appointment. Under such determination, make the appointment may not be consummated.

(3) Citizenship - The appointing officer is responsible for observing the citizenship requirements. (1) The Civil Service Reform Act of 1928 provides that Person of color constitutes no disability for federal personnel and is acceptable proof of citizenship status in the absence of conflicting documents. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) Members of Family - Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probationary or permanent appointment in the executive service, no other member of such family is eligible for probationary or permanent appointment in the competitive service. The appointments of persons entitled to veterans preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Details of cases may be referred to the appropriate office of the Civil Service Commission for decision.

| STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE | | | | OFFICE 050 | DIVISION <i>RX</i> | | | | | | | | | | | |
|--|------------------------------|--|------------------------|---|-----------------------|------|---------------|---------------|-----|-----|------|--------|-------|----|---|---|
| NAME Woods | CLASS James Shuvie | GRADE Promotion & Record | SECTION File | | | | | | | | | | | | | |
| I FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER) | | | | | | | | | | | | | | | | |
| AGENCY | LOCATION | FROM | | | TO | | | TOTAL SERVICE | | | | | | | | |
| | | DA. | MO. | YR. | DA. | MO. | YR. | DA. | MO. | YR. | | | | | | |
| C.I.A. | <i>agencies</i> | 21 | 4 | 1952 | | | | | | 18 | | | | | | |
| Treasury Dept. | 15th & Pennsylvania | 7 | 1 | 1951 | 12 | 4 | 1952 | 10 | 5 | - | | | | | | |
| Treasury Dept. | 15th & Pennsylvania | 19 | 5 | 1950 | 12 | 9 | 1950 | 1 | 4 | - | | | | | | |
| <i>SCD 11/12/48 verified 10/23/51 JSL</i> | | | | | | | | | | | | | | | | |
| Total Civilian Service 18 0 - | | | | | | | | | | | | | | | | |
| II MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY OR INCLUDE TERMINAL LEAVE) | | | | | | | | | | | | | | | | |
| BRANCH OF SERVICE | FROM | | | TO | | | TOTAL SERVICE | | | | | | | | | |
| | DA. | MO. | YR. | DA. | MO. | YR. | DA. | MO. | YR. | | | | | | | |
| Army | 3 | 10 | 1946 | 12 | 4 | 1948 | 10 | 8 | 1 | | | | | | | |
| Army | 19 | 6 | 1950 | 7 | 8 | 1951 | 15 | 7 | - | | | | | | | |
| Total Military Service 9 7 2 | | | | | | | | | | | | | | | | |
| III CERTIFICATION | | | | | | | | | | | | | | | | |
| swear (or affirm) I hereby certify that the above Civilian and Military service is complete and accurate to the best of my knowledge. | | | | | | | | | | | | | | | | |
| April 21, 1952 | | | | <i>James S. Woods</i> | | | | | | | | | | | | |
| DATE | | | | SIGNATURE OF EMPLOYEE | | | | | | | | | | | | |
| IV REMARKS: (CONCERNING ABOVE SERVICE) | | | | V FOR PERSONNEL OFFICE USE ONLY | | | | | | | | | | | | |
| <i>Margaret C. Neasey</i> <i>5095C1601602</i> <i>22D 18-8-48</i> | | | | TOTAL CREDITABLE SERVICE <table border="1"> <thead> <tr> <th>DATE</th> <th>MONTHS</th> <th>YEARS</th> </tr> </thead> <tbody> <tr> <td>25</td> <td>1</td> <td>3</td> </tr> </tbody> </table> <i>as of 21 April 1952</i> | | | | | | | DATE | MONTHS | YEARS | 25 | 1 | 3 |
| DATE | MONTHS | YEARS | | | | | | | | | | | | | | |
| 25 | 1 | 3 | | | | | | | | | | | | | | |
| MAY BE CONTINUED ON NON-CONTINUABLE RELEASE SITE | | | | | | | | | | | | | | | | |

~~SECRET~~
SECURITY INFORMATION
PERSONNEL QUALIFICATION QUESTIONNAIRE

| | | | | |
|--|---|---|----------------------|--------------------------------|
| 1. Serial No. (no entry) | 2. NAME: (last) Woods JAMES SHUVIE | (first) | (middle) | 3. Office R1/F1 |
| 4. Date of Birth Feb 20, 1928 | 5. Sex: <input checked="" type="checkbox"/> female (1) <input type="checkbox"/> female (2) | Marital Status: <input checked="" type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced | Nr. Dependents _____ | 6. Employment Date: April 1952 |
| 7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other | 8. Acquired By: (1) Birth (2) Marriage (3) Naturalization (4) Other (specify) _____ Year U.S. citizenship acquired, if not by birth _____ | | | |

SEC. I. EDUCATION

1. Extent: (circle one)

- | | | | |
|--|----------------------------------|--|-------------------|
| 1. Less than high school | <input checked="" type="radio"/> | Two years college, or less | 8. Masters degree |
| 2. High school graduate | <input type="radio"/> | Over two years, no degree | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | <input type="radio"/> | Bachelor's degree | |
| | <input type="radio"/> | Post-graduate study (minimum 8 sem. hrs.) | |

2. College or University Study:

| Name and location of College or University | Major | Minor | Dates att'd | Yrs Compl | Degree Recd. | Sem |
|--|--------------|-------|-------------|-----------|--------------|----------------------------|
| | | | From | To | Day Night | Title Date |
| Aerospace Business School - Grand Forks N.D. | accounting | Law | Oct 47 | 48 | | Junior accountancy Diploma |
| Strayer College Washington D.C. | econometrics | Law | May 50 | | | |
| | | | | | | |

3. Trade, Commercial, and Specialized Training:

| School | Attendance Dates | | | Study or Specialization |
|--------|------------------|----|-----------|-------------------------|
| | From | To | Tot. mo's | |
| | | | | |
| | | | | |
| | | | | |

4. Military, Intelligence or Investigative training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, etc.)

| School | Attendance Dates | | | Study or Specialization |
|--------|------------------|----|-----------|-------------------------|
| | From | To | Tot. mo's | |
| | | | | |
| | | | | |
| | | | | |

SEC. II. WORK EXPERIENCE

1. State the nature of duties performed with this organization, starting with your present position. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

| | | | |
|---------------------|----------------------------------|--------------------|---|
| From <u>April 5</u> | To <u>Nov 5</u> | Tot. mos. <u>7</u> | Description of Duties: Supervise the changing of the folders from folio sets to single documents automated document for P&I Do suggestions and other general office duties. |
| Grade <u>GS-4</u> | Salary <u>3175</u> | | Duty Station, if overseas: |
| Office <u>R1/F1</u> | Position <u></u> | Title <u>CLERK</u> | |
| Duty <u></u> | Title <u>General Office Work</u> | | Duty Station, if overseas: |
| From <u></u> | To <u></u> | Tot. mos. <u></u> | Description of Duties: |
| Grade <u></u> | Salary <u></u> | | |
| Office <u></u> | Position <u></u> | Title <u></u> | |
| Duty <u></u> | Title <u></u> | | Duty Station, if overseas: |
| From <u></u> | To <u></u> | Tot. mos. <u></u> | Description of Duties: |
| Grade <u></u> | Salary <u></u> | | |
| Office <u></u> | Position <u></u> | Title <u></u> | |
| Duty <u></u> | Title <u></u> | | Duty Station, if overseas: |
| From <u></u> | To <u></u> | Tot. mos. <u></u> | Description of Duties: |
| Grade <u></u> | Salary <u></u> | | |
| Office <u></u> | Position <u></u> | Title <u></u> | |
| Duty <u></u> | Title <u></u> | | Duty Station, if overseas: |
| From <u></u> | To <u></u> | Tot. mos. <u></u> | Description of Duties: |
| Grade <u></u> | Salary <u></u> | | |
| Office <u></u> | Position <u></u> | Title <u></u> | |
| Duty <u></u> | Title <u></u> | | Duty Station, if overseas: |

SEC. II. WORK EXPERIENCE (CONT'D.)

2. Previous Employment: Describe your previous work experience in sufficient detail to permit full recognition of your qualifications. Include military work experience. List last position first.

| | |
|--|---|
| From <u>Jan 22</u> To <u>July 22</u> Tot. mo's <u>4</u> Classification Grade(if in Federal Service) <u>GS - 3</u> Salary <u>2920</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u> | Exact Title of your position <u>Finance</u> <u>accounting Clerk</u> Description of Duties: <u>Working with</u> <u>Medicare Claims</u> |
| From <u>May 50</u> To <u>June 50</u> Tot. mo's <u>1</u> Classification Grade(if in Federal Service) <u>GS - 2</u> Salary <u>2750</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u> | Duty Station if overseas: Exact Title of your position <u>Finance</u> <u>accounting Clerk</u> Description of Duties: <u>verified checks</u> <u>for Corrections, addressees</u> <u>and money.</u> |
| From _____ To _____ Tot. mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) | Other (3 months of this period spent in the Army) |
| From _____ To _____ Tot. mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) | Duty Station if overseas: Exact Title of your position _____ |
| From _____ To _____ Tot. mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) | Description of Duties: _____ |
| From _____ To _____ Tot. mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) | Duty Station if overseas: Exact Title of your position _____ |
| From _____ To _____ Tot. mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) | Description of Duties: _____ |
| From _____ To _____ Tot. mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) | Duty Station if overseas: |

SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- | | | | |
|----|------------------------------|----|------------------------------|
| 01 | U.S. Secret Service | 24 | Air Force A-2 |
| 02 | Civil Police | 25 | Foreign Economic Admin. |
| 03 | Military Police | 26 | Counter Intelligence Corps |
| 04 | U.S. Border Patrol | 27 | Immigration & Naturalization |
| 05 | U.S. Narcotics Squad | 28 | Strategic Services Unit |
| 06 | FBI | 29 | Foreign Service, State Dept. |
| 07 | Criminal Investigation Div. | 30 | Central Intelligence Group |
| 21 | Office of Naval Intelligence | 31 | Armed Forces Security Agency |
| 22 | Office of War Information | 32 | Coordinator of Information |
| 23 | Army G-2 | 33 | Office of Facts & Figures |
| 20 | Office of Strategic Services | 34 | Board of Economic Warfare |
| | | 35 | Federal Communications Comm. |

SEG. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

| LANGUAGE | COMPETENCE | | | | HOW ACQUIRED | | | |
|----------|-----------------------------------|-----------------------------------|-----------------------------|------------------------|----------------------|----------------------|------------------------|----------------------------|
| | Equivalent to Native Fluency * | Fluent but obviously Foreign * | Adequate for Research ** | Adequate for Travel | Limited Knowledge | Native of Country | Prolonged Residence | Contact (Parents, etc.) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein _____

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. _____

SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

| Country or Region | Dates of Residence, Study Etc. | Manner in Which Knowledge Was Acquired (check (X) one) | | |
|-------------------|--------------------------------|--|--------|-------|
| | | Residence | Travel | Study |
| Taiwan | Jan 47 - March 48 | X (Army) | | |
| Taiwan | Jan 47 - March 48 | X (Army) | | |
| Korea | Dec 50 - Jan 51 | X (Army) | | |
| | | | | |
| | | | | |

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

| Country | Type of Knowledge | How and When Gained |
|---------|-------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

| Skill | Per Cent of Time Used | Not Used | WPM (Approximate Proficiency) | Prefer Assignment Using Skill Oftener |
|---|--|--|-------------------------------|---------------------------------------|
| Typing | 1. <input checked="" type="checkbox"/> | 2. <input type="checkbox"/> | 35 | 1. Yes 2. No |
| Shorthand | 1. <input type="checkbox"/> | 2. <input checked="" type="checkbox"/> | — | 1. Yes 2. No |
| Shorthand System: 1. Manual 2. Machine 3. Speedwriting. | | | | |

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

| | |
|---|---|
| 1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc. | 2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. |
| | |
| | |

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

| |
|--|
| |
| |
| |

SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction; professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

| |
|--|
| |
| |
| |
| |
| |

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

| Device | Patented | |
|--------|----------|--------|
| | (1) Yes | (2) No |
| | (1) Yes | (2) No |
| | (1) Yes | (2) No |

SEC. X. TESTS (Within present organization)

Describe below the type of tests which you have taken.

| Type of Test | Date Taken |
|--------------|------------|
| | |
| | |
| | |

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

| |
|------|
| None |
| |
| |
| |

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour (2) 4 year Tour _____ (3) Not interested _____

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment do you think you are best qualified?

| |
|---|
| Area in which I may be able to use my accounting experience, such as in some finance work or administrative work. |
| |
| |
| |

SEC. XIV. MILITARY STATUS

1. Present Draft Status

Have you registered under the Selective Service Act of 1948? Yes No.
If yes, indicate your present draft classification. 4 H

2. Present Reserve or National Guard Status

Do you now have Reserve or National Guard Status Yes No.
If yes, complete the following.

1. National Guard
2. Air National Guard
3. Active Reserve Status (member of organized unit)
4. Inactive Reserve Status

Service ARMY Grade P.F.C Serial Number ER17214784

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known Washington 25, D.C.

SEC. XV. TRAINING

List the training courses or subjects you have taken in this organization.

| Course or Subject | (from) | Dates (to) | Hours |
|-------------------|--------|------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

| |
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| |
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| |
| |
| |
| |
| |
| |
| |

DATE Nov. 13, 1952

SIGNATURE

James S. Linda

WEAR

REPORT OF QUALIFICATIONS

NOTE: THIS REPORT MUST NOT BE DISCUSSED WITH APPLICANT OR EMPLOYEE.

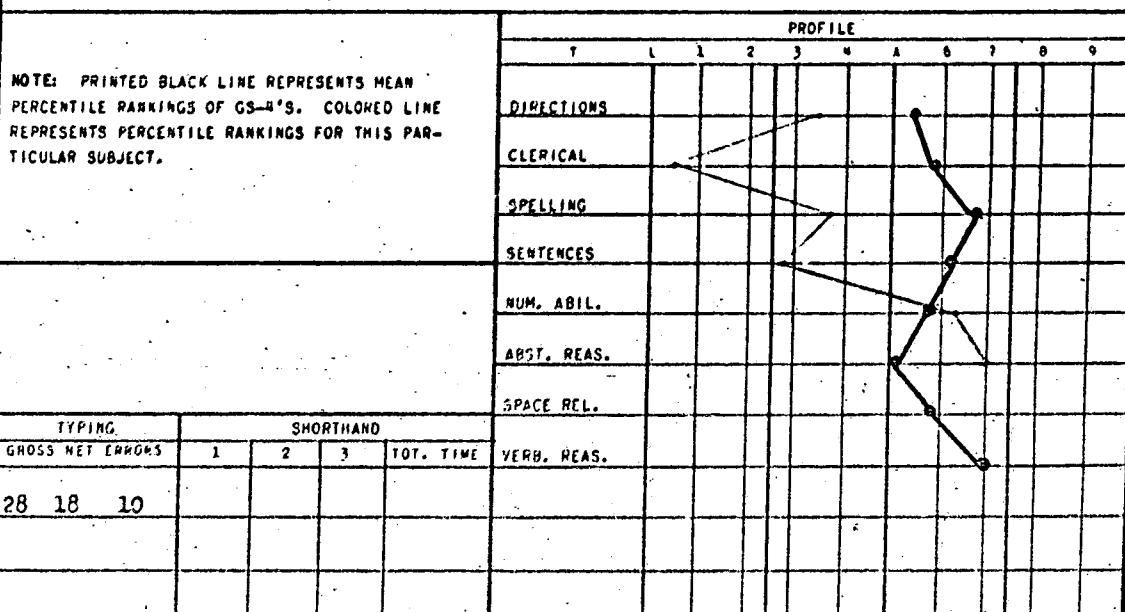
NAME OF EMPLOYEE (OR APPLICANT)

WOODS, James S.

