

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

FILE TITLE/NUMBER/VOLUME: HARVEY, WILLIAM R.
OP FILE

INCLUSIVE DATES: _____

CUSTODIAL UNIT/LOCATION: _____

ROOM: _____

DELETIONS, IF ANY: PERSONAL & UNRELATED TIME Period
MATERIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

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

FILE TITLE/NUMBER/VOLUME: HARVEY, WILLIAM R.

HARVEY, WILLIAM R.
O P FILE

INCLUSIVE DATES: _____

CUSTODIAL UNIT/LOCATION: _____

ROOM: _____

DELETIONS, IF ANY: PERSONAL & UNRELATED TIME PERIOD
MATERIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

NEW YORK TIMES
14 JUNE 1976

W. Harvey, C.I.A. Aide, Dead; Linked to Anti-Castro Plotting

William K. Harvey, reportedly the head of a special Central Intelligence Agency group, was law editor for Boobs-Merrill Publishing Company, which was set up in the 1960's to plan the removal of foreign leaders by means including assassination. He was buried Saturday at South Cemetery in Danville, died of a heart attack last just west of Indianapolis. He Wednesday in an Indianapolis hospital. His wife, Clara Grace, a daughter, Sally, and a son, James D. Harvey.

Mr. Harvey, who was 60 years old, was said to have been in charge of the agency's efforts against Prime Minister Fidel Castro of Cuba. He was among 10 agents whose identities were disclosed by the Senate Select Committee on Intelligence after an investigation in 1975 of alleged assassination plots by the United States.

William E. Colby, then Director of Central Intelligence, had argued that disclosure of the names of agents would put them in jeopardy of retaliation by "irrational groups."

Mr. Harvey testified before the Senate committee that he had been told by superiors that the Castro assassination plot had been approved at the highest levels of the government, and that he had discussed the efforts with his immediate superior, Richard Helms, who later became director of the agency.

Mr. Harvey moved to Indianapolis in 1969 after retiring from the agency, where he had worked for 22 years. He worked for the Federal Bureau of Investigation from 1940 to 1947.

68-134

13 FEB 1968

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20015

Dear Bill:

I am sorry that due to a busy schedule and my absence for several days during the Christmas holidays I didn't have an opportunity to see you prior to your retirement at the end of the year.

Red White has told me of his visit with you, and I am particularly appreciative of your expression of continued loyalty to the Agency and your offer to be of assistance should an appropriate occasion arise.

I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

/s/ Richard Helms

Richard Helms
Director

OP/BSD/RB/MJRoper:jsc
Rewritten:ExDir:sbo

Distribution:

0 - Adse
1 - ER
1 - C/EAB/OS
1 - D/Pers
+ OPF
1 - RB

(Concurred in by C/EAB/OS on 8 Jan 68)

NOTE: Covert correspondence

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20815

Dear Bill:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have been privileged to face the challenge of important responsibilities during your more than twenty-six years of service to your country. The success with which you have met them should be a source of lasting pride and satisfaction to you.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helms
Director

Distribution:

- Addressee
1 - DCI
1 - ER
1 - C/EAB/CS
1 - D/Pers
1 - OPF
1 - RB
1 - RB Reader

/M. DIRECTOR D. L. Helms

Originator:

Director of Personnel

Concur:

CINCPAC CINCPAC
C/EAB/CS

OP/BSD/RB/WJNover:jsc (26 December 1967)

****NOTE:** Covert correspondence.

SECRET

(b) (6) (A), (b) (7)(C)

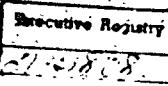
DATE PREPARED

23 December 1967

REQUEST FOR PERSONNEL ACTION							
1 SERIAL NUMBER	2 NAME (Last-First-Middle) 051164 HARVEY, William K.						
3 NATURE OF PERSONNEL ACTION Retirement - CIA Retirement System (Voluntary) AND ONS RETIREMENT				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 31 67		5 CATEGORY OF EMPLOYMENT Regular	
6 FUNDS		V TO V	X TO C	7 FINANCIAL ANALYSIS NO CHARGEABLE 8136-1186		8 LEGAL AUTHORITY (Completed by Office of Personnel) 12-643 12-233	
9 ORGANIZATIONAL DESIGNATIONS DDP/EUR Development Complement				10 LOCATION OF OFFICIAL STATION Wash., D. C.			
11 POSITION TITLE Ops Officer				12 POSITION NUMBER 9997		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (GS, E.B., etc.) GS		15 OCCUPATIONAL SERIES 0125.01		16 GRADE AND STEP 18 1		17 SALARY OR RATE \$ 27055	
18 REMARKS Mr. Harvey is not recommended for the Agency Reserve List. Per my strike Roger, R.B. by telecon 12/29/67.							
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION COMB	23 INTEGEE CODE 1	24 HQDTS. CODE MO. DA. YE. 129113116	25 DATE OF BIRTH MO. DA. YE. 26 DATE OF GRADE MO. DA. YE. 27 DATE OF LEI MO. DA. YE.
28 RITE EXPIRES MO. DA. YE.		29 SPECIAL REFERENCE 1-DSR 3-FICA 5-BONE		30 RETIREMENT DATA CODE BT 000.00		31 SEPARATION DATA CODE TYPE 32 CORRECTION/CANCELLATION DATA NO. DA. YE	33 SECURITY REQ NO. 34 SEX EOD DATA
35 VET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT		36 SERV COMP DATE MO. DA. YE.		37 LONG COMP DATE MO. DA. YE.		38 CAREER CATEGORY CAR RESV PROV TEMP CODE CODE 0-WAIVER 1-YES	39 FEGL/HEALTH INSURANCE HEALTH INS. CODE 40 SOCIAL SECURITY NO
41 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)		42 LENIE O.D. CODE		43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED 1-YES 2-NO	45 STATE CODE
45 POSITION CONTROL CERTIFICATION 1-9-68 M. W.				46 O.P. APPROVAL E. M. H. O. D. L. E.		DATE APPROVED 28 Dec 1967	

14 00000
SECRET

13 DEC



MEMORANDUM FOR: Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement -
William K. Harvey

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.
2. Mr. William K. Harvey, GS-18, Operations Officer, European Division, Clandestine Services, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 December 1967.
3. Mr. Harvey has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 52 years old with over 26 years of Federal Service. This service includes over 20 years with the Agency of which more than 9 years were in qualifying service overseas. The CIA Retirement Board has recommended that his application for voluntary retirement be approved. I endorse this recommendation.
4. It is recommended that you approve the voluntary retirement of Mr. William K. Harvey under the provisions of Headquarters Regulation 20-50j.

RECORDED AND INDEXED, DEPT OF PERSONNEL, 13 DEC 1967
SIGNED: DIRECTOR OF PERSONNEL, 13 DEC 1967

Emmett D. Echols
Director of Personnel

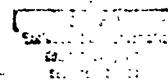
The recommendation contained in paragraph 4 is approved:

RECORDED AND INDEXED 13 DEC 1967
SIGNED: DIRECTOR OF PERSONNEL, 13 DEC 1967

/s/ Richard Helms
Director of Central Intelligence

15 DEC 1967

Date



SECRET

Distribution:

- 0 - Return to D/Pers .c/3 3 25 PM '67
 1 - DDCI
 1 - ER
 1 - D/Pers
 1 - OPF
 1 - RB Soft file (w/hold)
 1 - RB Reader

OP/FSD/RE/MJRoper:tlh (7 December 1967)**Retyped: OP/FSD/BDeFelice:jas (11 December 1967)**

RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]
 RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]

RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]
 RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]
 RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]
 RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]
 RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]

DEC 16

RE: [REDACTED]

RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]
 RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]

6. H. 16. 11

RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]

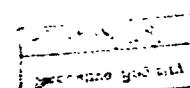
RE: [REDACTED] RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]

RE: [REDACTED]

RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]

RE: [REDACTED] RE: [REDACTED] RE: [REDACTED]

RE: [REDACTED]



Personal Information

9:25 min sec
not in

9:18

25.890

9:18 off/sec

9:18 25-67

EOD. 20 Sept 47

9:25 velocity

10 -

12. not in

13. 45 not in

14. 15 not in

15. 20 not in

16. 00 not in

SECRET

(WHEN FILLED IN)

STATEMENT of EARNINGS and DEDUCTIONS

NAME: HARVEY WILLIAM K	EMPLOYEE NO: 061164	PAY PERIOD DATE 04/09 - 05/06	ROLL 01	COST CENTER 1361186	STA 000
---------------------------	------------------------	----------------------------------	------------	------------------------	------------

CD	EARNINGS		DESCRIPTION
	NORMAL	OTHER	
01	199200		REG SAL

NOTE:

THIS FORM IS ISSUED ONLY WHEN AN EMPLOYEE ENTERS ON DUTY OR THERE IS ANY CHANGE IN THE PAY ACCOUNT

CD	DEDUCTIONS		DESCRIPTION
	NORMAL	OTHER	
41	35014		F/TAX 1
53	1102		INS WEAPA
54	1000		INS FEGLI
57	750		INS UBLIC
61	1374		0820 HOSP 2
75	12948		AGY RET

ADDITIONAL COMPENSATION DATA						REFUND DUE FROM EMPLOYEE			NET PAY			
PP	OT/HRS	HT/HRS	ND/HRS	RATE	O/T-HT AMT	N/D AMOUNT	CD	NORMAL	OTHER	CD	NORMAL	OTHER
										99	147012	
REMARKS:										PAID AT HOS.		
										147012		

SECRET

(44) K-1 (Ed. 1-7)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						27 February 1967			
001164		HARVEY, WILLIAM K.									
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED						5. CATEGORY OF EMPLOYMENT			
CONVERSION FROM FSR STATUS		MONTH DAY YEAR 02 25 67						REGULAR			
6. RANKS		V TO V	V TO C	7. FINANCIAL ANALYSIS		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
OF TO V		XX	C TO C	NO CHARGEABLE 1186 7130-1207-							
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION									
DDP/EUR FOREIGN FIELD SOUTHERN REGION NONE STATION OFFICE OF THE CHIEF (UNASSIGNED)		62d, 1.C. ROME, ITALY									
11. POSITION TITLE		12. POSITION NUMBER						13. CAREER SERVICE DESIGNATION			
O-1 Officer CHIEF OF STATION		C997 0000						D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01 0136.05		16. GRADE AND STEP 18-1		17. SALARY OR RATE \$ 25,890					
18. REMARKS <i>Other</i>											
19. SIGNATURE OF REQUESTING OFFICIAL <i>Richard E. Westerman, C/1/P/Personnel</i>				DATE SIGNED		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Russ Long</i>				DATE SIGNED <i>3/8/67</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC		22. STATION CODE	23. INTEGEE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
00	00	4419		6114	0000	00	MO. DA YR 09/13/67	MO. DA YR	MO. DA YR		
28. RITE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	34. STA	
MO. DA YR		30. RETIREMENT DATA 1-ESC 3-FICA 5-NONE		CODE		TYPE	MO. DA YR				
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY		39. - FEGI/HEALTH INSURANCE		40. SOCIAL SECURITY NO			
CODE	0-NONE 1-5 PT 2-10 PT	MO. DA YR	MO. DA YR	CAR. RESV PROV. TEMP	CODE	CODE	0-WAIVED 1-YES	HEALTH INS. CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE AT 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	CODE	NO. TAX EXEMPTIONS	FORM EXECUTED	CODE	NO. TAX EXEMPT STATE CODE	
1-YES 2-NO					1-YES 2-NO			1-YES 2-NO			
45. POSITION CONTROL CERTIFICATION				3-15-67	46. O.P. APPROVAL			DATE APPROVED 27 Mar 67			
				MW	<i>Pat Dard</i>						

2-66 1152 USE PREVIOUS EDITION

SECRET

GROUP I
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

(U Not Filled In)

AMER

DATE PREPARED

27 February 1967

REQUEST FOR PERSONNEL ACTION							
1. SERIAL NUMBER 061103	2. NAME (Last-First-Middle) HARVEY, WILLIAM K.			3. NATURE OF PERSONNEL ACTION REASSIGNMENT			
4. FUND SOURCE FUND		V TO V	V TO CP	5. EFFECTIVE DATE REQUESTED 02 24 67		6. CATEGORY OF EMPLOYMENT REGULAR	
7. FINANCIAL ANALYSIS NO. CHARGEABLE 7136-1186		8. LEGAL AUTHORITY (Completed by Office of Personnel)		9. ORGANIZATIONAL DESIGNATIONS DDP/EUR COS/CB DEVELOPMENT COMPLEMENT			
10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.				11. POSITION TITLE Int Secy. OPS OFFICER			
12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION n		14. CLASSIFICATION SCHEDULE (GS, LS, etc.) FSR GS		15. OCCUPATIONAL SERIES 0136.01	
16. GRADE AND STEP O-1				17. SALARY OR RATE \$ 24,244.24		18. REMARKS From: DDP/EUR/FF/COS, ROME Subject departed the Station 21 March 1966.	
19. SIGNATURE OF REQUESTING OFFICIAL Richard F. Westerman, D/P/E/Personnel							
20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER R. Westerman							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE CODE: 3-2	20. EMPLOYEE CODE CODE: 1	21. OFFICE CODING NUMERIC: 44497 ALPHABETIC: C112732	22. STATION CODE	23. INTEGRITY CODE	24. MOODS CODE CODE: 1	25. DATE OF BIRTH MO. DA. YR. 04 13 66	26. DATE OF GRADE MO. DA. YR. / / /
27. DATE OF LEI MO. DA. YR. / / /	28. DATE OF LEI MO. DA. YR. / / /	29. SPECIAL REFERENCE CODE: 1-FSC 2-FICA 3-NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE: 1-ESR 2-PNS 3-HON	32. CORRECTION-CANCELLATION DATA CODE: EOD DATA	33. SECURITY REG. NO. REG. NO. / / /	34. SER. NO. SERIAL NO. / / /
35. VET. 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 CODE: 1-ARMED 2-NAVY 3-AIR 4-ASTRONAUT 5-NOV	39. FED. HEALTH INSURANCE CODE: 0-WAIVER 1-YES	40. SOCIAL SECURITY NO. / / /		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-NO PREVIOUS SERVICE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 2 YEARS) 3-BREAK IN SERVICE (MORE THAN 2 YEARS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA CODE: 0-EXEMPT 1-YES 2-NO	44. STATE TAX DATA CODE: 1-YES 2-NO				
45. POSITION CONTROL CERTIFICATION CODE: 1-NO 2-YE	46. O.P. APPROVAL 3-15-67	47. DATE APPROVED R. Westerman					

S E C R E T

Chief of Station, Rome

Director of Personnel

MISLUGGAGE

- Notification of Designation as a Participant in
the Organization Retirement and Disability System

Action: As indicated

Ref: Book Dispatch 5096 & OIRS - 7586

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 21 November 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to Book Dispatch 5096 should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.

