

~~SECRET~~

Zambrenski, Robert M.

6 July 1956 - 15 Sept 1965

of

5E13

[illegible]

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

SECRET

H a n d l e W i t h C a r e

ORIGINAL - Biographic Profile

— see summarized copy in slot

Personnel Actions concerning
Period After Mexico City
Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 15 June 1964	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert				
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH 07 DAY 05 YEAR 64		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS 	<input checked="" type="checkbox"/> V TO V	<input type="checkbox"/> V TO CF	<input checked="" type="checkbox"/> CF TO V	<input type="checkbox"/> CF TO CF	7. COST CENTER NO. CHARGE-ABLE 5225-0079	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION				8. LEGAL AUTHORITY (Completed by Office of Personnel) 1000		
10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.						
11. POSITION TITLE PHOTO GEN				12. POSITION NUMBER 0113		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 1060.02		16. GRADE AND STEP 10 (3)		17. SALARY OR RATE \$8200
18. REMARKS <div style="display: flex; justify-content: space-between;"> <div> <p>FROM: DDP/TSD FOREIGN FIELD MEXICO CITY</p> <p>Security Approval Granted by Pers. SA/OS <i>6/23/64</i> <i>Big 7/1/64</i></p> <p>CC: Security & Vouchered Payroll</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Recorded by CDD</p> <p><i>DM</i></p> </div> </div>						
18A. SIGNATURE OF REQUESTING OFFICIAL H. LEE OLSON			DATE SIGNED		18B. SIGNATURE OF OFFICER APPROVING <i>H. Lee Olson</i> H. LEE OLSON, TSD/CMO	
DATE SIGNED 6/23/64						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC 41200 ALPHABETIC 72	22. STATION CODE 75013	23. INTEROFF CODE	24. HOST CODE 1	25. DATE OF BIRTH MO 05 DA 09 YR 35
26. DATE OF DEATH MO DA YR	27. DATE OF DEATH MO DA YR	28. DATE OF DEATH MO DA YR	29. DATE OF DEATH MO DA YR	30. DATE OF DEATH MO DA YR	31. DATE OF DEATH MO DA YR	32. DATE OF DEATH MO DA YR
26. NIE EXPIRES MO DA YR		27. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE		28. RETIREMENT DATA CODE		29. SEPARATION DATA CODE TIME
30. VET. PREFERENCE CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.		31. SERV. COMP. DATE MO DA YR		32. LONG. LIMP. DATE MO DA YR		33. CAREER CATEGORY CODE C - MAJOR 1 - TSS
34. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		35. LEAVE CAT. CODE		36. FEDERAL TAX DATA FORM EXEMPTED 1 - YES 2 - NO		37. STATE TAX DATA FORM EXEMPTED 1 - YES 2 - NO
45. POSITION CONTROL CERTIFICATION 1000				46. O.P. APPROVAL <i>H. Lee Olson</i>		DATE APPROVED 6/30/64

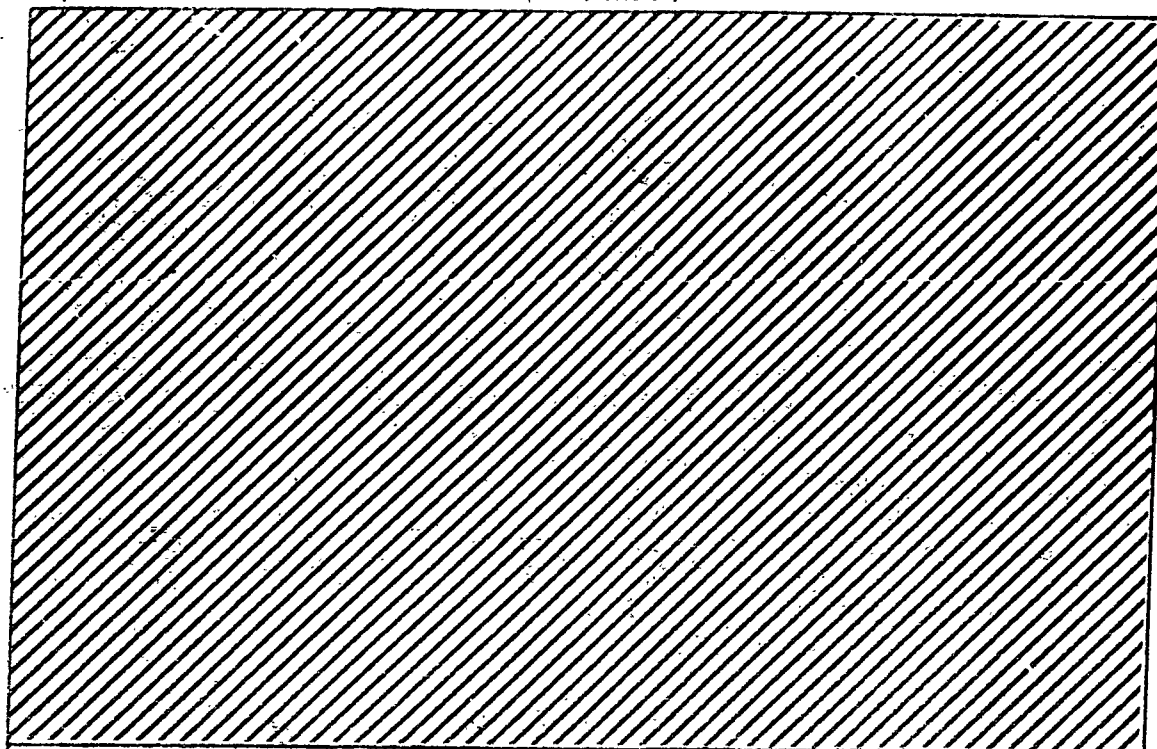
SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambernardi, Robert M.	Philip Edward - son	64-184
<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>Log burn - 28 December 1963</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	SIGNATURE OF BSC REPRESENTATIVE	
10 FEB 1964	<i>B. De Felice</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 2 April 1963	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FINDS V TO V CP TO V		X V TO CP CP TO CP		7. COST CENTER NO. CHARGE-ABLE 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico			
11. POSITION TITLE IC TECH AIDS				12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136. M 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535	
18. REMARKS FWD M: GS-9 (2) P. 74							
<div align="right">Recorded by CSPD <i>DM</i></div>							
19A. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL JAMES R. SHIELDS, TSD/CMO	
DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMP. DT. CODE 10	21. OFFICE CODE 46575 TS	22. STATION CODE 45015	23. INITIALS CODE 3	24. DATE OF BIRTH 05/69/33	25. DATE OF DEATH NO DA. YR.	26. DATE OF APT. NO DA. YR.
27. RATE EXPIRES NO. DA. YR.		28. SPECIAL REFERENCE 80		29. SEPARATION DATA CODE		30. CORRECTION/CANCELLATION DATA CODE	
31. VET. PREFERENCE CODE		32. SERV. COMP. DATE NO. DA. YR.		33. LEAVE CAT. CODE		34. FED. TAX DATA FORM EMPLOYED CODE	
35. VET. PREFERENCE CODE		36. SERV. COMP. DATE NO. DA. YR.		37. LEAVE CAT. CODE		38. FED. TAX DATA FORM EMPLOYED CODE	
39. VET. PREFERENCE CODE		40. SERV. COMP. DATE NO. DA. YR.		41. LEAVE CAT. CODE		42. FED. TAX DATA FORM EMPLOYED CODE	
43. POSITION CONTROL CERTIFICATION 5 APR 1963 <i>Shields</i>				44. O.P. APPROVAL <i>Paul C. Williams</i>			
				DATE APPROVED 5 Apr 63			

