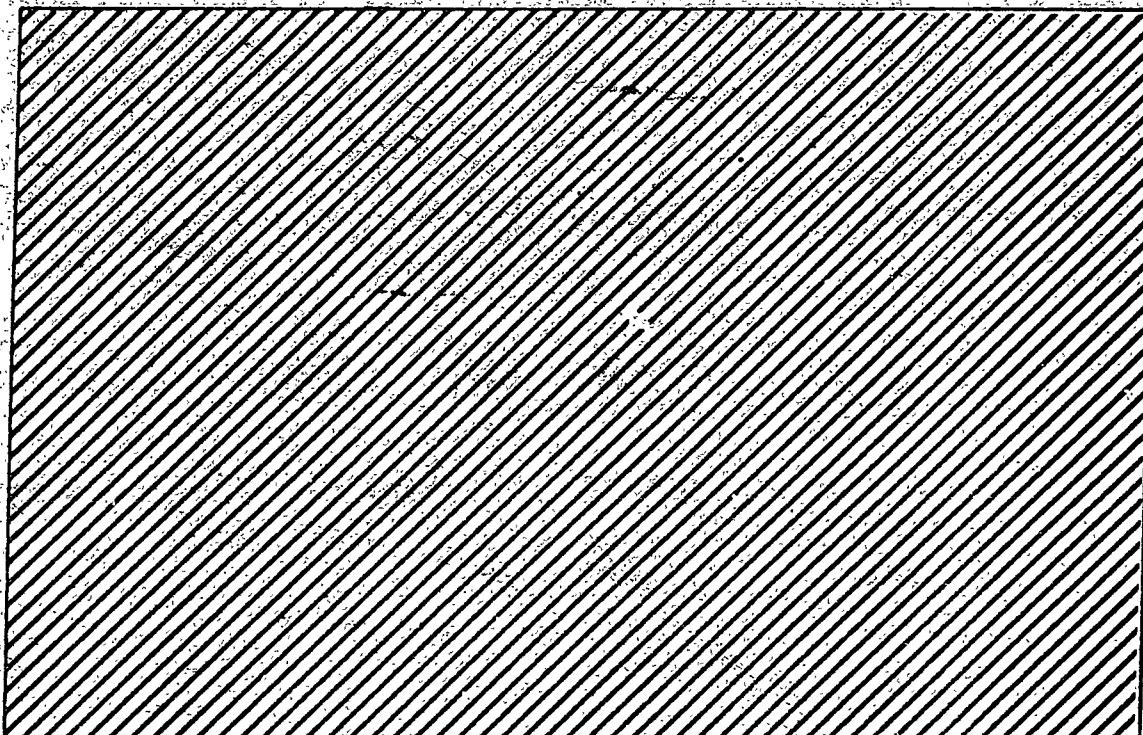


SECRET  
(When Filled In)



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.

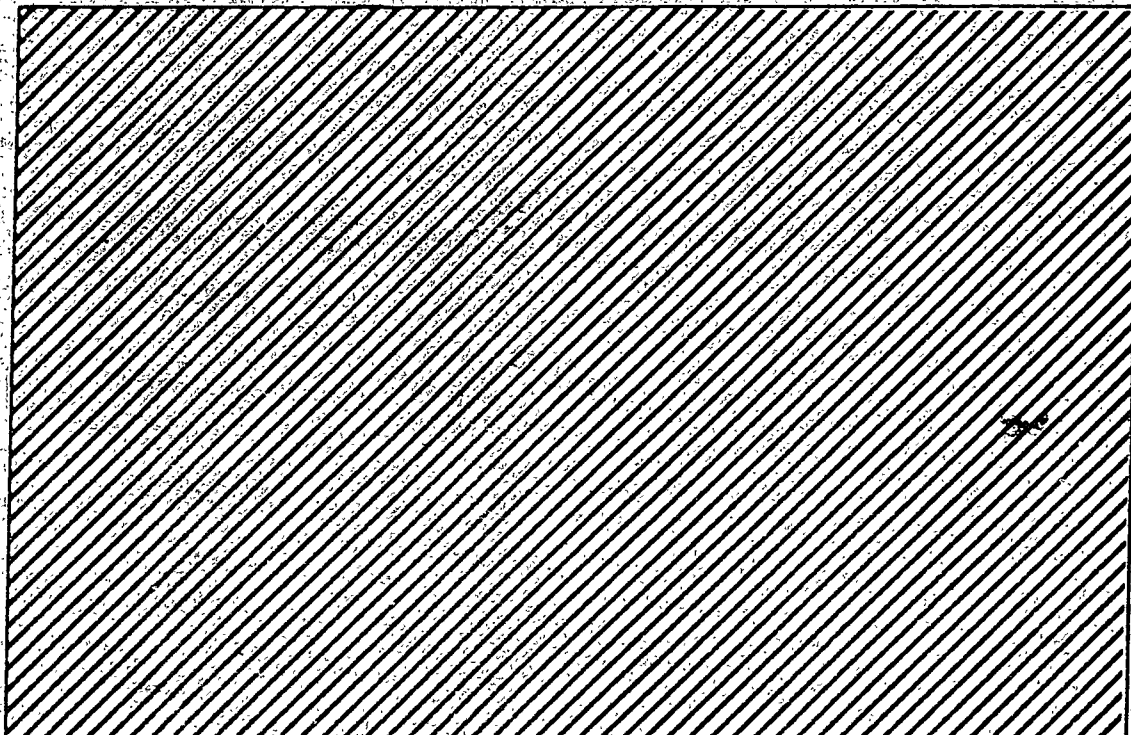
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
3 January 1968	<i>R. D. Felice</i>

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 K.	Daughter-Sally	68-0534

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

3 January 1968

SIGNATURE OF BNC REPRESENTATIVE

*B. DeFalice*

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Items Indicated by * Star are to be Completed by the Payee		<b>TRAVEL REIMBURSEMENT VOUCHER</b>				2. U.O. VOUCHER NO.	
						3. BU. VO. NO.	
*4. PAYEE'S COMPLETE NAME AND ADDRESS  William K. Harvey 28 West Irving Street Chevy Chase, Md. 20015				*5. TRAVEL AUTHORIZATION A. Number: 6-69348 6-69348A B. Dated: 2/23/66 5/13/66		6. U.O. PAID BY	
*8. TRAVEL ADVANCE STATUS				*7. EMPLOYEE NUMBER (State Only)  253900		*9. OFFICIAL STATION (State Only)  Rome to Dept.	
A. Dis. Balance \$ -0-							
B. Applied This Voucher \$ -0-							
C. Rep. Balance \$ -0-							
*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION							
A. CIR of Pass. No.		B. Value		C. Carrier		D. Class	
LI 302,207		\$1302.90		SS. Constitution 1st		(1) from Naples	
LO 359,316		271.55		AF TWA Economy		(2) to New York	
						Munich Washington	
*11. PAYEE CERTIFICATE: I hereby certify that this voucher and attachments are correct and just in all respects, and that payment or credit has not been received **				*12. PAYMENT CALCULATION			
A. Date: 4/26/66		B. Signature: William K. Harvey		*A. Amount Claimed (See Item 19.)		\$ 649.61	
*13. ADMINISTRATIVE APPROVAL: Recommended for approval.				B. Differences, if any \$			
A. Date		B. Signature		C. Amount Allowed (Verified correct to Approp. ) \$			
		Name: Title:		D. Applied to Advance (See Item 8B.)		\$	
*14. PREVIOUS PAYMENTS: The next previous V.O. paid under same travel auth. was:				E. Not to Payee \$			
A. D.O. Vouch. 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					
		Name: Title:					
*16. METHOD OF PAYMENT (For Paying Office Use Only)							
A. Cash or Dep. Check Amt.		B. Exchange Rate		C. U.S. \$ Equivalent		*D. Date	
E. Treasury or Depository Check No. and Name of Depository				*F. Payment Received			
				(Payee's Signature)			
*17. ACCOUNTING CLASSIFICATION				D. Organization (State Only)		E. Function (State Only)	
A. Fund		B. Allotment		C. Oblig. (T/A) No		F. Object	
				USIA: Activity/Sub-Activity		G. Paying Office (State Only)	
						H. Paying Date (State Only)	
						I. Amount	

\*Item 10C - If carrier was foreign ship registry, attach certificate of readiness.  
 \*\* FRAUDULENT CLAIM - Falsification 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 (18 U.S.C. 1014).

\*18. CLAIM (Show complete itinerary, including transportation expenses for persons and things, food, and reimbursement for clothing, etc. if not shown on previous pages.)

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

Concurrent travel

Wife

Daughter, Sally, Age 7

Separate travel

Son, James, born December 1947

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

Date: 19 66 (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	43.92

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET.)

Page 2

\*18. CLAIM (Show complete itinerary, or transportation expenses for persons and things which reimbursement is claimed; as receipts, allow receipts, invoices and attach all receipts.)

REMARKS (Name and Age 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¢				32.28
		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

GPO: 1964 O - 250-711

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Page 2

THIS CLAIM SHOWS complete itinerary for transportation expenses for persons and things (such reimbursement is claimed, on effects, show weight, measures and attach 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 1 @ 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				
*19. COLUMN TOTALS (Sum of which forwarded to item 12A, on face of voucher)					196.45	193.00

GPO: 1965 - 501-1160

\*18 CLAIM (Show complete itinerary for transportation expenses for persons and things which reimbursement is claimed, in effect, by 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	193.00
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	3/4	16.00	30.00	
		auto				
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)		76.96		
				\$326.36		
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A, on face of voucher)					316.45	363.16

(GREEN FILLED IN)

# QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA

1. ID 6-DIGITS	2. APPL. NO. MUST CONTAIN 20-DIGITS	3. NAME
4. DATE OF BIRTH MO DA YR	5. DATE CODED MO DA YR	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.

LANGUAGE CODING DATA - FORM 444c

1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE							
3	061164	3-LETTERS HAR	BASE CODE	R	W	P	S	U	T	YR
			BF7	4	3	3	3	3	2	61
5. DATE SUBMITTED			6. DATE OF BIRTH							
MO	DA	YR	MO	DA	YR	WHEN FORM 441C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NOT+LANGUAGE" (12-DIGITS)				
10	02	61	09	13	15					

LANGUAGE PROFICIENCY TEST DATA

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

QUALIFICATIONS RECORD CHANGE

[illegible]



SECRET

(When Filled In)

(1-6)		LANGUAGE DATA RECORD	
PART I-GENERAL			
1. NAME (Last-First-Middle) (7-28)		2. DATE OF BIRTH (23-30)	
HARVEY, WILLIAM		MONTH 7	DAY 13 YEAR 75
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.
German	MONTH DAY YEAR		<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY, RARELY.			
(2) I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.			
5. I HAVE NO READING ABILITY IN THE LANGUAGE.			
SECTION B. Writing (41)			
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.			
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.			
(3) I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.			
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.			
5. I CANNOT WRITE IN THE LANGUAGE.			
SECTION C. Pronunciation (42)			
1. MY PRONUNCIATION IS NATIVE.			
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.			
(3) MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.			
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			

CONTINUATION OF PART II- LANGUAGE ELEMENTS	
SECTION D. Speaking (43)	
1.	I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2.	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
(3)	I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4.	I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5.	I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.
SECTION E. Understanding (44)	
1.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOES 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. <i>James Earl</i>
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. 23-115, 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 <i>10/2/61</i>	SIGNATURE <i>William H. Kearney</i>
(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		
1-8		LAST		FIRST		MIDDLE		29-38		
0 61164		(Print) HARVEY		7-26 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 only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.										
PCS DATES OF SERVICE										
TYPE OF DATA		ARRIVAL			DEPARTURE			COUNTRY		OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3 - CORRECTION										
5 - CANCELLATION		3				03	21	66	ITALY	365
TDY DATES OF SERVICE										
TYPE OF DATA		DEPARTURE			RETURN			AREA(S)		OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION										
6 - CANCELLATION										
SOURCE OF RECORD DOCUMENT										
TRAVEL VOUCHER					DISPATCH					
<input checked="" type="checkbox"/> 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>J.P.</i> Jackie E. Persinger						
<input checked="" type="checkbox"/> C & Y DIVISION										

FORM 10-64 1451a USE PREVIOUS EDITION.

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and declassification

(4-10)

COMMONWEALTH OF AUSTRALIA  
AUSTRALIAN SECURITY INTELLIGENCE ORGANISATION

Office of the Director General

G.P.O. BOX NO. 51053B.,  
MELBOURNE

22 May, 1966.

*My dear Mr. Raborn*

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 *sincerely,*

*C.C.F. Spry*  
(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 2506 Headquarters

EMPLOYEE SERIAL NO: 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 25-28
	LAST (Print)	FIRST	MIDDLE	
061164	ELSTY, 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 only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

## PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	ITALY	40-42
3 - CORRECTION									
5 - CANCELLATION	1				01	08	66		365

## TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

## SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.

IN 26160

DOCUMENT DATE/PERIOD

4 Jan. 1966

REMARKS

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

FORM 10-64 1451a USE PREVIOUS EDITION.