21 DEC 1965

73/ Richard B. Egan 15 DEC 1965

RICHARD B. EGAN

OIRS - 7779

SECRET

~~Approved for Release under the
Freedom of Information Act~~

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
1. SERIAL NUMBER	2. NAME (Last-First-Middle)					16 November 1965		
06116	HARVEY, WILLIAM K.							
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED				5. CATEGORY OF EMPLOYMENT		
DESIGNATION AS PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM		MONTH	DAY	YEAR	REGULAR			
6. FUNDS	V TO V	V TO C	7. COST CENTER, NO CHARGEABLE	8. LEGAL AUTHORITY (Comprised by Office of Personnel)				
	C TO V	XCC	6136-1267	PL 88-643 Sect. 203				
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION						
DDP/WE ROME STATION OFFICE OF THE CHIEF		ROME, ITALY						
11. POSITION/TITLE			12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION				
FIRST SECRETARY CHIEF OF STATION			0362	D				
14. CLASSIFICATION SCHEDULE (GS, LS, TA)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE				
F3R GS		0136.05	01 2 18 1	24,284 \$ 25,382				
18. REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.								
18A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED	
<i>Philip C. Penne</i>			18 NOV 1965					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INSTITUTE CODE	24. HODGETS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28	10	5042 WE	3653	3	MO DA YR	MO DA YR	MO DA YR	MO DA YR
28. HIE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA	33. SECURITY REG. NO.	34. SEX	
MO. DA. YR.		1-CSK 2-FICA 3-HOME	CODE 2	TYPE	MO DA YR	EOD DATA		
35. RET PREFERENCE		36. SERV COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGL/HEALTH INSURANCE	40. SOCIAL SECURITY NO		
CODE	0-HOME 1-5 PT. 2-10 PT.	MO DA YR	MO DA YR	CAREER PROV. TYP	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 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			FORM EXECUTED	CODE	NO. TAX EXEMPTIONS	FORM EXECUTED	CODE
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL			DATE APPROVED	

SECRET

(When Filled In)

DATE PREPARED

28 MARCH 1963

REQUEST FOR PERSONNEL ACTION

1. SERIAL NUMBER 061164	2. NAME (Last-First-Middle) HARVEY, WILLIAM K.	4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 6 30 63	5. CATEGORY OF EMPLOYMENT REGULAR			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT	6. FUNDS V TO V CC TO CC	7. COST CENTER NO. CHARGEABLE 3136-6300-1014	8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP WE ROME STATION OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION ROME, ITALY				
11. POSITION/TITLE SECRETARY CHIEF OF STATION	12. POSITION NUMBER 0262	13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) FSR GS (00)	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 02 0 18 1	17. SALARY OR RATE 15,900 20,000			
18. REMARKS FROM: DDP BASE FORCE W/ OFFICE OF THE CHIEF/0662. (trans) 1 APPOINTMENT MEMO TO DCI SENT ON 27 MARCH 1963. Security Approval Granted by DCIS, SC, 13 4/26/63 259 SENT TO MEDICS ON 15 MARCH 1963. Security Approval Granted by DCIS, SC, 13 4/26/63 REQUEST ALL NECESSARY CLEARANCES BE GRANTED PRIOR TO 1 JUNE 1963. COPIES SENT TO FINANCE AND SECURITY. CSPD (signature) 04/27/63 CSPD (signature) 04/27/63						
19. SIGNATURE OF REQUESTING OFFICIAL THOMAS M. FISHER, C/WE/PT	DATE SIGNED	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER mcLean	DATE SIGNED 24 June 1963			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
21. ACTION CODE 37	22. OFFICE CODING 10E 14533	23. STATION CODE 3	24. MOOTS CODE 09131K	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF DEATH MO. DA. YR.	27. DATE OF LEI MO. DA. YR.
28. RIC EXP RES NO. DA. YR.	29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE	30. RETIREMENT DATA MO. DA. YR.	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO. DA. YR.	33. SECURITY REG. NO. EOD DATA	34. SER
35. VET. PREFERENCE CODE 1 - NONE 2 - 5 yrs. 3 - 10 yrs.	36. SERV. COMM. DATE MO. DA. YR.	37. LONG. COMM. DATE MO. DA. YR.	38. CAREER CATEGORY CODE	39. RETI / HEALTH INSURANCE CODE 0 = UNINSURED 1 = YES	40. SOCIAL SECURITY NO.	41. STATE TAX DATA
42. PREVIOUS GOVERNMENT SERVICE DATA 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)	43. LEAVE CAT. CODE 1 2	44. FEDERAL TAX DATA FORM FED/STATE CODE	45. STATE TAX DATA CODE	46. O.P. APPROVAL B. L. Bond, Jr./Lew DATE APPROVED 28 MARCH 1963	47. DATE APPROVED	
48. POSITION CONTROL CERTIFICATION D. Keane 04/27/63						

SECRET

CO/P 3-3-63

12 JUN 1963

Executive Registry
134440**MEMORANDUM FOR:** Deputy Director of Central Intelligence**VIA:** Deputy Director (Plans)**SUBJECT:** Appointment of Mr. William K. Harvey
Chief of Station, Rome, Italy

1. This is to make a matter of written record the appointment of Mr. Harvey as Chief of Station, Rome, Italy, effective on or about 30 June 1963. Mr. Harvey will replace Mr. Francis I. G. Coleman, who is scheduled to attend the next session of the National War College. Verbal approval was given by you and by the Director.

2. A biographic data sheet, including information regarding his Agency experience and training, is attached.

William D. O'Ryan
WILLIAM D. O'RYAN
Chief
Western Europe Division

Attachment
Biographic Profile (Part I)

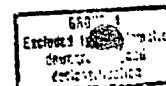
CONCUR:

Richard B. Lunsford
Deputy Director (Plans)

12 JUN 1963

(Date)

APPROVED:

William S. Clegg
Deputy Director of Central Intelligence22 Jun '63
(Date)**SECRET**

CONFIDENTIAL

22 May 1963

Mr. William K. Harvey

Dear Bill,

I wish to express my real appreciation for the time you have devoted to Agent Panel affairs. Your operational experience and personal knowledge of many of the individual staff agents and career agents have provided a sound basis for your contributions to Panel decisions concerning their promotions and reassessments. I look forward to the time, after your overseas assignment, when we may have the pleasure of your service in a similar capacity.

Sincerely,

W. Lloyd George
W. Lloyd George
Chairman, CS Agent Panel

Bill, may I add in
my own hand and words
real appreciation for your
wisdom, objectivity and help

Lloyd

CONFIDENTIAL

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						24 August 1962			
661164 ✓		HARVEY, WILLIAM K. ✓									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT					
Reassignment				BIRTH MONTH 6	DAY 8	YEAR 62	Regular				
6. FUNDS		V TO V	V TO CP	7. COST CENTER NO. CHARGE-ACT		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
		CP TO V	X CP TO CP	3132 - 1000 - 1000							
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
Task Force W Office of the Chief				Washington, D.C.							
11. POSITION TITLE Ops Officer - CH CIA				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
				BA-662		D					
14. CLASSIFICATION SCHEDULE (G.S., E.R., E.C.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
FSR GS 15		0136.01		62-10 18 1		\$ 14400 \$ 18500 ✓					
18. REMARKS OPA for the duration of Task Force W from F1 staff tray 4											
19. SIGNATURE OF REQUESTING OFFICIAL John Armstrong				DATE SIGNED		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
				8/27/62		Richard D. Venable				8/28/62	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CONTROL NUMBER	22. STATION CODE	23. INTELLIGEE CODE	24. HOSTILE CODE	25. DATE OF APPROVAL	26. DATE OF GRAD	27. DATE OF LE			
37	10	61100	TFL	75013	1	091316					
28. RITE EXPIRES	SPECIAL REFERENCE	29. RECENT DATA		30. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG. NO.			34. SEX		
MO. DO. YR.		1 - 1955 2 - 1956 3 - 1957 4 - 1958		CODE	TYPE	MO. DO. YR.	MO. DO. YR.	MO. DO. YR.	REG. NO.		
35. RET. PREFERENCE	36. SERV. COMP. DATE	37. LOCAL. COMP. DATE	38. CAREER CATEGORY	39. FECHI & HEALTH INSURANCE	40. SOCIAL SECURITY NO.						
CODE	0 - NONE 1 - 5 yrs. 2 - 10 yrs.	MO. DO. YR.	CAP/RESV PROV/TEMP	CODE	0 - NO HAB 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 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)		FORM EXECUTED CODE	MO. TAX EXEMPT/IRS	FORM EXECUTED	1 - YES 2 - NO	CODE	MO. TAX EXEMPT	STATE CODE		
45. POSITION CONTROL CERTIFICATION	46. O.P. APPROVAL			DATE APPROVED							
7/1 Kearny 8/25/62	P.W. Encl for 57 lines			29 Aug 62							

Pre - 1959 personnel
actions

SECRET

(When Filled In)

1. PERS. SERIAL NO.	BIOGRAPHIC PROFILE (PART I) SCD: 19 Jan 1941					
061163	2. NAME (Last-First-Middle)		3. GED	4. DATE OF BIRTH	5. LONGEVITY CREDITS	
	HARVEY, William King		M	13 Sep 1915	29 Sep 1967	
	6. MARITAL STATUS Remarried		7. DEPENDENTS (Excluding Spouse)	8. YEAR OF BIRTH	9. US NATURALIZATION STATUS	
			1	3 2 7 7	NA	
	10. CASUALTY STATUS		11. MEMBERSHIP	12. OTHER STATUS	13. LAST ACQ'D RPT.	14. EVAL. FOR
					May 1967	Current Duties Annual Exec
	15. CURRENT RESERVE STATUS		16. NON-CIA SERVICE	17. GRADE	18. ACTIVE CITY WITH CIA CAT-1	19. RELEASE TO MIL. SERV. CAT-2
			X			DEFINITION CAT-3
	18. ASSESSMENT DATE		19. PROFESSIONAL TEST DATE		20. LANGUAGE APTITUDE TEST DATE	
18. NON-CIA EMPLOYMENT						
1931-33 Danville Gazette, Indiana - Reporter & Printer						
1934-35 Indiana Univ., Bloomington - Publicity Writer (athletics) (PT)						
1937-40 Self-employed, Maysville, Kentucky - Attorney-at-Law						
1940-47 Dpt. of Justice, FBI, DC/NYC/Pittsburgh, Pa - Special Agent & Supervisor						
19. NON-CIA EDUCATION						
1933-37 Indiana Univ., Bloomington - LLB (with Distinction) Law, Psych, Philos, Journalism						
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)						
German - R,High; W,P,S,U,Inter; Interpret - Oct 1961						
18. AGENCY SPONSORED TRAINING						
1963 Italian						
19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION	
Sep 1947	Int'l Of	P-6		OSG/FBS/CH, INT'L TUSSRDTIV	Hq	
May 1948	" "	P-7		OSO/COPS/FBS/DCh, Foreigner	"	
Dec 1948	" "	P-7		OSO/COPS/DOPC/DCh, Foreigner	"	
Mar 1949	" "	P-7		OSO/COPS/DCh, Ops for CL	"	
Oct 1949	" "	GS15		OSO/Ch, Stf-C&ACh, Stf-D	"	
Feb 1951	Chief Stf E	16		DDP/Ch, Staff E	"	
Dec 1951	I O	16		OSO/Ch, Plans Staff	"	
Dec 1952	Ops Of	16		DDP/EE/GerMts/BOB/COB	Bonn	
Nov 1953	I O	16	F1	DDP/EL/GerMts/BOB/COB	Berlin	
Dec 1954	Area Ops Of 0136.01	16	F1	" " " " "	"	
Jan 1956	" " 0136.01	17	D1	DDP/EE/GerSta/B03/COB	"	
May 1959	Chief of Base 0136.01	18	D1	" " " " "	"	
Sep 1959	return to Hq					
Oct 1959	Ops Of 0136.01	18	D1	DDP/Ch, F1/D	Hq	
Jun 1962	" 0136.01	18	D	DDP/Ch, Task Force W	"	
Jun 1963	Chief of Sta 0136.01	18	D	DDP/EE/Rome Sta/COS	Rome	
Jun 1965	" " 0136.05	18	D	" " " " "	"	
Feb 1967	Ops Of 0136.01	18	D	DDP/EUR/Dev Comp	Hq	
Dec 1967	Retirement (voluntary)			CIAPDS)		
20. DATE REVIEWED	21. PROFILE REVIEWED BY	22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE				
22 Sep 1971	obs	No				

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 061161	
SECTION A					
GENERAL					
1. NAME Harvey William K.	2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE GS-18	5. SD D	
6. OFFICIAL POSITION TITLE Chief of Station	7. OFF/DIV/BR OF ASSIGNMENT DDP/WI/Italian	8. CURRENT STATION Rome			
9. CHECK (X) TYPE OF APPOINTMENT					
CAREER	RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)			X ANNUAL	REASSIGNMENT EMPLOYEE	
10. CHECK (X) TYPE OF REPORT					
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 1 April 1964 - 31 March 1965					
12. REPORTING PERIOD (From - To)					
SECTION B					
PERFORMANCE EVALUATION					
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 Station, Rome					RATING LETTER O
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in Milan.					RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises CA Program.					RATING LETTER O
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.					RATING LETTER O
SPECIFIC DUTY NO. 5 Conducts personnel interviews.					RATING LETTER
SPECIFIC DUTY NO. 6 Conducts personnel interviews.					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

15 JUN 1965
FORM 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

SECRET
DRAFT
Distribution: Defense Department
Declassification and
Declassification Date

SECRET

(This field is optional)

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.

Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on-target.

To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance; is extremely prompt and thorough in replying to his correspondence.

(cont'd)
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***Employee at Field Station***2.****BY SUPERVISOR****MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION****24****IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION****DATE****OFFICIAL TITLE OF SUPERVISOR****TYPED OR PRINTED NAME AND SIGNATURE***2 June 1965***C/WE***William D. O'Byan***3.****BY REVIEWING OFFICIAL****COMMENTS OF REVIEWING OFFICIAL****DATE:**
*3 June 65***OFFICIAL TITLE OF REVIEWING OFFICIAL****ADDP****TYPED OR PRINTED NAME AND SIGNATURE***Thomas H. Karamessines***SECRET**

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 061164				
SECTION A									
GENERAL									
1. NAME (Last) HARVEY		(First) William		(Middle) K.		2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE GS-18	5. SD D
6. OFFICIAL POSITION TITLE Chief of Station			7. OFF/DIV/BRN OF ASSIGNMENT DDP/WE/Italian			8. CURRENT STATION 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> <small>SPECIAL (Specify):</small>							10. CHECK (X) TYPE OF REPORT: <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <small>SPECIAL (Specify):</small>		
11. DATE REPORT DUE IN O.P. 1 April 1965 - 27 September 1965							12. REPORTING PERIOD (From - To) 1 April 1965 - 27 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									
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 Station, Rome							RATING LETTER O		
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in Milan.							RATING LETTER S		
SPECIFIC DUTY NO. 3 Supervises CA Program.							RATING LETTER O		
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.							RATING LETTER O		
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> <p>28 OCT 1965</p>							RATING LETTER O		

SECRET

OFFICE OF PERSONNEL

(Form 1010-1)

SECTION C NARRATIVE COMMENTS																										
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in mind prospective 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. Provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p style="text-align: right;">WILL HARVEY</p> <p>My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.</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></td> <td colspan="2">William D. O'Ryan</td> </tr> </table> <p>2. BY SUPERVISOR</p> <table border="1"> <tr> <td>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</td> <td colspan="2">IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</td> </tr> <tr> <td>30</td> <td colspan="2">Mr. Harvey is currently at his overseas post.</td> </tr> <tr> <td>DATE</td> <td>OFFICIAL TITLE OF SUPERVISOR</td> <td>TYPED OR PRINTED NAME AND SIGNATURE</td> </tr> <tr> <td>27 September 1965</td> <td>Chief, WE Division</td> <td>William D. O'Ryan</td> </tr> </table> <p>3. BY REVIEWING OFFICIAL</p> <p>COMMENTS OF REVIEWING OFFICIAL</p> <p>I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."</p> <p style="text-align: right;">THH</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>21 October 1965</td> <td>ADDP</td> <td>Thomas H. Karamessines</td> </tr> </table>			DATE	SIGNATURE OF EMPLOYEE			William D. O'Ryan		MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		30	Mr. Harvey is currently at his overseas post.		DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	27 September 1965	Chief, WE Division	William D. O'Ryan	DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	21 October 1965	ADDP	Thomas H. Karamessines
DATE	SIGNATURE OF EMPLOYEE																									
	William D. O'Ryan																									
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION																									
30	Mr. Harvey is currently at his overseas post.																									
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE																								
27 September 1965	Chief, WE Division	William D. O'Ryan																								
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE																								
21 October 1965	ADDP	Thomas H. Karamessines																								

SECRET

What date?

Colored photograph removed this date and forwarded with Biographic Profile to Mr. McCone via Mr. Henry Costheek, WH/Pers. Mr. Costheek cleared with Mr. Gene Stevens, Chief, T&R Branch, POD/CP, the removal of picture.