THIS DATE

20 December 1951

TEST RECORD



| TYPING | SHORTHAND | | | | |
|--------|------------------|----|---|---|-----------|
| | GROSS NET ERRORS | 1 | 2 | 3 | TOT. TIME |
| 28 | 18 | 10 | | | |
| | | | | | |
| | | | | | |

EVALUATION OF EDUCATION AND EXPERIENCE

| TYPE OF POSITION | OUTSTANDING | SUPERIOR | ADEQUATE | WEAK | INADEQUATE |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| EDUCATION | <input type="checkbox"/> |
| DIRECT EXPERIENCE | <input type="checkbox"/> |
| INDIRECT EXPERIENCE | <input type="checkbox"/> |
| EDUCATION | <input type="checkbox"/> |
| DIRECT EXPERIENCE | <input type="checkbox"/> |
| INDIRECT EXPERIENCE | <input type="checkbox"/> |
| EDUCATION | <input type="checkbox"/> |
| DIRECT EXPERIENCE | <input type="checkbox"/> |
| INDIRECT EXPERIENCE | <input type="checkbox"/> |

QUALIFICATIONS TECHNICIAN

'SECRET
(When filled in)

| REQUEST FOR MEDICAL EVALUATION | | 1. DATE OF REQUEST |
|---|--|--|
| 2. NAME (Last, First, Middle) <i>Woolin, James S.</i> | 3. POSITION TITLE <i>2017028</i> | 4. GRADE <i>Records Admin Officer GS-12</i> |
| 5. OFFICE, DIVISION, BRANCH <i>WDO/ACS/ARO</i> | 6. EMPLOYEE'S EXT. <i>6352</i> | |
| 7. PURPOSE OF EVALUATION | | |
| <input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL <i>Ref</i> <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT | | <input type="checkbox"/> HQ&TOY <input type="checkbox"/> OVERSEAS ASSIGNMENT ETA <hr/> STATION <hr/> TDY OR PCS <hr/> TYPE OF COVER <hr/> NO. OF DEPENDENTS TO ACCOMPANY <hr/> NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED |
| <input type="checkbox"/> RETURN FROM OVERSEAS ETA <hr/> STATION <hr/> NO. OF DEP.'S | | |
| 8. OVERSEAS PLANNING EVALUATION: (One block must be checked) | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | D. REQUESTING OFFICER SIGNATURE <i>Donald E. McMillan</i> ROOM NO. & BUILDING <i>W-11, WGS</i> |
| 9. COMMENTS | | |
| 10. REPORT OF EVALUATION | | |
| Annual Exam Completed. | | |
| DATE 4 October 1976 | SIGNATURE FOR CHIEF OF MEDICAL STAFF William T. Golder, OMS/PFO <i>S</i> | |

SECRET

| | | | |
|--|--|---|--|
| 1. NAME (Last, First, Middle) | | 2. DATE OF BIRTH | |
| WOODS, James S. | | 20 February 1928 | |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if internal assignment) DDP/EUR | | 5. PRESENT POSITION Records Admin Officer g/07152 | |
| 7. PROPOSED STATION Rome, Italy | | 6. EMPLOYEE EXTENSION 8. PROPOSED POSITION (Title, Number, Grade) Records Admin Officer 0699 (09) | |
| 9. TYPE OF COVER AT NEW STATION. SS# 502-16-6806 Nominal (Light State) | | 10. ESTIMATED DATE OF DEPARTURE 31 May 1971 | |
| | | 11. NO. OF DEPENDENTS TO ACCOMPANY -2- | |
| 12. COMMENTS Please evaluate for proposed assignment. No language is required for this position | | | |
| 13. DATE OF REQUEST 8 March 1971 | | 14. SIGNATURE OF REQUESTING OFFICIAL Floyd G. Lanter, E/Pers | |
| 15. ROOM NUMBER AND BUILDING | | 16. EXTENSION 4B0002 Hq. 7152 | |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION | | | |
| 18. OFFICE OF SECURITY DISPOSITION | | | |
| 19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION QUALIFIED FOR PCS OVERSEAS EVALUATION APR 1971 APR 1 1971 | | | |
| REQUEST FOR PCS OVERSEAS EVALUATION | | | |

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(Form Filled In)

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

| BIOGRAPHIC AND POSITION DATA | | | | | | |
|--|--------------------------|--|-------------------------------|--------------------------|-----------------------------------|--------------------------------|
| EMP. SER. NO. | NAME (Last-First-Middle) | DATE OF BIRTH | | | SD | |
| 610032 | WOODS JAMES SAUVIE | 20 FEB 28 | | | | |
| SECTION II EDUCATION | | | | | | |
| LAST HIGH SCHOOL ATTENDED | | ADDRESS (City, State, Country) | | YEARS ATTENDED (From-To) | GRADUATE | |
| | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| COLLEGE OR UNIVERSITY STUDY | | | | | | |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT | | | | | |
| | MAJOR | MINOR | YEARS ATTENDED FROM - TO - | DEGREE RECEIVED | YEAR RECEIVED | NO. SEM/OTR. HRS. (Specify) |
| UNIVERSITY OF MARYLAND | | | 1964-1970 | | | 48 SCIN 148 |
| 1. IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT. | | | | | | |
| TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS | | | | | | |
| NAME AND ADDRESS OF SCHOOL | | STUDY OR SPECIALIZATION | | FROM | TO | NO. OF MONTHS |
| | | | | | | |
| OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE | | | | | | |
| NAME AND ADDRESS OF SCHOOL | | STUDY OR SPECIALIZATION | | FROM | TO | NO. OF MONTHS |
| | | | | | | |
| 2. | | | | | | |
| SECTION III MARITAL STATUS | | | | | | |
| 1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY | | | | | | |
| 2. NAME OF SPOUSE (Last) (First) (Middle) (Balden) | | | | | | |
| 3. DATE OF BIRTH | | 4. PLACE OF BIRTH (City, State, Country) | | | | |
| 5. OCCUPATION | | 6. PRESENT EMPLOYER | | | | |
| 7. CITIZENSHIP | | 8. FORMER CITIZENSHIP(S) COUNTRY(IES) | | | 9. DATE U.S. CITIZENSHIP ACQUIRED | |
| SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE | | | | | | |
| NAME | | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS | |
| 1. <input checked="" type="checkbox"/> ADD | | DAUGHTER | BETHESDA, MD. | AMERICAN | ROCKVILLE, MD 432 COLLEGE PKWY | |
| 2. <input type="checkbox"/> DELETE | | | | | | |
| 3. <input type="checkbox"/> ADD | | | | | | |
| 4. <input type="checkbox"/> DELETE | | | | | | |

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(When Filled In)

| SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL | | | | | | | | |
|---|---|---|--|---|---|-----------------------------------|-------------------------|--|
| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL <i>MAR 71 - MAY 71</i> | DATE & PLACE OF STUDY <i>MAIL ROOM</i> | KNOWLEDGE ACQUIRED BY--CHECK (X) | | | | |
| | | | | RESE- RVE DENCE | TRAVEL | STUDY | WORK ASSIGN- MENT | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| SECTION VI TYPING AND STENOGRAPHIC SKILLS | | | | | 3. INDICATE SHORTHAND SYSTEM USED--CHECK (X) APPROPRIATE ITEM | | | |
| 1. TYPING (PPM) | 2. SHORTHAND (WPM) | <input type="checkbox"/> OREGO | <input type="checkbox"/> SPEEDWRITING | <input type="checkbox"/> STENO TYPE | <input type="checkbox"/> OTHER SPECIFY | | | |
| SECTION VII SPECIAL QUALIFICATIONS | | | | | | | | |
| PROVIDE INFORMATION ON Hobbies, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED. | | | | | | | | |
| SECTION VIII MILITARY SERVICE | | | | | | | | |
| CURRENT DRAFT STATUS | | | | | | | | |
| 1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? | 2. NEW CLASSIFICATION | | | | | | | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | |
| 3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS | 4. IF DEFERRED, GIVE REASON | | | | | | | |
| MILITARY RESERVE, NATIONAL GUARD STATUS | | | | | | | | |
| CHECK RESERVE OR GUARD ORGANI- ZATION TO WHICH YOU BELONG | | <input type="checkbox"/> ARMY | <input type="checkbox"/> MARINE CORPS | <input type="checkbox"/> COAST GUARD | <input type="checkbox"/> NATIONAL GUARD | | | |
| | | <input type="checkbox"/> NAVY | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> AIR NATIONAL GUARD | | | | |
| 1. CURRENT RANK, GRADE OR RATE | 2. DATE OF APPOINTMENT IN CURRENT RANK | | 3. EXPIRATION DATE OF CURRENT OBLIGATION | | | | | |
| | | | | | | | | |
| 4. CHECK CURRENT RESERVE CATEGORY | <input type="checkbox"/> READY RESERVE | <input type="checkbox"/> STANDBY (Active) | <input type="checkbox"/> STANDBY (Inactive) | <input type="checkbox"/> RETIRED | <input type="checkbox"/> DISCHARGED | | | |
| 5. MILITARY MOBILIZATION ASSIGNMENT | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED | | | | | | | |
| MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian) | | | | | | | | |
| NAME AND ADDRESS OF SCHOOL | | STUDY OR SPECIALIZATION | | DATE COMPLETED | | 7. COMMENTS | | |
| | | | | | | | | |
| SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS | | | | | | | | |
| NAME AND CHAPTER | | ADDRESS (Number, Street, City, State, Country) | | | | DATE OF MEMBERSHIP FROM TO | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| SECTION X REMARKS | | | | | | | | |
| DATE | | SIGNATURE OF EMPLOYEE <i>X James Saville Woods</i> | | | | | | |

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(When filled in)

OFFICIAL USE

When filled in

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

| BIOGRAPHIC AND POSITION DATA | | | | | |
|----------------------------------|--|-------------------------------------|---|--|--|
| 1 EMP. SER. NO. 080032 | 2 NAME WOODS JAMES S. | 3 SEX M | 4 DATE OF BIRTH 02/20/28 | 5 SCHEDULE/GRADE/SER. GS - 09 - 07 | |
| 6 SD | 7 POSITION TITLE RECORDS ADMIN CFC | 8 OFFICE OR ASSIGNMENT PE | 9 LOCATION (Country, City) SAIGON, SOUTH VIET NAM | | |
| AGENCY OVERSEAS SERVICE | | | | | |
| AREA | TYPE/TOUR | FROM | TO | | |
| IJARAN | PCS 56 | 94/08/01 | 98/07/01 | 58/07/01 | |
| IJARAN | TDY 96 | 96/08/01 | 98/11/01 | 58/11/01 | |
| MEXICO | TDY 96 | 97/02/01 | 97/08/01 | 57/08/01 | |
| PHILIPPINE ISLANDS | PCS 56 | 97/09/01 | 99/03/19 | 59/03/19 | |
| IJARAN | PCS 45 | 61/04/24 | 66/09/34 | 66/09/34 | |
| VIE TNAM | PCS 6 | 67/01/84 | 68/10/3 | 68/10/3 | |

OVERSEAS DATA

CODE: 16 OCT 1968

DATE: INITIALS: [REDACTED]

| EDUCATION | | | |
|------------------------------------|-------------|---------|------|
| DEGREE | MAJOR FIELD | COLLEGE | YEAR |
| NO COLLEGE DEGREE ON RECORD | | | |

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| SECTION III | | EDUCATION (Cont'd) | | | | |
|---|-----------------------------|------------------------|----------------|------------------------------|-----------------------------|----------------------------|
| | | HIGH SCHOOL | | | | |
| LAST HIGH SCHOOL ATTENDED | ADDRESS Line, State, County | YEARS ATTENDED From To | | GRADUATE | | |
| | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| COLLEGE OR UNIVERSITY STUDY | | | | | | |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT | | YEARS ATTENDED | DEGREE RECEIVED | YEAR RECEIVED | NO SEM / QTR MRS (Specify) |
| | MAJOR | MINOR | FROM TO | | | |
| U. OF MD. Tachikawa, Japan | ENG I | 1966 | | | | 3 |
| U. OF MD. Tachikawa, Japan | PH 10 | 1966 | | | | 3 |
| U. OF MD. SAIGON | HIS 127 | 1967 | | | | 3 |
| U. OF MD. SAIGON | EN 31 | 1967 | | | | 3 |
| U. OF MD. SAIGON | PSY I | 1967 | | | | 3 |
| 5. If a GRADUATE degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content. 63. | | | | | | |
| COLLEGE GATE | | | | | | |
| TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS | | | | | | |
| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | | FROM | TO | NO. OF MONTHS | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE | | | | | | |
| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | | FROM | TO | NO. OF MONTHS | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| AGENCY SPONSORED EDUCATION | | | | | | |
| Specify which, if any, of the education shown in Section III was Agency sponsored | | | | | | |
| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | | FROM | TO | NO. OF MONTHS | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

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SECTION VII

AGENCY EMPLOYMENT HISTORY

| 1. INCLUSIVE DATES (From To - by month & year) | 2. LOCATION (Country, City) | 3. DIRECTORATE/OFFICE OR DIVISION, BRANCH |
|--|-----------------------------|---|
| APR 67 - OCT 68 | S. + I. Gov. FIT INDIA | |
| 4. TITLE OF JOB | 5. GRADES HELD IN JOB | |
| 6. DESCRIPTION OF DUTIES | | |

| 1. INCLUSIVE DATES (From To - by month & year) | 2. LOCATION (Country, City) | 3. DIRECTORATE/OFFICE OR DIVISION, BRANCH | | |
|--|-----------------------------|---|--|--|
| APR 61 - SEPT 66 | TOKYO, JAPAN | FE | | |
| 4. TITLE OF JOB | 5. GRADES HELD IN JOB | | | |
| CHIEF OF REGISTRY | | | | |
| 6. DESCRIPTION OF DUTIES | | | | |

SUPERVISED 7 EMPLOYEES IN REGISTRY WORK.

| 1. INCLUSIVE DATES (From To - by month & year) | 2. LOCATION (Country, City) | 3. DIRECTORATE/OFFICE OR DIVISION, BRANCH | | |
|--|-----------------------------|---|--|--|
| FEB 59 - MAR 61 | WASH. D.C. | FE | | |
| 4. TITLE OF JOB | 5. GRADES HELD IN JOB | | | |
| RECORDS ADMIN OFFICER | | | | |
| 6. DESCRIPTION OF DUTIES | | | | |

ASSIST THE FE RMO IN THE MANAGEMENT OF FE RECORDS. INCLUDED CLOSE LIAISON WITH RID. ALSO INVOLVED 4 MONTHS OF HALF-DAY WORK WITH DDP/MACHINE RECORD GROUP IN SETTING UP THE PREPARATE CARD SYSTEM.

