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009:74

Personnel Actions  
After Mexico City Assignment

**SECRET**  
(When Filled In)

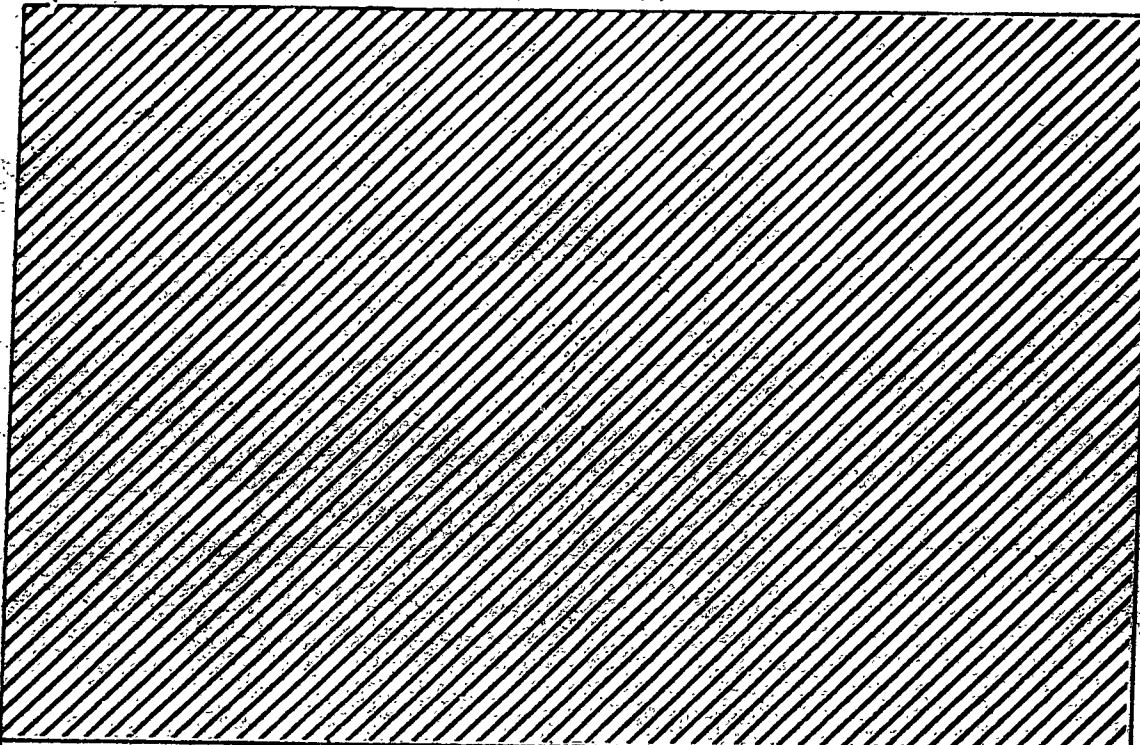
<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 11 SEPTEMBER 1963	
1. SERIAL NUMBER 009274		2. NAME (Last-First-Middle) CHARTY, F. R.			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED 09/15/63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V XX CF TO CF		7. COST CENTER NO. CHARGE-ABLE L135-5700-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO, MEXICO STATION CITY			10. LOCATION OF OFFICIAL STATION MEXICO, MEXICO		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 418		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		17. SALARY OR RATE 9290	
16. GRADE AND STEP 12					
18. REMARKS  FROM: DDP/WH/400/MEXICO STATION  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Recorded by CSPD Shu </div>					
18a. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/PERS			DATE SIGNED 9/12/63		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Dwight M. Collins
DATE SIGNED 13 Sep 63					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51400 WH	22. STATION CODE 45075	23. INTEREST CODE 3	24. NTS CODE 01/06/62
25. DATE OF BIRTH 01/06/62	26. DATE OF DEATH	27. DATE OF LEX	28. DATE OF LEX		
29. NTE EXPIRES NO. DA. YR.	30. SPECIAL REFERENCE	31. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	32. SEPARATION DATA CODE	33. CORRECTION/CANCELLATION DATA	34. SECURITY REQ. NO.
35. VET. PREFERENCE 0 - NONE 1 - 5 YR. 2 - 10 YR.	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY CART/RESV PROG/TEMP	39. FEELI / HEALTH INSURANCE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA 0 - NO PREVIOUS SERVICE 1 - NO OPEN IN SERVICE 2 - OPEN IN SERVICE (LESS THAN 3 YRS) 3 - OPEN IN SERVICE (MORE THAN 3 YRS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO
45. POSITION CONTROL CERTIFICATION W. Kearney 9/18/63			46. O.P. APPROVAL Joseph B. Logan		DATE APPROVED 17 Sep 63