V. Graham, OP/POD/QAB
5E-2503 HQS
Ext. 7771



SECRET
(When Filled In)

SF 10-15-63

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
00100000000000000000		HERVEY WILLIAM K.		1967-04-10		REGULAR				
3. NATURE OF PERSONNEL ACTION		6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGED TO		8. CSC OR OTHER LEGAL AUTHORITY				
RETIREMENT VOLUNTARY UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM		V TO V	V TO CF	S135-1100-7000		P.L. 68-643 SEC. 233				
7. FUNDING		C P TO V	X C P TO CF	10. LOCATION OF OFFICIAL STATION						
9. ORGANIZATIONAL DESIGNATIONS		11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION				
DDP/EUR DEVELOPMENT COMPLEMENT		CFS OFFICER		9997		D				
14. CLASSIFICATION SCHEDULE (GS GS-10 etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS		0136.01		1S 1		27055				
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. INTEGREGATE CODE	24. HEIGHT CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
45	18	NUMBER ALPHABETIC					1967-04-10	1967-04-10	1967-04-10	
28. RITE EXPIRES		29. SPECIAL PREFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. Correction/Cancelation Data		33. SECURITY REQ NO	34. SEX
MO DA YE				1 CSC 2 AIA 3 NCAC		COOP	TYPE	MO DA YE	EOD DATA	
35. VET PREFERENCE		36. SENN. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY	39. FEULY / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		0 HOME 1 SPRT 2 10 PT		MO DA YE		244 854 CODE	CODE	2. WAIVER	HEALTH INS COOP	
41. PREVIOUS CIVILIAN 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		NON EXECUTED 1 YES 2 NO		NO TAX EXEMPTIONS		NON EXECUTED 1 YES 2 NO	CODE	NO TAX EXEMPT STATE COOP
SIGNATURE OR OFFICER AUTHENTICATION								POSTED		

FORM 5-66 1150 Mfg. 10-67

Use Previous Edition

SECRET

PLW

OEC/P-1
Extracted from automatic
downgrading and
declassification
(When Filled In)

14 00000
"PAY ADJUSTMENT IS IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-216
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 18 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	44 997	CF	GS 18 1	\$25,890	\$27,055

SECRET
(When Filled In)

E.T., 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION

OCE

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)		3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT	
061164	HARVEY WILLIAM K.		CONVERSION FROM FSR STATUS		NO. LCS 16 02 125 167	REGULAR	
6. FUNDS ➤		V TO V	V TO C	7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		X	C TO U	7136 1186 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDP/EUR DEVELOPMENT COMPLEMENT				WASH., D.C.			
11. POSITION TITLE				12. POSITION NUMBER	13. SERVICE DESIGNATION		
OPS OFFICER				9997	D		
14. CLASSIFICATION SCHEDULE (GS, LS, GS, GS)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	17. SALARY OR RATE		
GS		0136.01		18 I	25890		
18. REMARKS OTHER WASH., D.C.							
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. MASTR. NO. DA YR	26. DATE OF GRADE	27. DATE OF LEI
56	18	44997 EUR	75013	1	09 13 16		
28. RTE EXPIRE		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	33. SECURITY REQ NO	34. SEX
MO DA YR		1 - CSC 2 - CIA 3 - FBI 4 - DDCI	CODE	DATA CODE	TYPE	MO 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		MO DA YR	MO DA YR	CODE	CODE 0 - WAIVER 1 - YES	HEALTH INS CODE	
41. PREVIOUS CIVILIAN 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 5 yrs 3 - BREAK IN SERVICE MORE THAN 5 yrs				CODE 1 - YES 2 - NO	FURN EXECUTED CODE NO TAX EXEMPTIONS	CODE 1 - YES 2 - NO	STATE CODE EXEMPT
SIGNATURE OR OTHER AUTHENTICATION							
POSTED							

FORM 5-66 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

BJT: 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
061164		HARVEY WILLIAM K							
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE							
REASSIGNMENT		NO. DA YR 02 12 67							
5. FUNDS		V TO V	V TO CP						
		CF TO V	X CF TO CP						
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION							
DDP/EUR DEVELOPMENT COMPLEMENT		WASH., D.C.							
11. POSITION/TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION						
FIRST SECRETARY OPS OFFICER		9997	D						
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP						
FSR GS		0136.01	01 2 18 1						
17. SALARY OR RATE		18. REMARKS	19. SECURITY REQ. NO.						
24770 25890		OTHER ROME, ITALY	34. SEX						
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. HQDTS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
37	18	44237 EUR	75013	1	(08	13 16	NO DA YR	NO DA YR	
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.			
			1 - CSC 2 - CIA 3 - PICA 4 - NONE	CODE	TYPE	NO. DA YR	34. SEX		
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 - 9 PT 2 - 10 PT		MO SP. YR	MO DA YR	CAN RESI PHOV TEMP	CODE U - WAIVER Y - YES	HEALTH INS CODE			
41. PREVIOUS CIVILIAN 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 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS			FORM EXECUTED 1 - YES 2 - NO	NO TAX EXEMPTIONS	FORM EXECUTED 1 - YES 2 - NO	CODE NO TAX EXEMPT	STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION								POSTED 3-11-67	

"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 ADJUSTMENTS 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY, WILLIAM K	061164	50 630	CF	GS 18 1	\$25,382	\$25,890

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50 630	CF	GS 18 1	\$24,500	\$25,382

SECRET
(When Filled In)

JGD: 19 NOV 65

WD/pms

NOTIFICATION OF PERSONNEL ACTION											
NOF											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
061164		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION		DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM									
4. FUNDS ➤		V TO V	V TO CF	4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
		CF TO V	X	11 21 65		REGULAR					
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION									
DDP/WE ROME STATION OFFICE OF THE CHIEF		ROME, ITALY									
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION							
FIRST SECRETARY CHIEF OF STATION		0262		D							
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
FSR GS		0136.05		01 2 18 1		24284 25382					
18. REMARKS ROME, ITALY EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.											
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. Hdgts. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LE		
28	10	50630 WE		36533	I	3	09 13 16	05 1 17 59	05 17 59		
28. HTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		EOD DATA ➤		33. SECURITY REQ. NO	34. SEX	
MO DA YR		CODE		TYPE	MO DA YR						
		1 - CSC 2 - FICA 3 - NONE		2							
35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.					
CODE	MO DA YR	MO DA YR	CAR RESV PROV TEMP	CODE	CODE	U - 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 3 yrs) 3 - BREAK IN SERVICE (MORE THAN 3 yrs)		FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT.	STATE CODE		
SIGNATURE OR OTHER AUTHENTICATION											
POSTED 11/26/65 MA											

FORM 1150-
11-62Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification14-01
(When Filled In)

SECRET
(When Filled In)

56		NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER	2. NAME (LAST FIRST, MIDDLE)				
061164	MARVEY WILLIAM R				
3. NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT				4. EFFECTIVE DATE MO 06 DA 07 YE 65	5. CATEGORY OF EMPLOYMENT
6. FUNDS →		V TO V	V TO CF	7. COST CENTER NO CHARGEABLE 5136 1267 0000	
8. ORGANIZATIONAL DESIGNATIONS ARMY WE DIVISION				8. CS. OR OTHER LEGAL AUTHORITY 10. LOCATION OF OFFICIAL STATION Rome, Italy	
11. POSITION TITLE CHIEF OF STATION			12. POSITION NUMBER 0202	13. CAREER SERVICE DESIGNATION U	
14. CLASSIFICATION SCHEDULE (GS LB etc) GS		15. OCCUPATIONAL SERIES 0136.05	16. GRADE AND STEP 18	17. SALARY OR RATE	
18. REMARKS					
POSTED MIG 21 GS					
SIGNATURE OR OTHER / AUTHENTICATION					

SECRET
(When Filled In)

RZR: 28 JUNE 63

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
061164		HARVEY WILLIAM K											
3. NATURE OF PERSONNEL ACTION REASSIGNMENT													
4. FUNDS		V TO V	V TO CF	5. EFFECTIVE DATE		6. CATEGORY OF EMPLOYMENT							
		EP TO V	X	06 30 63		REGULAR							
7. COST CENTER NO. CHARGEABLE													
3136.6300 1014 8. CSC OR OTHER LEGAL AUTHORITY													
50 USC 403 J													
9. ORGANIZATIONAL DESIGNATIONS													
DOP/WE ROME-STATION OFFICE OF THE CHIEF													
10. LOCATION OF OFFICIAL STATION													
ROME, ITALY													
11. POSITION TITLE						12. POSITION NUMBER	13. SERVICE DESIGNATION						
1ST SECRETARY CHIEF OF STATION						0262	D						
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP	17. SALARY OR RATE						
FSR GS			0136.01			02 0 18 1	15300 20000						
WASH., 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. INTEGEE CODE	24. Hdqrs Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI				
37	10	NUMERIC ALPHABETIC		62630 WE	36533	1	NO DA YR	NO DA YR	NO DA YR				
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. DEFERMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE	MO DA YR	MO DA YR	MO DA YR	33. SECURITY REQ NO.	34. SEX		
NO DA YR		1 - CSC 2 - FICA 3 - NONE	CODE		CODE	TYPE	NO DA YR	NO DA YR	NO DA YR	EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG COMP. DATE		38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO.						
CODE		0 - NONE 1 - 9 PT 2 - 10 PT	NO DA YR		NO DA YR	CODE	0 - WAIVER 1 - YES	HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA						42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE		44. STATE TAX DATA FORM EXECUTED CODE		NO TAX EXEMPTIONS		
							1 - YES 2 - NO		1 - YES 2 - NO		CODE		
SIGNATURE OR OTHER AUTHENTICATION													
POSTED <i>07/04/63 JK</i>													

14 00000

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
DOI MEMORANDUM DATED 1 AUGUST 1958, SALARY IS ADJUSTED AS FOLLOWS.
EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GRST SALARY	NEW GRST SALARY
HARVEY WILLIAM K.	261184	A1100	CF 13 1	\$18500	18 1 \$20000

PSC: 12 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
OKF													
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)											
061164		HARVEY WILLIAM K											
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE											
REASSIGNMENT (CORRECTION)		06 08 62											
5. FUNDS		V TO V	V TO CF	6. CATEGORY OF EMPLOYMENT									
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REGULAR									
7. COST CENTER NO/CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
3132 1000 1000		50 USC 403 J											
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION											
DDP TASK FORCE W OFFICE OF THE CHIEF		WASH., D.C.											
11. POSITION TITLE		12. POSITION NUMBER											
SP ASST TO COORD OPS OFFICER CH		0662											
13. CLASSIFICATION SCHEDULE (GS, LS, etc.)		14. OCCUPATIONAL SERIES											
FSR GS		0136.01											
15. GRADE AND STEP		16. SALARY OR RATE											
02 O		14900											
18. REASONS		19. SECURITY REQ NO.											
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 06/08/62 TO SHOW THE INTEGRATED TITLE, CLASSIFICATION, GRADE, STEP, & SALARY WHICH WERE PREVIOUSLY OMITTED.													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. Employer Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Hqrs. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI				
		NUMERIC	ALPHABETIC				MO DA YR	MO DA YR	MO DA YR				
57	10	61100	TFW	75013	I	I	09 13 16						
28. RTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ NO.			34. SEN	
			CDC	CODE		TYPE	MO DA YR						
			D. PICA			37	06 08 62	EOD DATA					
35. YLT. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLII / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE		O. NONE 1 - 5 PT. 2 - 10 PT.	MO DA YR	MO DA YR	CAP DESCY PROJ TEMP	CODE	CODE	O. WAIVER 1 - YES	HEALTH INS CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA						42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA			
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							FORM EXECUTED	CODE	NO. TAX EXEMPTIONS	FORM EXECUTED	CODE	NO. TAX EXEMPT	
						1 - YES 2 - NO				1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION													
<i>WB at 12/62</i>						<i>09/18/62 JK</i>							

FORM
B-22

1150

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification(4-81)
(When Filled In)

SECRET
(When Filed In)

DATE: 31 AUG 62

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)								
037411	HARVEY WILLIAM K								
3. NATURE OF PERSONNEL ACTION									
REASSIGNMENT									
4. FUND SOURCE	V TO V	V TO CP	5. EFFECTIVE DATE						
		X	6-1-62						
6. COST CENTER NO. CHARGEABLE									
7. CSC OR OTHER LEGAL AUTHORITY									
1002 1000 1000 50 USC 403 (j)									
8. DECORATIONAL DESIGNATIONS									
9. LOCATION OF OFFICIAL STATION									
TASK FORCE W OFFICE OF THE CHIEF WASH., D.C.									
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION						
CPS OFFICER CM		2002	O						
14. CLASSIFICATION SCHEDULE (GS, LS, GS, GS)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP						
GS		0136.01	18 1						
17. SALARY OR RATE 18500									
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Month	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
27	12	01100	75013		MO DA YR	MO DA YR	MO DA YR		
28. RTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.	34. SEX	
NO 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. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO			
CODE	0 - NONE 1 - BPT 2 - IOT	NO DA YR	NO DA YR	CAR RENT PROV	CODE 0 - WORKER 1 - XES	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 3 yrs 3 - BREAK IN SERVICE MORE THAN 3 yrs		FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPTIONS		
		1 - YES 2 - NO			1 - YES 2 - NO				
SIGNATURE OR OTHER AUTHENTICATION				POSTED 8/31/62 [Signature]					

14 00000

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	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D1	HARVEY WILLIAM K	561164	41 09	GS-18 1	\$17,500	\$18,500

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET

(When Used)

NOTIFICATION OF PERSONNEL ACTION

PAS: 18 AUGUST 1960

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vat. Prof.	5. Sex	6. CS - FOD
561164	HARVEY WILLIAM K	Mo. Da. Yr.	None-0 Codo	Mo. Da. Yr.	Mo. Da. Yr.
09 13 15	5 Pt-1 0	M 1	09 29 47		
7. SCD	8. CSC Remit	9. CSC Or Other Legal Authority	10. Appt. Allissn	11. FEGLI	12. LCD
Mo. Da. Yr.	Yes - 1 Code	Mo. Da. Yr.	Mo. Da. Yr.	Mo. Da. Yr.	Mo. Da. Yr.
12 09 40	No - 2 1	50 USCA 403 J	No - 2	09 29 47	No - 2 2

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code		
DOP F1 STAFF DIVISION D OFFICE OF THE CHIEF	4109	WASH., D. C.	75013		
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series	
Dept - 1 Code USId - 3 Frgn - 5	SP ASST TO COORD OPS OFFICER CHIEF	0872	FSR GS	0136.01	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Date	26. Appropriation Number
02 18 1	\$ 14900 18500	A	Mo. Da. Yr.	Mo. Da. Yr.	0122 1003 1000
05 17 59	XX	XX	XX	XX	

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
CONVERSION TO PERMANENT SUPERGRADE RANK	07	27 160	REGULAR	OM	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code		
DOP F1 STAFF DIVISION D OFFICE OF THE CHIEF	4109	WASH., D.C.	75013		
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series	
Dept - 1 Code USId - 3 Frgn - 5	SP ASST TO COORD OPS OFFICER CHIEF	0872	FSR GS	0136.01	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Date	43. Appropriation Number
02 18 1	\$ 14900 18500	D	Mo. Da. Yr.	Mo. Da. Yr.	0123 1003 1000
05 17 59	XX	XX	XX	XX	

44. Remarks

* THE DIRECTOR OF CENTRAL INTELLIGENCE ON 27 JULY 1960 APPROVED YOUR PERMANENT GRADE AS GS-18.

2.29.60 W1

E E C H I L D

14 00000
Pre 1960
Personnel actions

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER
GENERAL					061164
SECTION A					
1. NAME HARVEY William K.		2. DATE OF BIRTH 13 Sept 1916		3. SEX M	4. GRADE GS-18
5. OFFICIAL POSITION TITLE Chief of Station		6. OFF/DIV/BR OF ASSIGNMENT DDP/WE/Italian		7. CURRENT STATION Rome	
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)		9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		10. REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - To) 1 April 1965 - 27 September 1965			
SECTION B		PERFORMANCE EVALUATION			
<p><u>W - 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.</p> <p><u>A - Adequate</u>: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><u>P - Proficient</u>: Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><u>S - Strong</u>: Performance is characterized by exceptional proficiency.</p> <p><u>O - 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.</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>					
<p>SPECIFIC DUTY NO. 1 Chief of Station, Rome</p> <p>SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in Milan.</p> <p>SPECIFIC DUTY NO. 3 Supervises CA Program.</p> <p>SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.</p> <p>SPECIFIC DUTY NO. 5</p> <p>SPECIFIC DUTY NO. 6</p>					RATING LETTER
<p>0</p> <p>S</p> <p>0</p> <p>0</p> <p></p> <p></p>					
<p>OVERALL PERFORMANCE IN CURRENT POSITION</p> <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>28 OCT 1965</p>					RATING LETTER
					0

SECRET

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in mind perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for rating. 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.

MAIL ROOM

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

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
	11 April 1965 Harvey

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
30	Mr. Harvey is currently at his overseas post.