SECRET

GROUP 1  
Excluded from automatic  
downgrading and declassification

(4-10)

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-30
	LAST (Print)	FIRST	MIDDLE	
61164	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 only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

## PCS DATES OF SERVICE

TYPE OF DATA 1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
	27	28-29	30-31	32-33	34-35	36-37	38-39		
	1	06	30	63				ITALY	365

## TDY DATES OF SERVICE

TYPE OF DATA 2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	DEPARTURE			RETURN			AREAS	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
	27	28-29	30-31	32-33	34-35	36-37	38-39		

## SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. Rome 9550 IN 70727	DOCUMENT DATE/PERIOD
---	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITEZ
<input checked="" type="checkbox"/> FISCAL DIVISION	DATE 7/20/63	SIGNATURE [Signature]
<input checked="" type="checkbox"/> FINANCE DIVISION		

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE 130470 FEB 61**

**TO:**

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-3 <i>1161</i>	(Print) <i>Anthony</i>	<i>John</i>	<i>Paul</i>	24-25 <i>34</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	OMI
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39		39-41
2 - CORRECTION									
3 - CANCELLATION									

**TDY DATES OF SERVICE**

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39		39-41
4 - CORRECTION		<i>04</i>			<i>05</i>				<i>801</i>
5 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

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

DOCUMENT IDENTIFICATION NO. <i>130470 FEB 61</i>	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  
8-58

**SECRET**

(4-10)

**SECRET**  
(When Filled In)

<b>VERIFIED RECORD OF OVERSEAS SERVICE</b>		<b>130471 FEB 961</b>	
<b>TO:</b> Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall			
<b>EMPLOYEE SERIAL NO.</b>	<b>NAME OF EMPLOYEE</b>		<b>OFFICE/COMPONENT</b>
<b>1-5</b>	<b>LAST</b> (Print)	<b>FIRST</b> 6-23	<b>24-28</b>
6-11	Harvey, William		34
<b>INSTRUCTIONS</b>			
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.			
<b>PCS DATES OF SERVICE</b>			
<b>TYPE OF DATA</b>	<b>CODE</b>	<b>ARRIVAL</b> MONTH DAY YEAR	<b>DEPARTURE</b> MONTH DAY YEAR
1. PCS (Basic)	26	27-28 29-30 31-32	33-34 35-36 37-38
3. CORRECTION			
5. CANCELLATION			
			39-41
<b>TDY DATES OF SERVICE</b>			
<b>TYPE OF DATA</b>	<b>CODE</b>	<b>DEPARTURE</b> MONTH DAY YEAR	<b>RETURN</b> MONTH DAY YEAR
2. TDY (Basic)	26	27-28 29-30 31-32	33-34 35-36 37-38
4. CORRECTION			
6. CANCELLATION			
			39-41
			801
<b>SOURCE OF RECORD DOCUMENT</b>			
1. TRAVEL VOUCHER		DISPATCH	
CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT	
OTHER (Specify)			
<b>DOCUMENT IDENTIFICATION NO.</b>		<b>DOCUMENT DATE/PERIOD</b>	
FI-100-61			
<b>REMARKS</b>			
<b>PREPARED BY</b>		<b>REPORT ANNOTATED ON SOURCE DOCUMENT</b>	
FISCAL DIVISION		DATE	
FINANCE DIVISION		SIGNATURE	



CONFIDENTIAL

(When Filled In)

O/R - *Personnel* T & R

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ELIGIBLE 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.			
NAME OF EMPLOYEE (Last)		(First) (Middle)	
HARVEY		WILLIAM KING	
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE			
88 W. IRVING ST. Chevy Chase, Md			
2. MARITAL STATUS			
CHECK (X) 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		DATE OF MARRIAGE	
Berlin		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		ADDRESS (No., Street, City, Zone, State)	
CIARA GRACE, nee Follick		Above	
TELEPHONE NUMBER			
NAMES OF CHILDREN		ADDRESS	
JAMES		Same	
SALLY			
SEX		AGE	
M		12	
F		18 Mo	
NAME OF FATHER (Or male guardian)		ADDRESS	
Deceased			
TELEPHONE NUMBER			
NAME OF MOTHER (Or female guardian)		ADDRESS	
SARA K. HARVEY		Indianapolis, Ind 1615 Northwood Drive	
TELEPHONE NUMBER		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)		RELATIONSHIP	
WIFE - Above			
HOME ADDRESS (No., Street, City, Zone, State)		HOME TELEPHONE NUMBER	
		OK 4-5178	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?			
<input checked="" type="checkbox"/> YES <input 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 checked="" type="checkbox"/> YES <input 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			
BANK & BANK OF SILVER SPRING HAMILTON NATIONAL			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

**CONFIDENTIAL**  
(When Filled In)

[illegible]

**CONFIDENTIAL**

02/800

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

Date

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

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

Pre 1961 Personnel  
Material

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>28 November 1966</b>
2. NAME (Last, First, Middle) <b>Harvey, William K.</b>	3. POSITION TITLE	4. GRADE <b>GS-18</b>
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT. <b>6765</b>
7. PURPOSE OF EVALUATION <span style="float: right;"><b>Room 3E 30</b></span>		
<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"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">           ETD            STATION            TDY OR PCS            TYPE OF COVER            NO. OF DEPENDENTS TO ACCOMPANY            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>ROOM NO. &amp; BUILDING</span> <span>EXT.</span> </div>
10. COMMENTS  <b>QUALIFIED FOR CURRENT DUTIES AT HEADQUARTERS</b>		
11. REPORT OF EVALUATION		
DATE  <b>24 MAY 1967</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>JOHN E. FIALLIC</b> PHYSICAL REQUIREMENTS OFFICER

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>31 January 1966</b>	
2. NAME (Last, First, Middle) <b>HARVEY, William K.</b>		3. POSITION TITLE	4. GRADE
5. OFFICE, DIVISION, BRANCH <b>WE</b>		6. EMPLOYEE'S EXT.	
<b>7. PURPOSE OF EVALUATION</b>			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TOY STANDST  <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/TOY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         ETD          STATION          TOY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 34) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         ETA          STATION          NO. OF DEP.'S       </div>	
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  <b>Qualified for Current Duties</b>	
11. REPORT OF EVALUATION  <b>31 January 1966</b>	
DATE <b>31 January 1966</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>Peter J. Caughan</b>

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 17 March 1965	
2. NAME (Last, First, Middle) <b>HARVEY, William E.</b>		3. POSITION TITLE <b>COS</b>	
4. GRADE <b>GS-13</b>		5. EMPLOYEE'S EXT. <b>7157</b>	
6. OFFICE, DIVISION, BRANCH <b>WE DIVISION</b>			
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  <div style="border: 1px solid black; padding: 5px;">           ETD  <b>10 March 1965</b>            STATION  <b>Rome</b>            TDY OR PCS  <b>PCS</b>            TYPE OF COVER  <b>Integres</b>            NO. OF DEPENDENTS TO ACCOMPANY  <b>2</b>            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED  <b>0</b> </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">           ETA             STATION             NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <i>Major Drustman</i> <b>MAJOR DRUSTMAN, WE/PT</b> ROOM NO. & BUILDING <b>4-B-4401</b> EXT. <b>7157</b>	
10. COMMENTS  <b>259 forwarded at request of Joe Cline. QUALIFIED FOR PROPOSED O S PCS</b>			
11. REPORT OF EVALUATION  <b>JOE Y. CLINE</b>			
DATE <b>13 22 65</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

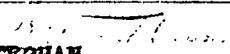
SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
		17 March 1965
2. NAME (Last, First, Middle)	3. POSITION TITLE	4. GRADE
Dependents of HARVEY, William K.	COS	GS-18
5. OFFICE, DIVISION, BRANCH	6. EMPLOYEE'S EXT.	
WS DIVISION	7157	
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TOY 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/TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETD            10 March 1965            STATION            Rome            TOY OR PCS            D.C.            TYPE OF COVER            I-leave            NO. OF DEPENDENTS TO ACCOMPANY            2            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED            0         </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER		
SIGNAT JRE		
MARCE GRISTEPHAN, SS/PT		
ROOM NO. & BUILDING	EXT.	
1. 5 1104	7157	
10. COMMENTS		
259 forwarded at request of Joe Cline.		
QUALIFIED FOR PROPOSED O S PCS JOE W. CLINE		
11. REPORT OF EVALUATION		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	



**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>16 May 1963</b>															
2. NAME (Last, First, Middle) <b>William K. Harvey</b>	3. POSITION TITLE <b>Chief of Station</b>	4. GRADE <b>GS-18</b>															
5. OFFICE, DIVISION, BRANCH <b>WE Division</b>		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"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETO</td></tr> <tr><td><b>o/a 1 July 1963</b></td></tr> <tr><td>STATION</td></tr> <tr><td><b>Rome</b></td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td><b>PCS</b></td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td><b>Integree</b></td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td><b>3</b></td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> <tr><td><b>0</b></td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP.'S</td></tr> </table>		ETO	<b>o/a 1 July 1963</b>	STATION	<b>Rome</b>	TDY OR PCS	<b>PCS</b>	TYPE OF COVER	<b>Integree</b>	NO. OF DEPENDENTS TO ACCOMPANY	<b>3</b>	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	<b>0</b>	ETA	STATION	NO. OF DEP.'S
ETO																	
<b>o/a 1 July 1963</b>																	
STATION																	
<b>Rome</b>																	
TDY OR PCS																	
<b>PCS</b>																	
TYPE OF COVER																	
<b>Integree</b>																	
NO. OF DEPENDENTS TO ACCOMPANY																	
<b>3</b>																	
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																	
<b>0</b>																	
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  <b>MARGE GROSTEPHAN</b> ROOM NO. & BUILDING <b>4 B 4404</b> EXT. <b>7157</b>															

10. COMMENTS  <b>Request evaluation for above PCS.</b>	
11. REPORT OF EVALUATION	
DATE <b>17 May 1963</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF

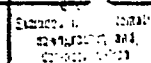
**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		<b>1. DATE OF REQUEST</b> 16 May 1963																
<b>2. NAME (Last, First, Middle)</b> Dependents of William K. Harvey		<b>3. POSITION TITLE</b> Chief of Station	<b>4. GRADE</b> GS-18															
<b>5. OFFICE, DIVISION, BRANCH</b> WE Division		<b>6. EMPLOYEE'S EXT.</b> 5356																
<b>7. PURPOSE OF EVALUATION</b>																		
<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 <table border="1"> <tr><td>ETO</td></tr> <tr><td>o/a 1 July 1963</td></tr> <tr><td>STATION</td></tr> <tr><td>Rome</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>Integree</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>3</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> <tr><td>0</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP.'S</td></tr> </table>		ETO	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	ETA	STATION	NO. OF DEP.'S
ETO																		
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																		
ETA																		
STATION																		
NO. OF DEP.'S																		
<b>8. OVERSEAS PLANNING EVALUATION (One block must be checked)</b>		<b>9. REQUESTING OFFICER</b>																
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Marge Grostephan</i> <b>MARGE GROSTEPHAN</b> ROOM NO. & BUILDING. <b>4 B 4404</b> EXT. <b>7157</b>																

<b>10. COMMENTS</b> 89's on file in medical office - per telephone conversation 16 May 63	
<b>11. REPORT OF EVALUATION</b>	
DATE JUN 1963	QUARTERED FOR OVERSEAS ASSIGNMENT SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

IRM 259 USE PREVIOUS EDITIONS.