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

Zambenardi, Robert M

NAME AND RELATIONSHIP OF DEPENDENT*

Randy - SON

CLAIM NUMBER

63-460

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 22 February 65 Intestinal disorder.

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

8 January 1965

SIGNATURE OF OSD REPRESENTATIVE

B. De Felice

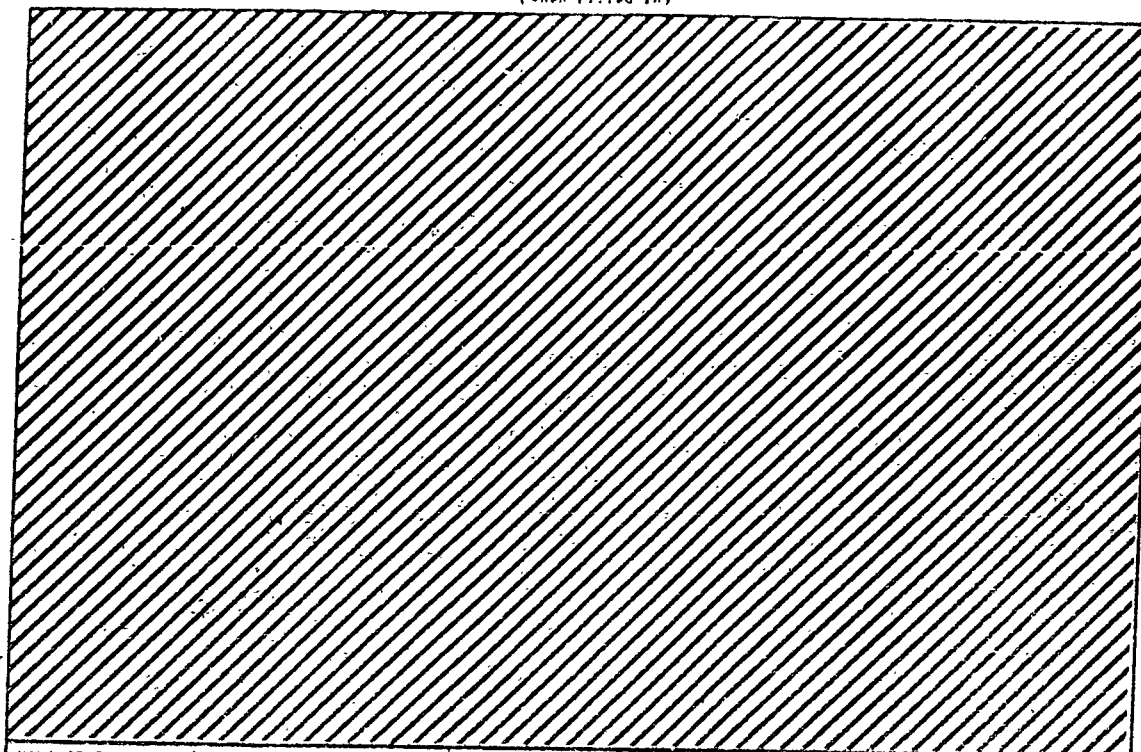
NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 022592 ✓										2. NAME (Last-First-Middle) ZAMBERNARDI, Robert	
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 21 62		5. CATEGORY OF EMPLOYMENT REGULAR XXXXXXX			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 2125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
CF TO V		X=		CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD - Foreign Field Western Hemisphere Mexico						10. LOCATION OF OFFICIAL STATION Mexico City, Mexico					
11. POSITION TITLE IO TECH AIDS						12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS				15. OCCUPATIONAL SERIES 0136.63		16. GRADE AND STEP # 9 (1)		17. SALARY OR RATE \$ 6435 ✓			
18. REMARKS FROM: GS-8 (1)											
104. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS										DATE SIGNED	
105. SIGNATURE OF CAREER SERVICE APPROVING OFFICER James R. Shields TSD/CMO										DATE SIGNED	
SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 46575 TS		22. STATION CODE 45025		23. INTER-STATE CODE 3		24. DATE OF BIRTH MM DD YY 05 09 35	
25. DATE OF DEATH MM DD YY		26. DATE OF DEATH MM DD YY		27. DATE OF DEATH MM DD YY		28. DATE OF DEATH MM DD YY		29. DATE OF DEATH MM DD YY		30. DATE OF DEATH MM DD YY	
29. NIE EXPIRES MM DD YY		30. SPECIAL REFERENCE		31. RETIREMENT DATA 1 - CSC 2 - FICA 3 - RUC		32. SEPARATION DATA CODE		33. CORRECTION/CHANGES, ACTION DATA		34. SECURITY REQ. NO.	
35. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT 3 - 10 PT		36. SERV. COMP. DATE MM DD YY		37. LONG. COMP. DATE MM DD YY		38. MIL. SERV. CODE 1 - YES 2 - NO		39. SEC. / HEALTH INSURANCE CODE 1 - YES 2 - NO		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM 1040 CODE 1 - YES 2 - NO		44. STATE TAX DATA FORM 1040 CODE 1 - YES 2 - NO		45. SOCIAL SECURITY NO.	
46. POSITION CONTROL CERTIFICATION NA 1-29 62						47. G.P. APPROVAL James R. Shields		DATE APPROVED 1/27/62			