SECRET

- 5 -

SECRET

When filed in:

| SECTION VIII AGENCY EMPLOYMENT HISTORY (Cont'd) | | | |
|--|--|---|--|
| 1. INCLUSIVE DATES (From To, by month & year) | 2. LOCATION (Country, City) | 3. DIRECTORATE OFFICE OR DIVISION, BRANCH | |
| AUG 57 - FEB 59 | MANILA, P.I. | FE | |
| 4. TITLE OF JOB | CHIEF OF RECORDS MANAGEMENT TEAM | | |
| 5. DESCRIPTION OF DUTIES | CHIEF OF A TEAM OF THREE INDIVIDUALS ONE ONE STATIONED PCS MANILA BUT TRAVELED THROUGHOUT THE FE (INCLUDING AUSTRALIA) TO SET UP RECORD SYSTEMS, INCLUDING REGISTRY, ACCORDING TO HEADQUARTERS REGULATION. THIS WAS TO ENSURE THAT FIELD SYSTEMS WOULD BE IN LINE WITH HQS PROCEDURES. | | |
| 6. INCLUSIVE DATES (From To, by month & year) | 2. LOCATION (Country, City) | 3. DIRECTORATE OFFICE OR DIVISION, BRANCH | |
| FEB 57 - July 57 | MEXICO CITY, MEXICO | WH | |
| 4. TITLE OF JOB | TEAM MEMBER OF RECORDS MANAGEMENT TEAM | | |
| 5. DESCRIPTION OF DUTIES | MEMBER OF A TEAM OF 4 ONE SENT TO MEXICO TO ESTABLISH AND STREAMLINE A SYSTEM OF RECORDS THIS INVOLVED SETTING UP A 201 SYSTEM, BETTER NAME TRACE SYSTEM, CHAMPION SYSTEM FOR FILES AND THE MICROFILMING OF FBI RECORDS. MY MAIN SPECIALTY WAS 201'S. | | |
| 1. INCLUSIVE DATES (From To, by month & year) | 2. LOCATION (Country, City) | 3. DIRECTORATE OFFICE OR DIVISION, BRANCH | |
| AUG 54 - NOV 56 | SINGAPORE, KOREA, YOKOHAMA, JAPAN | FE | |
| 4. TITLE OF JOB | ADMIN ASSISTANT | | |
| 5. DESCRIPTION OF DUTIES | NAME TRACES AND OTHER REGULAR REGISTRY DUTIES. | | |

SECRET

- 6 -

SECRET

When Filled In:

| SECTION IX | | MARRITAL STATUS | | |
|---|--|---|-------------|------------------------------------|
| 1 PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Another Answered) SPECIFY | | MARRIED | | |
| 2 NAME OF SPOUSE Woods KELICE HUE FALLON | | | | |
| 3 DATE OF BIRTH 8 MAY 1937 | | 4 PLACE OF BIRTH (In State, County) BROOKLYN, NEW YORK | | |
| 5 OCCUPATION House Wife | | 6 PRESENT EMPLOYER AP | | |
| 7 CITIZENSHIP AMERICAN | | 8 FORMER CITIZENSHIP (COUNTRIES) | | |
| | | 9 DATE U. S. CITIZENSHIP ACQUIRED DECEMBER JUNE 63 | | |
| SECTION X DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE | | | | |
| NAME | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS |
| CHRISTINE Mae | DAU. | TOKYO, JAPAN BORN 14, 1963 | AMERICAN | DECEMBER JUNE 63 |
| SECTION XI NONE PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS | | | | |
| NAME AND CHAPTER | ADDRESS (Number, Street, City, State, Country) | | | DATE OF MEMBERSHIP FROM TO |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| DATE 9 OCT 68 | SIGNATURE OF EXAMINER James A. Steele | | | |

SECRET

SECRET
(When Filled In)APR
1962PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE

Return to
QAD

INSTRUCTIONS

This form provides the means whereby your official personnel record will be kept current. Even though no duplicate information you have furnished previously, it will be necessary for you to complete Sections I through XII in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item may require completion other than you have previously reported.

SECTION I

GENERAL

1. FULL NAME (Last-First-Middle)

Woods JAMES SHUVIE

2. CURRENT ADDRESS (No., Street, City, Zone, State)

2224 F. ST. N.W. WASH. D.C. FOREST RIVER, NORTH DAKOTA

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

4. HOME TELEPHONE NUMBER

~~555-2225~~ 4791

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

U.S.A.

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.

MR. ROSS A Woods

2. RELATIONSHIP

FATHER

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

FOREST RIVER, NORTH DAKOTA

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

~~555-2225~~ FOREST RIVER, NORTH DAKOTA NA

5. HOME TELEPHONE NUMBER

4791

6. BUSINESS TELEPHONE NUMBER

NA

7. BUSINESS TELEPHONE EXTENSION

NA

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

NA

SECTION III

MARITAL STATUS

1. CHECK (X) ONE:

 SINGLE MARRIED WIDOWER SEPARATED DIVORCED ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

32 SEP

NOTES ON HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date, place for all previous marriages. If marriage is contemplated, provide some date for fiance.

3. NAME (First) (Middle) (Last)

4. DATE OF MARRIAGE

5. PLACE OF MARRIAGE (City, State, Country)

6. HIS (or HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)

7. LIVING

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give date address, if deceased)

11. DATE OF BIRTH

12. PLACE OF BIRTH (City, State, Country)

13. IF BORN OUTSIDE U.S. STATE OF ENTRY

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

19. PRESENT EMPLOYER (Also give former job, if any, or if unemployed, last two employers)

20. EMPLOYER'S OR EMPLOYEE'S ADDRESS (No., Street, City, State, Country)

SECTION III CONTINUED TO PAGE 2

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SECTION III CONTINUED FROM PAGE 1

| | |
|---|--|
| 21. DATES OF MILITARY SERVICE (From and To) BY MONTH AND YEAR | |
| 22. BRANCH OF SERVICE | 23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED |
| 24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN | |

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

| | | |
|--|-------------------------|-------------------------|
| 1. FULL NAME (Last-First-Middle) NA | 2. RELATIONSHIP | 3. AGE |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 1. FULL NAME (Last-First-Middle) NA | 2. RELATIONSHIP | 3. AGE |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 1. FULL NAME (Last-First-Middle) NA | 2. RELATIONSHIP | 3. AGE |
| 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 6. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES NA | | |

| | | |
|---|--------------------------------|--|
| SECTION V FINANCIAL STATUS | | |
| 1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME NA | | |
| 3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS | | |
| NAME OF INSTITUTION | ADDRESS (City, State, Country) | |
| UNION TRUST CO. | WASHINGTON, D.C. | |
| | | |
| | | |
| | | |

SECTION V CONTINUED TO PAGE 3

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(When Filled In)

SECTION V CONTINUED FROM PAGE 2

| | | |
|--|------------------------------|--|
| 4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATES. | | |
| NA | | |
| 6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| 7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS | | |
| NA | | |

8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? YES NO
IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

SECTION VI CITIZENSHIP.

| | |
|---|--|
| 1. PRESENT CITIZENSHIP (COUNTRY) U.S.A. | 2. CITIZENSHIP ACQUIRED BY - CHECK ONE: <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify): |
| 3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 4. GIVE PARTICULARS NA |

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)
NA

SECTION VII EDUCATION

| 1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED | | | | | |
|--|---|----------------|--------------|------------|------------------------|
| LESS THAN HIGH SCHOOL GRADUATE | OVER TWO YEARS OF COLLEGE - NO DEGREE | | | | |
| HIGH SCHOOL GRADUATE | BACHELOR'S DEGREE | | | | |
| X TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE | GRADUATE STUDY LEADING TO HIGHER DEGREE | | | | |
| TWO YEARS COLLEGE OR LESS | MASTER'S DEGREE | | | | |
| 2. COLLEGE OR UNIVERSITY STUDY | | | | | |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT | DATES ATTENDED | DEGREE REC'D | DATE REC'D | SEM/OTR. HOURS SPECIFY |
| | MAJOR | MINOR | FROM | TO | |
| Hadlick's PRIVATE | ACCOUNTING | NOV-48 | APR-49 | | |
| BUSINESS SCHOOL GRAND FORK'S, ND/PAK | | OCT-49 | FEB-50 | 9 Month | |

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED | | TOTAL MONTHS |
|----------------|-------------------------|----------------|----|--------------|
| | | FROM | TO | |
| NA | | | | |

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

NA

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| FOREIGN LANGUAGE ABILITIES | | | | | | | | | |
|---|-------------------------------|----------------------------------|-----------------------|---|--|-------------------|---------------------|-----------------------------|-----------------------------|
| LANGUAGE (List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes) | COMPETENCE - IN ORDER LISTED | | | | | HOW ACQUIRED | | | |
| | EQUIVALENT TO NATIVE FLUENCY | FLUENT BUT OBVIOUSLY FOREIGN | ADEQUATE FOR RESEARCH | ADEQUATE FOR TRAVEL | LIMITED KNOWLEDGE | NATIVE TO COUNTRY | PROLONGED RESIDENCE | CONTACT (WITH PARENTS ETC.) | ACADEMIC STUDY (ALL LEVELS) |
| | R = READ W = WRITE S = SPEAK | | | | | | | | |
| CANCELLED | | | | | | | | | |
| 2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY | | | | | | | | | |
| 3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD | | | | | | | | | |
| SECTION IX GEOGRAPHIC AREA KNOWLEDGE | | | | | | | | | |
| 1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBOURS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC. | | | | | | | | | |
| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE, TRAVEL, ETC. | | KNOWLEDGE ACQUIRED BY | | | | | |
| | | RESIDENCE | TRAVEL | STUDY | WORK ASSIGNMENT | STUDY | WORK ASSIGNMENT | | |
| | | NA | | | | | | | |
| | | | | | | | | | |
| 2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE | | | | | | | | | |
| NA | | | | | | | | | |
| SECTION X TYPING AND STENOGRAPHIC SKILLS | | | | | | | | | |
| 1. TYPING (E.P.M.) | | 2. SHORTHAND (E.P.M.) | | 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM | | | | | |
| NA | | NA | | CHECK | SPEEDWRITING | STENOTYPE | OTHER (Specify) | | |
| 4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (COPIROMETER, MICROGRAPH, CARD PUNCH, ETC.) | | | | | | | | | |
| NA | | | | | | | | | |
| SECTION XI SPECIAL QUALIFICATIONS | | | | | | | | | |
| 1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH | | | | | | | | | |
| NA | | | | | | | | | |
| 2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK | | | | | | | | | |
| NA | | | | | | | | | |
| 3. EXCLUDING EQUIPMENT NOTED IN SECTION XI, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC. | | | | | | | | | |
| NA | | | | | | | | | |
| 4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (PILOT, ELECTRICIAN, RADAR OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN. | | | | | | | | | |
| NA | | | | | | | | | |
| 5. FIRST LICENSE OR CERTIFICATE (Year of Issue) | | | | | 6. LATEST LICENSE OR CERTIFICATE (Year of Issue) | | | | |
| NA | | | | | NA | | | | |

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(When Filled In)

SECTION XI CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest, subjects, novels, short stories, etc.)

NA

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

NA

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

NA

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

NA

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

| | | |
|--|----------------------------|---|
| 1. INCLUSIVE DATES (From and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| HPR - 1952 - JUNE - 1954 | 4 | R1 |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| NONE | FILE CLERK | |
| 6. DESCRIPTION OF DUTIES | | |
| WORKED IN FILES doing filing and other RELATED DUTIES. | | |
| WORKED IN CONSOLIDATION WITH 201'S | | |
| 1. INCLUSIVE DATES (From and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| JULY 54 - JUNE 56 | 5 | FE/6 OVERSEAS |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| NONE | PROGAM INTELL ANALYST | |
| 6. DESCRIPTION OF DUTIES | | |
| HEAD OF PERSONALITY FILE (201 FILES) SECTION FOR BASE, which included ALL AGENT FILES. | | |
| 1. INCLUSIVE DATES (From and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| AUG 56 - NOV 56 | 7 | R1 ANALYST TDY OVERSEAS FOR FETO |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| NONE | INTELL ANALYST | |
| 6. DESCRIPTION OF DUTIES | | |
| RETIREMENT OF RECORDS TO Hqs FROM BASE. SET UP (NEW) SYSTEM OF RECORDS FOR BASE | | |
| 1. INCLUSIVE DATES (From and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| DEC 56 - JAN 57 | 7 | R1 |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| NONE | INTELL ANALYST | |
| 6. DESCRIPTION OF DUTIES | | |
| WORKED IN R1/HN 201 SECTION IN FILLING OUT 831'S | | |
| 1. INCLUSIVE DATES (From and To-) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| FEB 57 - AUG 57 | 7 | R1 TDY - MEXICO |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION | 5. OFFICIAL POSITION TITLE | |
| NONE | INTELL ANALYST | |
| 6. DESCRIPTION OF DUTIES | | |
| SET UP SYSTEM OF RECORDS FOR STATION | | |

(Use additional pages if required)

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(When Filled In)

SECTION XIII

CHILDREN AND OTHER DEPENDENTS

| 1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUP- PORTING. | | 2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepchildren, etc.) WHO DEPEND ON YOU FOR AT LEAST ONE OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING. | | | |
|---|--------------|---|-----|-------------|---------|
| 3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS | | | | | |
| NAME | RELATIONSHIP | YEAR OF BIRTH | SEX | CITIZENSHIP | ADDRESS |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

Can't recall addresses but lived in
the following places since Apr 1952 -

Conn. Ave. N.W. D.C.

Minnesota Ave. S.E. D.C.

Colonial Terrace, ~~VA~~ Arlington, VA.
Greenbrier St., Arlington, VA.