**SECRET**



(26)

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) <b>HARVEY, WILLIAM K.</b>		3. POSITION TITLE <b>Chief</b>	
4. GRADE <b>GS-18</b>		5. EMPLOYEE'S EXT. <b>8471</b>	
6. OFFICE, DIVISION, BRANCH <b>FI/Division D</b>			
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> <del>XXXXXXXXXXXXXX</del>  <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"/> NOCS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px;">             ETO  <b>28 January 1962</b>              STATION  <b>Panama City, Panama</b>              TDY OR PCS  <b>TDY</b>              TYPE OF COVER  <b>Official State Department</b>              NO. OF DEPENDENTS TO ACCOMPANY  <b>NONE</b>              NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED           </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">             ERA               STATION               NO. OF DEPS           </div>		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)  <input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		9. REQUESTING OFFICER  <div style="border: 1px solid black; padding: 5px;">             SIGNATURE                ROOM NO. &amp; BUILDING  <b>1505 - I Building</b>              EXT.  <b>hh64</b> </div>	
10. REPORT OF EVALUATION COMMENTS          			
11. REPORT OF EVALUATION <div style="text-align: center; font-size: 1.2em;">             AND FAVORABLE FOR O/S ASSIGNMENT           </div>			
DATE  <b>1962</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF 	

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST											
2. NAME (Last, First, Middle) <b>Harvey, William K.</b>		20 October 1960											
3. POSITION TITLE <b>Division Chief</b>	4. GRADE <b>GS-18</b>												
5. OFFICE, DIVISION, BRANCH <b>FI Staff, Division D</b>	6. EMPLOYEE'S EXT. <b>8471</b>												
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></tr> <tr><td>28 October 1960</td></tr> <tr><td>STATION</td></tr> <tr><td>Germany and Switzerland</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TDY</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>State Integree</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>none</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED</td></tr> </table>		ETD	28 October 1960	STATION	Germany and Switzerland	TDY OR PCS	TDY	TYPE OF COVER	State Integree	NO. OF DEPENDENTS TO ACCOMPANY	none	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED
ETD													
28 October 1960													
STATION													
Germany and Switzerland													
TDY OR PCS													
TDY													
TYPE OF COVER													
State Integree													
NO. OF DEPENDENTS TO ACCOMPANY													
none													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 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> <b>G.A. Kennedy, Jr.</b> ROOM NO. & BUILDING <b>1505 L</b> EXT. <b>4464</b>												

10. REPORT OF EVALUATION	
Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF
2 NOV 1960	<i>[Signature]</i>

**SECRET**  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
1. REQUEST FOR PHYSICAL EXAMINATION BY <b>U.S. REPORT, FI/D ADAMS</b>		
2. NAME (Last) <b>LAWEY, William R.</b> (First) (Middle)		3. DATE <b>9 April 1960</b>
4. TO POSITION	5. OFFICE DIVISION BRANCH <b>FI/Division D</b>	6. GRADE <b>GS-18</b>
7. TYPE OF POSITION <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	8. EVALUATE FOR <input type="checkbox"/> EOD <input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Overseas <input checked="" type="checkbox"/> TDY <input type="checkbox"/> Annual <input type="checkbox"/> Returned <input type="checkbox"/> Special (Specify)	
<b>II REPORT OF MEDICAL EVALUATION</b> <input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified  Remarks:		
<b>14 JUN 1960</b> <b>SECRET</b> <div style="text-align: right;"> <b>ROLAND</b>            MEDICAL OFFICE         </div>		

**SECRET**  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
<b>I. REQUEST FOR PHYSICAL EXAMINATION BY</b>			
1. NAME (Last)	(First)	(Middle)	2. DATE
HARVEY	William	K.	1004- 11 1957
3. TO POSITION	4. OFFICE, DIVISION, BRANCH	5. GRADE	
Germany	DDP/SS/	09036	
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas <b>PCS</b>	<input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <b>PCS</b> <input type="checkbox"/> Returned <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
Second tour.			
<b>II. REPORT OF MEDICAL EVALUATION</b>			
<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: Please notify Corinne L. Hassell, X3041, of results.			
<p align="center"><b>QUALIFIED FOR PROPOSED PCS OPS ASSIGNMENT</b> - OCT 9 1957</p> <p align="center"><i>Frederick J. Lynde</i></p> <p align="center"><b>SECRET</b> MEDICAL OFFICE</p>			

REPORT OF PHYSICAL QUALIFICATIONS	
NAME <u>H. Arvey, William King</u>	DATE <u>8/21/52</u>
FOR VOUCHERED EMPLOYEE ONLY	
NATURE OF ACTION	TITLE OF POSITION
GRADE	<input type="checkbox"/> DEPT. <input type="checkbox"/> FIELD
SUBJECT FOUND <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT FOR DUTY IN THE ABOVE GRADE AND POSITION.	
FOR UNVOUCHERED EMPLOYEE ONLY	
SUBJECT QUALIFIED FOR: <u>FI</u>	
<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:	
<p><i>Nox - arduous O.K. for TDY</i>  <i>o/s where medical</i>  <i>facilities are</i>  <i>available</i></p> <p style="text-align: right;"><i>R. H. [Signature]</i></p>	
PHYSICAL REQUIREMENTS OFFICER	

080

## REPORT PHYSICAL QUALIFICATIONS &amp; DUTY

31 Jan 51 194

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

☒ Overseas☐ FULL DUTY OVERSEAS ☐ LIMITED DUTY OVERSEAS ☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

--	--	--	--	--	--

DEFECTS NOTED:

Approved for TDY. To report to Medical after TDY

JOHN R. TIETJEN, M.D.



# PHYSICAL QUALIFICATION RECORD

NAME  HARVEY, WILLIAM K.	NATURE OF ACTION  E.O.D.
TITLE OF POSITION  Intelligence Officer	GRADE  P-7
DEPARTMENT OR FIELD  Departmental	

Subject was found physically ☒ fit ☐ unfit for duty with this organization in the above grade and position. 10 May 1948

## RECOMMENDATIONS:

2 February 1949

DATE

*John R. Tietjen*

SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER

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

10 November 1948

Harvey, William

CID

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 W. T. T. T.*  
Capt., IIC

FORM NO. 37-32  
NOV 1947

(1093)

720

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

~~10-11-1943~~ 194

SARNEY, TITAN WAS GIVEN A PHYSICAL  
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR  
72 OVERSEAS  
☒ FULL DUTY OVERSEAS    ☐ LIMITED DUTY OVERSEAS    ☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

☐ ☐ ☐ ☐ ☐ ☐

DEFECTS NOTED:

None

*John R. P. Patten*

FORM NO.  
JAN 1947 37-32

JOHN E. PATTEN, GUT MD

(10333)

# APPLICATION FOR FEDERAL EMPLOYMENT

Form as revised  
Budget Bureau No. 5-5046

**NEW HIRE**—Answer every question to the best of your knowledge. If you are applying for a position in the United States, you must have a permanent address in the United States. If you are applying for a position in a foreign country, you must have a permanent address in that country. If you are applying for a position in a foreign country, you must have a permanent address in that country. If you are applying for a position in a foreign country, you must have a permanent address in that country.

SECTION II  
PERSONAL DATA

1. Name of examination, or kind of position desired:

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

3. Place of employment applied for:  
**C.I.O.**

4. First name (last name) (middle name) (initials)  
**William King Harvey**

5. Street and number or R. D. number  
**2627 39th Street N.W.**

6. City or post office and its postal zone and State  
**Washington, D. C.**

7. Last or better residence (State) (City) (Post office) (State)  
**Kentucky OR 2914**

8. Place of birth (City and State if born in the U. S.; name city and country)  
**Danville, Indiana**

9. Date of birth (month, day, year)  
**9/13/15**

10. Age last birthday  
**31**

11. ☒ Male ☐ Female

12. ☐ Married ☒ Single

13. Height without shoes  
**5** feet **11** inches

14. Weight  
**185** pounds

15. Have you ever been employed by the Federal Government? ☒ Yes ☐ No

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

DO NOT WRITE IN THIS BLOCK  
For Use of Civil Service Commission Only

☐ Approved ☐ Submitted ☐ Entered register

☐ Notation ☐ App. Review

Approved:

OFFICE	GRADE	LASTED RATING	DIFFERENCE	ANNUAL RATING
			<input type="checkbox"/> 3 points (less)	
			<input type="checkbox"/> 10 points	
			<input type="checkbox"/> Wife or Widow	
			<input type="checkbox"/> Deaf	
			<input type="checkbox"/> Being Investigated	

INITIALS AND DATE

Indicate "Yes" or "No" answer by placing X in proper column.

12. (a) Would you accept short-term appointment if offered for—

	YES	NO
1 to 3 months		<input checked="" type="checkbox"/>
3 to 6 months		<input checked="" type="checkbox"/>
6 to 12 months		<input checked="" type="checkbox"/>

(b) Would you accept appointment if offered—

	YES	NO
In Washington, D. C.	<input checked="" type="checkbox"/>	
anywhere in the United States	<input checked="" type="checkbox"/>	
outside the United States	<input checked="" type="checkbox"/>	

13. (c) If you will accept appointment in certain locations ONLY, give acceptable locations:

(d) What is the lowest entrance salary you will accept per year? **CAP. 13 P 6**

You will not be considered for positions paying less.

(e) If you are willing to travel, specify ☐ Occasionally ☒ Frequently ☐ Constantly

14. **EVIDENCE**—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing authority of agencies to determine your qualifications for which you are applying. In the space provided below describe EVERY position you have held. Use a separate block for EACH position. You must include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the nature of the activity, the time and place, and the results. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).

(a) 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 each position, the name used.

(b) 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)	To present time	Exact title of your present position	Salary or earnings
From:	To present time		Starting \$ per
Place of employment (city and State)			Present \$ per
Name and address of employer (firm, organization, or person)		Description of your work:	
Kind of business or organization (e. g., wholesale and mercantile agency, mfr. of goods, etc.)			
Name and kind of employee supervised by you:			
Name and title of immediate supervisor:			
Reason for desiring to change employment:			

(CONTINUED ON NEXT PAGE)

16-47500-8

12/9/40 8/22/47 Washington, D. C. N.Y., N.Y., Pittsburgh, Pa., FBI - Dept. of Justice Law Enforcement-counter Intelligence various Name and title of immediate supervisor: D. M. Ladd Reason for leaving: voluntary		Exact title of your position: Special Agent & Supervisor Description of your work: Supervision of Counter-Intelligence operation		Salary or earnings: Starting \$ 3200 per annum Final \$ 7000 per annum
From 9/37 To 12/40 Place of employment (city and State): Mayeville, Ky Name and address of employer (firm, organization, or person): Self Kind of business or organization (e. g., wholesale and insurance agency, etc.): Practice of Law Number and kind of employees supervised by you: None Name and title of immediate supervisor: None Reason for leaving: Voluntary		Exact title of your position: Attorney-at-law Description of your work: General Practice of law		Salary or earnings: Starting \$ per Final \$ per
From 6/31 To 9/33 Place of employment (city and State): Danville, Indiana Name and address of employer (firm, organization, or person): Danville Gazette Danville, Indiana Kind of business or organization (e. g., wholesale and insurance agency, etc.): Newspaper Number and kind of employees supervised by you: None Name and title of immediate supervisor: Alvin Hall, Editor Reason for leaving: Voluntary		Exact title of your position: Reporter & Printer Description of your work: General Newspaper Publishing business		Salary or earnings: Starting \$ per Final \$ per
From To Place of employment (city and State): Name and address of employer (firm, organization, or person): Kind of business or organization (e. g., wholesale and insurance agency, etc.): Number and kind of employees supervised by you: Name and title of immediate supervisor: Reason for leaving:		Exact title of your position: Description of your work:		Salary or earnings: Starting \$ per Final \$ per

If more space is needed, use a continuation sheet (blank 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 establish a file. A tab to inside of the sheet is provided.

16-47298-3

17. MILITARY EDUCATION: In order to make the most effective use of your military training, you should indicate the subjects in which you have received instruction. In the space provided, indicate the subjects in which you have received instruction. If you have received instruction in more than one subject, indicate the subjects in which you have received instruction. If you have received instruction in more than one subject, indicate the subjects in which you have received instruction. If you have received instruction in more than one subject, indicate the subjects in which you have received instruction.

(a) First Special Assignment (months, years): **NONE**

Location: \_\_\_\_\_

Date attended (months, years): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Rating received at end of this training: \_\_\_\_\_

(b) Duty assignment or posting after this training (give all pertinent details in duty assignment whether or not you attended a Service School): \_\_\_\_\_

Date of duty assignment (months, years): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

(c) Second Special Assignment (months, years): \_\_\_\_\_

Location: \_\_\_\_\_

Date attended (months, years): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Rating received at end of this training: \_\_\_\_\_

(d) Duty assignment after this training: \_\_\_\_\_

Date 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:

☐ Elementary School ☐ Junior High School ☒ Senior High School

19. 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:

☐ Elementary School ☐ Junior High School ☒ Senior High School

(a) Name and Location of College or University	Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit
		From	To	Day	Night	Title	Date	
Indiana University Bloomington, Indiana	LAW	1933	1937	6		LLB	9/37	180
10. List Your Chief Undergraduate College Subjects		Semester Hours	List Your Chief Graduate College Subjects					Semester Hours
Journalism	20	Law					95	
Phil & Psych	20							

(a) Other training, such as vocational, technical, craft courses given through the Armed Forces Institute (give name and location of school), or in service training in a Federal agency:	Subject Studied	Dates Attended		Years Completed	
		From	To	Day	Night

21. Indicate your knowledge of foreign languages:

Language	READING			SPEAKING			UNDERSTANDING		
	Ex	Good	Fair	Ex	Good	Fair	Ex	Good	Fair
<b>German</b>			<b>X</b>						

(a) How was your knowledge of foreign languages acquired?

**Study**

(b) 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):

(c) Give any other important information not covered elsewhere in your application such as: (1) your more important publications (do NOT submit copies unless requested); (2) your patent or inventions; (3) your speaking and public relations experience; (4) membership in professional or scientific societies, etc.

22. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multi-line, cipher translet, key punch, turret lathe, scientific or professional devices:

Approximate number of words per minute in typing: **50** shorthand \_\_\_\_\_

<b>13. PART I. NAMES</b> —List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of experienced trial under item 16 (EXPERIENCE).												
FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION										
B. F. Snell	Sycamore Bldg-Terre Haute, Indiana	Atty										
E. L. Zeigler	Cochran Bldg., Mayeville, Ky.	Atty										
A. M. Thurston	C.I.O.- Washington, D. C.											
<b>24. May inquiry be made of your present employer regarding your character qualifications, etc?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Indicate "Yes" or "No" answer by placing <b>X</b> in proper column.												
<b>25. Are you a citizen of the United States?</b> <b>26. 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?</b> If your answer is "Yes," give complete details in Item 38. <b>27. Within the past 12 months, have you habitually used intoxicating liquors, or to excess?</b> <b>28. Since your 16th birthday, have you ever been convicted, or fined, or imprisoned, or placed on probation, or have you ever been ordered to deposit bond for the violation of any law, peace regulation or ordinance (including minor traffic violations for which a fine of \$25 or less was imposed)?</b> If your answer is "Yes," list all such cases under Item 38 below. Give in each case (1) the date, (2) a 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 appointed, your fingerprints will be taken. <b>29. Have you ever been discharged or barred to return for misconduct or unsatisfactory service from any position?</b> If your answer is "Yes," give in Item 38 the nature and address of employer, date, and reason in each case. <b>30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service?</b> If your answer is "Yes," give in Item 38 reason for retirement, that is, age, optional, disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay and under what retirement act, and rating if retired from military or naval service. <b>31. Are you an official or employee of any State, Territory, county, or municipality?</b> If your answer is "Yes," give details in Item 38. <b>32. 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?</b> If your answer is "Yes," show in Item 38 for EACH such relative: (1) full name, (2) present address, (3) relationship, (4) department or agency by whom employed, and (5) kind of appointment. <b>33. Have you ever had a nervous breakdown?</b> If your answer is "Yes," give complete details in Item 38. <b>34. Have you ever had tuberculosis?</b> If your answer is "Yes," give complete details in Item 38.	<b>35. Have you any physical defect or disability whatsoever?</b> If your answer is "Yes," give complete details in Item 38. <b>36. (a) Were you ever in the United States Military or Naval Service during time of War?</b> <b>(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?</b> <b>(c) Was service performed on an active full time basis, with full military pay and allowances?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>(d)</b>            Date of entry into service:            _____            Branch of service (Army, Navy, M. C., C. G., etc.):            _____         </td> <td style="width: 50%; padding: 5px;">           Date of separation or expiration:            _____            Serial No. (if none, give grade or rating at time of separation):            _____         </td> </tr> </table> <p style="font-size: small;">           IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN STATUS, SUCH PREFERENCE WILL BE CONSIDERED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICE PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.         </p>	<b>(d)</b> Date of entry into service: _____ Branch of service (Army, Navy, M. C., C. G., etc.): _____	Date of separation or expiration: _____ Serial No. (if none, give grade or rating at time of separation): _____	Indicate "Yes" or "No" answer by placing <b>X</b> in proper column.								
<b>(d)</b> Date of entry into service: _____ Branch of service (Army, Navy, M. C., C. G., etc.): _____	Date of separation or expiration: _____ Serial No. (if none, give grade or rating at time of separation): _____											
<b>37. (a) If you served in the U. S. Military or Naval Service during peacetime ONLY, did you participate in a campaign or expedition and receive a campaign, battle or service award?</b> <b>(b) Are you a disabled veteran?</b> <b>(c) Are you the unmarried widow of a veteran?</b> <b>(d) Are you the wife of a veteran who has service-connected disability?</b>												
IF YOUR ANSWER TO QUESTION 37 (a), (b), (c) OR (d) IS "YES" AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SECURED THEREIN.												
<b>THIS SPACE FOR USE OF APPOINTING OFFICE ONLY</b> The information contained in the answers to Question 35 above has been verified by comparison with the discharge certificate on _____ 19_____. Agency _____ Date _____												
<b>38. Space for detailed answers to other questions (Indicate item number to which answers apply)</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 50%; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>												

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of this application.

**FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 1001)**  
 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, two if married, and if married use your own given name)  
 Mrs. and if married use your own given name. If female, print name or L. D. W.

# 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 FIRST MIDDLE LAST TELEPHONE  
 MR. ☒ MISS ☐ MRS. ☐ William King Harvey OR 2914

PRESENT ADDRESS STREET AND NUMBER CITY STATE COUNTRY  
 2627 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  
 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 ☒ MARRIAGE ☐ NATURALIZATION ☐

NATURALIZATION CERTIFICATE NUMBER DATE ISSUED NAME OF COURT

LOCATION OF COURT CITY STATE COUNTRY

PREVIOUS CITIZENSHIP DATE FROM: TO:  
 None None

OTHER CITIZENSHIPS (GIVE PARTICULARS)  
 None

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

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  
 - - -

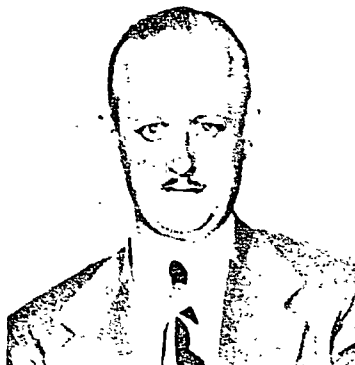
LAST U.S. VISA NUMBER TYPE DATE PLACE OF ISSUE  
 - - - -

## 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									
MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DATE OF SEPARATION OR DIVORCE			PLACE			
SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>								
REASON FOR SEPARATION OR DIVORCE									
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.									
NAME OF WIFE OR HUSBAND		FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST		DATE OF MARRIAGE			
		Elizabeth	Howe	McIntire		Harvey		4/4/34	
PLACE OF MARRIAGE		(HIS OR HER ADDRESS BEFORE MARRIAGE)		STREET AND NUMBER		CITY	STATE	COUNTRY	
Bloomington, Indiana		Flemingsburg, Kentucky						U.S.A.	
LIVING <input checked="" type="checkbox"/>		DATE OF DECEASE		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		
2/3/16		Flemingsburg, 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	
					NONE				
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"/>		DECEASED <input checked="" type="checkbox"/>	
		Dranon	R. (only)	Harvey					
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		
1898		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 (CONTINUED FROM PAGE 1)									
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		Jewel		King		Harvey			
DATE OF DECEASE		CAUSE							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
607 1/2		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	
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		Flemingsburg,		Kentucky				USA	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1890		Fleming County,		Kentucky				USA	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Attorney		Self							
NAME OF MOTHER-IN-LAW		FIRST		MAIDEN		LAST		LIVING <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/>	
Nannie		Ross		McIntire					
DATE OF DECEASE		CAUSE							
1942		Arterio-sclerosis							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
480 Mt. Carmel Avenue		Flemingsburg,		Kentucky				USA	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1886		Fleming County,		Kentucky				USA	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Housewife									

## 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 NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	

REASON FOR LISTING UNDER THIS QUESTION

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	

REASON FOR LISTING UNDER THIS QUESTION

NAME NONE	RELATIONSHIP	AGE
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 Dwight Harvey	RELATIONSHIP Cousin	AGE 45 approx.
CITIZENSHIP USA-Birth	ADDRESS STREET AND NUMBER CITY STATE COUNTRY Not known to me as present	

TYPE AND LOCATION OF SERVICE (IF KNOWN)

Colonel - U.S. Army

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 Public Schools	ADDRESS Danville, Indiana	CITY Terre Haute, Indiana	STATE INDIANA	COUNTRY USA
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DATES ATTENDED FROM 1921 TO 1928	DEGREE 8 yrs. Elementary Credit
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SCHOOL Wiley High School	ADDRESS Terre Haute, Indiana	CITY INDIANA	COUNTRY USA
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DATES ATTENDED FROM 1928 TO 1931	DEGREE H.S. Diploma
-------------------------------------	------------------------

COLLEGE Indiana University	ADDRESS Bloomington Indiana	CITY INDIANA	COUNTRY USA
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DATES ATTENDED FROM 1933 TO 1937	DEGREE B.S. with Distinction (4 yrs. credit)
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COLLEGE -	ADDRESS -	CITY -	COUNTRY -
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DATES ATTENDED FROM - TO -	DEGREE -
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SECTION 10. SELECTIVE SERVICE (CONTINUED TO PAGE 5)

<b>SECTION 10: SELECTIVE SERVICE</b>			
CLASSIFICATION <b>II-A</b>	ORDER NUMBER <b>1194</b>	APPROXIMATE INDUCTION DATE <b>None</b>	BOARD NUMBER <b>113</b>
ADDRESS OF BOARD <b>Mayville, Mason County, Kentucky</b>		CITY <b>Mayville</b>	STATE <b>USA</b>
IF DEFERRED, STATE REASON <b>Yes, 1942-1947 Special Agent- FBI- US Dept of Justice</b>			
<b>SECTION 11: MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN</b>			
COUNTRY <b>USA</b>	SERVICE <b>FBI-US D of J</b>	SERVICE DATES <b>12/9/40</b>	TO: <b>8/22/47</b>
GRADE <b>Special Agent</b>	SERIAL NUMBER <b>-----</b>	TYPE OF DISCHARGE <b>Voluntary Resignation</b>	
LAST STATION <b>Washington, D. C.</b>		COMMANDING OFFICER <b>-----</b>	
REMARKS:			
<b>SECTION 12: CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)</b>			
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 <b>R. H. King Construction Co.</b>		JOB TITLE <b>Laborer</b>	
ADDRESS <b>Danville, Indiana</b>		KIND OF BUSINESS <b>Bridge Construction</b>	
YOUR DUTIES AND SPECIALITY <b>Construction Worker</b>		NAME OF SUPERVISOR <b>R. H. King</b>	
DATES COVERED <b>FROM: 5/26</b>	<b>TO: 9/26</b>	SALARY <b>\$10</b>	PER <b>week</b>
REASONS FOR LEAVING <b>Return to school</b>			
EMPLOYER <b>Danville Gazette</b>		JOB TITLE <b>Reporter &amp; Printer</b>	
ADDRESS <b>Danville, Indiana</b>		KIND OF BUSINESS <b>Newspaper</b>	
YOUR DUTIES AND SPECIALITY <b>Editorial and Mechanical Work</b>		NAME OF SUPERVISOR <b>Alvin Hall, Editor</b>	
DATES COVERED <b>FROM: 1931</b>	<b>TO: 1933</b>	SALARY <b>\$10-\$15</b>	PER <b>week</b>
REASONS FOR LEAVING <b>To Enter University</b>			
EMPLOYER <b>Indiana University</b>		JOB TITLE <b>Publicity Writer</b>	
ADDRESS <b>Bloomington, Indiana</b>		KIND OF BUSINESS <b>See above</b>	
YOUR DUTIES AND SPECIALITY <b>Writing Athletic Publicity</b>		NAME OF SUPERVISOR <b>Various</b>	
DATES COVERED <b>FROM: Parttime 1934</b>	<b>TO: 1935</b>	SALARY <b>\$10-(Approx)</b>	PER <b>week</b>
REASONS FOR LEAVING <b>Voluntary Resignation</b>			
EMPLOYER <b>Self</b>		JOB TITLE <b>Attorney-at-law</b>	
ADDRESS <b>210 Court Street, Mayville, Ky</b>		KIND OF BUSINESS <b>Practice of Law</b>	

(CONTINUED TO PAGE 6)

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SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)				
FOUR DUTIES AND SPECIALITY <b>General Legal Practice</b>			NAME OF SUPERVISOR <b>None</b>	
DATE COVERED	FROM	TO	SALARY	PER
	<b>1937</b>	<b>1940</b>	<b>\$1500-2200</b>	<b>year</b>
REASONS FOR LEAVING <b>To enter FBI</b>				
EMPLOYER <b>Federal Bureau of Investigation</b>			JOB TITLE <b>Special Agent &amp; Supervisor</b>	
ADDRESS STREET AND NUMBER <b>Department of Justice Bldg. Washington, D. C.</b>			KIND OF BUSINESS <b>Law enforcement and counter intelligence</b>	
FOUR DUTIES AND SPECIALITY <b>Counter-Intelligence</b>			NAME OF SUPERVISOR <b>J. Edgar Hoover</b>	
DATE COVERED	FROM	TO	SALARY	PER
	<b>12/9/40</b>	<b>8/22/47</b>	<b>\$3200-\$7000</b>	<b>Annua</b>
REASONS FOR LEAVING <b>Voluntary Resignation</b>				
EMPLOYER			JOB TITLE	
ADDRESS STREET AND NUMBER			KIND OF BUSINESS	
FOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR	
DATE 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: <b>Absolutely None</b>				
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
<b>D. F. Scwell</b>	<b>Jarvis Ridge Rd. Maysville, Ky.</b>			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
<b>B. F. Scull, Atty</b>	<b>Sycamore Bldg. Terre Haute Indiana</b>			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
<b>J. H. Finch, Sr.</b>	<b>Bank of Maysville Maysville, Ky.</b>			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
<b>Harry Stewart</b>	<b>Chief of Police PD Maysville, Ky.</b>			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
<b>E. L. Zeigler, Atty</b>	<b>Cochran Bldg. Maysville, KY</b>			
SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
<b>A. H. Thurston</b>	<b>§ C.I.O. Washington, D. C.</b>			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
<b>Matthew McPaire</b>	<b>U.S. District Court Washington, D. C.</b>			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
<b>J. A. Bennet, Lt. Col.</b>	<b>Andrews Field, Maryland</b>			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
<b>L. Whitson</b>	<b>Room 1734 Dept. of Justice Washington, D. C.</b>			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)				

SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)			
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Richard Frear	2627 39th St. N.W.	Washington	D. C.
H. John Holzberg	2629 39th St. N.W.	Washington	D. C.
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 ☐ NO ☐

IF ANSWER IS "YES" EXPLAIN BELOW:

DO YOU USE, OR HAVE YOU USED ENTHUSIASTS? **In Moderation**

HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE, AND DISPOSITION OF CASE.