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
ZAMBERNARDI, Robert	Wife - Martha Cecilia	51-286

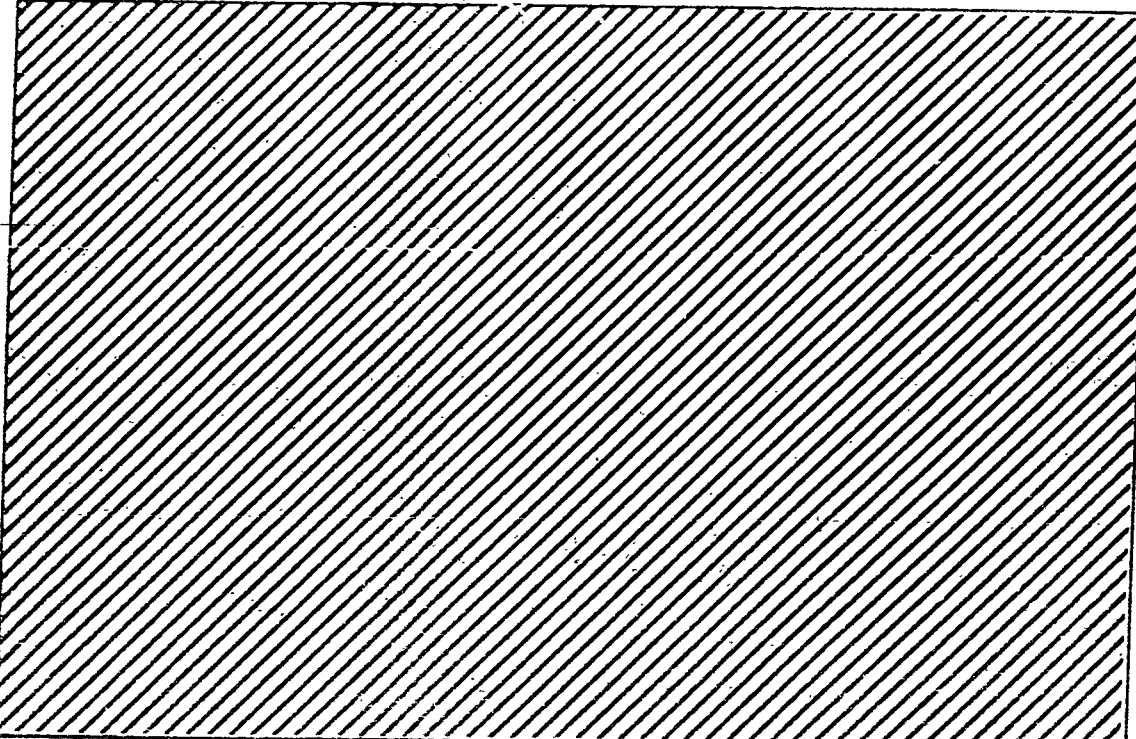
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 March 1961 - Leukemia of Uterus