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 September 1965	Chief, WE Division	William D. O'Ryan

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	Thomas H. Karamessines

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER
				061164
SECTION A				GENERAL
1. NAME Harvey William K.		2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE GS-18
5. OFFICIAL POSITION TITLE Chief of Station		6. OFF/DIV/BR OF ASSIGNMENT DDP/WF/Italian	7. CURRENT STATION Rome	
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)		9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):	10. REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P. 1 April 1964 - 31 March 1965		12. REPORTING PERIOD (From- to)-		
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 Station, Rome				RATING LETTER O
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in Milan.				RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises CA Program.				RATING LETTER O
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.				RATING LETTER O
SPECIFIC DUTY NO. 5				RATING LETTER
SPECIFIC DUTY NO. 6				RATING LETTER O
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
15 JUN 1965				

SECRET

(Form Edition 1)

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.

Mr. Harvey has continued to manage the Agency's activities in Italy with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the Rome Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the Rome Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.

(cont'd)

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

Employee at Field Station

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

24

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

2 June 1965

C/WE

William D. O'Neil

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 June 65

ADDP

Thomas H. Karameessines

SECRET

14 00000

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The Rome Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET
(Do not initial fm)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 061164
SECTION A				
1. NAME (Last) (First) (Middle) Harvey William K.		2. DATE OF BIRTH 1916	3. SEX M	4. GRADE 18 D
5. OFFICIAL POSITION TITLE Chief of Station, Rome		6. OFF/ DIV/ BR OF ASSIGNMENT DDP/NE/Italy	7. CURRENT STATION Rome	
8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		9. INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (SPECIFY) SPECIAL (SPECIFY)	10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P. 1 March 1963 - 31 March 1964		12. REPORTING PERIOD (From To) 1 March 1963 - 31 March 1964		
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 Station, Rome		RATING LETTER O		
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and Station Bases.		RATING LETTER S		
SPECIFIC DUTY NO. 3 Supervises correspondence with headquarters on entire complex Station program.		RATING LETTER O		
SPECIFIC DUTY NO. 4 Supervises CA Program.		RATING LETTER O		
SPECIFIC DUTY NO. 5 Engaged in reorientation of Station FI program.		RATING LETTER O		
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.				
12 AUG 1964				
RATING LETTER O				

SECRET

(Downline 1a)

SECTION C**NARRATIVE COMMENTS****OFFICE OF PERSONNEL**

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 A to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties may be described, if applicable.

AUG 11

Mr. Harvey's management of the Agency's program in Italy has to date been characterized by the forcefulness and drive which have gained for him in previous assignments a reputation for dynamism. He has undertaken to reorient the Rome Station's FI program toward Soviet-satellite targets and any delay in this reorientation has been due fully to our inability for administrative reasons to supply the personnel he desires on the time schedule which he would prefer.

Although not by inclination oriented toward the objectives of CA, he has preserved and guided the most complex CA program in Western Europe with understanding and skill. To accomplish this it has been necessary for Mr. Harvey to learn the intricacies of an extremely complex local political situation. This he has set about to do with confidence. His accumulated experience in earlier assignments has equipped Mr. Harvey with a self-assurance and confidence which I have rarely seen equalled in any other officer. The continuance of ideal relationships with the key Embassy officials in Rome has been somewhat handicapped by the sudden death of the principal officer in the Embassy who was knowledgeable of our program and the impossibility of bringing into knowledge of our activity the next lower level echelon of Embassy officials for reasons beyond Mr. Harvey's control. This handicap has been overcome over the past year and Mr. Harvey is currently supervising extremely sensitive political operations and contacts to the satisfaction of the Ambassador and his headquarters.

He delegates responsibilities skillfully to those officers under his command who are best qualified and by his own outstanding performance, which is always at its best under heavy stress, he earns an intense loyalty from these personnel. He demonstrates cost-consciousness and outstanding supervisory ability.

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

27/2/65

SARKEY

2.

BY SUPERVISORMONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

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

12

Report will be shown to employee upon return from overseas.

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

28 July 1964

C/WE

William D. O'Ryan

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

17 AUG 1964

Deputy Director for Plans

Richard Helms

SECRET

SECRET

061164

18 April 1963

MEMORANDUM FOR: Director of Personnel**SUBJECT:** Fitness Report - Mr. William K. Harvey

1. This Fitness Report covers the period from 1 April 1962 to 15 January 1963 during which Mr. Harvey was Chief, Task Force W.

2. As a senior officer in the Clandestine Services, Mr. Harvey has behind him a long record of professional accomplishment achieved during tours in Washington as well as seven years in Berlin. He is thoroughly grounded in the tradecraft of clandestine activities, and has brought to each and every assignment an intelligent, thorough, and uncommonly conscientious approach. His qualities of leadership are attested to by the loyalty and devotion of those colleagues who have worked under his direction. If anything, there has tended to grow up within the Clandestine Services a coterie of officers who have come to regard themselves as "Harvey men", a development which Mr. Harvey himself has not encouraged but which demonstrates the strong emphasis on first-class tradecraft which he has insisted upon in each assignment.

3. As Chief, Task Force W, Mr. Harvey had the task of organizing and developing a large operational team devoted to the acquisition of intelligence and the handling of special operations directed at Cuba. He was obliged to work within a complicated bureaucratic framework, a fact which made the clearing of actions a laborious and time-consuming exercise. Under his direction, the Task Force grew substantially in size and in professional competence with the result that when the Cuban crisis arrived in October intelligence assets were in place to make a significant contribution to the overall intelligence picture. Mr. Harvey devoted considerable ingenuity, long hours of personal time, and great energy to this enterprise, and, although certain aspects of the intra-governmental coordination of the operations had rough sledding, his net achievement was the establishment of an effective, going concern with momentum which carries on to the present.

4. Mr. Harvey, after a strong performance as Chief, TFW, has been assigned as Chief of Station, Rome, and is now preparing himself to take over at that post in the coming months.

Thomas H. Karamessines
Assistant Deputy Director (Plans)

29 APR 1963
Reviewing Official:

Richard Helms
Richard Helms
Deputy Director (Plans)

SECRET

Raad 23 / 4/63

LUK
DAB

*O'D/Pers**Rec'd
11/11/67**35 OCT 1967***MEMORANDUM FOR:** Director of Personnel**SUBJECT:** William K. Harvey - Memorandum in lieu of fitness report for period 30 March 1960 - 10 May 1962

1. It is difficult to prepare a fitness report on this outstanding officer, largely because forms do not lend themselves to measuring his many unique characteristics. His strengths are in professional knowledge and competence in the operational field, in a toughness of mind and firmness of attitude, while the latter in past years have moved him into positions that were sometimes stronger than superior officers, with a responsibility for adjustments necessary in matters of policy in relation to Agency position in the community, were able to handle easily, his own closeness to policy positions of the Agency within the U.S. community in the last two years has found him with a real ability to handle policy matters and to adjust to necessities, without losing his firmness and his independence of thought.

2. He is sometimes accounted to be less than outgoing of information about operational matters in which he is engaged, yet it should be remembered that this characteristic has been part and parcel of a sound operational attitude in his career. He has a wide knowledge of personalities within the officer corps of the DD/P and is for the most part a good selector of officers to accomplish necessary tasks. He handles people well. He has a tremendous energy and is a loyal officer both to his superiors and to the purposes of the Clandestine Services of CIA.

3. He is one of the few distinctly outstanding officers in the DD/P.

W. Lloyd George
W. LLOYD GEORGE
Chief
Foreign Intelligence

OK

14 00000
8 September 1960

MEMORANDUM IN LIEU OF FITNESS REPORT

The following statement relates to the performance of William K. Harvey, GS 18, Chief of FI, Division D.

This officer has held a series of responsible positions in DD/P and its predecessor clandestine intelligence organization for well over ten years. He excels in the field of clandestine operations in general and especially so in that phase of clandestine staff and operational activities concerned with the procurement, handling and exploitation of highly sensitive and critical intelligence and operational materials.

His performance generally over the recent years has proved him to be one of the outstanding officers of the DD/P organization. He has demonstrated clearly superior performance both in staff responsibility at Headquarters and as Chief of Base in a very important field station where he was directly engaged in supervising and carrying on operations successfully against targets of the highest priority.

In the period under review, June 1959 to March 1960, he took over and directed functioning of one of DD/P's most sensitive components charged with achievement by special means against targets of the highest importance. This included carrying on negotiations and liaison with other components of CIA and other Agencies and Departments of the U. S. Government concerned with his special field. His performance of this responsibility in many respects has been outstanding. He has continued to demonstrate his fitness to handle a wide range of positions of major responsibility within the clandestine service.

Among his outstanding characteristics are: thorough understanding of his profession and ability to make this clear to persons of high level whose knowledge of the Clandestine Services is general. He is firm, tenacious, and on occasions strongly aggressive in pursuit of his point of view. While this may sometimes make for difficulty on the part of those in higher echelons who wish to dispose of a complicated problem easily and quickly, this officer's persistence in carefully

[Handwritten signature]

14 00000
presenting his arguments and in holding to them until their fact and logic prevail or until policy factors override, makes him a highly valuable asset to CIA.

Rater

W. Lloyd George
W. Lloyd George
C/FI

Reviewer *Richard Helms*
Richard Helms
COPS

APR 8 1968

SECRET

510

14 January 1959

MEMORANDUM FOR: Director of Personnel
ATTENTION: Chief, Records and Services Division
FROM: Chief of Station, Germany
SUBJECT: Fitness Report - William K. Harvey
November 1957 - January 1959

1. Subject's abilities and performance are too generally known to require detailed comment. One of the very senior officers in KUDOVE he has been chief of what is probably the largest and most productive overseas Base of KUBARK for approximately seven years. During this period Subject has been personally responsible for a number of operational successes, some of which have been of national importance. Possessed of driving energy, determination and initiative, he has few equals in professional experience and competence. Throughout his administration of the Base he has established and maintained exceedingly high standards of accomplishment, discipline and endeavor. Subject's judgement, on occasion, is impulsive and proposals of the Base have been, from time to time, advanced and defended with greater vehemence and more exhaustively than the occasion, objectively speaking, required. Subject's basic self-discipline, good sense and loyalty, however, have prevented any such incidents, which are in large measure manifestations of the highly charged atmosphere and insistent operational pressures of Berlin, from developing into serious friction with the German Station or Washington headquarters.

2. It has been a pleasure to serve with this officer and, during his assignment, he has consistently rendered dedicated and effective service of the very highest order.

John A. Gross
John A. Gross

CONCUR:

James W. Henshaw
CHIEF, EE DIVISION

RWBAT

SECRET

PPB

Harvey, W. K. EE

Chief of Base 6518-G1188

Berlin

18 June 1959

MEMORANDUM FOR: Director of Personnel

ATTENTION: Chief, Records and Services Division
FROM: Chief of Station, Germany
SUBJECT: Fitness Report - William K. Harvey
January 1959 - June 1959

I have nothing to add to the memorandum dated 14 January 1959.

Subject continues to render an outstanding performance.

John A. Gross
John A. Gross

I certify that I have seen
this Fitness Report

W.K.H.

William K. Harvey

CONCUR:

James H. Hutchfield
Chief, Eastern European Division

John A. Gross

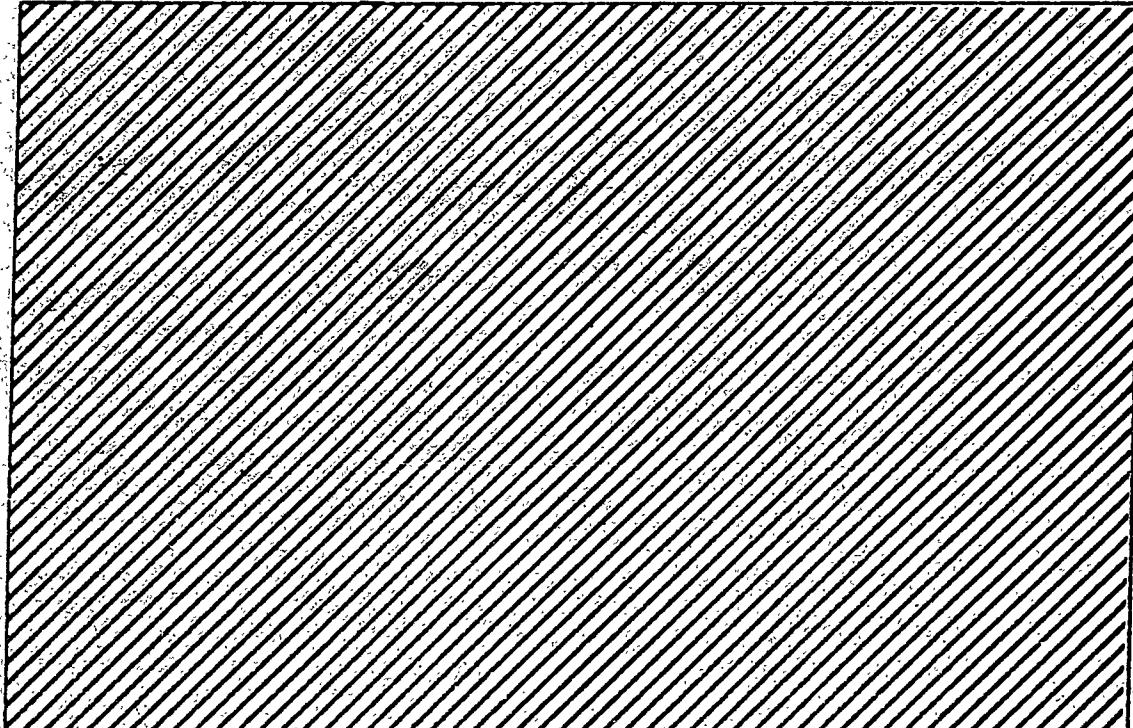
SECRET

14 00000

Pre 1959 Fitness
Reports

SECRET

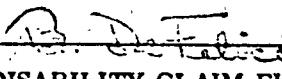
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Son-James	68-0535

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 7 March 1967.

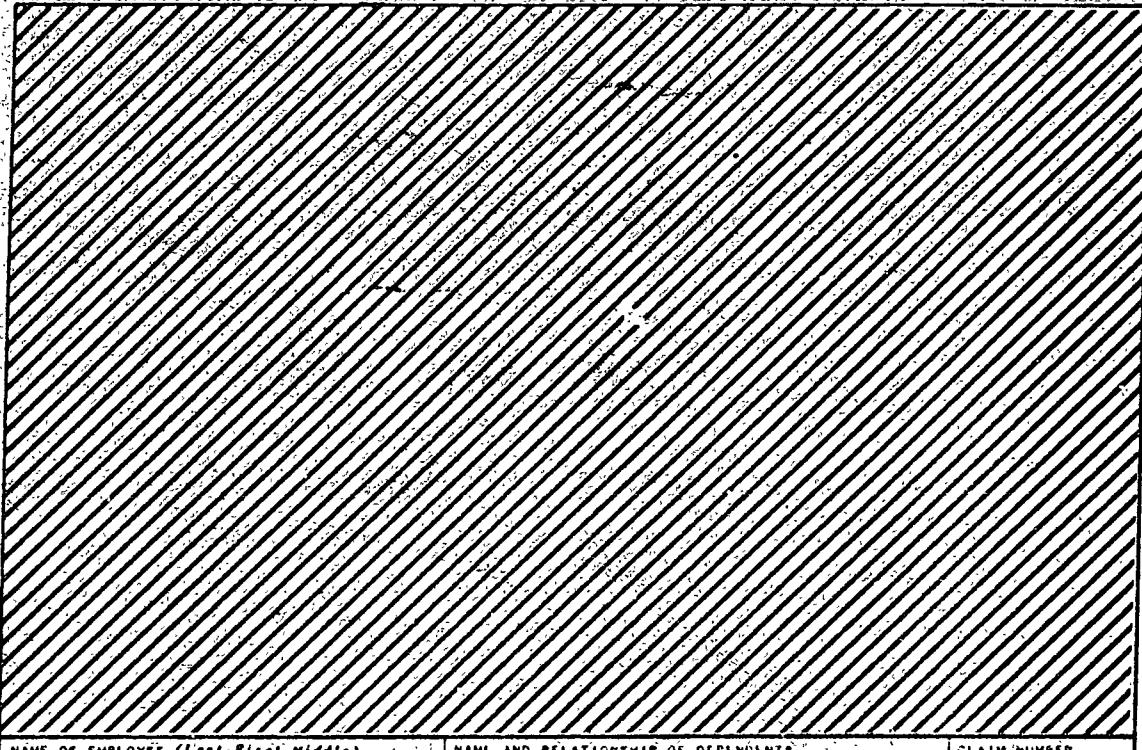
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF DSO REPRESENTATIVE
3 January 1968	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William	Self	68-0533

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 30 July 1964.