**NO**

HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES ☐ NO ☒

IF ANSWER IS "YES", GIVE DETAILS BELOW:

SECTION 17. FINANCIAL BACKGROUND

ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES ☒ NO ☐ IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.

NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

**Peoples Bank of Fleming County, Flemingsburg, Kentucky**

**State National Bank, Maysville, Kentucky (Recently closed)**

HAVE YOU EVER BEEN IN BANKRUPTCY? YES ☐ NO ☒ IF ANSWER IS "YES", GIVE PARTICULARS:

SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
Peoples Bank of Fleming County	Flemingsburg,	Kentucky	
State National Bank	Maysville,	Kentucky	
J. Garfinkel & Co.	Washington,	D. C.	

SECTION 19. RESIDENCES FOR PAST 25 YEARS

FROM	TO	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
3/1942	Late	2627 39th St. N.W.	Washington	D. C.	
2/1942	3/1942	Grace Court, Center Avenue	Pittsburgh	Pa.	
1/41	2/1942	45-71 Albertson Street	Albany	L.O. N.Y.C.	N.Y.

(CONTINUED TO PAGE 8)

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## 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	Mrs. Elizabeth M. Harvey			RELATIONSHIP	wife
ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	TELEPHONE
	2527 39th Street N.W.	Washington, D. C.			OR 2014

## 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  
\_\_\_\_\_  
Witness

DATE \_\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant



SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

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

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

**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: Elisabeth Howe McIntire Harvey  
Birth: February 3, 1916 Place: Flemingsburg, Kentucky  
Dependents: None besides wife  
Father-in-law: James Marvin McIntire, Ky.  
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: ORday 2914

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

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

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

**PARENTAGE:** Father: Dronan 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: 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: Hannie 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 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

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

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

**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  
Dependents: None besides wife  
Father-in-law: James Marvin McIntire, Sr.  
Birth: 1880 Place: Fleming County, Ky.  
Mother-in-law: Mammie 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. Elisabeth H. 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 Res: Maysville, Kentucky

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

**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: 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: Maude 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 Addresses:** Mrs. Elisabeth M. Harvey  
 2627 - 39th St., N. W.  
 Washington, D. C. Tel: Ordway 2914

SECRET

CONFIDENTIAL

SECURITY OFFICE

CONFIDENTIAL

Investigation Report

Date: October 8, 1947

Number: 32814

Subject: HARVEY, William King

To: CPD (2)

1. Investigation directed by: RAO

2. Sources of information: OSO

3. Remarks

4. Recommendation:

SECURITY APPROVAL RECOMMENDED. THOUGH SUBJECT  
IS SUBJECT OF DEROGATORY INFORMATION AT SOME  
RE DATE. INTERVIEW WAIVED.  
IF THE APPLICANT ENTERS UPON DUTY WITHIN  
30 DAYS FROM ABOVE DATE. THIS APPROVAL BECOMES  
INVALID.

*Branch notified of  
this report (orig) sent to  
Special Agent 9 Oct. 1947.*

CC: Mr. Judson H. Lightsey

By RHC/Jan  
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  
Acting  
FROM : Chief, Security Division  
SUBJECT: HARVEY, William King  
3251h

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





LMD: 10 FEB 75

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)					
45-361		DICKS CALVIN W					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
UNDER CIA RETIREMENT AND DISABILITY SYSTEM AND CANCELLATION OF NSCA				12 22 74		REGULAR	
6. FUNDS		7. FAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY			
y		5222 4116		PL 89-64X SECT 231			
V TO V		CF TO V		V TO CF		CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
WATCH OFFICER				N225		AAA	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		132.7		13 9		27542	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 24 January 1975	
1. SERIAL NUMBER 056361		2. NAME (Last-First-Middle) HICKS, Calvin W.		3. CDB 1700 HOURS	
4. NATURE OF PERSONNEL ACTION Retirement (Disability) Under CIA Retirement & Disability System & Cancellation of NSCA			5. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 27 74		6. CATEGORY OF EMPLOYMENT Regular
7. FUNDS X: V TO V O TO V			8. PAN AND NSCA 5222-4116 0000		9. LEGAL AUTHORITY (Completed by Office of Personnel) Public Law 88-643, Section 231
10. ORGANIZATIONAL DESIGNATIONS DDO/Operations Staff Intelligence Group Intelligence Watch Branch			11. LOCATION OF OFFICIAL STATION Wash., D. C.		
12. POSITION TITLE Watch Officer (14)		13. POSITION NUMBER B25 0947		14. CAREER SERVICE DESIGNATION DAA	
15. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		16. OCCUPATIONAL SERIES 0132.07		17. GRADE AND STEP 13 9	
18. REMARKS LWD: 27 December 1974  Orig - CNG/MID 1 - Payroll 1 - OPS/SP  Co-ordinated with Paul Seidel/ROB 30 January 1975.		19. SIGNATURE OF REQUESTING OFFICIAL S. G. Harding, C/OPS/SP 24/01/75			
20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		21. DATE SIGNED 27/1/75			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
22. ACTION CODE 45	23. EMPLOY CODE 10	24. OFFICE CODING NUMERIC ALPHABETIC	25. STATION CODE	26. INTERFERE CODE	27. MONTHS CODE 1
28. DATE OF BIRTH MO DA YR 11 08 24	29. DATE OF GRADE MO DA YR	30. DATE OF LEI MO DA YR	31. RETIREMENT DATA MO DA YR	32. SPECIAL REFERENCE 1-YES 2-NO	33. RETIREMENT DATA MO DA YR
34. VET PREFERENCE CODE 0-NONE 1-5 PT. 2-10 PT.	35. SERV COMP DATE MO DA YR	36. LONG. COMP DATE MO DA YR	37. CAREER CATEGORY CODE	38. FEGLI/HEALTH INSURANCE CODE	39. SOCIAL SECURITY NO.
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	41. LEAVE CAT. CODE	42. FORM EXECUTED CODE 1-YES 2-NO	43. NO TAX EXEMPTIONS CODE	44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO	45. STATE TAX DATA CODE NO. TAX STATE EXEMP. CODE
46. POSITION CONTROL CERTIFICATION 02-27-75 07 FEB 1975			47. APPROVAL 1/30/75		

FORM 8-72 1152

USE PREVIOUS EDITION

**SECRET**

CLASSIFIED BY 01-0332

EX-2  
APDR

(4)

14-00000

ADMINISTRATIVE - INTERNAL USE ONLY

MEMORANDUM FOR : Chairman, Board of Medical Examiners

SUBJECT : Request for Medical Evaluation -  
Mr. Calvin W. Hicks

1. Subject, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Subject and that a written report of the Board of Medical Examiners as prescribed in paragraph f. (4) of HR 20-50 be submitted to the Director of Personnel.

2. Attached are copies of the Supervisor's Statement, the Application for Disability Retirement, and a private physician's statement.

3. Subject intends to remain on duty until a decision is made regarding his application for disability retirement.

R. L. Austin, Jr.  
Deputy Director of Personnel  
for Special Programs

Attachments:

- a. Supervisor's Statement
- b. Application
- c. Physician's Statement

Distribution:

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

OP/RAD/ROB/P  
AC ADMINISTRATIVE - INTERNAL USE ONLY

*Administrative - Internal Use Only*

10 December 1973

MEMORANDUM FOR: Chief, Career Management Group

SUBJECT: Promotion of Mr. Calvin W. Hicks

1. I would solicit Career Management Group and the Promotion Panel to consider the overall career of Calvin W. Hicks when deciding on the current cycle of promotions from GS-13 to GS-14.
2. After Mr. Hicks EOD in 1950, he advanced rapidly in three years to GS-11. He was promoted to GS-12 in 1956, six years later to GS-13 in 1962, and since then has been almost 12 years in grade. He has had overseas tours with FE and NE Divisions, has served as a training instructor, on a PM task force, and with Miami Ops and area branches in WH. In these assignments he consistently received Strong ratings. Despite a largely paramilitary background, in 1967 he adjusted to the intelligence production cycle and developed the skills of an operations officer doing operations-oriented reports work in the Intelligence Watch. As of this date he has the longest continuity in the Intelligence Watch and is rated as a mature and thoughtful individual who exercises excellent professional judgment. He was recommended for promotion from GS-13 to GS-14 in April 1968 and in April 1969. In 1970 he was recommended for a QSI by FI Chief, Peer deSilva. He was again recommended for promotion in March 1971, in November 1972, and in November 1973.
3. Admittedly, promotions are competitive and the rankings are relative and must be adjusted to the headroom available. The overall history of his career would seem to argue the equity of granting the often recommended promotion to Mr. Calvin Hicks as he nears the end of a career. Mr. Hicks is 49 years old and has a family of five children. He has a medical hold which will not allow him to serve overseas at this time and he therefore, contemplates retirement at age 50 (in late 1974). He is and will be until then a valuable member of the Intelligence Watch.
4. I recommend that the promotion which has escaped him in the last decade be granted at the time of this year's promotion cycle.

*L. A. Campbell*  
L. A. Campbell  
Chief, Operations Staff

*Administrative - Internal Use Only*

13 November 1973

MEMORANDUM FOR: Career Management Group  
Mid-Career Officer Branch


SUBJECT : Recommendation for the Promotion of Calvin W. Hicks (056361)  
to GS-14

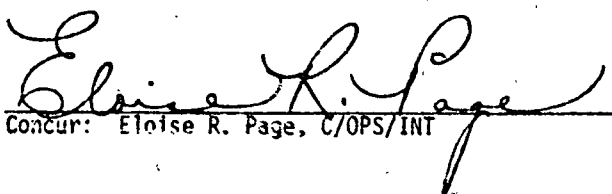
1. I would again like to recommend the promotion of subject officer from GS-13 to GS-14. Mr. Hicks has been with the Intelligence Watch since June 1967 and his performance has been characterized consistently by exceptional proficiency. He serves on a rotating schedule with seven other officers doing identical work, some of whom are currently in GS-14.

2. A medical hold has precluded any further overseas assignments and for this reason his stay in IW has been extended until November 1974, when he will be 50-years-old at which time he plans to retire under the Agency retirement system.

3. Mr. Hicks' resourcefulness and ability to apply the multitude of reporting instructions and techniques have been convincingly demonstrated in crisis situations such as the recent Chilean coup and the Middle-Eastern crisis. He has consistently displayed initiative and good judgment in meeting unforeseen crisis with rapid and effective action and has clearly demonstrated his ability to continuously adjust to rotating shifts and the irregular flow of traffic.

4. For his sustained high level of performance in 1972 Mr. Hicks received a quality step increase in recognition and as proof of the high esteem in which he is held by his superiors. He occupies a GS-14 slot. His promotion is again recommended in recognition of his long years of Agency service.

  
Joseph A. Procaccino  
C/OPS/INT/IW

  
Concur: Eloise R. Page, C/OPS/INT

E2 IMPDET CLBY 002025

Calvin Hicks

SECRET

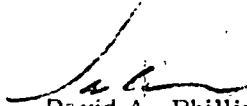
26 September 1973

MEMORANDUM FOR: Chief, Operations Staff

SUBJECT: Appreciation of IW Performance During  
Chilean Upheaval

1. The officers of the Intelligence Watch (IW) performed admirably in swiftly processing the heavy flow of intelligence engendered by the recent political upheaval in Chile. In many instances, reports were in the hands of customers in the intelligence community within minutes of being filed in Santiago.