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

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE
	<i>[Signature]</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DOORXXXXX Dependent	CASE OR CLAIM NUMBER
Zarnbernardi, Robert M.	Wife Martha	56-226
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>16 February 1960</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	SIGNATURE OF REPRESENTATIVE	
8 April 1960	B. De Felice	
NOTICE C OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
522592		ZAMBERNARDI, Robert			
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
PROMOTION		MONTH DAY YEAR 12 25 60		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
V TO V CP TO V X CP TO CP		1125-5700-3007			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
DDP/TSD Western Hemisphere MEXICO		Mexico, City, Mexico			
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
IO TECH AIDS		575		D 3	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS-9		0136.63		08 01	
17. SALARY OR RATE		18. REMARKS			
5885					
19. SIGNATURE OF REQUESTING OFFICIAL		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
JAMES R. SHIELDS		JAMES R. SHIELDS TSD/CM			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
1. ACTION CODE					
2. OFFICE CODE					
3. POSITION CODE					
4. ACTION DATE					
5. ACTION TYPE					
6. ACTION DATE					
7. ACTION DATE					
8. ACTION DATE					
9. ACTION DATE					
10. ACTION DATE					
11. ACTION DATE					
12. ACTION DATE					
13. ACTION DATE					
14. ACTION DATE					
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91. ACTION DATE					
92. ACTION DATE					
93. ACTION DATE					
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95. ACTION DATE					
96. ACTION DATE					
97. ACTION DATE					
98. ACTION DATE					
99. ACTION DATE					
100. ACTION DATE					

Personnel Actions Committee
Room 7F
Personnel Department
Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	
ATTN:	Personnel	FILE NO. 4954
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☒ Block Records: (OPMEMO 20-800-11) Resignation effective 20 Aug 65

a. Temporarily for _____ days, effective _____

b. Continuing, effective EOD Jul 56

☐ NA Submit Form 642 to change limitation category.
(HNB 20-7)

☐ NA Ascertain that Army W-2 being issued.
(HB 20-581-1)

☐ NA Submit Form 1322 for any change affecting this cover.
(R 240-310)

☐ NA Submit Form 1323 for transferring cover responsibility.
(R 240-350)

☒ Remarks: 1. Will use DAFC for entire period, with detail to State for use in Mexico City. 2. Will use CIA for entire period if in US. 3. Will check with Station for guidance.

☒ Cover History
 Jul56-Nov56 overt Jun57-Jul59 DAC/Washington
 Nov56-Jun57 DAFC/Japan Jul59-May64 Lt State/Mexico C
 May64-May65 DAFC/Washington

Forwarding Address:
c/o American Embassy
Mexico City, Mexico
Employment Address:
Unknown

James J. Thompson

NA/al CHIEF, MILITARY COVER, CCB

DISSEMINATION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D OS, Copy 4-OS/TLSM, Copy 5-PSD/CB, Copy 6-File

FORM 1551 6-64

SECRET

(13-10-43)

SECRET
(When Filled In)

N.M. 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION									
<div style="display: flex; justify-content: space-between;"> REF </div>									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
022592		ZAMBERNARDI ROBERT							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
RESIGNATION					08 20 65		REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		6125 0079 0000			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION					WASH., D. C.				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
PHOTO GEN					0113		D		
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			1060.02		11 3		9240		
18. REMARKS									
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIATES CODE	
45		10		NUMERIC ALPHABETIC					
24. HOURS		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST			
		05 09 35							
28. HRS CAPTES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CANCELLATION DATA	
				1. YES 2. NO 3. NONE		3ACOM		EOD DATA	
33. NET PREFERENCE		34. SERV COMP DATE		35. LONG COMP DATE		36. CENTER CATEGORY		37. PEGIT / HEALTH INSURANCE	
CODE		4. NONE 1. YES 2. NO		4. NONE 1. YES 2. NO		CODE		CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
1. NO PREVIOUS SERVICE 2. DO SPEAK TO SERVICE 3. ENTER IN SERVICE (YES, NO, 1, 2, 3) 4. SPEAK IN SERVICE (YES, NO, 1, 2, 3)						1. YES 2. NO		1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION									
<i>WJL 8/26/65</i>									

FORM 1150
11-65

Use Previous
Edition

SECRET

GROUP 1
(Excluded from automatic
downgrading and
declassification)

When Filled In

1. Serial No.	2. Name		3. Cost Center Number		4. LWOP Hours
022592	ZAMBERNARDI ROBERT		41 575 CF		
5. OLD SALARY RATE			6. NEW SALARY RATE		7. TYPE ACTION
Grade	Step	Salary	Effective Date	Grade	Step
GS 10	2	\$ 7,945	04/14/63	GS 10	3
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					
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.					
SIGNATURE: <i>E. E. Miller</i>			DATE: <i>6 March 1964</i>		
PAY CHANGE NOTIFICATION					

Form 560

Obsolete Previous Edition

(4 51)