DATE COMPLETED
10 Sept 57

SIGNATURE OF EMPLOYEE

James S. Straub

SECRET

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(When Filled In)

| | | | | |
|---|---------------------------|---|-----|------|
| (11-6) | | LANGUAGE DATA RECORD | | |
| PART I-GENERAL | | | | |
| 1. NAME (Last-First-Middle) (17-24) | | 2. DATE OF BIRTH (125-301) | | |
| Woods, JAMES S | | MONTH | DAY | YEAR |
| 3. LANGUAGE (131-331) | 4. TODAY'S DATE (134-391) | 5. | | |
| Eng | MONT DAY YEAR 9 9 57 | <input checked="" type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE | | |
| PART II-LANGUAGE ELEMENTS | | | | |
| SECTION A. Reading (40) | | | | |
| 1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY. 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY. 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY. 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY. 5. I HAVE NO READING ABILITY IN THE LANGUAGE. | | | | |
| SECTION B. Writing (41) | | | | |
| 1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY. 2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY. 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN AN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY. 4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY. 5. I CANNOT WRITE IN THE LANGUAGE. | | | | |
| SECTION C. Pronunciation (42) | | | | |
| 1. MY PRONUNCIATION IS NATIVE. 2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME. 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN; BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND. 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND. 5. I HAVE NO SKILL IN PRONUNCIATION. | | | | |
| CONTINUE ON REVERSE SIDE | | | | |

CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II, TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-112, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT INNEVITABLY OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

| | |
|-------------|-------------------------|
| DATE SIGNED | SIGNATURE |
| 9 Sept 57 | <i>James S. Stankle</i> |
| 1443 | 1671 |

STANDARD FORM 57, NOV 1947
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK.

In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

Accountant

(OPTIONAL) (if mentioned in examination announcement)

APPLICATION NO.

2. MAIL OR AIR MAIL ADDRESS (City and State)

Washington D.C.

3. DATE OF THIS APPLICATION

ANNOUNCEMENT

4. MR. (First name) MRS. (Middle) MRS. (Last)

MRS. James S. Sauvie Woods

5. ADDRESS (Street and Number or R. O. Number)

2817 Conn. Ave., N.W.

6. CITY OR POST OFFICE (including postal zone) AND STATE

Washington D.C.

7. LEGAL OR VOTING RESIDENCE (State)

D. C. OFFICE PHONE

ex 6400

ext 2612

AD 6430

HOME PHONE

N. Dak.

8. DATE OF BIRTH (month, day, year)

Feb. 20, 1928

9. PLACE OF BIRTH (city and State; if born outside U. S., name city and country)

Forest River, N. Dak.

10. MALE

11. (A) HEIGHT WITHOUT SHOES.

12. (B) WEIGHT.

13. (C) HEIGHT WITH SHOES.

14. (D) WEIGHT.

15. (E) MALE

16. (F) FEMALE

5 feet ... 6 inches

136 pounds

17. (G) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO

(H) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

GS-2

18. (I) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 2950.....

PER YEAR
You will not be considered for any position with a lower entrance salary.

19. (J) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR

 I TO 1 MONTHS 1 TO 6 MONTHS 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probationary appointment.

(K) IF YOU ARE WILLING TO TRAVEL, SPECIFY

 OCCASIONALLY FREQUENTLY CONSTANTLY

DO NOT WRITE IN THIS BLOCK

For Use of Civil Service Commission Only

| APPR. | MATERIAL | ENTERED REGISTER |
|-----------|-----------|------------------|
| NON APPR. | SUBMITTED | RETURNED |

NOTATIONS:

APP. REVIEW:

APPROVED:

OPTION GRADE LARNS PREFER- AUGM. APPROVED POINTS (TENT.)

GRADE POINTS WIFE OR WIDOW

DISAL DIVING INVESTIGATED

INITIALS AND DATE

19. (L) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:

 IN WASHINGTON, D.C. ANYWHERE IN THE UNITED STATES OUTSIDE THE UNITED STATES

(M) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

20. (N) IT IS IMPORTANT FOR YOU TO FURNISH ALL INFORMATION REQUESTED below, without detail to enable the Civil Service Commission and the associating Office of Personnel to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided before "Present Position."

PRESENT POSITION

21. DATES OF EMPLOYMENT (month, year) EXACT TITLE OF YOUR PRESENT POSITION CLASSIFICATION GRADE (if in Probationary Service) SALARY OR EARNINGS STARTING, 1950 PRESENT PER YEAR

May, 1950 TO PRESENT TIME Fiscal Accounting GS-2 \$ 2450 PER YEAR

PLACE OF EMPLOYMENT (city and state) NAME AND TITLE OF IMMEDIATE SUPERVISOR

Washington D.C. Mrs. Gervia

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal agency, department, bureau or establishment, and division)

Treasury Dept., Penn. Ave. Division of Disbursements

REASON FOR DESIRING TO CHANGE EMPLOYMENT

Better Position

22. DESCRIPTION OF YOUR WORK

Working with vouchers and checks; checking them for names, dates, money, etc. Doing other clerical duties of a general nature.

(CONTINUED ON NEXT PAGE)

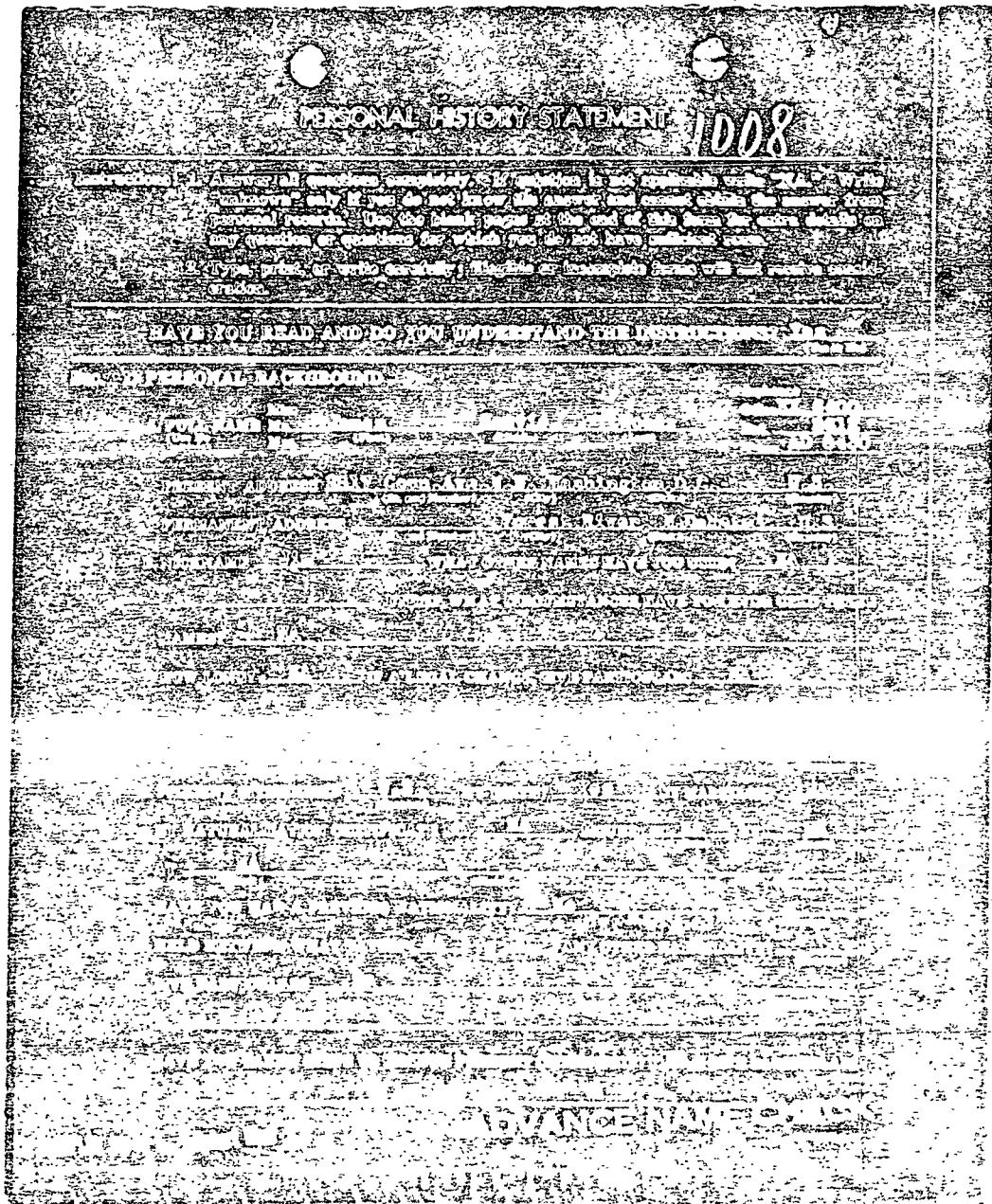
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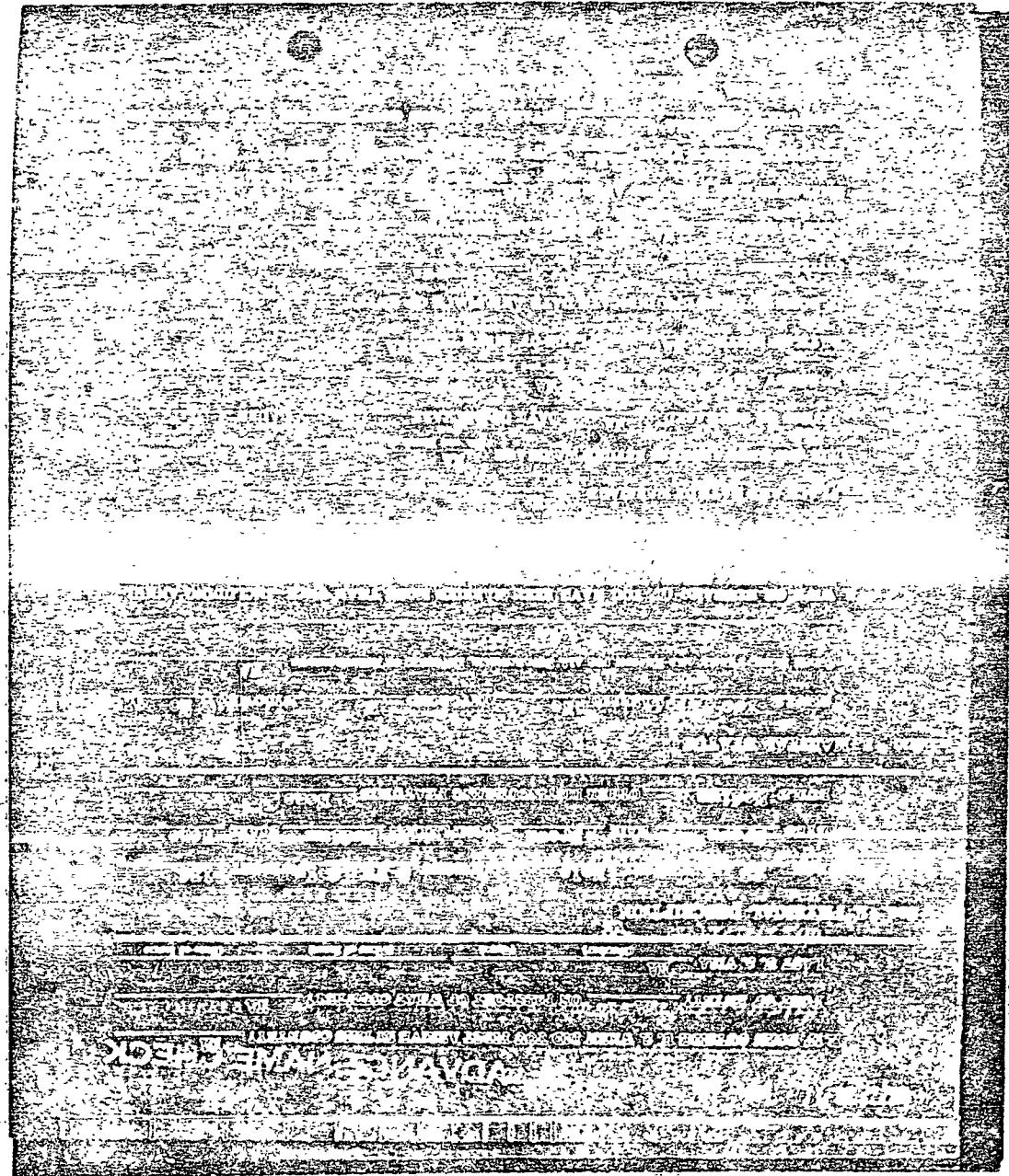
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|--|--|--|--|
| 10 CONTINUED | | | |
| (2) DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | |
| FROM Feb., 1950 to May, 1950 | | Clerk & Salesman | |
| PLACE OF EMPLOYMENT (city and State) | | CLASSIFICATION GRADE (if in Federal service) | |
| Grand Forks, N. Dak. | | SALARY OR EARNINGS STARTING \$ 180 PER MONTH | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | |
| General Tobacco & Candy Company Grand Forks, N. Dak. | | Mr. or Mrs. Pat M. Byrne | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | |
| None | | Wholesaler of Tobacco & Candy | |
| REASON FOR LEAVING | | | |
| | | To work for the Government | |
| DESCRIPTION OF YOUR WORK | | | |
| Selling tobacco and candy. Doing office work such as taking inventories and making out sales tickets. | | | |
| (3) DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | |
| FROM Oct., 1949 to Feb., 1950 | | In school | |
| PLACE OF EMPLOYMENT (city and State) | | CLASSIFICATION GRADE (if in Federal service) | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | SALARY OR EARNINGS STARTING \$ 0 PER MONTH | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | |
| GENERAL TOBACCO & CANDY COMPANY GRAND FORKS, N. DAK. | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | |
| None | | | |
| DESCRIPTION OF YOUR WORK | | | |
| | | | |
| (4) DATES OF EMPLOYMENT (month, year) | | EXACT TITLE OF YOUR POSITION | |
| FROM April, 1949 to Oct., 1949 | | Farm Laborer | |
| PLACE OF EMPLOYMENT (city and State) | | CLASSIFICATION GRADE (if in Federal service) | |
| Inkster, N. Dak. | | SALARY OR EARNINGS STARTING \$ 150 PER MONTH | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | |
| ZECK THOMAS INKSTER, N. DAK. | | Mr. Zeck Thomas | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) | |
| None | | Farming | |
| REASON FOR LEAVING | | | |
| | | To go to school | |
| DESCRIPTION OF YOUR WORK | | | |
| Doing general farm duties. | | | |