2. Please extend to the IW officers concerned the appreciation of this Division for their fine performance. I suggest that a copy of this memorandum be placed in the personnel folder of each of the officers concerned.



David A. Phillips  
Chief, Western Hemisphere Division

F2 IMPDET  
CL BY 039964

SECRET

**SECRET**  
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

CJCS 07/21/73

1. SERIAL NUMBER 056361		2. NAME (LAST-FIRST-MIDDLE) HICKS CALVIN W	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 07 01 73	
5. CATEGORY OF EMPLOYMENT		6. CSC OR OTHER LEGAL AUTHORITY	
7. FAN AND NLA 4222 4116 0001		8. LOCATION OF OFFICIAL STATION WASH., D.C.	
9. ORGANIZATIONAL DESIGNATIONS DDO/FI STAFF		10. POSITION NUMBER 0947	
11. POSITION TITLE WATCH OFFICER		12. CAREER SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (GS, LB, etc) GS		14. OCCUPATIONAL SERIES 0132.07	
15. GRADE AND STEP 13		16. SALARY OR RATE	
17. REMARKS			
SIGNATURE OR OTHER AUTHENTICATION			

**Use Previous**

**SECRET**

"E 2 IMPDET CL BY 007622"

(4-5)



SECRET

13 APR 1972

MEMORANDUM FOR: Calvin W. Hicks

SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Service.

2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

/s/ Carl Meyer, Jr.  
For  
Thomas H. Karamessines  
Deputy Director for Plans

CSPS/SOB/Hileberman;rv(11Apr72)

Distribution:

Orig - Addressee  
1 - OP/Files  
2 - DDP/Registry  
1 - S/SOD  
1 - C/SOD/Pers  
1 - CSPS/Subject File

SECRET

CONFIDENTIAL

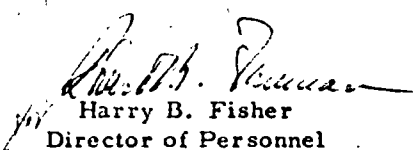
10 APR 1972

MEMORANDUM FOR: Secretary, DDP/QSI - HMA Panel

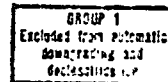
SUBJECT : Notification of Approval of  
Quality Step Increase -  
Calvin W. Hicks

1. I am pleased to send to you the attached  
official notification of the approval of the Quality Step  
Increase which you recommended for this employee.

2. As this award is designed to encourage  
excellence by recognizing and rewarding the employee,  
may I ask that you arrange to have this Quality Step  
Increase presented at an appropriate ceremony.

  
Harry B. Fisher  
Director of Personnel

CONFIDENTIAL



14-00000

**SECRET**

DEC 1971

**MEMORANDUM FOR: Chief, Foreign Intelligence Staff**

**SUBJECT : Intelligence Watch Assistance to  
European Division**

1. As I am preparing to leave the European Division, a note of appreciation is in order for the services rendered to us for the four years of my tenure here by the officers of the Intelligence Watch.

2. At a time of increasingly complicated intelligence collection and reporting problems, our Agency has come of age. We have recognized that information often cannot be allowed to wait for attention until sunrise, and that we must be able to respond to national needs and world events around the clock. The Intelligence Watch, more than any other single institution, has made it possible for us to do this. We have benefited from its cooperation particularly under strained reporting conditions -- during Presidential trips abroad, for instance -- but have also found IW's presence and judgment helpful at other times. I know that my staff relied on IW extensively.

3. I am making a point of recognizing this because the Intelligence Watch -- a bit like our Agency as a whole -- is apt to get more attention with an occasional slip than with a record of continuing accomplishment and success in coping with problems. From what I have been able to observe, the job has been well done.

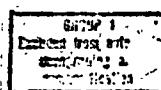
4. I hope you will bring this memorandum to the attention of those concerned.

*J. L. Hart*  
**John L. Hart**  
Chief  
European Division

Joseph Procaccino  
Walter Kuzmuk  
Robert Heron  
James Pekich  
Frank Levy

Howard Orr  
✓ Calvin Hicks  
George Papadopolos  
Robert Sawicki  
Pat Coble

**SECRET**



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 056361						2. NAME (Last-First-Middle) Hicks, Calvin W.	
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED 12/23/71		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS N V TO V O TO V				7. FINANCIAL ANALYSIS NO. 2222-4116		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/FI Staff Intelligence Group Intelligence Watch				10. LOCATION OF OFFICIAL STATION Washington, D. C.			
11. POSITION TITLE Watch Officer (14)				12. POSITION NUMBER 0947		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0132.07		16. GRADE AND STEP 13 7		17. SALARY OR RATE 21,313	
18. REMARKS Reassigned from Position FI/INT/IW 1032  Distribution: Orig. - CSPS/SOB 1 - FI/Pers  HB: SOD							
19A. SIGNATURE OF REQUESTING OFFICIAL S. G. Harding C/FI/SG				DATE SIGNED 22 Dec 71		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER H. J. Leberman	
DATE SIGNED 12-23-71							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE	21. EMPLOY CODE	22. OFFICE CODING NUMERIC ALPHABETIC		23. STATION CODE	24. INTEGRITY CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.
27. DATE OF LTI MO. DA. YR.	28. DATE OF EXPIRY MO. DA. YR.	29. SPECIAL REFERENCE 1-CLC 2-ORIG 3-FICA 4-NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	33. SECURITY REQ. NO.	34. SEX
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 CAP RES PROV. TEMP	39. FEGLI HEALTH INSURANCE CODE CODE 0-NATURAL 1-PTC 2-RES OPT 3-INTENSIBLE	40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BEFORE IN SERVICE 2-BEFORE IN SERVICE (LESS THAN 3 YEARS) 3-BEFORE IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	45. STATE CODE		
46. POSITION CONTROL CERTIFICATION 12-23-71				47. O.P. APPROVAL H. J. Leberman		DATE APPROVED 12-23-71	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

5 MARCH 1971

*Not approved*  
MEMORANDUM FOR: SECRETARY, CSPS/SECTION ASUBJECT: RECOMMENDATION FOR THE PROMOTION OF CALVIN W. HICKS  
(056361) TO GS-14

1. I RECOMMEND THE PROMOTION OF SUBJECT OFFICER FROM GS-13 TO GS-14. MR. HICKS HAS BEEN ASSIGNED TO THE INTELLIGENCE WATCH/FI STAFF SINCE JUNE 1967 AND SERVES ON A ROTATING SCHEDULE WITH SEVEN OTHER OFFICERS DOING IDENTICAL WORK, FOUR OF WHOM ARE CURRENTLY IN GRADE GS-14.

2. MR. HICKS HAS BEEN IN THE INTELLIGENCE WATCH (IW) FOR ALMOST FOUR YEARS AND HIS WORK, BOTH QUANTITATIVELY AND QUALITATIVELY, HAS BEEN CONSISTENTLY OF A VERY HIGH CALIBER.

3. HIS KEENLY DEVELOPED SENSE OF OPERATIONAL SECURITY RESULTING FROM HIS EXTENSIVE PARAMILITARY EXPERIENCE, COUPLED WITH HIS CLEAR UNDERSTANDING OF THE RELATIONSHIP BETWEEN OPERATIONS AND INTELLIGENCE, HAS MADE HIM A VERY FINE OFFICER AND A VALUABLE ASSET TO IW. HE HAS BEEN UNDER MY SUPERVISION FOR 18 MONTHS AND I HAVE HAD AMPLE OPPORTUNITY TO OBSERVE HIS PERFORMANCE UNDER CONDITIONS OF STRESS. HE VERY ABLY APPLIES A MULTITUDE OF DETAIL AND GENERAL REPORTING INSTRUCTIONS TO THE DIFFERENT SITUATIONS MANIFEST IN EACH INCOMING REPORT AND DISPLAYS INITIATIVE IN MEETING UNFORESEEN CRISES WITH RAPID AND EFFECTIVE ACTION. SINCE THE INTELLIGENCE INFORMATION IS THE FACE THAT THE CLANDESTINE SERVICE PUTS OUT TO THE INTELLIGENCE COMMUNITY, THE PERFORMANCE OF WATCH OFFICERS IS OF GREAT IMPORTANCE. THIS FACTOR BECOMES APPARENT WHEN IT IS NOTED THAT OVER 75 PERCENT OF ALL CABLED INTELLIGENCE REPORTS ARE DISSEMINATED BY IW.

4. MR. HICKS HAS AN EXTENSIVE BACKGROUND IN PARAMILITARY OPERATIONS BOTH IN THE FIELD AND AT HEADQUARTERS. ALL OF HIS FITNESS REPORTS FOR THE SIX YEARS PRECEDING HIS ASSIGNMENT TO IW HAVE BORNE THE OVERALL RATING OF "STRONG." HE HAS BEEN DESCRIBED AS "HIGHLY MOTIVATED, SINCERE, AND CAPABLE." ALSO, "HE WORKS WELL WITH OTHERS AND HIS KNOWLEDGE AND ABILITY ARE RESPECTED." OTHER SUPERVISORS DURING THE YEARS PRIOR TO THIS ASSIGNMENT HAVE DESCRIBED HIM AS "SERIOUS, HARD-WORKING AND DEPENDABLE." HIS PERFORMANCE IN HIS PRESENT ASSIGNMENT HAS DEMONSTRATED THESE SAME QUALITIES.

5. MR. HICKS IS A DISTINCT ASSET TO IW AND I HIGHLY RECOMMEND HIS FOR PROMOTION TO GS-14.

*Joseph A. Procaccino*  
JOSEPH A. PROCACCINO  
CHIEF, FI/INT/IW

SECRET

14-00000

SECRET

2 FEB 1970

*Not approved*

MEMORANDUM FOR: Chairman, DDP QSI and Honor and Merit Awards Panel

SUBJECT : Request for Quality Step Increase  
Mr. Calvin W. HICKS, GS-13 (056361)

1. I recommend that a Quality Step Increase be awarded to Mr. Calvin W. Hicks.

2. Mr. Hicks is one of three officers in the Intelligence Watch, FI Staff, on whom identical recommendations are being submitted. These officers, all in grade GS-13, have for several years done responsible and demanding work, identical to that done in the same office by five other officers, GS-14 and 15, and all three have been rated "Strong."

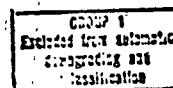
3. The Intelligence Watch is the primary intelligence dissemination office of the Clandestine Service. Its output of over 2,000 reports a month is the chief end-product of CS collection operations. Watch Officers serve on a rotating schedule. When an officer draws the night shift he serves alone. He must make quick, independent dissemination decisions. Mr. Hicks has done well at this work. He is alert and conscientious and has a sharp operational sense which is extremely useful in the handling of CS intelligence information. He has been recommended several times for promotion to GS-14.

4. The high quality of Mr. Hicks's performance has continued for more than two years. There is no reason to expect any decline in it. His enthusiasm continues, and his tour has recently been extended for another two years.

5. Consideration has been given to recommending him for an Honor and Merit Award, but on balance I believe that a Quality Step Increase would be more appropriate.

*Peer de Silva*  
Peer de Silva  
Chief  
Foreign Intelligence

SECRET



**SECRET**

**SUBJECT: Request for Quality Step Increase**  
**Mr. Calvin W. HICKS, GS-13 (056361)**

**APPROVAL RECOMMENDED:**

\_\_\_\_\_  
**Chairman, CS QSI Panel**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Personnel**

\_\_\_\_\_  
**Date**

**SECRET**

SECRET

6 MARCH 1969

MEMORANDUM FOR: Chief, FI Staff

SUBJECT : Performance of the Intelligence Watch  
During the President's Trip to Europe

1. Now that the President's trip to Europe has been concluded, I feel that a special commendation for the Intelligence Watch (IW) is in order.

2. The contribution that is being made by the officers in the Intelligence Watch is often taken for granted. Thus it was natural for us, when we formed our task force for the President's trip, to build our arrangements for positive intelligence disseminations around the IW's twenty-four-hour-a-day availability. We were not disappointed. The system worked smoothly and efficiently.

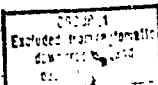
3. In addition to that, it became clear that the Intelligence Watch officers were willing and able to go beyond the simple call of duty. We came to admire their competence, courtesy, and cooperation, without which effective intelligence coverage would have been immeasurably more difficult. Since the IW's were working under an unusual strain, caused by the simultaneous outbreak of crises in different parts of the world, their performance is that much more to be commended.

4. Please convey our appreciation to all officers who had a part in this fine effort.

John L. Hart  
Chief,  
European Division

CALVIN M. HICKS

SECRET





14-00000

SECRET

7 March 1969

MEMORANDUM FOR: Mr. Edward J. Carroll  
Chief, Intelligence Watch

SUBJECT: Performance of the Intelligence  
Watch during President Nixon's  
recent Visit to Europe

1. I wish to commend you and each member of your staff who participated in the support which the Agency was called on to render to the Presidential party during its recent travel abroad. From several quarters I have had verbal expressions of praise and commendation and to these I wish to add my own in writing. I am enclosing a copy of a memorandum from the Chief, European Division, which reflects both my thoughts and the reactions I have heard from others.