SECRET
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
022502		ZAMBERNARDI ROBERT							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
PROMOTION (CORRECTION)					04/14/63		REGULAR		
6. FUNDS		7. TO V		8. TO CF		9. COST CENTER NO. (CHARGEAGE)		10. CAC OR OTHER LEGAL AUTHORITY	
FUND 1		V TO V		V TO CF		3125 5700 3007		50 USC 403	
CF TO V		X		CF TO CF					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
10 TECH AIDS					0575		D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.63		10 2		7535		
18. REMARKS									
THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. OFFICE CODING		21. STATION CODE		22. INTEREST CODE		23. HOURS CODE	
		ALPHABETIC		ALPHABETIC				NO. DA. YR.	
								04/14/63	
24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LEI		27. SECURITY REQ NO		28. SEX	
NO. DA. YR.		NO. DA. YR.		NO. DA. YR.					
04/14/63									
29. NTE EXPIRATION		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. CORRECTION/CANCELLATION DATA		33. SOCIAL SECURITY NO.	
NO. DA. YR.				CODE		TYPE NO. DA. YR.			
						LOD DATA			
34. VET PREFERENCE		35. SENY COMP DATE		36. LONG COMP DATE		37. EARLIER CATEGORY		38. FEEDBACK/HEALTH INSURANCE	
CODE		CODE		CODE		CODE		CODE	
39. PREVIOUS GOVERNMENT SERVICE DATA		40. LEAVE CAT		41. FEDERAL TAX DATA		42. STATE TAX DATA		43. SOCIAL SECURITY NO.	
CODE		CODE		CODE		CODE		CODE	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 15 APR 1963 <i>[Signature]</i> </div>									

FORM 1150-1 15 APR 1963
1150-1 15 APR 1963
1150-1 15 APR 1963

Use Previous Edition

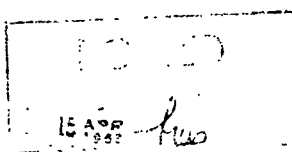
SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

SECRET
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MO. DA. YR. 04 14 63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0130.01		10 2		7535			
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. INTERPRET CODE	24. HEIGHT CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST		
22	10	105-75 75		105075	3		05 14 63	04 14 63	04 14 63		
28. NIE EXPIRY		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY	
NO DA. YR.		NO		1. CSC 2. PICA 3. OTHER		TYPE		NO DA. YR.		219 NO	
34. VET. PREFERENCE		35. SERV. COMP. DATE		36. LONG COMP. DATE		37. CAREER CATEGORY		38. FEGLI / HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
COFF		1. NONE 2. TO PT		MO DA YR		CODE		CODE		1. YES 2. NO	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT. 43		FEDERAL TAX DATA		42. STATE TAX DATA			
CODE				CODE		FORM 2287-115 CODE		FORM EXCLUDED		CODE	
1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE 3. BREAK IN SERVICE (15-18 MONTHS) 4. BREAK IN SERVICE (19-24 MONTHS) 5. BREAK IN SERVICE (25-36 MONTHS) 6. BREAK IN SERVICE (37-48 MONTHS) 7. BREAK IN SERVICE (49-60 MONTHS) 8. BREAK IN SERVICE (61-72 MONTHS) 9. BREAK IN SERVICE (73-84 MONTHS) 10. BREAK IN SERVICE (85-96 MONTHS) 11. BREAK IN SERVICE (97-108 MONTHS) 12. BREAK IN SERVICE (109-120 MONTHS) 13. BREAK IN SERVICE (121-132 MONTHS) 14. BREAK IN SERVICE (133-144 MONTHS) 15. BREAK IN SERVICE (145-156 MONTHS) 16. BREAK IN SERVICE (157-168 MONTHS) 17. BREAK IN SERVICE (169-180 MONTHS) 18. BREAK IN SERVICE (181-192 MONTHS) 19. BREAK IN SERVICE (193-204 MONTHS) 20. BREAK IN SERVICE (205-216 MONTHS) 21. BREAK IN SERVICE (217-228 MONTHS) 22. BREAK IN SERVICE (229-240 MONTHS) 23. BREAK IN SERVICE (241-252 MONTHS) 24. BREAK IN SERVICE (253-264 MONTHS) 25. BREAK IN SERVICE (265-276 MONTHS) 26. BREAK IN SERVICE (277-288 MONTHS) 27. BREAK IN SERVICE (289-300 MONTHS) 28. BREAK IN SERVICE (301-312 MONTHS) 29. BREAK IN SERVICE (313-324 MONTHS) 30. BREAK IN SERVICE (325-336 MONTHS) 31. BREAK IN SERVICE (337-348 MONTHS) 32. BREAK IN SERVICE (349-360 MONTHS) 33. BREAK IN SERVICE (361-372 MONTHS) 34. BREAK IN SERVICE (373-384 MONTHS) 35. BREAK IN SERVICE (385-396 MONTHS) 36. BREAK IN SERVICE (397-408 MONTHS) 37. BREAK IN SERVICE (409-420 MONTHS) 38. BREAK IN SERVICE (421-432 MONTHS) 39. BREAK IN SERVICE (433-444 MONTHS) 40. BREAK IN SERVICE (445-456 MONTHS) 41. BREAK IN SERVICE (457-468 MONTHS) 42. BREAK IN SERVICE (469-480 MONTHS) 43. BREAK IN SERVICE (481-492 MONTHS) 44. BREAK IN SERVICE (493-504 MONTHS) 45. BREAK IN SERVICE (505-516 MONTHS) 46. BREAK IN SERVICE (517-528 MONTHS) 47. BREAK IN SERVICE (529-540 MONTHS) 48. BREAK IN SERVICE (541-552 MONTHS) 49. BREAK IN SERVICE (553-564 MONTHS) 50. BREAK IN SERVICE (565-576 MONTHS) 51. BREAK IN SERVICE (577-588 MONTHS) 52. BREAK IN SERVICE (589-600 MONTHS) 53. BREAK IN SERVICE (601-612 MONTHS) 54. BREAK IN SERVICE (613-624 MONTHS) 55. BREAK IN SERVICE (625-636 MONTHS) 56. BREAK IN SERVICE (637-648 MONTHS) 57. BREAK IN SERVICE (649-660 MONTHS) 58. BREAK IN SERVICE (661-672 MONTHS) 59. BREAK IN SERVICE (673-684 MONTHS) 60. BREAK IN SERVICE (685-696 MONTHS) 61. BREAK IN SERVICE (697-708 MONTHS) 62. BREAK IN SERVICE (709-720 MONTHS) 63. BREAK IN SERVICE (721-732 MONTHS) 64. BREAK IN SERVICE (733-744 MONTHS) 65. BREAK IN SERVICE (745-756 MONTHS) 66. BREAK IN SERVICE (757-768 MONTHS) 67. BREAK IN SERVICE (769-780 MONTHS) 68. BREAK IN SERVICE (781-792 MONTHS) 69. BREAK IN SERVICE (793-804 MONTHS) 70. BREAK IN SERVICE (805-816 MONTHS) 71. BREAK IN SERVICE (817-828 MONTHS) 72. BREAK IN SERVICE (829-840 MONTHS) 73. BREAK IN SERVICE (841-852 MONTHS) 74. BREAK IN SERVICE (853-864 MONTHS) 75. BREAK IN SERVICE (865-876 MONTHS) 76. BREAK IN SERVICE (877-888 MONTHS) 77. BREAK IN SERVICE (889-900 MONTHS) 78. BREAK IN SERVICE (901-912 MONTHS) 79. BREAK IN SERVICE (913-924 MONTHS) 80. BREAK IN SERVICE (925-936 MONTHS) 81. BREAK IN SERVICE (937-948 MONTHS) 82. BREAK IN SERVICE (949-960 MONTHS) 83. BREAK IN SERVICE (961-972 MONTHS) 84. BREAK IN SERVICE (973-984 MONTHS) 85. BREAK IN SERVICE (985-996 MONTHS) 86. BREAK IN SERVICE (997-1008 MONTHS) 87. BREAK IN SERVICE (1009-1020 MONTHS) 88. BREAK IN SERVICE (1021-1032 MONTHS) 89. BREAK IN SERVICE (1033-1044 MONTHS) 90. BREAK IN SERVICE (1045-1056 MONTHS) 91. BREAK IN SERVICE (1057-1068 MONTHS) 92. BREAK IN SERVICE (1069-1080 MONTHS) 93. BREAK IN SERVICE (1081-1092 MONTHS) 94. BREAK IN SERVICE (1093-1104 MONTHS) 95. BREAK IN SERVICE (1105-1116 MONTHS) 96. BREAK IN SERVICE (1117-1128 MONTHS) 97. BREAK IN SERVICE (1129-1140 MONTHS) 98. BREAK IN SERVICE (1141-1152 MONTHS) 99. BREAK IN SERVICE (1153-1164 MONTHS) 100. BREAK IN SERVICE (1165-1176 MONTHS) 101. BREAK IN SERVICE (1177-1188 MONTHS) 102. BREAK IN SERVICE (1189-1200 MONTHS)				1. YES 2. NO		1. YES 2. NO		1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">  15 APR 1963 </div>											