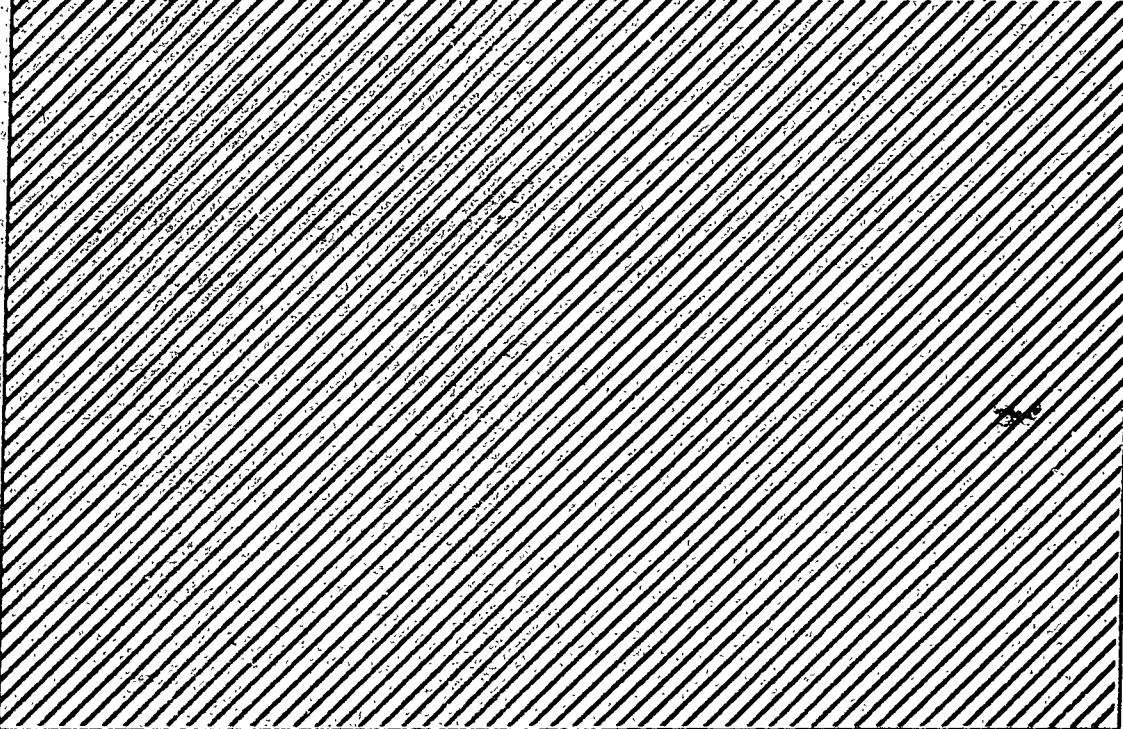
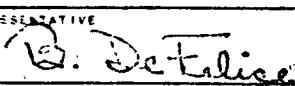
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF OSD REPRESENTATIVE
3 January 1968	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(Formerly Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Daughter-Sally	68-0534
<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>3 August 1967</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 SDO REPRESENTATIVE	
3 January 1968		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

Items indicated as Start are to be Com- pleted in Part			Agency			2. D.O. VOUCHER NO.		
			TRAVEL REIMBURSEMENT VOUCHER					
4. PAYEE'S COMPLETE NAME AND ADDRESS			5. TRAVEL AUTHORIZATION			3. BU. VO. NO.		
William K. Harvey 28 West Irving Street Chevy Chase, Md. 20015			A. Number	B. Dated	6. D.O. PAID BY			
			6-69348	2/23/66				
			6-69348A	5/13/66				
7. EMPLOYEE NUMBER (State Only)			253900					
8. TRAVEL ADVANCE STATUS			9. OFFICIAL STATION (State Only)					
A. Old Balance B. Applied This Voucher C. New Balance			Rome to Dept.					
\$ -0-								
\$ -0-								
\$ -0-								
10. STATEMENT OF GOVERNMENT-FURNISHED TRANSPORTATION			11. Point to Point Travel					
A. CTR No.	B. Valuation	C. Carrier	D. Class	(1) from	(2) to			
LI 302,207	\$1302.90	SS Constitution 1st	Naples	New York				
LO 359,216	271.85	AE TWA Economy	Munich	Washington				
12. PAYMENT CALCULATION								
*A. Amount Claimed (See Item 19.) \$ 649.61								
B. Differences, if any \$								
C. Amount Allowed (Verified correct to Approp. \$)								
D. Applied to Advance (See Item 8B.) \$								
E. Net to Payee \$								
13. ADMINISTRATIVE APPROVAL: Recommended for approval.								
A. Date	B. Signature							
March 17 1967	William K. Harvey							
14. PREVIOUS PAYMENTS: The next payee bus No. paid under same travel auth. was:								
A. D.O. Voucher No.	B. Paid (mo. & yr.)	C. D.O. Name and Symbol						
15. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment.								
A. Date	B. Authorized Certifying Officer's Signature							
16. METHOD OF PAYMENT (For Paying Office Use Only)								
A. Cash or Deq. Check Amt.	B. Exchange Rate	C. U.S. \$ Equivalent	D. Date					
E. Treasury or Depository Check No. and Name of Depository			F. Payment Received (Payer's Signature)					
17. ACCOUNTING CLASSIFICATION			D. Organization (State Only)	E. Function (State Only)	F. Object	G. Paying Office (State Only)	H. Paying Date (State Only)	I. Amount
A. Fund	B. Allotment	C. Oblig. (T/A) No	USIA: Activity/Sub-Activity					

*Item 10C. If carrier was foreign ship registry, attach certificate of readiness.
**FRAUDULENT CLAIM: Falseification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (14 U.S.C. 3).

FORM FS-58A

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Page 2

18. CLAIM (Give complete itinerary, including airfares, expenses for persons and luggage, etc., if reimbursement is claimed; or, if expense is waived, expenses and amount, if applicable.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign currency, ship rates, etc.)

Concurrent travel

Wife

Daughter, Sally, Age 7

Separate travel

Son, James, born December 1947

Lire 625/\$1 DN 4/\$1

Dates 1966 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
		Mr. Harvey, Wife, and Daughter				
Mar. 21	0700	LV. Rome via private auto				
	1130	AR. Naples				
		163 miles at 12¢			19.56	
		Autostrada tolls L.1750			2.80	
		Required fees for auto (Ford)				
		at dock				
		Preparation of car L.1500				
		Auto check-in fee L.1000				
		L.2500			4.00	
Baggage transport Rome						
		to Naples L.3500			5.60	
Baggage transfer charges						
		for hold baggage L.9350			14.96	
2300	LV. Naples		3/4	6	11.25	
Mar. 22 thru 30	At sea		9	6	135.00	
Mar. 31	At sea		1	2	5.00	
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					151.25	43.96

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Page 2

*18. CLAIM (Indicate complete Itinerary or transportation expenses for persons and things which reimbursement is claimed for effects, etc., below. Attach handles and attach all receipts.)

REMARKS (Name and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange; etc.)

Dates 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
					FORWARDED	151.25
						46.92
April 1	0800	AR. New York				
	1200	LV. New York via personal auto				
	1830	AR. Washington				
		269 miles at 12¢				\$2.28
		Tolls				4.55
		Dock charge for release of car				2.50
		Baggage transfer charge				
		at New York pier	1	16.00	40.00	15.00
		Railway express charges for				
		shipment of 337 lbs. of				
		baggage from New York to				
		Washington				23.40
		Travel of son James				
June 2		LV. Munich via AF				
		AR. Paris				
June 5	1200	LV. Paris via TWA 803				
	1500	AR. New York				
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					191.25	124.65

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Page 2

(IS CLAIM (show complete itinerary for transportation expenses for persons and things for which reimbursement is claimed, no effects, etc., etc.; freight measured and attested all receipts).

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 1966 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
		FORWARDED			191.25	124.65
June 5	1630	LV. New York via TW 203				
	1807	AR. Washington Nat'l Airport				
		Air travel from Munich is				
		less expensive than \$302.90				
		economy air FARE from Rome				
		to Washington				
		Airport tax in Munich DM500				1.25
		Direct scheduling from Munich				
		via air				
June 2	0740	LV. Munich via LH 161				
	0830	AR. Frankfurt				
	1215	LV. Frankfurt via PA 107				
	1745	AR. Washington				
		Per diem ½ @ 16.00 less 35%			5.20	
		Shipment of air freight from				
		Munich to Washington (85lbs.)				67.10
		Deferred home leave travel for				
		Mr. Harvey, James and Sally				
e) 9. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					196.45	193.00

SUPPLY 1966 - 30 SEP 1966

FORM FS-288

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Figure 2.

10 CLAIM (show complete itinerary, i.e., transportation expenses by persons and things for which reimbursement is claimed, or electric, gas, weights, measures and attach all receipts.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
			FORWARDED			196.45
June 28	0900	LV. Washington via personal auto	3/4	16.00	30.00	
June 29	1500	AR. Indianapolis	3/4	16.00	30.00	
		Mileage 584 @ 12¢				70.08
July 22	0900	LV. Indianapolis via personal auto	3/4	16.00	30.00	
July 23	1500	AR. Washington	3/4	16.00	30.00	
		Mileage 584 miles @ 12¢				70.08
		Cost by auto is less than cost by rail with scheduling as follows:				
June 28	1900	LV. Washington via rail				
June 29	1205	AR. Indianapolis				
July 22	1505	LV. Indianapolis via rail				
July 23	0915	AR. Washington				
		Per diem 2 x \$16.00 x 2.5 \$80.00				
		RT 1st class rail (Family Plan) 169.40				
		RT Sleeping accommodations (Bed- room, plus roomette is least expensive) \$326.36				

SECRET

(NOT FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE**APPLICANT CODING DATA**

1. ID	2. APPL. NO.	3. NAME 6-DIGITS MUST CONTAIN 20-DIGITS								
< 2 >										
4. DATE OF BIRTH	5. DATE CODED	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.								
MO DA YR	MO DA YR									
< 1 >										

LANGUAGE CODING DATA - FORM 444C

1. ID	2. EMPLOYEE NO.	3. NAME 3-LETTERS	4. LANGUAGE DATA CODE							
< 3 > 061164		HAR	BASE CODE	R	W	P	S	U	T	YR
5. DATE SUBMITTED		6. DATE OF BIRTH	BF7143333261							
MO DA YR		MO DA YR								
< 4 > 02161		09113115	> WHEN FORM 444C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)							

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME 3-LETTERS	4. CODE		5. LANGUAGE DATA BEFORE TEST								
< 5 >		C-A-D		BASE CODE	R	W	P	S	U	T	YR		
6. LANGUAGE DATA AFTER TEST		7. DATE OF TEST		DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.									
BASE CODE		R	W	P	S	U	T	YR	MO	DA	YR	>	
< 6 >													

QUALIFICATIONS RECORD CHANGE

1. ID	2. EMP/APPL NO.	3. NAME 3-LETTERS	ENTER UNDER "TYPE" - A = ADDITION TO RECORD C = CHANGE TO EXISTING RECORD D = DELETION OF DATA FROM EXISTING RECORD											
			CODE # 1						CODE # 2					
TYPE	BASE	1	2	3	YR	BASE	1	2	3	YR				
< 4 >	0					0								
0	0					0								
0	0					0								
0	0					0								
0	0					0								
0	0					0								
0	0					0								
0	0					0								
0	0					0								
0	0					0								
0	0					0								

SECRET

(When Filled In)

(1-6) 061164	LANGUAGE DATA RECORD		
PART I-GENERAL			
1. NAME (Last-First-Middle) (7-24) HARVEY, ROBERT L.	2. DATE OF BIRTH (25-30) M 13 1915		
3. LANGUAGE (31-33) German	4. TODAY'S DATE (34-39) M 13 1963	5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
<p>1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY, RARELY.</p> <p>(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.</p> <p>3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.</p> <p>4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.</p> <p>5. I HAVE NO READING ABILITY IN THE LANGUAGE.</p>			
SECTION B. Writing (41)			
<p>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.</p> <p>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.</p> <p>(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 OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.</p> <p>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.</p> <p>5. I CANNOT WRITE IN THE LANGUAGE.</p>			
SECTION C. Pronunciation (42)			
<p>1. MY PRONUNCIATION IS NATIVE.</p> <p>2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.</p> <p>(3) MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.</p> <p>4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.</p> <p>5. I HAVE NO SKILL IN PRONUNCIATION.</p>			
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 AUTOMATICALLY 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. -- *Yes, in Conf*
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. 25-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

10/3/61

SIGNATURE

William H. Keeney

(46)

(47)

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	
061164	HARVEY	WILLIAM	K.	50

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, One). 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)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
3 - CORRECTION								
5 - CANCELLATION	3				03	21	66	565

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	28-29	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 OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
IN 80062	22 March 1966

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE 3/29/66	SIGNATURE <i>Jackie E. Persinger</i>
X C & T DIVISION		

FORM 1451a USE PREVIOUS EDITIONS
10-64

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

Journal of the American Chemical Society

COMMONWEALTH OF AUSTRALIA
AUSTRALIAN SECURITY INTELLIGENCE ORGANISATION

G.R.O. Cox-R.S. 51053B.

MELCUNA:

24. May, 1966.

My dear Colenso

My Liaison Officer in Rome has told me of the tremendous assistance and co-operation that he and his section received at all times from Mr. W.K. Harvey.

I understand that Mr. Harvey has now returned to Washington and I would like to say how much I appreciate all that he has done to assist the work of my officers in Rome.

With kindest regards and best wishes,

Yours

W. H. Brooks, Jr.

(C.C.F. SPRY)

The Honorable W.F. Raborn,
Director,
Central Intelligence Agency,
WASHINGTON.

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E SEC Headquarters

EMPLOYEE SERIAL NO: I-B <i>061164</i>	NAME OF EMPLOYEE			OFFICE/COMPONENT 25-26. <i>50</i>
	LAST (Prefix) <i>HAEVY</i>	FIRST <i>WILLIAM K.</i>	MIDDLE <i>7-26</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 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 <i>ITALY</i>	OMIT <i>40-42</i>
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	23-29	30-31	32-33	34-35	36-37	38-39	
2 - CORRECTION								
3 - CANCELLATION	1				01	08	66	

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT <i>40-42</i>
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	23-29	30-31	32-33	34-35	36-37	38-39	
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>IN 26160</i>	DOCUMENT DATE/PERIOD <i>4 Jan. 1966</i>
---	---

REMARKS		
PREPARED BY <input checked="" type="checkbox"/> C & L DIVISION <input checked="" type="checkbox"/> I.C & T DIVISION	REPORT ANNOTATED ON <input checked="" type="checkbox"/> SOURCE DOCUMENT DATE <i>13 Jan. 1966</i>	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED <i>Beverly J. C. [Signature]</i>

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
1-8 61164	LAST (Print) HARVEY	FIRST William	MIDDLE K	29-28 50

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	CMT
	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	06	30	63				ITALY	365	

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN				AREAS	CMT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39			40-
4 - CORRECTION										
6 - CANCELLATION										

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

Rome 9550 AM 70227	DOCUMENT DATE/PERIOD
--------------------	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITEZ
FISCAL DIVISION	DATE	SIGNATURE
<input checked="" type="checkbox"/> FINANCE DIVISION		

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE 130470+EB 361

TO:

Office of Personnel, Statistical Reporting Branch, ROM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-8 4461	(Print)	8-28		24-25 34

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	OMR	
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
2 - CORRECTION									
3 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMR	
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

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	DATE	SIGNATURE
FINANCE DIVISION		

FORM 1451a
E-58**SECRET**

(4-103)

SECRET

(When Filled In)

130471 FEB 961

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 102 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-8 6-11464	(Print) Hector, Alberto	6-23		28-28 34

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 (OR ONE). 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) 3 - CORRECTION 5 - CANCELLATION	28	27-28	29-30	31-32	33-34	35-36	37-38	39-41

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	28	27-28	29-30	31-32	33-34	35-36	37-38	39-41
		<u>10</u>			<u>11</u>			

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	
DOCUMENT IDENTIFICATION NO. <i>130471 FEB 961</i>	DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 1961	SIGNATURE <i>[Signature]</i>
FINANCE DIVISION		

CONFIDENTIAL
(When Filled In)

O/R-Personnel & R

<small>INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLEGED IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.</small>			
NAME OF EMPLOYEE (Last) HARVEY		(First) William	(Middle) KING
RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)		
88 W. IRVING ST. Chevy Chase, MD			
MARITAL STATUS			
CHECK ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED			
IF MARRIED, INDICATE PLACE OF MARRIAGE Berlin	DATE OF MARRIAGE 3/2/54		
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE		
IF WIDOWED, INDICATE PLACE SPOUSE DIED	DATE SPOUSE DIED		
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE CIARA GRACE, nee Follick	ADDRESS (No., Street, City, Zone, State) Above	TELEPHONE NUMBER	
NAME OF CHILDREN JAMES SALLY	ADDRESS Same	SEX M	AGE 12
NAME OF FATHER (Or male guardian) Decceased	ADDRESS	TELEPHONE NUMBER	
NAME OF MOTHER (Or female guardian) SARA R. HARVEY	ADDRESS 1615 Northwood Drive	TELEPHONE NUMBER SL 2579	
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? Mother			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle) WIFE - Above	RELATIONSHIP		
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER OL 4-5178		
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION		
IS THE INDIVIDUAL NAMED ABOVE HAVING OF YOUR AGENCY AFFILIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
THE PERSONS NAMED IN ITEM 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 ON THE REVERSE SIDE OF THIS FORM.			
5. VOLUNTARY ENTRIES			
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS HAMILTON NATIONAL BANK & BANK OF SILVER SPRING			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

self & wife jointly

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. IF "YES", WHERE IS DOCUMENT LOCATED?HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

wife

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS.