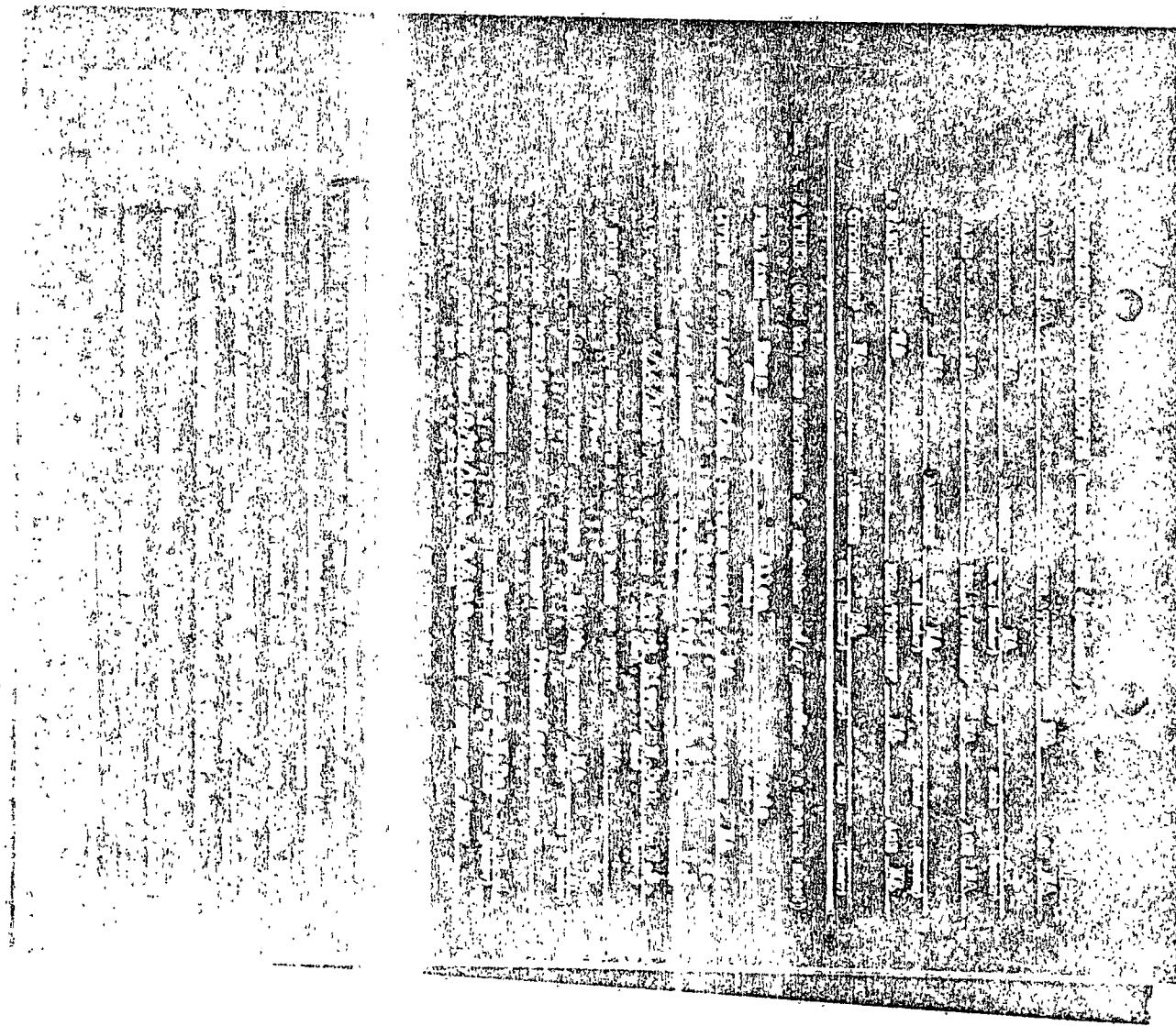
| (5) DATES OF EMPLOYMENT (month, year) Oct., 1948 to April, 1950 | | EXACT TITLE OF YOUR POSITION In School | CLASSIFICATION (if in government service) | SALARY OR EARNINGS STARTING \$ FINAL \$ | PER PER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----|--|--|---|----------------------------|-------|--|----------|--|-------------------------|--|------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PLACE OF EMPLOYMENT (city and State) | | NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) | | KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of Alaska, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | | REASON FOR LEAVING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF YOUR WORK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If more space is required, use a continuation sheet (Standard Form No. 5a) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.</p> <p>17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 18) that would assist appointing officer in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)</p> <table border="1"> <thead> <tr> <th colspan="2">DATES</th> <th colspan="2">LOCATION</th> <th colspan="2">DESCRIPTION OF TRAINING</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | | | | | | DATES | | LOCATION | | DESCRIPTION OF TRAINING | | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATES | | LOCATION | | DESCRIPTION OF TRAINING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18 EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 ⑩ | | (A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED Forest River High, Forest River, N. Dak. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL | | (B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED English, Bookkeeping and Math | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY | | MAJOR AND SPECIALTY | DATES ATTENDED | YEARS COMPLETED | DEGREE CONFERRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hadlich's Private Business School, & Grand Forks, N. Dak. | | Accounting & Tax | Oct. 48 - April, 49 Oct. 49 - Feb., 50 | | Junior Accountancy Diploma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS | | MINIMUM HOURS | LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES OR IN THROUG THE ARMED FORCES INSTITUTE (show name and location of schools) OR IN SERVICE TRAINING, IN PUBLIC OR PRIVATE EMPLOYMENT | | SUBJECTS STUDIED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | DATES ATTENDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | YEARS COMPLETED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES | | READING | SPEAKING | UNDERSTANDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | EXCELLENT PRO. EXCELLENT FAM. | EXCELLENT PRO. EXCELLENT FAM. | EXCELLENT PRO. EXCELLENT FAM. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES (STATE AND LENGTH OF TIME SPENT THERE), AND (2) REASONS FOR TRAVEL (e.g., military service, business, education, recreation). Jan. 1947 to March 1948 in Japan, Nov. 1950 to June 1951 in Korea. | | 22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (e.g., nurse, electrician, radio operator, teacher, lawyer, CPA, etc.)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ONE KIND OF LICENSE AND STATE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE SUCH AS COMPUTERS, 16 MM FILM EDITOR, MULTILITH CONFIDENTIAL, KEY-PUNCH, TURNT LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES | | 23. GIVE ANY SPECIAL OR ACCOMPLISHMENTS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) PATENTS OR INVENTIONS (2) LITERATURE OR PUBLICATIONS (3) RECENT SPEECHES AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (5) AWARDS AND FOLLOWERS RECEIVED. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING: BURKHARD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

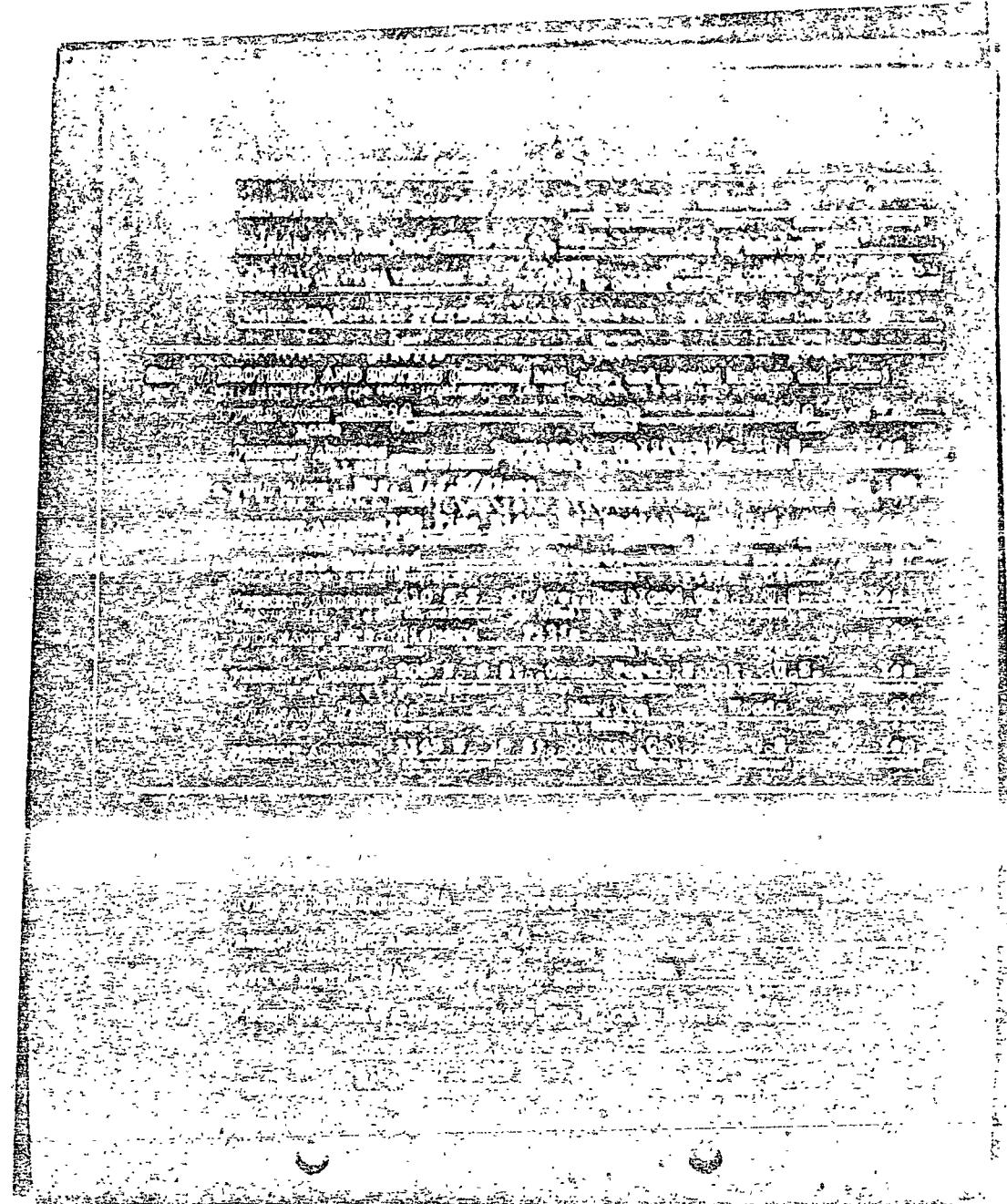
| | | | | | |
|---|--|---|-----------|---|--|
| <p>26 REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).</p> | | | | | |
| FULL NAME | | (Give complete current address, including street and number) | | BUSINESS OR OCCUPATION | |
| Robert Hadlich Calmer Hovland Merland W. Berg | | Box 659, Grand Forks, N. Dak. 521 Maple Ave, Grand Forks N.Dak. 618 Cottonwood St., Grand Forks N. Dak. | | Teacher Teacher Teacher | |
| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | | YES | NO | INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN | |
| 25 MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC. | | <input checked="" type="checkbox"/> | | 35 ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? | |
| 26 ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? | | <input checked="" type="checkbox"/> | | If your answer is "Yes," give details in Item 39 | |
| 27 ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION? | | <input checked="" type="checkbox"/> | | 36 DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? | |
| 28 ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? | | <input checked="" type="checkbox"/> | | If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address; (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment | |
| 29 ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT GROUP, OR COMBINATION OF PERSONS WHICH HAS ACCEPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DAIRY WITH PERSONS FOR THE PURPOSE OF CHANGING THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? | | <input checked="" type="checkbox"/> | | SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE <p>A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, indicate that you are a DISABLED VETERAN, or as the WIDOW OF A WAR-CAMPAGNA VETERAN, etc. Veterans Preference Claim, CSC Form 14, together with proof specified therein.</p> <p>B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appealed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.</p> | |
| If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combinations of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein. | | <input checked="" type="checkbox"/> | | 37 (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? | |
| 30 SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN OBTAINED TO LEAVE BAIL OR COLATERALS FOR THE VIOLATION OF ANY LAW, POLICE REG. LATENT OR ORDINANCE, INCLUDING MINOR TRESPASS OR VIOLATIONS FOR WHICH A FINE OR PENALTY OF \$50.00 OR LESS WAS IMPOSED? | | <input checked="" type="checkbox"/> | | (b) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? | |
| If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If arrested, your fingerprints will be taken. | | <input checked="" type="checkbox"/> | | (c) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES? | |
| 31 HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORIE SERVICE, FROM ANY POSITION? | | <input checked="" type="checkbox"/> | | (d) DATE OF ENTRY OR ENTRIES INTO SERVICE DATE OF SEPARATION OR SEPARATIONS | |
| If your answer is "Yes," also in Item 39 the name and address of employer, date and reason in each case. | | <input checked="" type="checkbox"/> | | Oct 1946 April 1948 Oct 1950 August 1951 ARMED FORCES SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.) SEP 1940 (if none, give Grade of rating at time of separation) ARMY ER-17 214 704 | |
| 32 HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? | | <input checked="" type="checkbox"/> | | (e) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DO YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? | |
| If your answer is "Yes," give dates of and reasons for such disbarment in Item 39. | | <input checked="" type="checkbox"/> | | (f) ARE YOU A DISABLED VETERAN? | |
| 33 HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD DISQUALIFY YOU FROM SERVING? | | <input checked="" type="checkbox"/> | | (g) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED? | |
| If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for this job. | | <input checked="" type="checkbox"/> | | (h) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY OR DISABILITY ALIEN TO PEACE TIME SERVICE APPOINTMENT? | |
| 34 DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? | | <input checked="" type="checkbox"/> | | THIS SPACE FOR USE OF APPOINTING OFFICER ONLY | |
| If your answer is "Yes," give complete details in Item 39. | | <input checked="" type="checkbox"/> | | The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on ID. | |
| 35 HAVE YOU MAINTAINED AN ALIAS TO OTHER CITIES (Indicate item numbers to which entries apply) | | <input checked="" type="checkbox"/> | | Signature: <i>Jane S. Stands</i> | |
| If your answer is "Yes," list the cities and states in a separate sheet. | | <input checked="" type="checkbox"/> | | Title: <i>Miss</i> | |
| <p>If you are requested to sign this paper, the best place is a page. Write on each sheet your name, address, date of birth, and exact birth date. Attach to each sheet.</p> <p>Before signing this application check it over to make sure that you have answered ALL questions correctly.</p> <p>I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.</p> <p>False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80)</p> | | | | | |