2. I hope you will take appropriate action so that the personnel files of each of your participating officers will reflect this appreciation. You may wish to make copies of my memorandum and Mr. Hart's memorandum to serve this purpose.

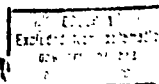
*Peer de Silva*

Peer de Silva  
Chief  
Foreign Intelligence

Enclosure

CALVIN M. HICKS

SECRET



**SECRET**Not Approved by  
CS, General Services*Part A Sect. 1*

24 JUN 1969

9 April 1969

MEMORANDUM FOR: Secretary, CSPE/Section A

SUBJECT: Recommendation for the promotion of  
Calvin W. Hicks (056361) to GS-14

1. I recommend the promotion of subject officer from GS-13 to GS-14. Mr. Hicks has been assigned to the Intelligence Watch/FI Staff since June 1967, and serves on a rotating schedule with seven other officers doing identical work, five of whom are currently in Grade GS-14.

2. Mr. Hicks has been with IW for almost two years and his work, both quantitatively and qualitatively has been consistently of a very high caliber. Normally six months are required before an officer newly assigned to the Intelligence Watch is able to handle a shift by himself. At least a year is required before a Watch Officer can perform at a high level of proficiency. However, in the case of this officer, in a little more than a year he had earned the rating of "Strong" and has maintained it ever since. Although most of his agency experience had been in paramilitary operations, he adapted quickly to the demands of his new assignment. His keenly developed sense of operational security, coupled with his clear understanding of the relationship between operations and intelligence, has made him a very fine officer and a valuable asset to IW. He has been under my supervision for 16 months and I have had ample opportunity to observe his performance under conditions of stress. He is even tempered and level headed. His mistakes are few and infrequent and these are usually of the clerical variety, not in matters of judgment. I continue to be impressed with his thoroughness in handling information; with the evidence of his coordination when the interests of more than one division are involved. Since operations have to be submerged and the intelligence is the portion of the iceberg which shows to the intelligence community, the performance of the Watch Officers is of great importance. This factor becomes apparent when it is noted that about 80% of all cabled intelligence reports are disseminated by the Intelligence Watch. Recently the Watch Officers were commended by the Chief, FI Staff and the Chief, Europe Division for their performance during the President's trip to Western Europe. The simultaneous outbreak of crises in different parts of the world further added to the burdens of the Watch Office at that time. Mr. Hicks made a real contribution during that period and deserves the commendation personally in a high degree.

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3. Prior to his assignment to the Intelligence Watch, Mr. Hicks served with WH Division and with the Cuban Operation. He has an extensive background in paramilitary operations both in the field and at headquarters. All of his Fitness Reports for the six years preceding his assignment to the Intelligence Watch have borne the overall rating of "strong." He has been described as "highly motivated" "sincere and capable." He has been further complimented as "working well with others and his knowledge and ability are respected." Other supervisors have described him as "serious, hard-working and dependable." His performance in his present assignment has demonstrated these same qualities. He has managed the transition from active operations to the life of a desk bound intelligence officer with ease. I recommend him with enthusiasm for promotion to GS-14.

*Edward J. Carroll*  
Edward J. Carroll  
Chief, FI/INT/IW

- 2 -

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Not Approved by  
CS Clandestine Services  
*John L. Lister*

10 1968

24 OCTOBER 1968

MEMORANDUM FOR: SECRETARY, CSPS/SECTION A

SUBJECT: RECOMMENDATION FOR THE PROMOTION OF  
CALVIN W. HICKS (056361) TO GS-14

1. I RECOMMEND THE PROMOTION OF SUBJECT OFFICER FROM GS-13 TO GS-14. MR. HICKS HAS BEEN ASSIGNED TO THE INTELLIGENCE WATCH/FI STAFF SINCE JUNE 1967, WHERE HE SERVES ON A ROTATING SCHEDULE WITH SEVEN OTHER OFFICERS DOING IDENTICAL WORK; FIVE OF WHOM ARE CURRENTLY IN GRADE GS-14.

2. MR. HICKS HAS BEEN WITH IW FOR ABOUT 16 MONTHS AND HIS WORK, BOTH QUANTITATIVELY AND QUALITATIVELY, HAS BEEN CONSISTENTLY OF VERY HIGH CALIBER. NORMALLY SIX MONTHS ARE REQUIRED BEFORE AN OFFICER NEWLY ASSIGNED TO THE INTELLIGENCE WATCH IS ABLE TO HANDLE A SHIFT BY HIMSELF. AT LEAST A YEAR IS USUALLY REQUIRED BEFORE A MAN CAN ADVANCE FROM "ADEQUATE" TO "PROFICIENT." AT PRESENT, MR. HICKS HAS ALREADY PROGRESSED TO THE RATING OF "STRONG." HE IS ALERT AND CONSCIENTIOUS AND HAS AN OPERATIONAL SENSE WHICH IS INVALUABLE IN THE HANDLING OF INTELLIGENCE. WITH HIS EXTENSIVE OPERATIONAL AND PARAMILITARY BACKGROUND, MR. HICKS HAS A FINE SENSE FOR THE RELATIONSHIP BETWEEN OPERATIONS AND ITS PRIMARY PRODUCT, THE CLANDESTINE SERVICES INTELLIGENCE REPORT. THIS OFFICER HAS BEEN UNDER MY SUPERVISION FOR 11 MONTHS AND DURING THAT PERIOD I HAVE HAD AMPLE OPPORTUNITY TO OBSERVE HIS CONDUCT UNDER CONDITIONS OF STRESS. HE IS EVEN TEMPERED AND LEVEL HEADED. HIS MISTAKES ARE FEW AND INFREQUENT. I AM PARTICULARLY IMPRESSED WITH HIS THOROUGHNESS IN HANDLING INFORMATION; WITH THE EVIDENCE OF THE COORDINATION WHICH HE SO OFTEN ATTEMPTS WITH SEVERAL AREA DIVISIONS WHEN NECESSARY BEFORE DISSEMINATING A REPORT TO THE INTELLIGENCE COMMUNITY. SINCE THE INTELLIGENCE INFORMATION REPORT IS THE FACE THAT THE CLANDESTINE SERVICES SHOWS TO THE INTELLIGENCE ANALYST AND THE POLICY OFFICERS OF THE GOVERNMENT, THE PERFORMANCE OF THE WATCH OFFICERS IS OF GREAT IMPORTANCE. THIS FACTOR BECOMES APPARENT WHEN ONE NOTES THAT ABOUT 80 PERCENT OF ALL CABLED INTELLIGENCE REPORTS ARE DISSEMINATED BY THE INTELLIGENCE WATCH.

3. PRIOR TO HIS ASSIGNMENT TO THE INTELLIGENCE WATCH, MR. HICKS SERVED WITH WH DIVISION AND WITH THE CUBAN OPERATION. HE HAS AN EXTENSIVE BACKGROUND IN PARAMILITARY OPERATIONS BOTH IN

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PROMOTION RECOMMENDATION - CALVIN W. HICKS (CONTINUED) PAGE 2

THE FIELD AND AT HEADQUARTERS. ALL OF HIS FITNESS REPORTS FOR THE SIX YEARS PRECEDING HIS ASSIGNMENT TO THE INTELLIGENCE WATCH HAVE BORNE THE OVERALL RATING OF "STRONG." HE HAS BEEN DESCRIBED AS "HIGHLY MOTIVATED, SINCERE AND CAPABLE." ALSO, "HE WORKS WELL WITH OTHERS AND HIS KNOWLEDGE AND ABILITY ARE RESPECTED." OTHER SUPERVISORS DURING THE YEARS IMMEDIATELY PRIOR TO THIS ASSIGNMENT HAVE DESCRIBED HIM AS "SERIOUS, HARD-WORKING AND DEPENDABLE." HIS PERFORMANCE IN HIS PRESENT ASSIGNMENT HAS DEMONSTRATED THESE SAME QUALITIES. ALTHOUGH IT MIGHT SEEM SURPRISING THAT A MAN OF HIS OUT-GOING PERSONALITY WITH AN EXTENSIVE BACKGROUND IN PARAMILITARY OPERATIONS COULD ADJUST TO THE LIFE OF A DESK-BOUND PRODUCER OF INTELLIGENCE REPORTS, MR. HICKS HAS MANAGED THIS TRANSITION WITH THE GREATEST OF EASE. HE IS A DISTINCT ASSET TO THIS OFFICE AND THE UNDERSIGNED WILL FEEL GRATEFUL IF HE SHOULD DECIDE TO EXTEND HIS TOUR IN THE INTELLIGENCE WATCH BEYOND THE NORMAL TWO YEARS. I RECOMMEND HIM WITH ENTHUSIASM FOR PROMOTION TO GS-14.

*Edward J. Carroll*  
EDWARD J. CARROLL  
CHIEF, FI/INT/IW

ATTACHMENT

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5 APRIL 1968

MEMORANDUM FOR: SECRETARY, CSPS/Section A

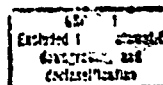
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3. PRIOR TO HIS ASSIGNMENT TO THE INTELLIGENCE WATCH, MR. HICKS SERVED WITH THE W1 DIVISION AND WITH THE CUBAN OPERATION. HE HAS AN EXTENSIVE BACKGROUND IN PARAMILITARY OPERATIONS BOTH IN THE FIELD AND AT HEADQUARTERS. ALL OF HIS FITNESS REPORTS FOR THE SIX YEARS PRECEDING HIS ASSIGNMENT TO THE INTELLIGENCE WATCH HAVE BORNE THE OVERALL RATING OF "STRONG." HE HAS BEEN DESCRIBED AS "HIGHLY MOTIVATED, SINCERE AND CAPABLE." ALSO, "HE WORKS WELL WITH OTHERS AND HIS KNOWLEDGE AND ABILITY ARE RESPECTED." OTHER SUPERVISORS DURING THE YEARS IMMEDIATELY PRIOR TO THIS ASSIGNMENT HAVE DESCRIBED HIM AS "SERIOUS, HARD-WORKING AND DEPENDABLE." HIS PERFORMANCE IN HIS PRESENT ASSIGNMENT HAS

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PROMOTION RECOMMENDATION - CAEVIN W. HICKS (CONTINUED) PAGE 2

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*Edward J. Carroll*  
EDWARD J. CARROLL  
CHIEF, FI/INT/IW

ATTACHMENT

I heartily endorse this recommendation that Mr. Hicks be promoted to GS-14. As his supervisor points out, Mr. Hicks, when he came to the Intelligence Watch, was essentially a guerrilla warfare field operational officer. Positive intelligence information reporting and the handling of reports were new to him, and called for professional skills and other qualities radically different from those which most of his previous experience had brought into play. Yet in a relatively short time, Mr. Hicks has developed the skills required of a Watch Officer, and thanks to this and to other strengths has become one of the most valuable officers in the unit.