SIGNED AT	DATE	SIGNATURE
	11/4	William H Harvey

CONFIDENTIAL

DD/Pers

S-E-C-R-E-T
(When filled in)

TUTORIAL TRAINING REPORT

03/11/63 - 06/17/63

Student : William K. Harvey Office : WE
 Year of Birth: 1915 Service Designation: D
 Grade : 18 No. of Students : 1
 EOD Date : 09/47 Instructor: Mrs. M. Lutyk

This is to certify that William K. Harvey
 received 92 hours of tutorial training in
ITALIAN language.

Beginner : X
 Non-beginner : _____

FOR THE DIRECTOR OF TRAINING:

Bengt C. Herder
BENGT C. HERDER
 Chief Instructor

10/21/63
DateS-E-C-R-E-T
(When filled in)

GROUP I
 Excluded from automatic
 downgrading and
 declassification

14 00000

Pre 1961 Personnel
Material

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 28 November 1966
2. NAME (Last, First, Middle) Harvey, William K.		3. POSITION TITLE OS-18
4. GRADE OS-18		5. EMPLOYEE'S EXT. 6765
6. OFFICE, DIVISION, BRANCH		
7. PURPOSE OF EVALUATION Room 3E-30		
<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 - Executive <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQGS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT ETD <hr/> STATION <hr/> TDY OR PCS <hr/> TYPE OF COVER <hr/> NO. OF DEPENDENTS TO ACCOMPANY <hr/> NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
		<input type="checkbox"/> RETURN FROM OVERSEAS ETA <hr/> STATION <hr/> NO. OF DEP.'S
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <hr/> ROOM NO. & BUILDING EXT.
10. COMMENTS QUALIFIED FOR CURRENT DUTIES AT HEADQUARTERS		
11. REPORT OF EVALUATION		
DATE 24 MAY 1967	SIGNATURE FOR CHIEF OF MEDICAL STAFF JOHN E. FRALIC PHYSICAL REQUIREMENTS OFFICER	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 31 January 1966
2. NAME (Last, First, Middle) HARVEY, William K.	3. POSITION TITLE	4. GRADE
5. OFFICE, DIVISION, BRANCH WB	6. EMPLOYEE'S EXT.	
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 <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT ETO <hr/> STATION <hr/> TDY OR PCS <hr/> TYPE OF COVER <hr/> NO. OF DEPENDENTS TO ACCOMPANY <hr/> NO. OF DEFENDANTS' REPORTS OF MEDICAL HISTORY (SF 84) ATTACHED	<input type="checkbox"/> RETURN FROM OVERSEAS ETA <hr/> STATION <hr/> NO. OF DEP'TS
8. OVERSEAS PLANNING EVALUATION (One block must be checked)	9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE	ROOM NO. & BUILDING EXT.
10. COMMENTS		
Qualified for Current Duties		
11. REPORT OF EVALUATION		
31 January 1966		
DATE 31 January 1966	SIGNATURE FOR CHIEF OF MEDICAL STAFF Peter J. Gaughan	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 17 March 1965
2. NAME (Last, First, Middle) HARVEY, William E.		3. POSITION TITLE COS
5. OFFICE, DIVISION, BRANCH WE DIVISION		4. GRADE GS-13
		6. EMPLOYEE'S EXT. 7157
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 type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT ETD 10 March 1965 STATION Rome TDY OR PCS PCS TYPE OF COVER Integre NO. OF DEPENDENTS TO ACCOMPANY 2 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0
		<input type="checkbox"/> RETURN FROM OVERSEAS ETA STATION NO. OF DEP.'S
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Major C.R. Staphan, W/PT</i> ROOM NO. & BUILDING EXT. 7157
10. COMMENTS		
259 forwarded at request of Joe Cline. QUALIFIED FOR PROPOSED O S PCS		
11. REPORT OF EVALUATION		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	
13 22 65		

SECRET
(Not Filled In)

REQUEST FOR MEDICAL EVALUATION		I. DATE OF REQUEST																				
2. NAME (Last, First, Middle) Dependents of PARVAT, William K.		3. POSITION TITLE COS																				
4. GRADE GS-18		5. EMPLOYEE'S EXT. 7157																				
6. OFFICE, DIVISION, BRANCH WS DIVISION																						
7. PURPOSE OF EVALUATION																						
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY Dependents: Wife: Clara G. Daug: Sally J., 10 Mo: 58 <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT																						
<input type="checkbox"/> HQDS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT																						
<table border="1"> <tr> <td>ETD</td> <td>10 March 1965</td> </tr> <tr> <td>STATION</td> <td></td> </tr> <tr> <td>• Home</td> <td>TDY OR PCS</td> </tr> <tr> <td>DUS</td> <td></td> </tr> <tr> <td colspan="2">TYPE OF COVER</td> </tr> <tr> <td colspan="2">Interrate</td> </tr> <tr> <td colspan="2">NO. OF DEPENDENTS TO ACCOMPANY</td> </tr> <tr> <td colspan="2">2</td> </tr> <tr> <td colspan="2">NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED</td> </tr> <tr> <td colspan="2">0</td> </tr> </table>			ETD	10 March 1965	STATION		• Home	TDY OR PCS	DUS		TYPE OF COVER		Interrate		NO. OF DEPENDENTS TO ACCOMPANY		2		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED		0	
ETD	10 March 1965																					
STATION																						
• Home	TDY OR PCS																					
DUS																						
TYPE OF COVER																						
Interrate																						
NO. OF DEPENDENTS TO ACCOMPANY																						
2																						
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED																						
0																						
<input type="checkbox"/> RETURN FROM OVERSEAS																						
<table border="1"> <tr> <td>ETA</td> <td></td> </tr> <tr> <td>STATION</td> <td></td> </tr> <tr> <td colspan="2">NO. OF DEP'S</td> </tr> </table>			ETA		STATION		NO. OF DEP'S															
ETA																						
STATION																						
NO. OF DEP'S																						
8. OVERSEAS PLANNING EVALUATION (One block must be checked)																						
9. REQUESTING OFFICER																						
SIGNATURE <i>MARSH. CLISTEPHAN, M/PT</i> ROOM NO. & BUILDING <i>L 3 W 101</i> EXT. <i>7157</i>																						
10. COMMENTS <p>259 forwarded at request of Joe Cline.</p>																						
11. REPORT OF EVALUATION <p style="text-align: center;">QUALIFIED FOR PROPOSED O S PCS</p> <p style="text-align: center;">JOE W. CLINE</p>																						
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF																				

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		11. DATE OF REQUEST <i>16 May 1983</i>
2. NAME (Last, First, Middle) William K. Harvey	3. POSITION TITLE Chief of Station	4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH WE Division	6. EMPLOYEE'S EXT.	
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 type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQDZ/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT ETD: o/a 1 July 1983 STATION: Rome TDY OR PCS: PCS TYPE OF COVER: Integreg NO. OF DEPENDENTS TO ACCOMPANY: 3 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED: 0
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. REQUESTING OFFICER SIGNATURE: <i>Marge Grostephan</i> MARGE GROSTEPLAN ROOM NO. & BUILDING 4 B 4404 EXT. 7157
10. COMMENTS		
Request evaluation for above PCS.		
11. REPORT OF EVALUATION		
DATE <i>16 May 1983</i>	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET

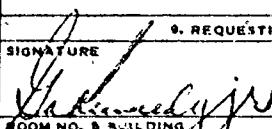
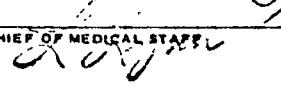
(When Edition 2a)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 16 May 1963
2. NAME (Last, First, Middle) Dependents of William K. Harvey 3. OFFICE, DIVISION, BRANCH WE Division		4. GRADE GS-18 5. EMPLOYEE'S EXT. 5356
6. 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 type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		7. HOUS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT 8. RTO o/a 1 July 1963 STATION Rome TDY OR PCS PCS TYPE OF COVER Integree NO. OF DEPENDENTS TO ACCOMPANY 3 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0
		9. RETURN FROM OVERSEAS ETA STATION NO. OF DEP.'S
10. OVERSEAS PLANNING EVALUATION (One block must be checked) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. REQUESTING OFFICER SIGNATURE MARGE GROSTEFAN MARGE GROSTEFAN ROOM NO. & BUILDING 4 B 4404
		EAT. 7157

10. COMMENTS	
89's on file in medical office - per telephone conversation 16 May 63	
11. REPORT OF EVALUATION	

DATE JUN 1963	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>	
12. USE PREVIOUS EDITIONS.		
JRM 259	SECRET	(28)
Edition 2 10 MAY 1963 SF 89 07-63 1963		

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 25 January 1962
2. NAME: (Last, First, Middle) HARVEY, WILLIAM K.		3. POSITION TITLE Clerk
4. GRADE 08-18		5. EMPLOYEE'S EXT. 8471
6. OFFICE, DIVISION, BRANCH SI/Division D		
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> XXXXXXXX <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> TDOS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT ETO 28 January 1962 STATION Panama City, Panama TDY OR PCS TDY TYPE OF COVER Official State Department NO. OF DEPENDENTS TO ACCOMPANY NONE NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
<input type="checkbox"/> RETURN FROM OVERSEAS ETO STATION NO. OF DEPS		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE  ROOM NO. & BUILDING 1505 - I Building
10. REQUESTOR'S COMMENTS COMMENTS		
11. REPORT OF EVALUATION END PLANNING FOR 08 JAN 1962		
DATE 1962	SIGNATURE FOR CHIEF OF MEDICAL STAFF 	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 20 October 1960												
2. NAME (Last, First, Middle) Harvey, William K.	3. POSITION TITLE Division Chief	4. GRADE GS-18												
5. OFFICE, DIVISION, BRANCH F1 Staff, Division D	6. EMPLOYEE'S EXT. 8471													
7. PURPOSE OF EVALUATION														
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT														
<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETD:</td><td>28 October 1960</td></tr> <tr><td>STATION:</td><td>Germany and Switzerland</td></tr> <tr><td>TOY OR PCS:</td><td>TDY</td></tr> <tr><td>TYPE OF COVER:</td><td>State Integree</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY:</td><td>None</td></tr> <tr><td colspan="2">NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 49) ATTACHED</td></tr> </table>			ETD:	28 October 1960	STATION:	Germany and Switzerland	TOY OR PCS:	TDY	TYPE OF COVER:	State Integree	NO. OF DEPENDENTS TO ACCOMPANY:	None	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 49) ATTACHED	
ETD:	28 October 1960													
STATION:	Germany and Switzerland													
TOY OR PCS:	TDY													
TYPE OF COVER:	State Integree													
NO. OF DEPENDENTS TO ACCOMPANY:	None													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 49) ATTACHED														
8. OVERSEAS PLANNING EVALUATION (One block must be checked)														
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														
9. REQUESTING OFFICER SIGNATURE: <i>G. A. Kennedy, Jr.</i> G. A. Kennedy, Jr. ROOM NO. & BUILDING: 1505 L EXT.: 4464														
10. REPORT OF EVALUATION														
<p>Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.</p> <p>DATE: 2 NOV 1960</p> <p>SIGNATURE FOR CHIEF OF MEDICAL STAFF: <i>G. A. Kennedy, Jr.</i></p>														

SECRET

(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

I. REQUEST FOR PHYSICAL EXAMINATION BY <i>U.S. REQUESTED, 7/10/1960</i>		
1. NAME	(First) <i>HARVEY, William E.</i>	(Middle) <i></i>
2. DATE	<i>9 April 1960</i>	
3. TO POSITION	4. OFFICE / DIVISION / BRANCH <i>71/Division D</i>	5. GRADE <i>OS-18</i>
6. TYPE OF POSITION <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <i>SDV</i> <input type="checkbox"/> Returnee	<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)
II. REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified
Remarks:		
<p style="text-align: center;"><i>14 JUN 1960</i></p> <p style="text-align: center;">QUALIFIED FOR DEPARTMENTAL DUTIES AND PROPOSED FOR G.S. ACCOMPLISHMENT</p> <p style="text-align: right;"><i>Roland C. [Signature]</i></p> <p style="text-align: right;">17</p>		
SECRET		
MEDICAL OFFICE		

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

I. REQUEST FOR PHYSICAL EXAMINATION BY

1. NAME (Last)	William	Middle:	2. DATE:
HARVEY		K.	Sept 1957
3. TO POSITION	4. OFFICE, DIVISION, BRANCH	5. GRADE	
Germany	DDP/E&S	OSS-16	
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental	<input type="checkbox"/> COO	<input type="checkbox"/> Pre-Employment	
<input type="checkbox"/> U.S. Field	<input checked="" type="checkbox"/> Overseas PCS	<input type="checkbox"/> Annual	
<input checked="" type="checkbox"/> Overseas PCS	<input type="checkbox"/> Returnee	<input type="checkbox"/> Special (Specify)	
Second tour.			

II. REPORT OF MEDICAL EVALUATION

- Qualified for Full Duty (General) Qualified for Full Duty (Special)
 Qualified for Departmental Duty Only Disqualified

Remarks: Please notify Corinne L. Hassell, X3041, of results.

QUALIFIED FOR PROPOSED PCS D/S ASSIGNMENT

1957

SECRET
08388

MEDICAL OFFICE

REPORT OF PHYSICAL QUALIFICATIONS		
NAME	DATE	
Harvey, William King	8/21/52	
FOR VOUCHERED EMPLOYEE ONLY		
NATURE OF ACTION	TITLE OF POSITION	
GRADE	DEPT.	FIELD
SUBJECT FOUND <input type="checkbox"/> FIT <input checked="" type="checkbox"/> UNFIT FOR DUTY IN THE ABOVE GRADE AND POSITION.		
FOR UNVOUCHERED EMPLOYEE ONLY		
SUBJECT QUALIFIED FOR:	FIT	
<input type="checkbox"/> FULL DUTY OVERSEAS	<input checked="" type="checkbox"/> LIMITED DUTY OVERSEAS	<input type="checkbox"/> DUTY IN USA ONLY
PROFILE SERIAL (MILITARY ONLY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
DEFECTS NOTED AND/OR RECOMMENDATIONS: Nox - arduous O.K. for TDY O/S where medical facilities are available.		
PHYSICAL REQUIREMENTS OFFICER,		

FORM NO. 37-32 REPLACES PREVIOUS EDITIONS OF FORMS 37-32 AND 37-37, WHICH MAY BE USED.
NOV 1951

(26)

OSO

REPORT PHYSICAL QUALIFICATIONS & DUTY

31 Jan 51 194

Harvey, William K. WAS GIVEN A PHYSICAL EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

#1 Overseas

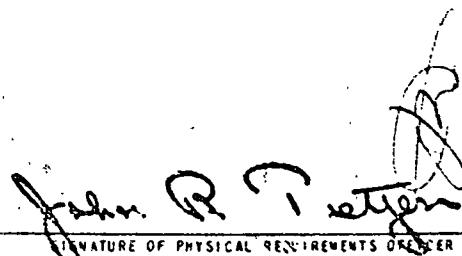
 FULL DUTY OVERSEAS LIMITED DUTY OVERSEAS DUTY IN USA ONLYPROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED:

Approved for TDY. To report to Medical after TDY

JOHN R. TIKTJEN, M.D.