FORM 1150
11 APR 1963Use Previous
Edition

SECRET

1. THE 1150 FORM
2. THE 1150 FORM
3. THE 1150 FORM
4. THE 1150 FORM

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GH-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575	CF GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						01 21 62		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			09 1			6435		
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. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LFI
22	10	H0575 TS		45075		3	05 09 35		01 21 62		01 21 62
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION-CANCELLATION DATA		33. SECURITY REQ NO	34. SEX
								EOD DATA			
35. VET PREFERENCE		36. LEAVE CLMP DATE		37. LONG CLMP DATE		38. MIL SERV CREDIT/CD		39. FECLT / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 1/25/62 <i>Qm</i> </div>											

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-732 AND
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 16 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD GR-ST SALARY OLD GR-ST SALARY NEW GR-ST SALARY
 ZAMBERNARDI ROBERT 022592 46575 CF 09 1 \$ 6433 09 1 \$ 6675

1. Serial No	2. Name	3. Cost Center Number	4. LWOP Hours
022592	ZAMBERNARDI ROBERT	46 575 CF 10	
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Last Eff. Date
GS 09	13	\$ 6,675	01/21/62
Grade	Step	Salary	Effective Date
GS 09	23	\$ 6,900	01/20/63
7. TYPE ACTION			
PSI LSI ADJ			
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 I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>[Signature]</i> DATE: <i>[Date]</i> PAY CHANGE NOTIFICATION			

Form 560

Obsolete Previous Edition

(4-51)

SECRET
 (When Filled In)

1. Serial No	2. Name	3. Cost Center Number	4. LWOP Hours
022592	ZAMBERNARDI ROBERT	46 575 UV	
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Last Eff. Date
GS 08	1	\$ 5,881	12/25/61
Grade	Step	Salary	Effective Date
GS 08	2	\$ 6,051	12/24/61
7. TYPE ACTION			
PSI LSI ADJ			
8. Remarks and Authentication			
/ / IN LWOP STATUS AT END OF WAITING PERIOD / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY PAY CHANGE NOTIFICATION			