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(When Filled In)

77A

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>17 JULY 1963</b>	
1. SERIAL NUMBER <b>009274</b>		2. NAME (Last-First-Middle) <b>CARTY, F R.</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>06 09 63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS V TO V CF TO V <b>XX</b> CF TO CF		7. COST CENTER NO. CHARGEABLE <b>4135-5700-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WH BRANCH 3 MEXICO, MEXICO STATION</b>			10. LOCATION OF OFFICE STATION <b>City MEXICO, MEXICO</b>		
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>400</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>12 2</b>	
17. SALARY OR RATE <b>9790</b>					
18. REMARKS  FROM: DDP/FE/2120/BANGKOK STATION/OPERATIONS BRANCH <i>Tray 27</i> 1 COPY TO FINANCE DIVISION AND OFFICE OF SECURITY  <div align="right">Recorded by CSPD EJP</div>					
18A. SIGNATURE OF OFFICER <i>Robert D. Cashman</i> ROBERT D. CASHMAN, C/WH/PERS			18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Jim Collins</i> 23 July 63		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>37</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING BUREAU <b>64702 WH</b>	22. STATION CODE <b>45015</b>	23. INT. OFF CODE	24. AGENCY CODE <b>3</b>
25. DATE OF BIRTH MO. DA. YR. <b>01 10 12</b>		26. DATE OF DEATH MO. DA. YR.		27. DATE OF LEI MO. DA. YR.	
28. DATE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE		30. SEPARATION DATA CODE TYPE <b>EOD DATA</b>	
31. SECURITY REG. NO.		32. SER		33. SOCIAL SECURITY NO.	
34. VET. PREFERENCES CODE 0 - NONE 1 - 5 YR 2 - 10 YR		35. DEPT. COMP. DATE MO. DA. YR.		36. LONG. COMP. DATE MO. DA. YR.	
37. CAREER CATEGORY CODE CAREERSY PROV/TIMP		38. REG. / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		39. SOCIAL SECURITY NO.	
40. 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)		41. LEAVE CAT. CODE		42. FEDERAL TAX DATA CODE 1 - YES 2 - NO <b>3 11 92</b>	
43. STATE TAX DATA CODE 1 - YES 2 - NO		44. STATE TAX DATA CODE 1 - YES 2 - NO		45. STATE TAX DATA CODE 1 - YES 2 - NO	
46. POSITION CONTROL CERTIFICATION <i>W. Keenan 07/25/63</i>			47. O.P. APPROVAL <i>Joseph B. Ragan</i>		
48. DATE APPROVED <b>22 July 63</b>			49. DATE APPROVED <b>22 July 63</b>		

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(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

Karty, Florian

NAME AND RELATIONSHIP OF DEPENDENT\*

Wife - German

CLAIM NUMBER

63-087

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 23 Nov 62. Ruptured muscles

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  
3 MAY  
1963

SIGNATURE OF OSD REPRESENTATIVE

B. De Felice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Personnel Actions  
prior to Mexico City  
Assignment

SECRET

REPRODUCTION MASTERSBIOGRAPHIC PROFILEH a n d l e   W i t h   C a r e

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CONFIDENTIAL

(When Filled In)

## NOTICE OF CREDITABLE SERVICE

[FOR LEAVE PURPOSES]

PREPARE IN ORIGINAL FROM STANDARD FORM NO. 144 AND FORWARD TO FINANCE OFFICE.