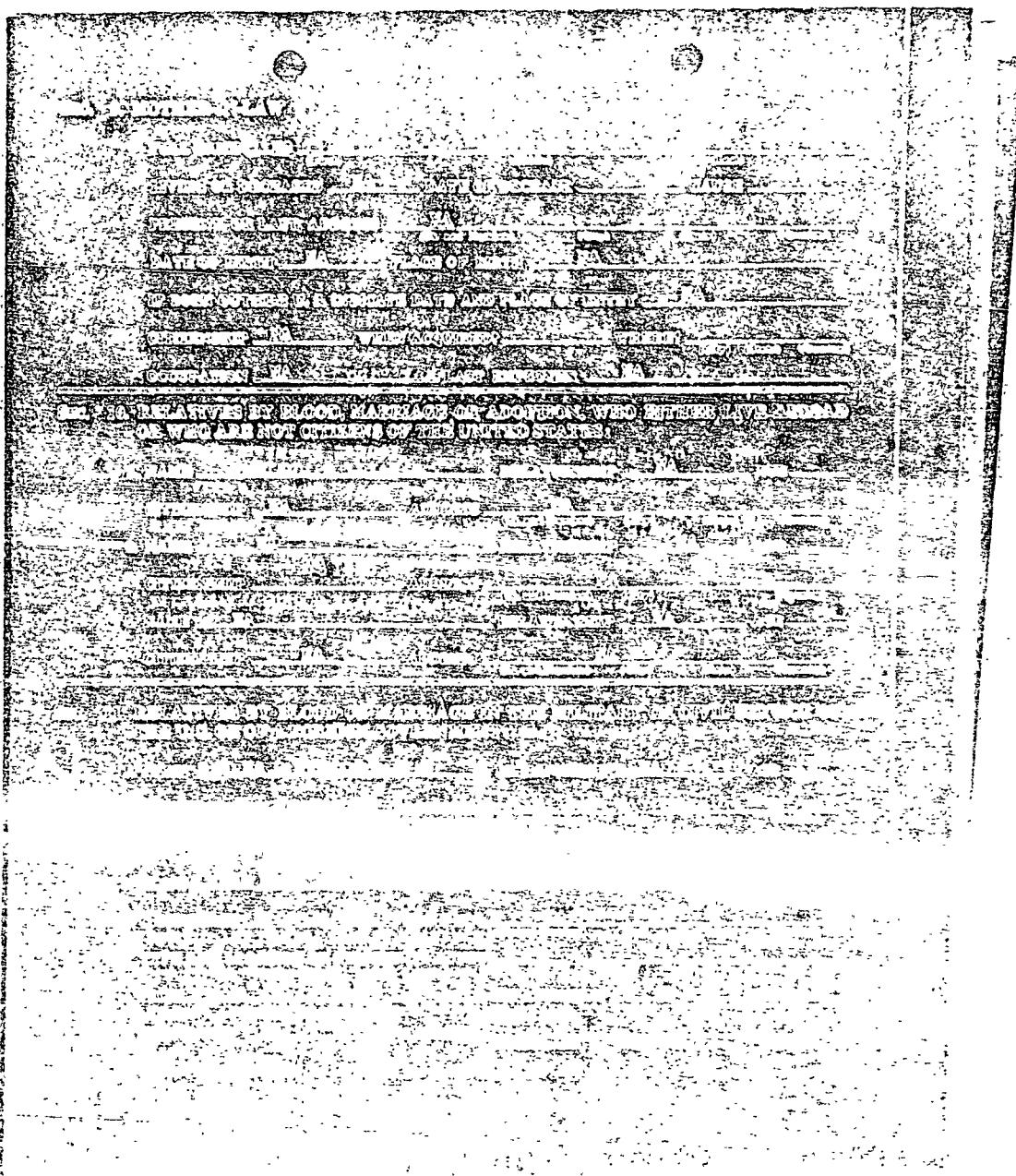
SIGNATURE OF APPLICANT: *Jane S. Stands*