Form 560

Obsolete Previous Edition

SECRET

(4-51)

BLT: 23 DEC 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
PROMOTION						MO DA YR 12 25 60			REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CLK OR OTHER LEGAL AUTHORITY		
		CF TO V		X		CF TO CF			1125 5700 3007 50 USC 403 d		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION		
10 TECH AIDS						0575			D		
14. CLASSIFICATION SCHEDULE (GS, WD, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE		
by				0136.63		08 1			5885		
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. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
22	10	46575 TS		45075		3	MO DA YR 05 09 35		MO DA YR 12 25 60		MO DA YR 12 25 60
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY RLO NO.	
NO DA YR				1. CBL 2. FICA 3. NONE		CODE		TYPE NO. DA YR		EOD DATA	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LEO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 YR 2 - 10 YR		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)						FORM EXECUTED CODE NO TAX EXEMPTIONS			FORM EXECUTED CODE NO TAX EXEMPTIONS		
						1 - YES 2 - NO			1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>[Signature]</i> 7/20/62-61 </div>											

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vol. Prof.		5. Sex		6. CS - FOD	
522592		ZAMBERNARDI ROBERT		Mo. Da. Yr. 05 05 35		None-0 5 Pt-1 10 Pt-2		1 M 1		Mo. Da. Yr. 07 30 56	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidavit		11. FEGLI		12. TCD	
Mo. Da. Yr. 08 02 54		Yes-1 No-2		Code 1		Mo. Da. Yr. 08 02 54		Yes-1 No-2		Code 1	

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR		4448		WASH.D.C.		75013	
16. Dept. - Field		17. Position Title		18. Position Flz.		19. Serv.	
Dept - 1 USfld - 3 Frqn - 5		2		PHOTOG GEN		0513	
20. Occup. Series		21. Grade & Step		22. Salary Or Rate		23. SD	
1060.02		07 1		\$ 4980		DT	
24. Date Of Grade		25. Pst Duo		26. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

ACTION

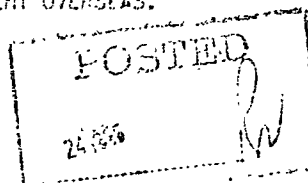
27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		04 19 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO		4455		MEXICO		45000	
33. Dept. - Field		34. Position Title		35. Position Flz.		36. Serv.	
Dept - 1 USfld - 3 Frqn - 5		5		10 TECH AIDS		0575	
37. Occup. Series		38. Grade & Step		39. Salary Or Rate		40. SD	
0136.63		07 1		\$ 4980		DT	
41. Date Of Grade		42. Pst Duo		43. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.



NOV
1961SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER
22592

SECTION A

GENERAL

1. NAME (Last) (First) (Middle) ZAMBERNARDI, Robert M.			2. DATE OF BIRTH 9 May 1935		2. SER M	4. GRADE GS-8
3. SERVICE DESIGNATION KURIOT		3. OFFICIAL POSITION TITLE IO TECH AIDS			3. OFF/DIV/BR OF ASSIGNMENT WH/III/MEXI	
8. CAREER STAFF STATUS				9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED				<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. 31 August 1961		11. REPORTING PERIOD From 7/1/60 To 6/30/61		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 KURIOT support for COs in ops, particularly photo work - concealed, telephoto, movies and documentary		RATING NO. 6	SPECIFIC DUTY NO. 4 S/W - writing and developing S/W communications in direct support of COs		RATING NO. 5	
SPECIFIC DUTY NO. 2 Routine lab work, microfilming documents, printing & reproduction of photos - montage etc.		RATING NO. 5	SPECIFIC DUTY NO. 5 Surveillances, casing and selection of meeting sites, security stake outs and other ops duties as directed		RATING NO. 5	
SPECIFIC DUTY NO. 3 Opening, processing, photographing re-scaling operational mail		RATING NO. 6	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 falls 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					NOT APPLICABLE	NOT OBSERVED	RATING				
					1	2	3	4	5		
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								X			
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 as basis for determining future personnel actions.

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

██████████ was commended by COS, Mexico in January 1961 and a review of this file should include a review of HMT-1798 dated 12 January 1961.

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

13 September 1961

SIGNATURE OF EMPLOYEE

/s/ Robert M. Zambernardi

2.**BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 months

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

13 September 1961

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

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

13 September 1961

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

SECRET

00000

Fitness Reports for period After, and
Personnel Actions for period prior to —
Assignment Mexico City