NAME (Last, First, Middle)

OFFICE (and Division)

DDP/WH

SERVICE COMPUTATION DATE:

24 Dec 1948

2 March 1953

SIGNATURE DA

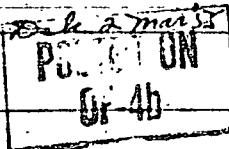
JOHN L. BISCHOFF, Chief/SCAPS

CHIEF, TRANSACTIONS AND RE. BRANCH

FORM NO. 37-157  
1 MAR 54

CONFIDENTIAL

(4)



ORIGINAL BIOGRAPHIC PROFILE

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(sanitized version in file)



Personnel Actions After  
Mexico City Assignment

WH

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
<del>██████████</del> KARTY, FLORYAN R.	009274	91	700	CF GS 12 3	\$10,105	\$10,640

POSTED ON  
05-40

8 JAN 1964

WH-2

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
009274		KARTY, FLORYAN R.		64 700 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date
GS 12	2	\$ 9,790	11/29/62	GS 12	3	\$10,105	11/24/63
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>JWH</i>				DATE 7 Oct 1963			
PAY CHANGE NOTIFICATION							

DLS: 13  
 KX SEPT 63

 SECRET  
 (When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
NCB											
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)									
009274		KARTY, FLORYAN R.									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT						09   15   63			REGULAR		
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY		
U TO V		X		CP TO CP		4135 5700 1000			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
OPS OFFICER						0418			D		
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		12 2		9790			
18. REMARKS											
<div style="text-align: right;">           POSTED BY            09-45-63         </div>											
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. DATE OF BIRTH	
37		10		51400 WH		45075		3		01   06   12	
25. DATE OF GRADE		26. DATE OF SET		27. SECURITY		28. SEX					
NO DA YR		NO DA YR		REQ NO.							
29. NIE EXPIRES		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. SEPARATION DATA CODE		33. CORRECTION/CANCELLATION DATA		34. SECURITY	
NO DA YR				1. CSC 2. PICA 3. NONE		CODE		T778 MG DA YR		REQ NO.	
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		CAN RETV PROV TEMP		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				CODE		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="text-align: right;">           POSTED            09/24/63 JK         </div>											

FORM 11-62 1150

 Use Previous  
 Edition

SECRET

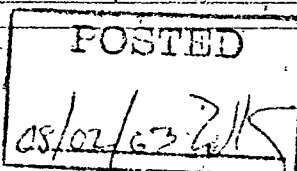
19 SEP 1963

 USE PREVIOUS EDITIONS  
 (When Filled In)

(When Filled In)

MHC: 31 JULY 63

SECRET  
(When Filled In)

OCB NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 009274		2. NAME (LAST FIRST MIDDLE) <i>KARRY, ELKYN R</i>									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE 06 09 63		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		7. V TO V		8. V TO CF		9. COST CENTER NO. CHARGEABLE 4135 5700 1000		10. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION		12. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO									
13. POSITION TITLE OPS OFFICER				14. POSITION NUMBER 0400		15. SERVICE DESIGNATION D					
16. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		17. OCCUPATIONAL SERIES 0136.01		18. GRADE AND STEP 12 2		19. SALARY OR RATE 9790					
20. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 37		22. EMPLOY CODE 10		23. OFFICE CODING 64700 WH		24. STATION CODE 45075		25. INDEGREE CODE 3		26. DATE OF BIRTH 01 06 12	
27. DATE OF GRADE		28. DATE OF LCI		29. NTE EXPIRES		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. SEPARATION DATA CODE	
33. CORRECTION/CANCELLATION DATA		34. SECURITY REQ NO.		35. SEX		36. VET. PREFERENCE		37. SERV. COMP. DATE		38. LONG COMP. DATE	
39. CAREER CATEGORY		40. FEGLI / HEALTH INSURANCE		41. SOCIAL SECURITY NO.		42. PREVIOUS GOVERNMENT SERVICE DATA		43. LEAVE CAT CODE		44. FEDERAL TAX DATA	
45. STATE TAX DATA		46. FORM EXECUTED		47. CODE		48. NO TAX EXEMPT		49. STATE CODE		50. SIGNATURE OF OTHER AUTHENTICATION	
<div style="text-align: center;">  </div>											

FORM 1150  
11 42Use Previous  
Edition

SECRET

31 JUL 63  
JHCSECRET  
FORM 1150  
11 42  
11 42

(When Filled In)