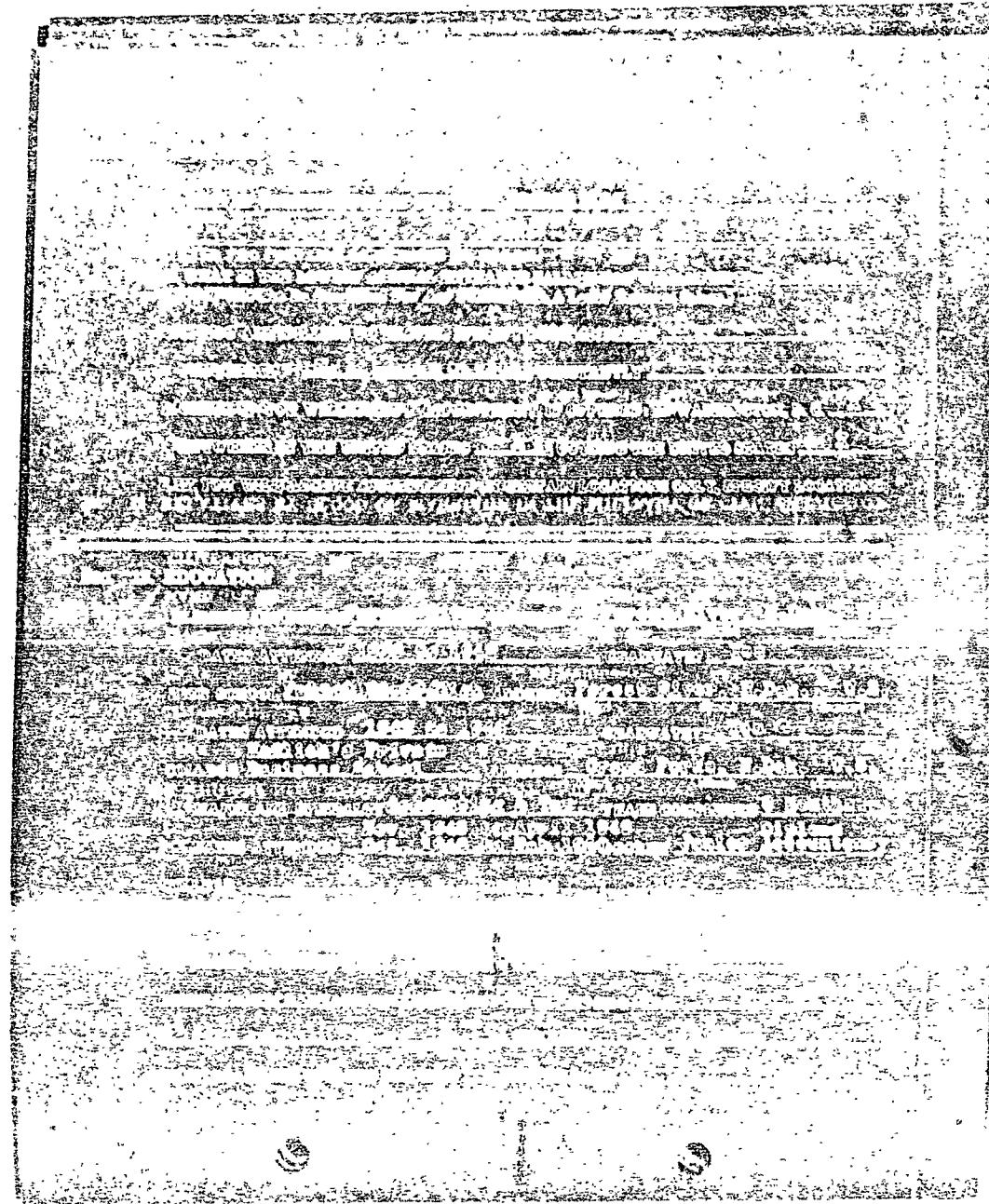


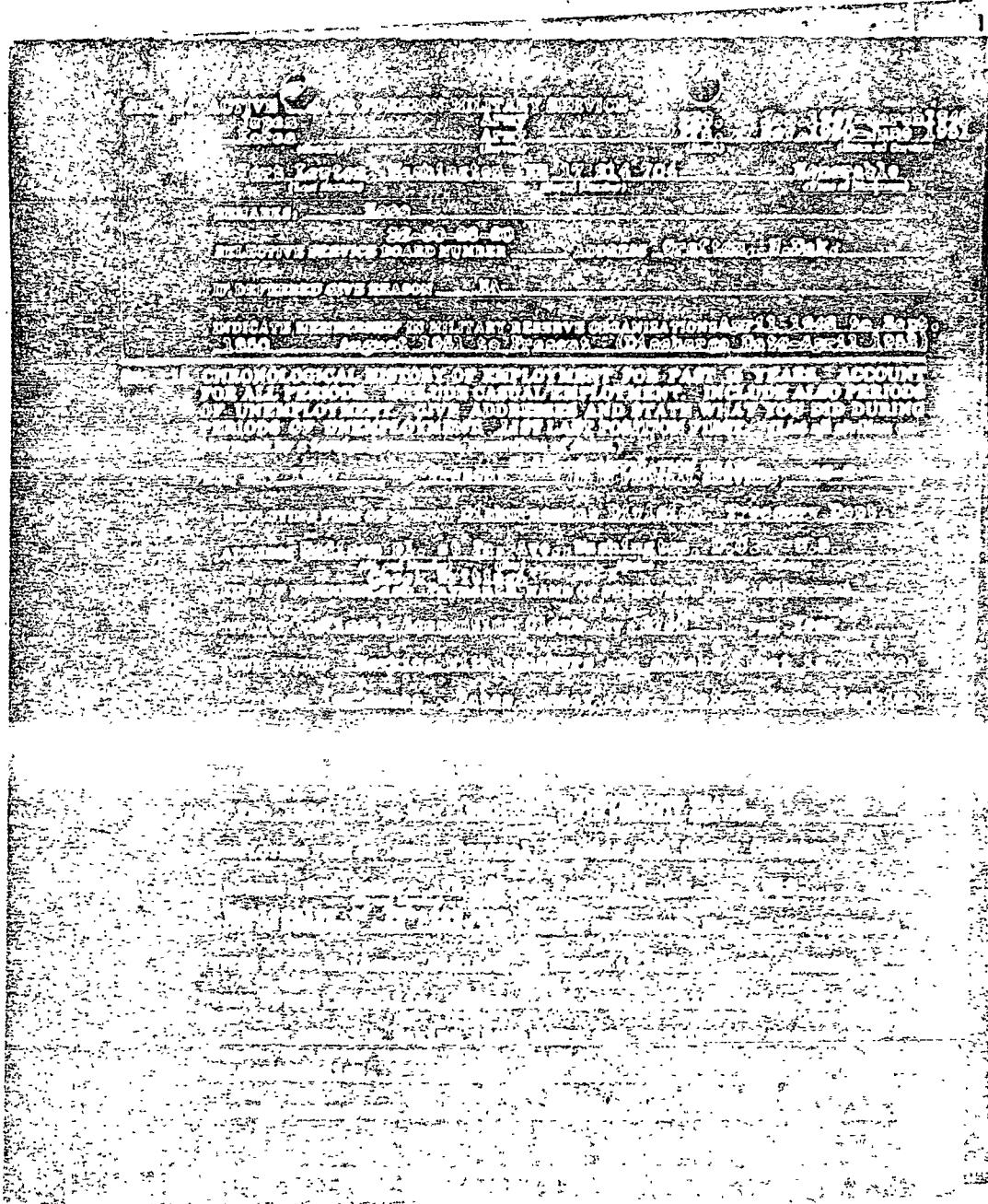


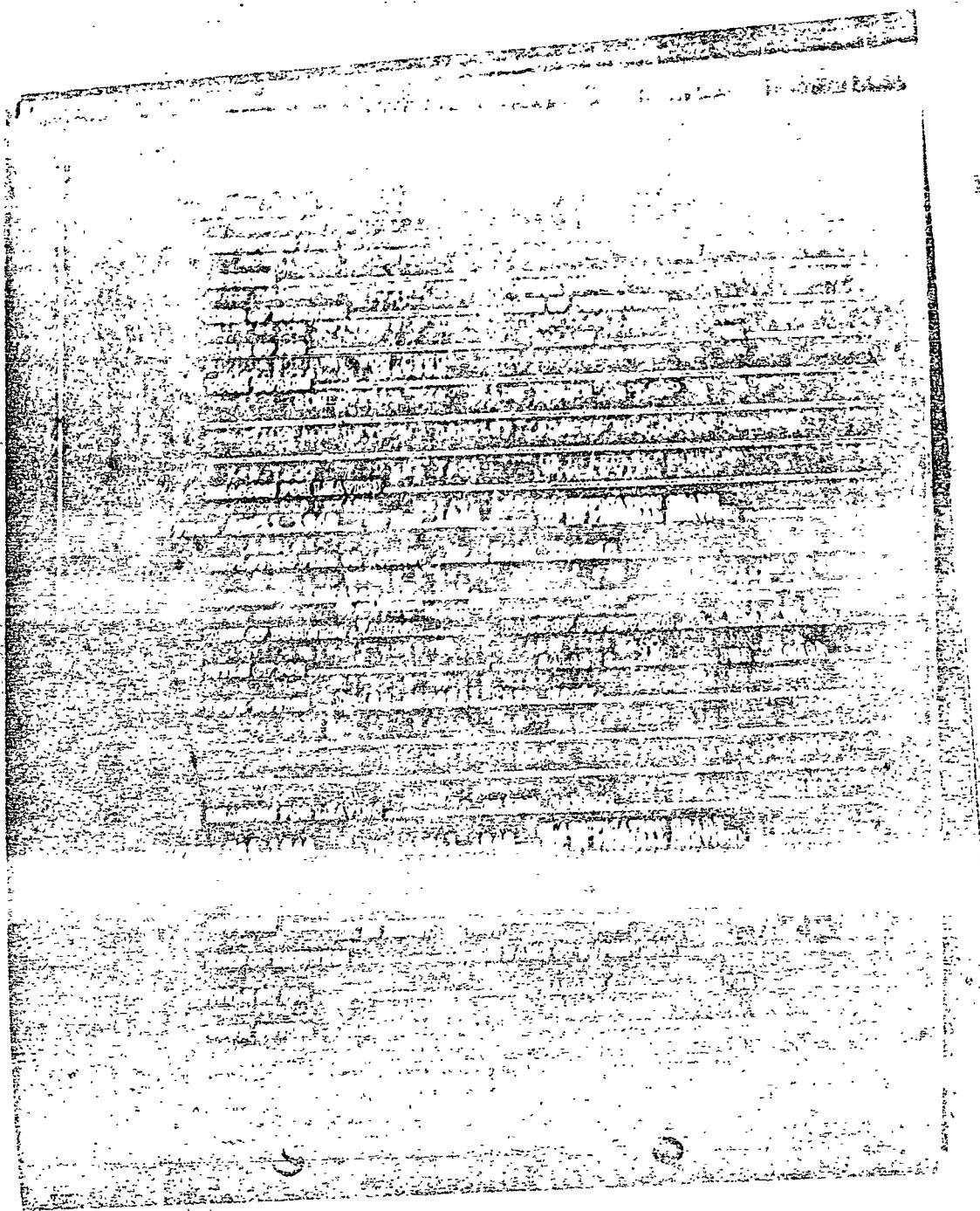


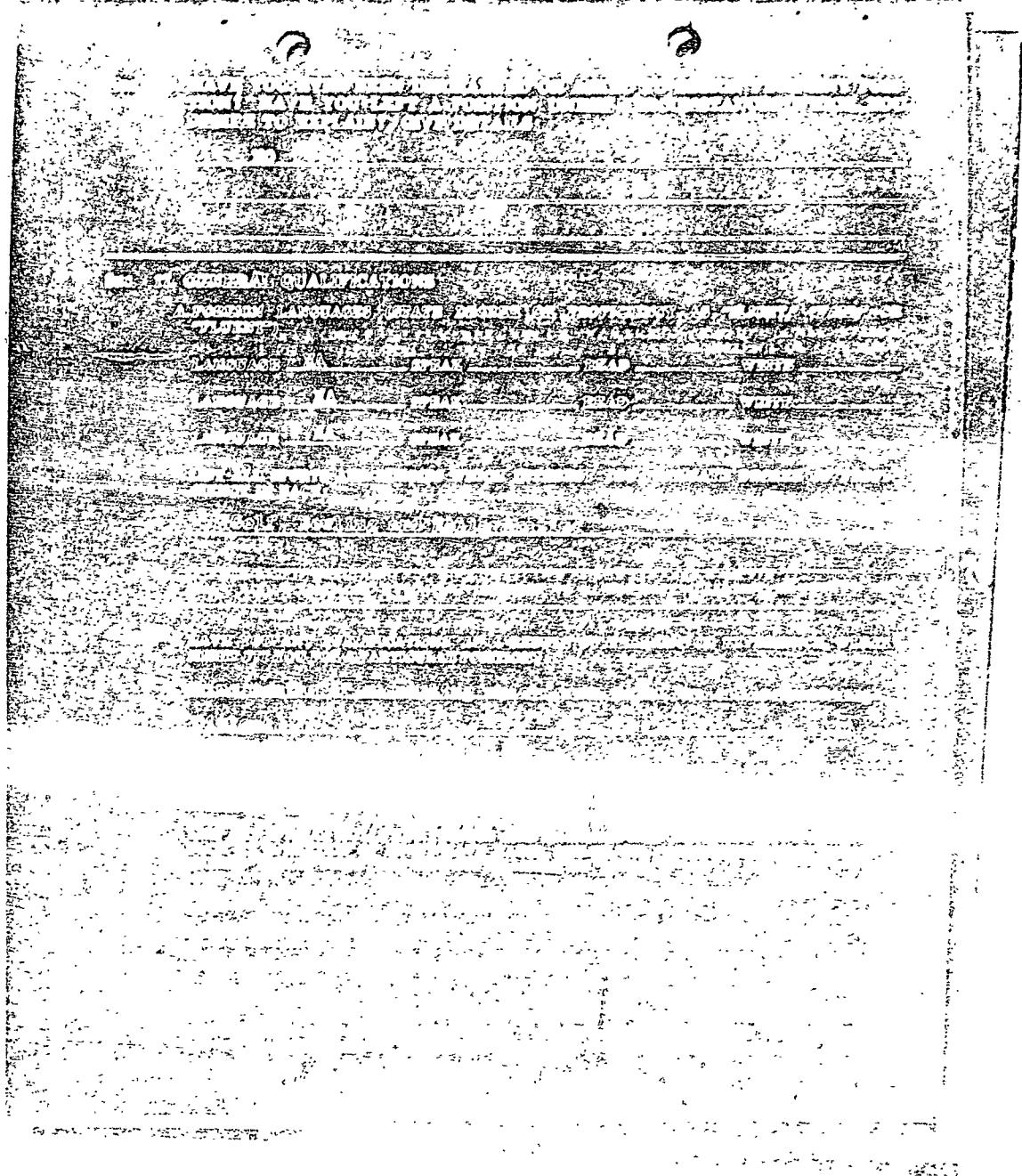


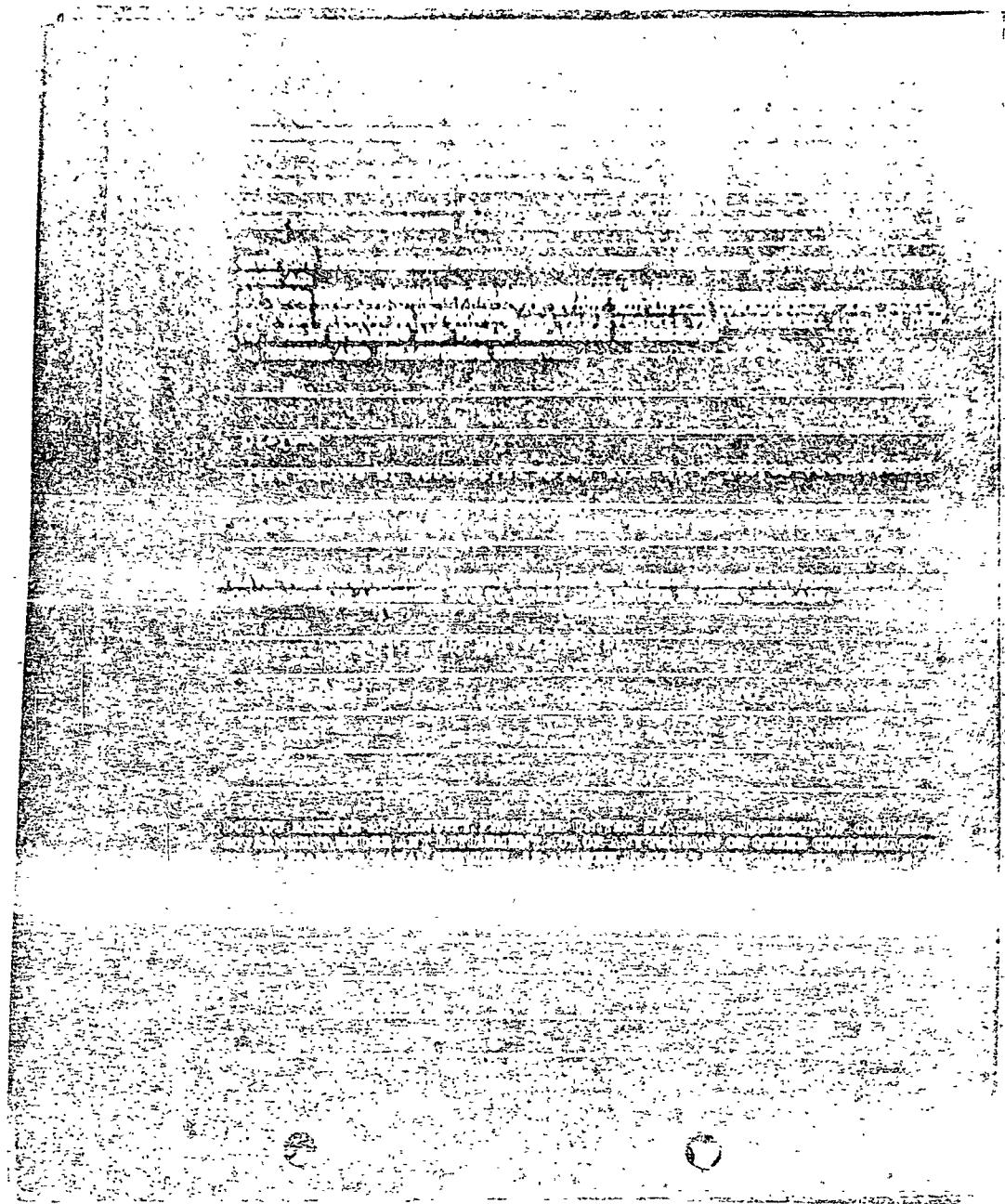


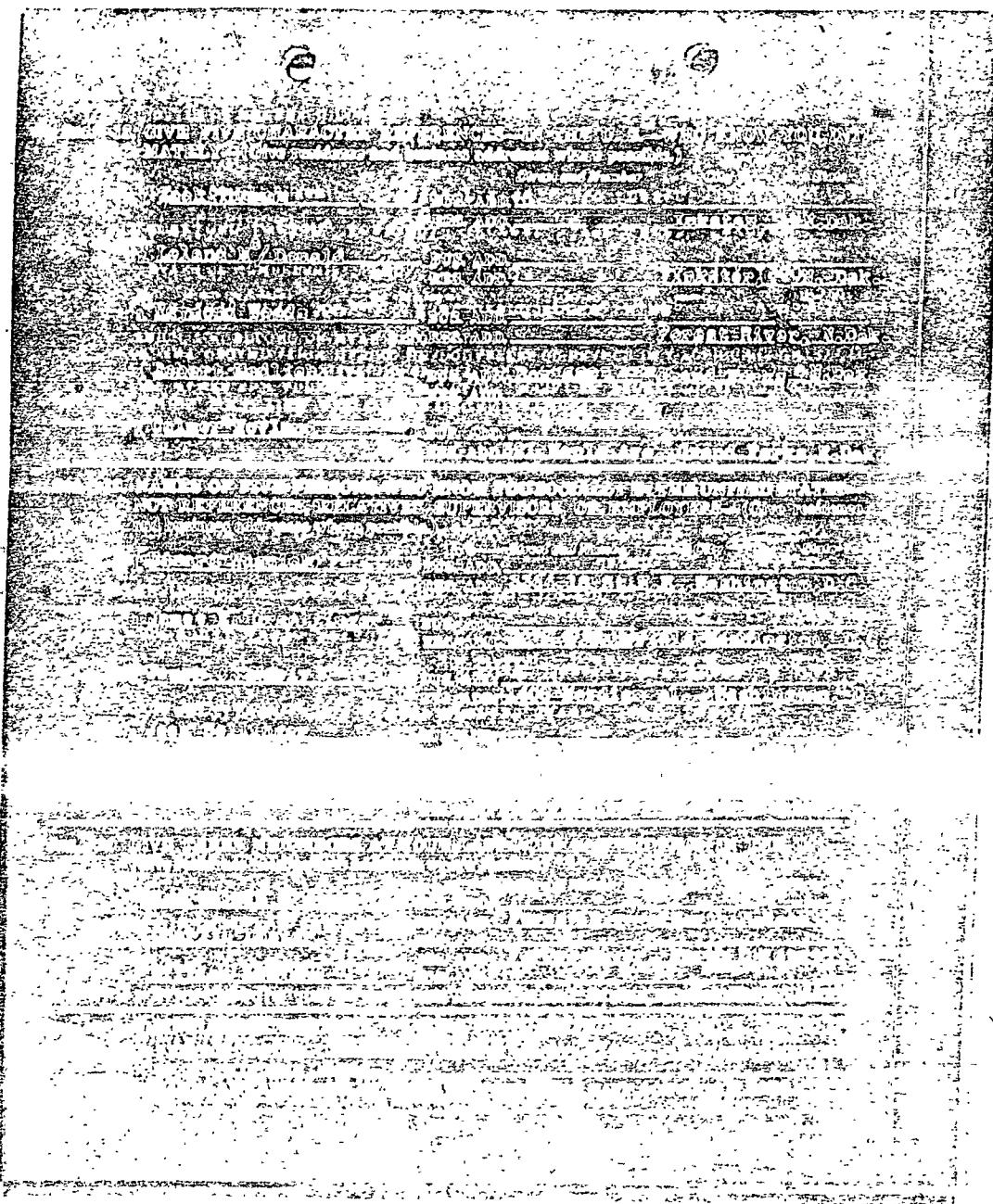


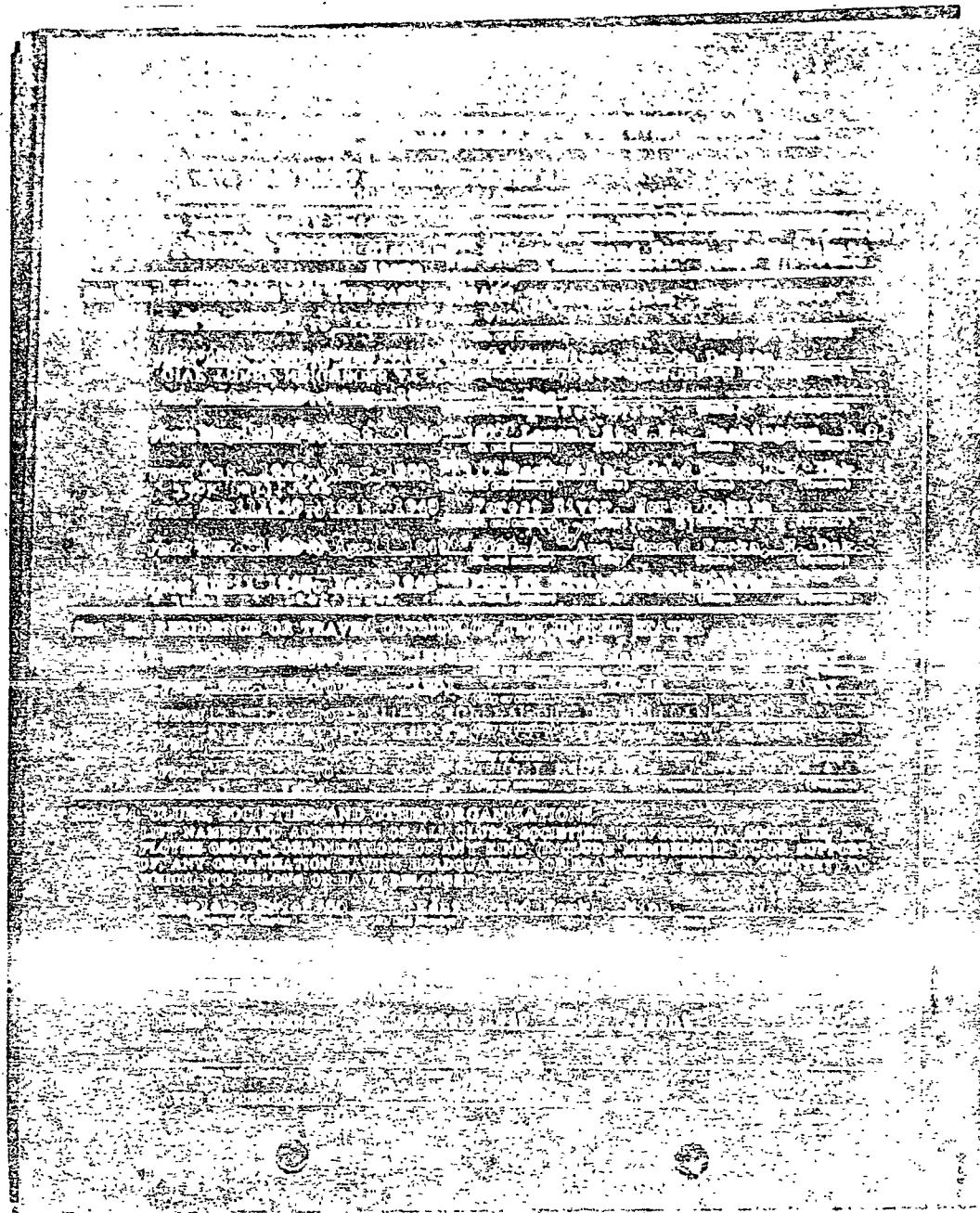


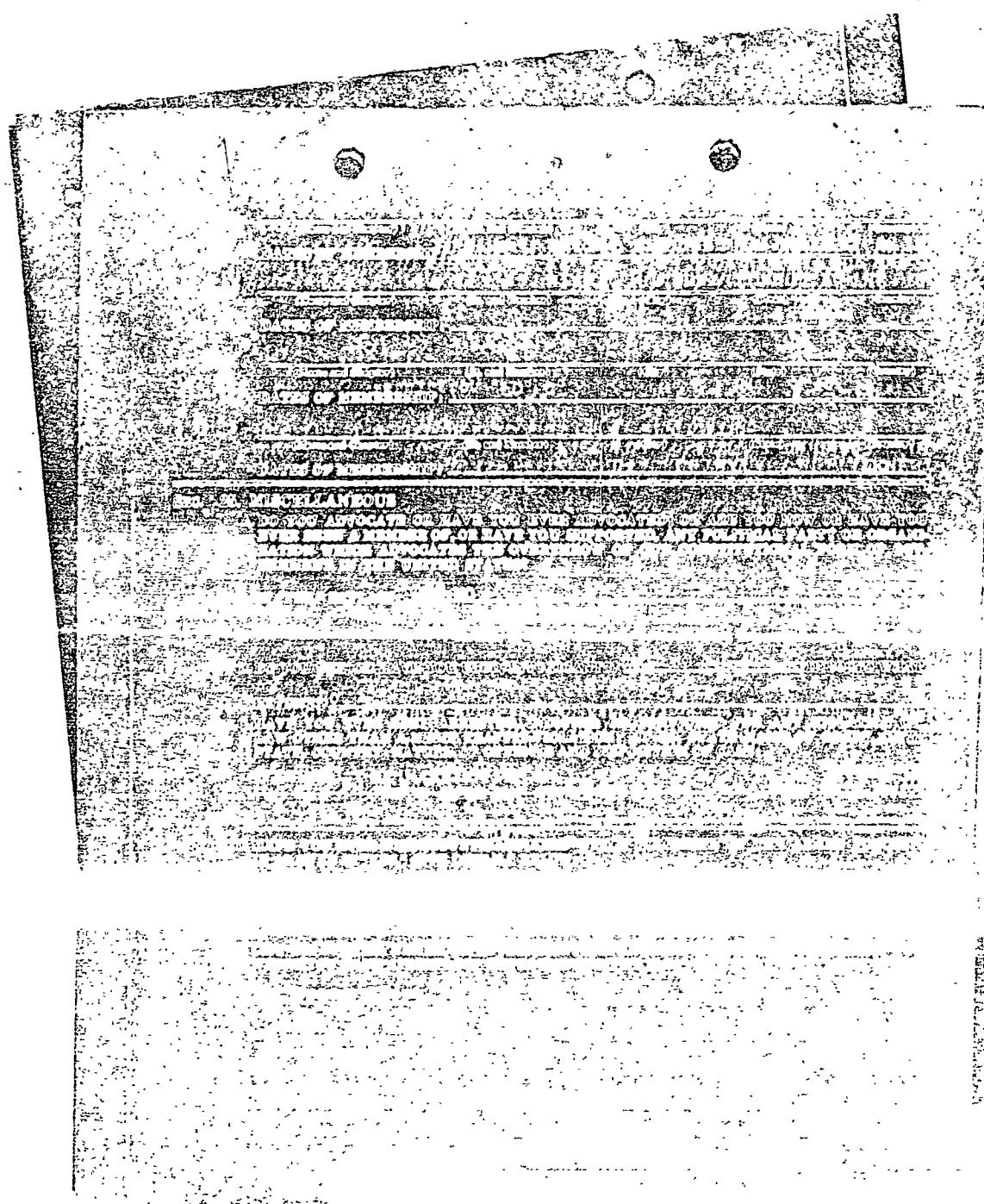






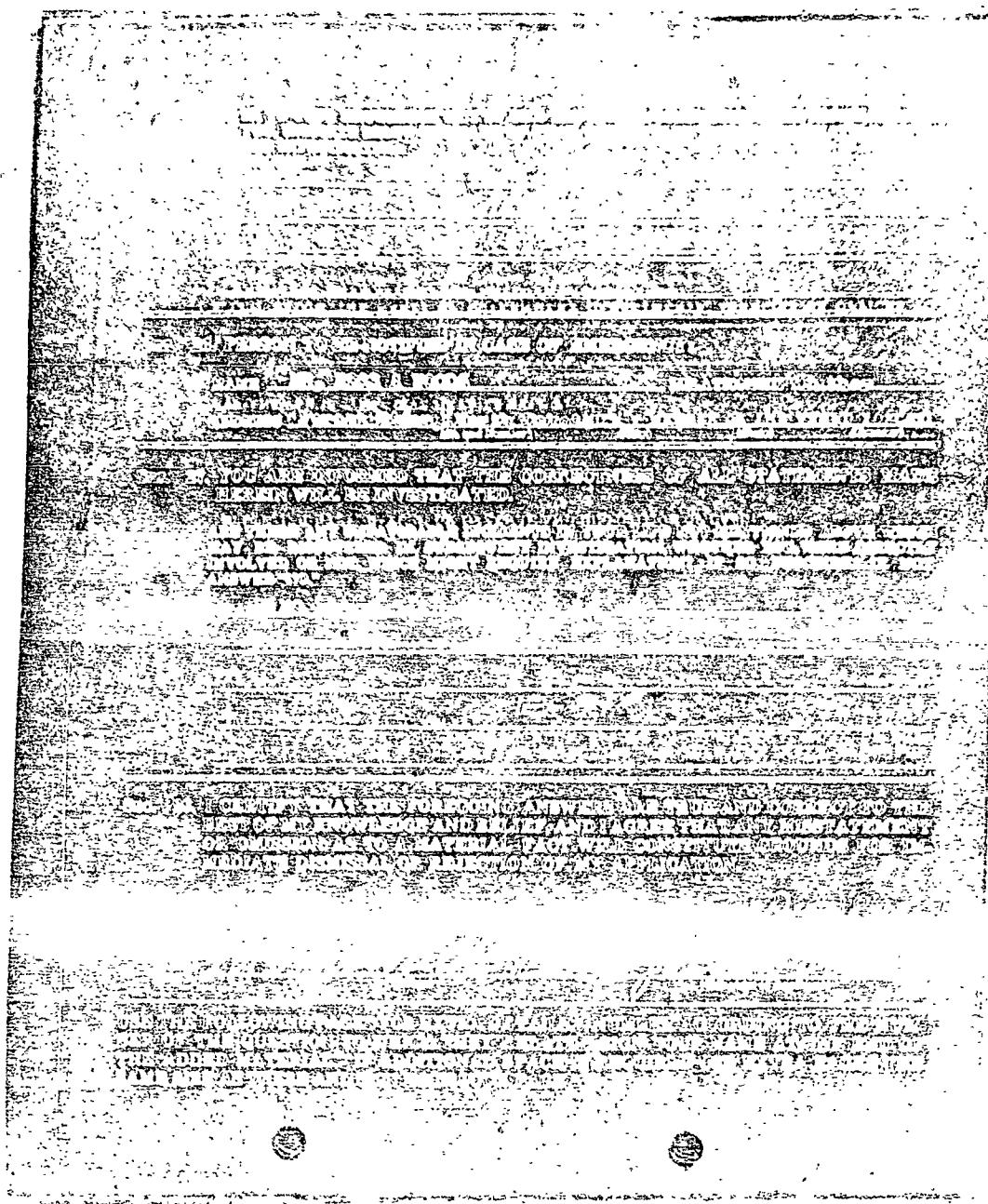


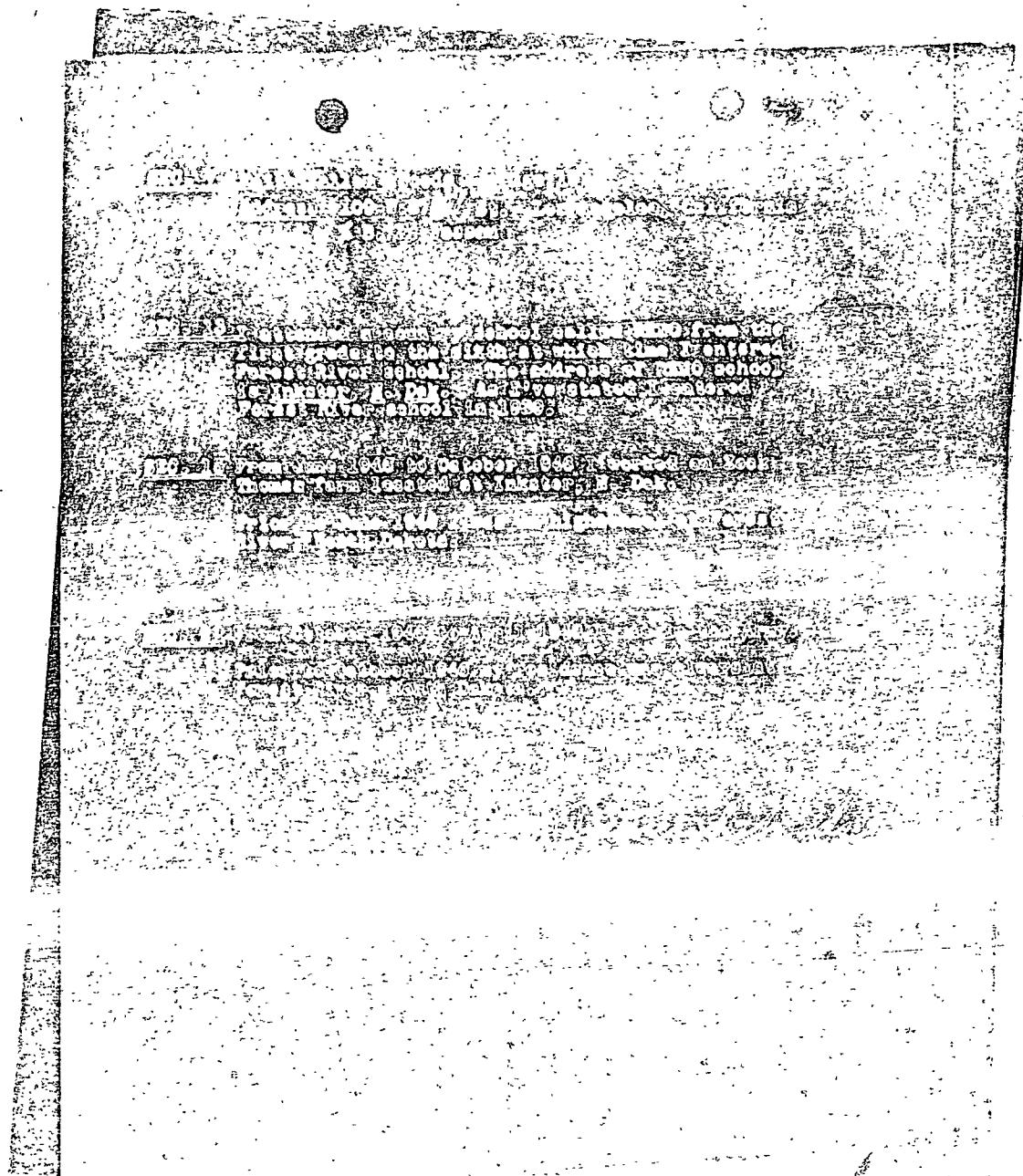




RECORDED IN THE OFFICE OF THE CLERK

10-24-70





Aaker's School of Business

Grand Forks, North Dakota

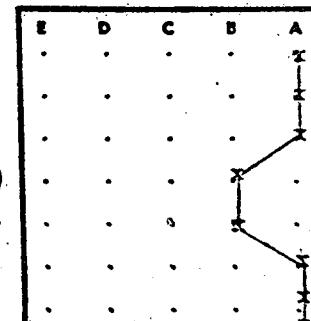
REPORT OF PROGRESS

NAME KOTTS, James S. ADDRESS Forest River, N. Dak. COURSE OF STUDY Accountancy DATE December 14, 1951

SCHOLASTIC ACHIEVEMENT

SUBJECTS COMPLETED:

- Elementary Accounting
- Advanced Accounting
- Income Tax
- Cost Accounting (Elem.)
- Tyepewriting
- Spelling
- Business Mathematics
- Business Law
- Penmanship
- Salesmanship
- Business English
- Office Machines

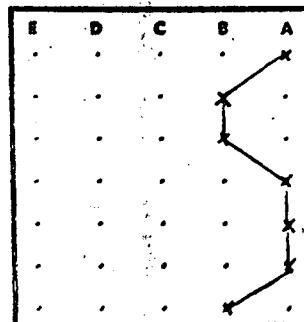


KEY

- A Superior
- B Above Average
- C Average
- D Fair
- E Slow

COMPLETED SUBJECTS

- INITIATIVE
- QUALITY OF WORK
- QUANTITY OF WORK
- ENTHUSIASM
- PUNCTUALITY
- COOPERATION
- ADAPTABILITY



PERSONAL CHARACTERISTICS

KEY

- | E | D | C | B | A |
|-------------------|---------------------------|-----------------------------|--------------|------------------|
| Needs Supervision | Routine Worker | Fairly Progressive | Resourceful | Marked Ability |
| Careless | Inaccurate | Possible | Good Quality | Highest Quality |
| Very Low Output | Low Output | Average Output | High Output | Very High Output |
| Indifferent | Occasionally Enthusiastic | Average | Determined | Confident |