FORM NO. 37-32
DEC 1948

PHYSICAL QUALIFICATION RECORD	
NAME	NATURE OF ACTION
HARVEY, WILLIAM K.	E.O.D.
TITLE OF POSITION	GRADE
Intelligence Officer	P-7
DEPARTMENT OR FIELD	
Departmental	
Subject was found physically <input checked="" type="checkbox"/> fit <input type="checkbox"/> unfit for duty with this organization in the above grade and position. 10 May 1948	
RECOMMENDATIONS:	
 John R. Trotter	
2 February 1948 DATE	
SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER	

14 00000

CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.
REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

15 December 1948

HATTORI, William

CIO

WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

41

FULL DUTY OVERSEAS LIMITED DUTY OVERSEAS DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED:

None

FORM NO. 37-92
NOV 1947

John W. J. Hartman
Dept., IIC

(1093)

CENTRAL INTELLIGENCE GROUP
WASHINGTON, D. C.

REPORT ON PHYSICAL QUALIFICATIONS FOR DUTY

70-40-26-3 194

MARCH 1944

WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

✓ FULL DUTY OVERSEAS

LIMITED DUTY OVERSEAS

DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED:

None

John R. S. Patten

FORM NO. 37-32
JAN 1947

JOLIE E. CHENNEY, GUT MD

(10833)

SEARCHED Room 27 - JUN 1946
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

Forro as rítmico
Budget numero N° 52-5004

FEDERAL EMPLOYMENT APPLICATION

1. Name of examination, or kind of position applied for:

2. General subject (if mentioned in examination announcement):

3. Place of employment applied for:

C.I.O.

4. (a) First name _____ (b) Middle initial _____ (c) Last name _____
William King Harvey

5. Grade and number of E. D. number:
2627 39th Street N.Y.

6. City or post office and State, postal zone, and date:
Washington, D. C.

7. Last place of residence & State: **Kentucky** Social security no. **OR 2914** Home phone.

8. State of birth (city and State if born outside U. S., name city and country):
Danville, Indiana

9. Date of birth (month, day, year): **9/13/15** Age last birthday: **18** Male Female

10. Married 11. Height without shoes: **5' 11"** Weight: **185** Pounds
 Single

12. Have you ever been employed by the Federal Government? **X** Yes **No**

If now employed by the Federal Government, give present grade and date of last change in grade:

For Use of Civil Service Commission Only				
		Material	Entered register	
<input type="checkbox"/> Approve		<input type="checkbox"/> Submitted		
<input type="checkbox"/> Disapprove		<input type="checkbox"/> Formatted		
Numbered		'App. Review'		
Approved				
OFFICE	GRADE	RANKED RATING	DIFERENCES	AGRM. RATING
			<input type="checkbox"/> 5 points (incl.)	
			<input type="checkbox"/> 10 points	
			<input type="checkbox"/> Write on Wkshp	
			<input type="checkbox"/> Detail	
			<input type="checkbox"/> Being Investi- gated	
INITIALS AND DATE				

Indicate "Yes" or "No" answer by placing X in proper column		YES	NO	18. (c) If you will accept appointment in certain locations ONLY, give acceptable locations	
18. (a) Would you accept short term appointment if offered for—		X			
1 to 3 months.....		X			
3 to 6 months.....		X			
6 to 12 months.....		X			
18. (b) Would you accept appointment, if offered—				(d) What is the lowest entrance salary you will accept per year.	
In Washington, D. C.		X		You will not be considered for positions paying less.	
anywhere in the United States.....		X		(e) If you are willing to travel, specify	
outside the United States.....		X		<input type="checkbox"/> Occasionally <input checked="" type="checkbox"/> Frequently <input type="checkbox"/> Constantly	
18. EXPERIENCE—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing agency to determine your qualifications for the position for which you are applying. In the space provided, tell in detail EVERY position you have held since the date indicated below. EACH position you have occupied since the date indicated must be accompanied by a statement of compensation, either written or verbal, concerning the number of hours per week and hours per year in which you were engaged in such activity. Start with your PRESENT position and work back, documenting for all periods of employment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question. (f) Military Experience.					
(g) If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for such position, if it is not a lie.					
(h) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position".					
PRESENT POSITION					
Date of employment (Month year)	Exact title of your present position:			Salary or earnings	
From _____	To present time				
Place of employment (city and State).				Starting \$ _____	per _____
			Present \$ _____ per _____		
Name and address of employer (firm, organization, etc., person) 2. Federal, name, department, bureau or establishment and address.	Description of your work:				
Kind of business or organization (a. g., wholesale and mercantile, agency, mfr. of locks, etc.).					
Number and kind of employees supervised by you:					
Name and title of immediate supervisor:					
Reason for desiring to change employment:					

(CONTINUED ON NEXT PAGE)

RE CONTINUED

From <u>12/9/40</u> To <u>8/22/47</u>		Exact title of your position Special Agent & Supervisor	
Name and address of employer (firm, organization, or person) Washington, D. C. U.S. Department of Justice, Bureau of Investigation and Counter-Intelligence Division		Salary or earnings per Starting \$ <u>200</u> per annum Final \$ <u>7000</u> per annum	
Description of your work Supervision of Counter-Intelligence operation			
FBI - Dept. of Justice			
Law Enforcement-counter Intelligence			
Number and kind of employees supervised by you various			
Name and title of immediate supervisor D. M. Ladd			
Reason for leaving voluntary			
From <u>9/37</u> To <u>12/40</u>		Exact title of your position Attorney-at-law	
Place of employment (City and State) Mayville, Ky		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Name and address of employer (firm, organization, or person) U.S. Federal Home Department, Bureau of Investigation and Counter-Intelligence Division		Description of your work General Practice of law	
Kind of business or organization (e.g., insurance etc., insurance Practice of Law			
Number and kind of employees supervised by you			
Name and title of immediate supervisor None			
Reason for leaving Voluntary			
From <u>6/31</u> To <u>9/33</u>		Exact title of your position Reporter & Printer	
Place of employment (City and State) Danville, Indiana		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Name and address of employer (firm, organization, or person) Danville Gazette		Description of your work General Newspaper Publishing business	
Kind of business or organization (e.g., insurance etc., insurance Newspaper			
Number and kind of employees supervised by you None			
Name and title of immediate supervisor Alvin Hall, Editor			
Reason for leaving Voluntary			
From <u>12/1/40</u> To <u>12/1/40</u>		Exact title of your position	
Place of employment (City and State)		Salary or earnings per Starting \$ <u>5</u> per Final \$ <u>5</u> per	
Name and address of employer (firm, organization, or person) U.S. Federal Home Department, Bureau of Investigation and Counter-Intelligence Division		Description of your work	
Kind of business or organization (e.g., insurance etc., insurance agency etc., etc.)			
Number and kind of employees supervised by you			
Name and title of immediate supervisor			
Reason for leaving			

If more space is needed, attach a continuation sheet (Standard Form No. 28) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and place of birth. A total of three of these sheets will be allowed.

16-47250-5

17. MILITARY TRAINING: In order to make the most effective use of your present knowledge of military subjects, indicate your experience with those mentioned in the following areas. If in training, indicate the date of graduation. If you are not currently employed by federal officials, write in the space provided in Item (a) "No attendance". Schools" and indicate in Item (b) all correspondence courses, duty assignments, showing dates of such assignments.

(a) Your formal or non-formal education		BORN		Date when you began first day of service																					
Location:																									
Dates attended (months, years):																									
From _____ To _____																									
Rating received at end of this training:																									
(b) Duty assignments after this training (give all important courses in duty assignment whether or not you attended a training School)		What did you do during this duty assignment?																							
Dates of duty assignment (months, years):																									
From _____ To _____																									
Listed below are the dates of each duty assignment:																									
Location:																									
Dates attended (months, years):																									
From _____ To _____																									
Rating received at end of this training:																									
(c) Duty assignments after this training:		What did you do during this duty assignment?																							
Dates of duty assignment (months, years):																									
From _____ To _____																									
List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization																									
18. EDUCATION—Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Mark (x) the appropriate box to indicate satisfactory completion of																									
Viley High School Terre Haute, Indiana School you graduated from which you plan to return to!																									
<input type="checkbox"/> Elementary School <input type="checkbox"/> Junior High School <input checked="" type="checkbox"/> Viley High School																									
(d) Name and Location of College or University Indiana University Bloomington, Indiana		Major LAW		Dates Attended From: 1933 To: 1937																					
				Years Completed Day: 6 Night: LLB																					
				Degrees Conferring Date: 9/37																					
				Semester Hours Credit: 180																					
(e) List Your Chief Undergraduate College Subjects		List Your Chief Graduate College Subjects		Semester Hours																					
Journalism		Law		95																					
Phil & Psych																									
(f) Other training, such as vocational, business, trade, courses given through the Armed Forces Institute (give name and location of school), or in-service training, in a federal agency:																									
(g) Indicate your knowledge of FOREIGN LANGUAGES <table border="1"> <tr> <th></th> <th>READING</th> <th>SPEAKING</th> <th>WRITING</th> <th>LISTENING</th> </tr> <tr> <td>Eng. Good</td> <td>Yes</td> <td>No</td> <td>Good</td> <td>Yes</td> </tr> <tr> <td>Eng. Fair</td> <td>Yes</td> <td>No</td> <td>Fair</td> <td>Yes</td> </tr> <tr> <td>Eng. Poor</td> <td>Yes</td> <td>No</td> <td>Poor</td> <td>Yes</td> </tr> </table> German : <input checked="" type="checkbox"/>							READING	SPEAKING	WRITING	LISTENING	Eng. Good	Yes	No	Good	Yes	Eng. Fair	Yes	No	Fair	Yes	Eng. Poor	Yes	No	Poor	Yes
	READING	SPEAKING	WRITING	LISTENING																					
Eng. Good	Yes	No	Good	Yes																					
Eng. Fair	Yes	No	Fair	Yes																					
Eng. Poor	Yes	No	Poor	Yes																					
(h) How was your knowledge of foreign languages acquired? Study																									
(i) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e.g., business, education, recreation)																									
(j) List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multimeter, chronometer, key punch, turret lathe, scientific or professional devices																									
Approximate number of words per minute in typing: 50 shorthand:																									
44. Are you a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Give kind of license and date: Attorney First license or certificate (year): 1937 at Law - Ind. & Ky Last license or certificate (year): 1947																									
45. Give a list of books, periodicals, or covered documents in your opinion which include your name in publications (DO NOT submit copies unless requested) (1) Patent or other inventions (2) Public speaking and public relations experience (3) Membership in professional or scientific societies, etc.																									

33. REFERENCES—List those 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 references listed under Item 16 (EXPERIENCE).		
FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION
B. F. Small	Sycamore Bldg-Terre Haute, Indiana	Atty
E. L. Zeigler	Cochran Bldg., Mayeville, Ky.	Atty
A. M. Thurston	C.I.O.— Washington, D. C.	
34. May inquiry be made of your present employer regarding your character qualifications, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate "Yes" or "No" answer by placing X in proper column.		YES NO
35. Are you a citizen of the United States?		X
36. Do you advocate or have you ever advocated, or are you now, or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence?		X
If your answer is "Yes," give complete details in Item 38.		
37. Within the past 12 months, have you habitually used intoxicating beverages to excess?		X
38. Since your 16th birthday, have you ever been convicted, on trial, or imprisoned, or placed on probation, or have you ever been ordered to do hard labor, be the violation of any law, peace regulations or ordinances (including minor traffic violations) for which a fine of \$25 or less was imposed?		X
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 unprinted, your fingerprints will be taken.		
39. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position?		X
If your answer is "Yes," give in Item 40 the name and address of each place, date, and reason in each case.		
40. Do you receive an annuity from the U. S. or D. C. Government under any retirement, or for any pension or other compensation for military or naval service?		X
If your answer is "Yes," give in Item 40 reason for retirement, that is, due to disability, or by reason of voluntary or involuntary separation after 3 years service, amount of retirement pay, and under what retirement act, and reason if retired from military or naval service.		
41. Are you an official or employee of any State, Territory, county, or municipality?		X
If your answer is "Yes," give details in Item 39.		
42. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months?		X
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 whom employed, (5) kind of appointment.		
43. Have you ever had a nervous break-down?		X
If your answer is "Yes," give from me details in Item 39.		
44. Have you ever had fits or epileptic fits?		X
If your answer is "Yes," give complete details in Item 39.		
35. Space for detailed answers to other questions (indicate item numbers to which answers apply).		
ITEM NO.		ITEM NO.
A more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination date. Attach to back of this question.		
FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 60)		
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.		
Date	Signature of applicant Give your name in INK (one given name, that is, first and middle name) and attach to back of this application. If female, prefix Mrs. or	
400-15-47044		

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES NO

SECTION 1. PERSONAL BACKGROUND

NAME	MISS <input type="checkbox"/>	FIRST	MIDDLE	LAST	TELEPHONE
MR. <input checked="" type="checkbox"/>	MRS. <input type="checkbox"/>	Billie	Kirk	Harvey	OR 2914

PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
2527	39th Street	N.W.	Washington, D.C.	U.S.A.

LEGAL RESIDENCE	STREET AND NUMBER	CITY	STATE	COUNTRY
Maysville		Kentucky		U.S.A.

NICKNAMES	OTHER NAMES THAT YOU HAVE USED	HOW LONG?
None	None	None

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?	HOW LONG?
None	None

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)	None
---	------

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
9/13/15	Danville,	Indiana		U.S.A.