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 22592	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert			2. DATE OF BIRTH 9 May 1935		3. SEX M
4. GRADE GS-7		5. OFF/DIV/BR OF ASSIGNMENT KURIOT/Mexico			
6. SERVICE DESIGNATION KURIOT		7. OFFICIAL POSITION TITLE IO TECH AIDS			
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To 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		SPECIFIC DUTY NO. 4		RATING NO.	
Duties levied upon KURIOT by Station CO's in support of their ops and info. This constitutes using concealment devices, telephoto lens.		S/W (two systems). Writing S/W for CO's. Rec'g messages for development.		4	
SPECIFIC DUTY NO. 2		SPECIFIC DUTY NO. 5		RATING NO.	
Routine lab work. Micro-filming docs, printing docs, reprod. photos, maintenance of Photo Lab.		Stake out surveillance, agent mtgs and other duties that may be requested.		4	
SPECIFIC DUTY NO. 3		SPECIFIC DUTY NO. 6		RATING NO.	
Opening, photographing and resealing operational mail of Station CO's.		Purchasing all photo supplies which can be procured on local market. Supplying some basehouses with supplies.		6	
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. 4
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 OB- SERVED	RATING	
				1	2
GETS THINGS DONE					
RESOURCEFUL					
ACCEPTS RESPONSIBILITIES					
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					
DOES HIS JOB WITHOUT STRONG SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE					
WRITES EFFECTIVELY					
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE

19601/224

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 assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

Dec 20 11 04 AM '60
MAIL ROOM

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

27 Oct 1960

SIGNATURE OF EMPLOYEE

Subject signed form 45a in pseudo.

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

27 Oct 1960

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Winston Scott

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

SECRET

SECRET
(When Filled In)

13 AUG 1959

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 122592							
SECTION A GENERAL											
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert M.		2. DATE OF BIRTH 9 May 1935		3. SEX M	4. GRADE GS-7						
5. SERVICE DESIGNATION DT		6. OFFICIAL POSITION TITLE PHOTOG GEN		7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PSD							
8. CAREER STAFF STATUS			9. TYPE OF REPORT								
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR								
<input checked="" type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE								
10. DATE REPORT DUE IN O.P. 30 June 1959		11. REPORTING PERIOD Dec 1958 to Jun 1959									
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 USING ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.		RATING NO. 3	SPECIFIC DUTY NO. 4 MIXING ALL STANDARD CHEMICALS & SPECIAL FORMULAE FOR THE PROPER DEVELOPMENT OF VARIOUS FILM AND PAPERS - FOREIGN & DOMESTIC.		RATING NO. 4						
SPECIFIC DUTY NO. 2 PROCESSING OF BLACK & WHITE AND COLOR FILM, BOTH FOREIGN AND DOMESTIC, RANGING FROM 35mm TO 20"x24"		RATING NO. 4	SPECIFIC DUTY NO. 3 WASHING, DRYING AND SORTING OF PHOTOGRAPHIC PRINTS		RATING NO. 5						
SPECIFIC DUTY NO. 3 DOCUMENT PHOTOGRAPHY USING 20"x24" PROCESS CAMERA, MOD. D AND E RECORDAKS AND VARIOUS PORTABLE COPYING EQUIPMENT		RATING NO. 4	SPECIFIC DUTY NO. 4 USES STILL AND NP CAMERAS RANGING FROM 35mm SUB-MINIATURE TO 8 x 10.		RATING NO. 3						
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. 4						
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 APPLICABLE	NOT OBSERVED	RATING				
							1	2	3	4	5
GETS THINGS DONE									XX		
RESOURCEFUL									XX		
ACCEPTS RESPONSIBILITIES										XX	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									XX		
DOES HIS JOB WITHOUT STRONG SUPPORT									XX		
FACILITATES SMOOTH OPERATION OF HIS OFFICE									XX		
WRITES EFFECTIVELY					XX						
SECURITY CONSCIOUS										XX	
THINKS CLEARLY									XX		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					XX						
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 assuming 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'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

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

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

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

25 JUNE 1959

C/TSS/PSD/OSL

Harold M. Sprague
HAROLD M. SPRAGUE

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 THEIR 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

25 JUNE 1959

I. O. TECH. AIDS

Ralph W. Harris
RALPH W. HARRIS

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 122592	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert			2. DATE OF BIRTH 5 Sept 1935		3. SEX M
4. GRADE GS-5			5. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PD		
6. SERVICE DESIGNATION DT		7. OFFICIAL POSITION TITLE PHOTOG GEN		8. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
9. DATE REPORT DUE IN O.P. December 1958		10. REPORTING PERIOD Dec 1957 to Dec 1958		11. SPECIAL (Specify) Also Promotion	
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 PHOTOGRAPHIC DARKROOM TECHNICIAN. USE ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.			SPECIFIC DUTY NO. 4 MIXING OF PHOTOGRAPHIC SOLUTIONS FROM BULK AND PREPARED CHEMICALS.		RATING NO. 4
SPECIFIC DUTY NO. 2 DOCUMENT PHOTOGRAPHY - USING CONSOLIDATED PROCESS CAMERA, "E" & "D" RECORDAK, AND OTHER 35MM CAMERAS			SPECIFIC DUTY NO. 5 WASHING, DRYING AND SORTING PRINTS.		RATING NO. 4
SPECIFIC DUTY NO. 3 FILM PROCESSING, BOTH BLACK & WHITE AND COLOR.			SPECIFIC DUTY NO. 6		RATING NO.
3					
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. 4
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 OB- SERVED
				1	2
				3	4
				5	6
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				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 assuming 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.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

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

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

8

Subject on leave, will be shown to him later

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

23/12/58

DC/TSS/PSD/CSC

Harold M. Sprague
HAROLD M. SPRAGUE

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

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

23 DECEMBER 1958

DC/TSS/PSD

John D. Marco
JOHN D. MARCO

SECRET

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Fitness Reports and other
Personnel Documents During Period
prior His Assignment to Mexico City