A. Fitness Reports covering period after  
Mexico City Assignment

B. Personnel Actions for period prior  
to Mexico City Assignment

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
<b>SECTION A</b> 1. NAME (Last) (First) (Middle) [REDACTED] <i>KARIN FLICKER</i>				2. DATE OF BIRTH 1912		3. SEX M	
6. OFFICIAL POSITION TITLE Ops Officer				7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1		8. CURRENT STATION Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P. December 1964				12. REPORTING PERIOD (From to) 1 Jan 1964 - 22 November 1964			
<b>SECTION B</b> <b>PERFORMANCE EVALUATION</b>							
W - <u>Weak</u> 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 - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner. S - <u>Strong</u> Performance is characterized by exceptional proficiency. O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
<b>SPECIFIC DUTIES</b> List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Case Officer for Soviet access agents.							P
SPECIFIC DUTY NO. 2							RATING LETTER
Analyst work, preparing Soviet personality reports. ✓							S
SPECIFIC DUTY NO. 3							RATING LETTER
Transcription into English of Russian technical product, and preparation of interpretative renditions of same when necessary.							O
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             POSTED ON  <i>[Signature]</i> </div>							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b> Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
7 JAN 1965							S ✓

**SECRET**  
(When 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 basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u> As explained in the previous fitness report, Subject was assigned to the Station for the purpose of taking charge of the Station's joint telephone tap center, a position for which he was and is eminently qualified by reason of extensive experience and outstanding language qualifications. However, this position did not materialize because of circumstances beyond the control of Subject and the Station.</p> <p>It was therefore subsequently decided to train Subject locally, and have him gradually assume case officer and analyst responsibilities in certain simpler aspects of the Station's Soviet program.</p> <p>Given the circumstances that Subject had not had prior case officer or analytical experience (or even any substantial past exposure to operations to give him vicarious experience) he progressed more than adequately in absorbing the training offered, in assuming responsibility for two Soviet operations and in the preparation of analytical studies on the Soviet complement. Given the further circumstances that the Station did not have the time to train him more than superficially, and that the operations he handled were basically uncomplicated, it must be stated that Subject cannot now be considered to be a case officer.</p> <p>This conscientious and intelligent officer has high interest and enthusiasm for operations, but it is believed that his forte and future lies in the management of technical operations. This has been recognized also by Headquarters in the assignment presently planned for him.</p> <p>As a staff agent under tourist cover, he and his family adapted themselves remarkably well to the deep cover situation and to all other environmental factors.</p>			
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		
23 November 1964	[REDACTED]		
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	
23 November 1964	Ops Officer	s/ Herbert Manell	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 November 1964	COS	s/ Winston K. Scott	

**SECRET**

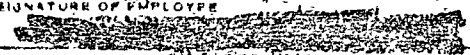
**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A <b>PARTY, LEEANN R. GENERAL</b>				009274	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
<b>PARTY, LEEANN R.</b>		6 Jan 1912	M	GS-12	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Operations Officer		DDP WH 3		Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input 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):		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
28 February 1964		6 August 1963 - 31 December 1963			
SECTION B <b>PERFORMANCE EVALUATION</b>					
<p><b>W - <del>Weak</del></b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - <del>Adequate</del></b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - <del>Proficient</del></b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - <del>Strong</del></b> Performance is characterized by exceptional proficiency.</p> <p><b>O - <del>Outstanding</del></b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Translation of Russian and Spanish materials.					S
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
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
14 FEB 1964					S



## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS		OFFICE OF...	
<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. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>					
<p>From the time of Subject's arrival in Mexico and through <del>all</del> December 1963, he was utilized principally in translation work and was held on tap for the position of heading up the Station's joint telephone tap center. Circumstances beyond the control of the Station and Subject are responsible for the fact that the incumbent in charge of the center will continue these duties and Subject will be given other responsibilities.</p> <p>Primarily, Subject will be trained to handle analyst and case officer responsibilities in the Soviet field. The level and range of the responsibilities will depend on the progress Subject makes in handling these duties in a manner satisfactory to the Station.</p> <p>Subject is most conscientious and effective in every assignment given him to date, and the Station is extremely pleased to have him available as an outside Station asset. He is enthusiastic about all his work, including certain part-time routine and arduous duties, and he looks forward with confidence to the prospect of becoming a case officer. Although it is premature to state positively that Subject will succeed as a case officer, the supervisor believes that Subject will undoubtedly progress adequately.</p> <p>Subject and his family have acclimated themselves excellently to the deep cover situation, faster than most of the Station's other staff agents, and certainly with fewer problems and requests for guidance from the Station's staff.</p>					
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				
29 January 1964					
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			
29 January 1964	Operations Officer	/S/ Herbert Lincell			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
<p>29 January 1964</p>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
29 January 1964	Chief of Station	/S/ Winston H. Scott			

SECRET

Pre 1961 Fitness Reports  
and other personnel  
documents