PRESENT CITIZENSHIP	ACQUIRED BY:			
US	BIRTH <input checked="" type="checkbox"/>	MARRIAGE <input type="checkbox"/>	NATURALIZATION <input type="checkbox"/>	

NATIONALIZATION CERTIFICATE	NUMBER	DATE ISSUED	NAME OF COURT	
-----------------------------	--------	-------------	---------------	--

LOCATION OF COURT	CITY	STATE	COUNTRY
-------------------	------	-------	---------

PREVIOUS CITIZENSHIP	DATE HELD	FROM:	TO:
None			

OTHER CITIZENSHIPS (GIVE PARTICULARS)	None
---------------------------------------	------

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)				
None				
LAST U.S. PASSPORT	NUMBER	DATE	PLACE OF ISSUE	
	None	-	-	-

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)				
None				

PASSPORTS OF OTHER NATIONS				
None				

IF BORN OUTSIDE U.S.	DATE OF ARRIVAL IN THIS COUNTRY	PORT OF ENTRY	PASSPORT OF COUNTRY
	-	-	-

LAST U.S. VISA	NUMBER	TYPE	DATE	PLACE OF ISSUE
	-	-	-	-

SECTION 2. PHYSICAL DESCRIPTION					
AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR
31	M.	5'	185	Green	Blonde

COMPLEXION	SCARS	BUILD
Fair	triangular scar rt. cheek	Medium stocky

OTHER DISTINGUISHING FEATURES					
mustache					



SECTION 3. MARITAL STATUS					
<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED	DATE OF SEPARATION OR DIVORCE		PLACE
<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED				
REASON FOR SEPARATION OR DIVORCE					
<p>NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.</p>					
NAME OF WIFE OR HUSBAND	FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST	DATE OF MARRIAGE	
Elizabeth Howe		Holntire	Harvey	4/4/34	
PLACE OF MARRIAGE	(HIS OR HER ADDRESS BEFORE MARRIAGE)		STREET AND NUMBER	CITY	STATE
Bloomington, Indiana			Glenningburg, Kentucky		U.S.A.
LIVING <input checked="" type="checkbox"/>	DATE OF DECEASED	CAUSE			
DECEASED <input type="checkbox"/>					
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
2627 39th Street, N.W.			Washington, D. C.		U.S.A.
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
2/3/15	Glenningburg,	Kentucky		U.S.A.	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Housewife	War Department - MDW - 1942-1944				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
Pentagon Bldg			Washington D. C.		USA
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OF SERVICE		COUNTRY
-					-
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)					
See above, War Dept., MDW - Washington, D. C. 1942-1944					
SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)					
NAME	RELATIONSHIP			AGE	
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
NAME	RELATIONSHIP			AGE	
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
NAME	RELATIONSHIP			AGE	
CITIZENSHIP	ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY
SECTION 5. PARENTS					
NOTE: FOR STEPMOTHER, STEPFATHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET					
NAME OF FATHER	FIRST	MIDDLE	LAST	LIVING <input type="checkbox"/>	
Drennan		R. (only)	Harvey	<input checked="" type="checkbox"/> DECEASED	
DATE OF DECEASE	CAUSE				
7/25/16	Spinal meningitis				
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
S. Tennessee St.			Danville,	Indiana	U.S.A.
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
1888	Danville	Indiana		U.S.A.	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Attorney	Self				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
Danville			Indiana		U.S.A.
SECTION 5. PARENTS (CONTINUED)					

SECTION 5. PARENTS (CONTINUE ON PAGE 3)					
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OR SERVICE	COUNTRY	
None					
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) None					
NAME OF MOTHER	FIRST	MAIDEN	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
Sara	Jewell	King	Survey		
DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
	607 South Center Street		Terre Haute	Indiana	U.S.A.
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY
1890	Danville		Indiana		U.S.A.
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Professor	Indiana State Teachers College				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
	Terre Haute			Indiana	U.S.A.
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) None					
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP AND ADOPTED BROTHERS AND SISTERS)					
NAME	FIRST	MIDDLE	LAST		
	None				
PRESENT ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
NAME	FIRST	MIDDLE	LAST		
None					
PRESENT ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
NAME	FIRST	MIDDLE	LAST		
PRESENT ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
SECTION 7. PARENTS-IN-LAW					
NAME OF FATHER-IN-LAW	FIRST	MIDDLE	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
James		Marvin	McIntire, Sr.		
DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
	480 Mt. Carmel Avenue		Flemington	Kentucky	USA
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY
1850	Fleming County, Kentucky				USA
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Attorney	Self				
NAME OF MOTHER-IN-LAW	FIRST	MAIDEN	LAST	LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
Nannie		Ross	McIntire		
DATE OF DECEASE	CAUSE				
1942	Arteritis-scleroscisis				
PRESENT OR LAST ADDRESS	STREET AND NUMBER		CITY	STATE	COUNTRY
	480 Mt. Carmel Avenue		Flemington	Kentucky	USA
DATE OF BIRTH	PLACE OF BIRTH		CITY	STATE	COUNTRY
1836	Fleming County, Kentucky				USA
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Housewife					

PAGE 8

SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME	RELATIONSHIP	AGE
None		

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

REASON FOR LISTING UNDER THIS QUESTION				
--	--	--	--	--

NAME	RELATIONSHIP	AGE
None		

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

REASON FOR LISTING UNDER THIS QUESTION				
--	--	--	--	--

NAME	RELATIONSHIP	AGE
None		

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

REASON FOR LISTING UNDER THIS QUESTION				
--	--	--	--	--

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)				
--	--	--	--	--

NAME	RELATIONSHIP	AGE
Dwight Harvey	Cousin	45 approx.

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

TYPE AND LOCATION OF SERVICE (IF KNOWN)				
---	--	--	--	--

NAME	RELATIONSHIP	AGE
------	--------------	-----

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

TYPE AND LOCATION OF SERVICE (IF KNOWN)				
---	--	--	--	--

NAME	RELATIONSHIP	AGE
------	--------------	-----

CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
-------------	---------------------------	------	-------	---------

TYPE AND LOCATION OF SERVICE (IF KNOWN)				
---	--	--	--	--

SECTION 9. EDUCATION

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
Public Schools	Dunville, Indiana			

DATES ATTENDED	FROM	TO	DEGREE
USA-Birth	1921	1928	8 yrs. Elementary Credit

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
--------	---------	------	-------	---------

DATES ATTENDED	FROM	TO	DEGREE
Wiley High School	Terre Haute, Indiana		

COLLEGE	ADDRESS	CITY	STATE	COUNTRY
---------	---------	------	-------	---------

DATES ATTENDED	FROM	TO	DEGREE
Indiana University	Bloomington, Indiana		

DATES ATTENDED	FROM	TO	DEGREE
----------------	------	----	--------

COLLEGE	ADDRESS	CITY	STATE	COUNTRY
---------	---------	------	-------	---------

DATES ATTENDED	FROM	TO	DEGREE
----------------	------	----	--------

SECTION 10. SELECTIVE SERVICE (US) (CONTINUED TO PAGE 5)			
--	--	--	--

SECTION 10. SELECTIVE SERVICE STATUS			
CLASSIFICATION II-A	ORDER NUMBER 1194	APPROXIMATE INDUCTION DATE None	BOARD NUMBER X 113
ADDRESS OF BOARD Evsville, Mason County, Kentucky	STREET AND NUMBER	CITY	STATE USA
IF DEFERRED, STATE REASON Yes, 1940-1947 Special Agent - FBI - US Dept of Justice			
SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN			
COUNTRY USA	SERVICE FBI-US D of J	SERVICE DATES 12/9/40	TO: S/22/47
GRADE Special Agent	SERIAL NUMBER	TYPE OF DISCHARGE Voluntary Resignation	
LAST STATION Washington, D. C.	COMMANDING OFFICER		
REMARKS:			
SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT(USE ADDITIONAL SHEET IF NECESSARY)			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER R. H. King Construction Co.	JOB TITLE Laborer		
ADDRESS STREET AND NUMBER Danville, Indiana	CITY	STATE	KIND OF BUSINESS Bridge Construction
YOUR DUTIES AND SPECIALTY Construction Worker	NAME OF SUPERVISOR R. H. King		
DATES COVERED 5/26	FROM: TO: 9/26	SALARY \$10	PER week
REASONS FOR LEAVING Return to school			
EMPLOYER Danville Gazette	JOB TITLE Reporter & Printer		
ADDRESS STREET AND NUMBER Danville Indiana	CITY	STATE	KIND OF BUSINESS Newspaper
YOUR DUTIES AND SPECIALTY Editorial and Mechanical Work	NAME OF SUPERVISOR Alvin Hall, Editor		
DATES COVERED 1931	FROM: TO: 1933	SALARY \$10-\$15	PER week
REASONS FOR LEAVING To Enter University			
EMPLOYER Indiana University	JOB TITLE Publicity Writer		
ADDRESS STREET AND NUMBER Bloomington Indiana	CITY	STATE	KIND OF BUSINESS See above
YOUR DUTIES AND SPECIALTY Writing Athletic Publicity	NAME OF SUPERVISOR Various		
DATES COVERED Part time 1934	FROM: TO: 1935	SALARY \$10-(Aprox)	PER week
REASONS FOR LEAVING Voluntary Resignation			
EMPLOYER Self	JOB TITLE Attorney-at-law		
ADDRESS STREET AND NUMBER 210 Court Street Maysville Ky	CITY	STATE	KIND OF BUSINESS Practice of Law

(CONTINUED TO PAGE 6)

PAGE 8

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)				
YOUR DUTIES AND SPECIALTY			NAME OF SUPERVISOR	
General Legal Practice			None	
DATES COVERED	FROM: 1937	TO: 1940	SALARY \$1500-\$2000	PER year
REASONS FOR LEAVING To enter FBI				
EMPLOYER Federal Bureau of Investigation			JOB TITLE Special Agent & Supervisor	
ADDRESS	STREET AND NUMBER		CITY Washington, D. C.	STATE
Department of Justice Bldg.			KIND OF BUSINESS Law enforcement and counter intelligence	
YOUR DUTIES AND SPECIALTY Counter-Intelligence				
DATES COVERED	FROM: 12/9/40	TO: 8/22/47	SALARY \$3200-\$7000	PER Annum
REASONS FOR LEAVING Voluntary Resignation				
EMPLOYER			JOB TITLE	
ADDRESS	STREET AND NUMBER		CITY	STATE
KIND OF BUSINESS				
YOUR DUTIES AND SPECIALTY				
NAME OF SUPERVISOR J. Edgar Hoover				
DATES COVERED	FROM:	TO:	SALARY	PER
REASONS FOR LEAVING				
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.				
DETAILS: Absolutely None				
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
D. P. Howell	Jersey Ridge Rd., Maysville, Ky.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
B. F. Small, Atty	Sycamore Bldg., Terre Haute Indiana			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
J. H. Finch, Sr.	Bank of Maysville, Maysville, Ky.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Harry Stewart	Chief of Police PD, Maysville, Ky.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
E. L. Zeigler, Atty	Cochran Bldg., Maysville, Ky.			
SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
A. H. Garrison	8 C.I.O., Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Matthew McNamee	U.S. District Court, Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
J. A. Bennett, Lt. Col.	Andrews Field, Maryland			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
L. Whitsen	Room 1734 Dept. of Justice, Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)				
(CONTINUED TO PAGE 7)				

SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES AT YOUR LAST NORMAL ADDRESS					
NAME	ADDRESS	CITY	STATE		
Richard Trear	2627 39th St. N.W.	Washington	D. C.		
NAME	ADDRESS	CITY	STATE		
H. John Holberg	2629 39th St. N.W.	Washington	D. C.		
NAME	ADDRESS	CITY	STATE		
Richard Callahan	2629 39th St. N.W.	Washington	D. C.		
SECTION 16. MISCELLANEOUS					
DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
IF ANSWER IS "YES", EXPLAIN BELOW:					
DO YOU USE, OR HAVE YOU USED INTOXICANTS?					
In Moderation					
HAVE YOU EVER BEEN ARRESTED, IMPLICATED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE.					
NO					
HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
IF ANSWER IS "YES", GIVE DETAILS BELOW:					
HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:					
SECTION 17. FINANCIAL BACKGROUND					
ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.					
NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS					
People's Bank of Loring County, Flemingsburg, Kentucky					
State National Bank, Rayeville, Kentucky (Accidentally closed)					
HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:					
SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES					
NAME	ADDRESS	CITY	STATE		
People's Bank of Loring County	Flemingsburg	Kentucky			
NAME	ADDRESS	CITY	STATE		
State National Bank	Maysville	Kentucky			
NAME	ADDRESS	CITY	STATE		
J. Garfinkel & Co.	Washington	D. C.			
SECTION 19. RESIDENCES FOR PAST 22 YEARS					
FROM:	TO:	ADDRESS	CITY	STATE	COUNTRY
3/1942	Date	2627 39th St. N.W.	Washington	D. C.	
FROM:	TO:	ADDRESS	CITY	STATE	COUNTRY
2/1942	3/1942	Grace Court, Center Avenue	Pittsburgh	Pa.	
FROM:	TO:	ADDRESS	CITY	STATE	COUNTRY
1/31	2/1942	40-71 Albertaon Street	Flushing	L.O. H.Y.C. N.Y.	

(CONTINUED TO PAGE 8)

SECTION 23. GENERAL QUALIFICATIONS

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

Specialist in counter intelligence, operations, analysis, and evaluation

SECTION 24. SPORTS AND Hobbies

Fishing, hunting, firearms

SECTION 25. EMERGENCY ADDRESSEE

NAME <i>Mrs. Elizabeth M. Harvey</i>	RELATIONSHIP <i>wife</i>
ADDRESS <i>2027 39th Street N.W. Washington, D.C.</i>	CITY STATE COUNTRY TELEPHONE <i>OR 2214</i>

SECTION 26. INFORMATION AND FINAL COMMENTS

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER "NO".

Note

SECTION 27. CERTIFICATION

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT

City _____ State _____

DATE

Witness

Signature of Applicant

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Res: Maysville, Kentucky

PARENTAGE: Father: Drenan R. Harvey Birth: 1886 Place: Danville, Indiana
Mother: Sara Jewel King Harvey Birth: 1890 Place: Danville, Indiana

**RELATIVES
ABROAD:** None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gasette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Maysville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

**MARITAL
STATUS:** Married to: Elisabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-Law: James Marvin McIntire, M.D.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-Law: Nannie Rose McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORDway 2914

Emergency Addressees: Mrs. Elisabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORDway 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
 Log Res: Maysville, Kentucky

PARENTAGE: Father: Deenan R. Harvey Birth: 1888 Place: Danville, Indiana
 Mother: Sara Jewel King Harvey Birth: 1890 Place: Danville, Indiana

**RELATIVES
ABROAD:** None

EDUCATION: Wiley High School, Terre Haute, Indiana
 Dates: 1928 to 1931
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
 Dates: 1931 to 1933
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937
 Practice of Law, Maysville, Kentucky
 Dates: 1937 to 1940
 F.B.I., Special Agent
 Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

**MARITAL
STATUS:** Married to: Elizabeth Howe McIntire Harvey
 Birth: February 3, 1916 Place: Flemingsburg, Kentucky
 Dependents: None besides wife
 Father-in-law: James Marvin McIntire, Sr.
 Birth: 1880 Place: Fleming County, Ky.
 Mother-in-law: Mannie Ross McIntire - now deceased
 Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
 Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elizabeth M. Harvey
 2627 - 39th St., N. W.
 Washington, D. C. Tel: ORdway 2914

SECRET

27 August 1967

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Leg Reg: Mayeville, Kentucky

PARENTAGE: Father: Drenan R. Harvey Birth: 1888 Place: Danville, Indiana
Mother: Sara Jewel King Harvey Birth: 1890 Place: Danville, Indiana

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Mayeville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elisabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependants: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Mannie Rose McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:
2627 - 39th St., N. W.
Washington, D. C. Tel: ORDway 2914

Emergency Addressee: Mrs. Elisabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORDway 2914

SECRET

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
 Leg Rec: Mayfield, Kentucky

PARENTAGE: Father: Drenan R. Harvey Birth: 1888 Place: Danville, Indiana
 Mother: Sara Jewel King Harvey Birth: 1890 Place: Danville, Indiana

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
 Dates: 1926 to 1931
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
 Dates: 1931 to 1933
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937
 Practice of Law, Mayfield, Kentucky
 Dates: 1937 to 1940
 F.B.I., Special Agent
 Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elisabeth Howe McIntire Harvey
 Birth: February 3, 1916 Place: Flemingsburg, Kentucky
 Dependents: None besides wife
 Father-in-Law: James Marrin McIntire, Sr.
 Birth: 1880 Place: Fleming County, Ky.
 Mother-in-Law: Nannie Ross McIntire - now deceased
 Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
 Washington, D. C. Tel: ORDway 2914Emergency Addressees: Mrs. Elisabeth M. Harvey
 2627 - 39th St., N. W.
 Washington, D. C. Tel: ORDway 2914**SECRET**

CONFIDENTIAL

SECURITY OFFICE

Investigation Report

CONFIDENTIAL

Date: October 8, 1947

Number: 32814

Subject: HARVEY, William King

To: CPD (2)

1. Investigation directed by: RHC
2. Sources of information: OSO
3. Remarks

4. Recommendation:

SECURITY APPROVAL RECOMMENDED. THOUGH SUBJECT
RECEIVED A CERTIFICATE OF DEROGATORY INFORMATION AT SOME
TIME PRIOR TO THE DATE OF THIS REPORT, NO INTERVIEW WAS CONDUCTED
ON THIS DATE. INTERVIEW WAIVED.
IF THE APPLICANT FAILS UPON DUTY WITHIN
30 DAYS FROM ABOVE DATE, THIS APPROVAL BECOMES
INVALID.

Bureau notified of (orig.) report to
Security Officer, Oct. 9, 1947.
Bureau notified of (orig.) report to
Security Officer, Oct. 9, 1947.
CC: Mr. Judson H. Lightsey

By RHC
Security Officer
ROBERT H. CUNNINGHAM

CONFIDENTIAL

CONFIDENTIAL

MEMORANDUM

Re: William King Harvey

A complete and thorough investigation has been conducted on this employee and he was found suitable for employment in this agency.

SECRET
SECURITY INFORMATION

TO : Chief, Communications
FROM : Acting
Chief, Security Division
SUBJECT: RASVY, William King
32314

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets
the current requirements for cryptographic clearance and is approved for
such duties as of this date.

E. P. Geiss
E. P. Geiss

SECRET

Personal & 3rd Agency Material