| Undependable | Improvement Needed | Occasionally Absent or Late | Seldom Late | Always Punctual |
| Reluctant | Passive | Usually Agreeable | Co-operative | Co-operative |
| Limited | Slow | Average | With Ease | Exceptional |

Manager

Howard Poland

Please keep this report for future comparison

CONFIDENTIAL
SECURITY APPROVAL

Date: 26 March 1952

TO: Chief, Personnel Division
FROM: Chief, Security Division
SUBJECT: WOODS, James Service

Your Reference: H-3007A

Case Number: 61115

1. This is to advise you of security action in the subject case as indicated below:

- Security approval is granted the subject person for access to classified information.
- Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 1C-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the EOD procedures.

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C. V. Bradley

Re

10
sent to A. Kildy Mr.

**CONFIDENTIAL
SECURITY INFORMATION
INTEROFFICE MEMORANDUM**

Date: 29 Feb. 1952

TO: Chief, Personnel Division
FROM: Chief, Security Division
SUBJECT: WOODS, James Sauvie 61415 Request No. H-3007-A

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position: File Clerk, GS-2, OSO, RI, Proc. & Rec., Washington, D. C.

2. This is to advise you of the following security action:

a. Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*On file 5-7-52
C. V. Sauvie*

CONFIDENTIAL

CONFIDENTIAL

SECRET

INTEROFFICE MEMORANDUM

Date: 25 January 1952

TO: Chief, Personnel Division
FROM: Chief, Security Division
SUBJECT: WOODS, James Sauvie #61415 Request No. N-3007

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: D Street Pool.

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

APR 15 1952 C. V. Broadley

C. V. BROADLEY

CONFIDENTIAL

14-00000

OAF OF TERMINATED FILE BEING MICROFILMED