*Wallace R. Deuel*  
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Chief FI/INT

SECRET

24 OCTOBER 1968

MEMORANDUM FOR: SECRETARY, CSPS/SECTION A

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## PROMOTION RECOMMENDATION - CALVIN W. HICKS (CONTINUED) PAGE 2

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CHIEF, FI/INT/IW

ATTACHMENT

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5 APRIL 1968

MEMORANDUM FOR: SECRETARY, CSPS/SECTION A

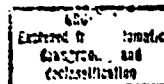
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PROMOTION RECOMMENDATION - CALVIN W. HICKS (CONTINUED) PAGE 2

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*Wallace R. Deuel*  
Wallace R. Deuel  
Chief FI/INT

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(If Not Filled In)

H-8

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 056361				2. NAME (Last-First-Middle) HICKS, CALVIN W.	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 04 67		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X V TO V CF TO V	V TO V	V TO CF	7. COST CENTER/NO. CHARGE ABLE 23 0607 7235-0620	8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203	
9. ORGANIZATIONAL DESIGNATIONS DDP/FI			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE			12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP 13	17. SALARY OR RATE S	
18. REMARKS					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE
25. DATE OF BIRTH MO. DA. YR.		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEI MO. DA. YR.	
28. NIE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-FICA 3-NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.
33. VET. PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT		34. SERV. COMP. DATE MO. DA. YR.	35. LONG COMP. DATE MO. DA. YR.	36. CAREER CATEGORY CODE 1-YES 2-NONE	37. FEDERAL HEALTH INSURANCE CODE 0-WAIVER 1-YES
38. SOCIAL SECURITY NO.		39. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NONE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		40. LEAVE CAT. CODE	41. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS
42. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		43. STATE TAX DATA CODE NO. TAX EXEMPTIONS		44. STATE TAX DATA CODE NO. TAX EXEMPTIONS	
45. POSITION CONTROL CERTIFICATION 06-07-67 W.M.			46. O.P. APPROVAL See memo signed by D/Pers dated 1 JUN 1967		
DATE APPROVED			DATE APPROVED		

FORM 1152  
6-63 USE PREVIOUS EDITION  
OP-1  
1-68

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

14

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 2 May 1967	
1. SERIAL NUMBER 056361		2. NAME (Last-First-Middle) HICKS, Calvin W.			
3. NATURE OF PERSONNEL ACTION Reassignment			4. EFFECTIVE DATE REQUESTED 14 May 67		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS XX V TO V CF TO V			7. FINANCIAL ANALYSIS NO. CHARGEABLE 7223-0007		8. LOCAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/FI STAFF Intelligence Group Intelligence Watch			10. LOCATION OF OFFICIAL STATION Wash., D.C.		
11. POSITION TITLE Watch Officer		12. POSITION NUMBER 1032		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (G.S. 1B, 1C) GS		15. OCCUPATIONAL SERIES 0132.07		17. SALARY OR RATE \$4,217 14665	
16. REMARKS Reassigned from: DDP/WH/Branch 3/Colombia Section, Position No. 1359, Cost Center No. 7235-0620. Concur: Robert Cashman (by phone) WH/Pers Distribution: Orig. - CSPS/B 1 - FI/Pers 1 - Security 1 - Payroll Security Approval Granted by Pers. 5/14/67 QC 5/23/67					
18A. SIGNATURE OF REQUESTING OFFICIAL C. M. Ue		DATE SIGNED 5/22/67		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER C. M. Ue	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 3250 ALPHABETIC F-2	22. STATION CODE 75713	23. INTEGRATE CODE	24. DUTIES CODE 1
25. DATE OF BIRTH MO. DA. YR. 11 10 24		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEF MO. DA. YR.	
28. RTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE 1-CSE 2-FICA 3-NONE		30. RETIREMENT DATA CODE	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ NO	
34. SEX		EOD DATA			
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 EAB RES PROG. TEMP		39. FEGLI HEALTH INSURANCE CODE 0-DRIVER 1-YES		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. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	
44. STATE TAX DATA FORM EXECUTED 1-YES 2-NO		45. POSITION CONTROL CERTIFICATION From WH 5-23-67 WH		46. OP APPROVAL E. Mayo 5/23/67	

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 21 APRIL 67	
1. SERIAL NUMBER 056361		2. NAME (Last-First-Middle) HICKS, CALVIN W.									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE REQUESTED MONTH 04 DAY 23 YEAR 67			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS XX		7. TO V		8. TO C		9. TO S		10. FINANCIAL ANALYSIS NO CHARGEABLE 7235-0620		11. LEGAL AUTHORITY (Completed by Office of Personnel)	
12. ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 3 COLOMBIA SECTION					13. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.						
14. POSITION TITLE OPS OFFICER					15. POSITION NUMBER 1358			16. CAREER SERVICE DESIGNATION D			
17. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS			18. OCCUPATIONAL SERIES 01SS.01		19. GRADE AND STEP 13 4			20. SALARY OR RATE \$14217			
21. REMARKS FROM: 1359											
22. SIGNATURE OF REQUESTING OFFICIAL Robert D. Cashman C/WH/Pers											
23. SIGNATURE OF CAREER SERVICE APPROVING OFFICER J. A. [Signature]											
24. DATE SIGNED 21 April 67											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
25. ACTION CODE 37		26. EMPLOY CODE 10		27. OFFICE CODING 5144		28. STATION CODE 164		29. INTEGRITY CODE 75013		30. HOOURS CODE 1	
31. DATE OF BIRTH 11/08/24		32. DATE OF GRADE 11/08/24		33. DATE OF LEI 11/08/24		34. DATE OF BIRTH 11/08/24		35. DATE OF GRADE 11/08/24		36. DATE OF LEI 11/08/24	
37. NTE EXPIRES 11/11/67		38. SPECIAL REFERENCE 1-USA 2-USA 3-NONE		39. RETIREMENT DATA CODE		40. SEPARATION DATA CODE TYPE		41. CORRECTION CANCELLATION DATE MO DA YR		42. SECURITY REQ NO.	
43. VET PREFERENCE CODE		44. SPN COMP DATE MO DA YR		45. LONG COMP DATE MO DA YR		46. CAREER CATEGORY CODE		47. FEGLI HEALTH INSURANCE CODE		48. SOCIAL SECURITY NO.	
49. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		50. LEAVE CAT CODE		51. FEDERAL TAX DATA CODE		52. STATE TAX DATA CODE		53. HEALTH INS. CODE CODE		54. STATE CODE CODE	
55. POSITION CONTROL CERTIFICATION 4-27-67		56. OP APPROVAL A. A. [Signature]		57. DATE APPROVED 4-27-67		58. DATE APPROVED 4-27-67		59. DATE APPROVED 4-27-67		60. DATE APPROVED 4-27-67	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET

7 April 1967

MEMORANDUM FOR: Calvin W. Hicks  
VIA : WH/RMO  
SUBJECT : Records Officer Appointment

1. In accordance with a request received from your component, you are hereby appointed a Records Officer in the Clandestine Services. Your functions are described, in summary, in CSI 43-1, Para. 4.b.(3). You have also participated in a training course in which these functions were reviewed in some detail.

2. The essence of your appointment is that you now occupy a position of trust in which you are expected to draw on your knowledge and experience to exercise responsible and sound judgment in building and maintaining a professionally useful records system in the Clandestine Services. You are, at the same time, expected to train and guide others within your component in these respects.

3. A copy of this memorandum will be placed in your official personnel folder.

*Peter D. Dyke*

PETER D. DYKE  
DDP Records Management Officer

cc: Personnel File of Addressee

GROUP I  
Excluded from automatic  
downgrading and  
declassification

SECRET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1 SERIAL NUMBER 056361										15 SEPT 1966	
2 NAME (Last-First-Middle) HICKS, CALVIN W.											
3 NATURE OF PERSONNEL ACTION REASSIGNMENT					4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 15 66			5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS XX V TO V CF TO V					7 FINANCIAL ANALYSIS NO CHARGEABLE 7235 0620			8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 3 COLOMBIA SECTION					10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C.						
11 POSITION TITLE OPS OFFICER (28) (1/2)					12 POSITION NUMBER 1359			13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (G.S. I.B., etc.) GS					15 OCCUPATIONAL SERIES 0136.01			16 GRADE AND STEP 13 4			
17 SALARY OR RATE \$ 14,217											
18 REMARKS FROM: DDP/WH/BRANCH 3/LINA SECTION/1392 PRA IN ACCORDANCE WITH HR 20-17 c (d)											
19 Finance											
19A. SIGNATURE OF REQUESTING OFFICIAL Robert D. Cashman C/WH/Pers					DATE SIGNED 16 Sept 66		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]			DATE SIGNED 20 Sept 66	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 37		20 EMPLOY CODE 10		21 OFFICE CODING NUMERIC ALPHABETIC 51400 wh		22 STATION CODE 75013		23 INTEGRITY CODE 1		24 RESIDENCE CODE 11/08/24	
25 DATE OF BIRTH MO. DA. YR. 11 08 24		26 DATE OF GRADE MO. DA. YR. 11 08 24		27 DATE OF LEI MO. DA. YR. 11 08 24		28 DATE OF BIRTH MO. DA. YR. 11 08 24		29 DATE OF GRADE MO. DA. YR. 11 08 24		30 DATE OF LEI MO. DA. YR. 11 08 24	
31 INT. EXPIRES MO. DA. YR. 09 14 68		32 SPECIAL REFERENCE 1-CSC 2-FICA 3-NONE 84		33 RETIREMENT DATA CODE 1-CSC 2-FICA 3-NONE		34 SEPARATION DATA CODE TYPE 1-YES 2-NO		35 CORRECTION/CANCELLATION DATA MO. DA. YR. 11 08 24		36 SECURITY REQ. NO. EOD DATA	
37 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		38 SERV. COMP. DATE MO. DA. YR. 11 08 24		39 LONG COMP. DATE MO. DA. YR. 11 08 24		40 CAREER CATEGORY CODE 1-YES 2-NO		41 REG. HEALTH INSURANCE CODE 0-WAITER 1-YES		42 SOCIAL SECURITY NO.	
43 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				44 LEAVE CAT. CODE		45 FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO				46 STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO	
47 POSITION CONTROL CERTIFICATION 09-22-66N						48 O.P. APPROVAL [Signature]				49 DATE APPROVED 16/2	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)



SECRET

(U.S. Edition 1-6)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 056361		2. NAME (Last-First-Middle) HICKS, CALVIN W.									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 31 66			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS X V TO V CF TO V		V TO CF CF TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE 7235 0620			8. LEGAL AUTHORITY (Complied by: (Name of Personnel))				
9. ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 3 LIMA SECTION					10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.						
11. POSITION TITLE OPS OFFICER (13)					12. POSITION NUMBER 1392		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 4		17. SALARY OR RATE \$ 14,217				
18. REMARKS FROM: DDP/WH/CS & DEV COMP/9997 MR. HICKS IS REPLACING MR. POSNER WHO IS BEING REASSIGNED. 1 - FINANCE 1 - SECURITY  Security Approval Granted by Pers. SO/OS 7/27/66 46 8/18/66											
18A. SIGNATURE OF REQUESTING OFFICIAL Edward F. Chualy				DATE SIGNED 7 Aug, 66		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]				DATE SIGNED Aug 66	
ROBERT D. CASIMAN C/WH/PERS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 51409 wh		22. STATION CODE 25C13		23. INTEGRATE CODE		24. MOO/RS CODE 1	
25. DATE OF BIRTH MO DA YR 11 08 24		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR		28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-CSC 2-FICA 3-NONE	
31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO		34. SEN		EOD DATA			
35. VET PREFERENCE 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)		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY 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)		39. FEGLI-HEALTH INSURANCE CODE 0-NO PREVIOUS SERVICE 1-YES		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. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO		45. POSITION CONTROL CERTIFICATION	
46. O P APPROVAL [Signature]				DATE APPROVED 28-08-66							

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET

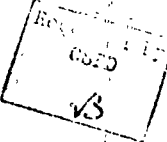
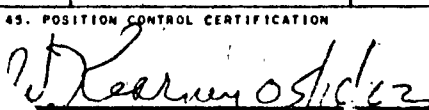

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER <b>056361</b>		2. NAME (Last-First-Middle) <b>HICKS, Calvin W.</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4. EFFECTIVE DATE REQUESTED MONTH: <b>09</b> DAY: <b>1</b> YEAR: <b>65</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <b>I</b> <input checked="" type="checkbox"/> <b>V TO V</b> <input type="checkbox"/> <b>V TO CF</b> <input type="checkbox"/> <b>CF TO V</b> <input type="checkbox"/> <b>CF TO CF</b> <input type="checkbox"/>			7. COST CENTER NO. CHARGEABLE <b>6235-0623</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH</b> <b>CS/CS Development Complement</b>			10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>		
11. POSITION TITLE <b>CPS OFFICER</b>			12. POSITION NUMBER <b>XXXX 9997</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GX, FR, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>13 (4)</b>	
17. SALARY OR RATE <b>\$ 13,335</b>					
18. REMARKS Promo DDP/WH/FC, MOS, PM Sec., #1140, D.C. Subject is enrolled in extensive language training from September 1965 to January, 1966.					
Recorded by CS/D <i>[Signature]</i>					
19. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> <b>ROBERT D. CASHMAN, CWH/Per.</b>			DATE SIGNED <b>10 Sept 65</b>		18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>
DATE SIGNED <b>9/14/65</b>					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE <b>37</b>	20. EMPLOY CODE <b>13</b>	21. OFFICE CODING NUMERIC: <b>51947</b> ALPHABETIC: <b>wh</b>	22. STATION CODE <b>75013</b>	23. INTELEEE CODE	24. HQ/RS CODE <b>1</b>
25. DATE OF BIRTH MO. <b>11</b> DA. <b>08</b> YR. <b>64</b>		26. DATE OF GRADE MO. <b>11</b> DA. <b>08</b> YR. <b>64</b>		27. DATE OF LFI MO. <b>11</b> DA. <b>08</b> YR. <b>64</b>	
28. RTE EXPIRES MO. <b>11</b> DA. <b>08</b> YR. <b>64</b>		29. SPECIAL REFERENCE <b>1-ISC</b> <b>2-PLA</b> <b>3-NONE</b>		30. RETIREMENT DATA CODE	
31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA TYPE		33. SECURITY REQ NO	
34. VET PREFERENCE CODE <b>0-NONE</b> <b>1-5 PT</b> <b>2-10 PT</b>		35. SERV COMP DATE MO. <b>11</b> DA. <b>08</b> YR. <b>64</b>		36. LONG COMP. DATE MO. <b>11</b> DA. <b>08</b> YR. <b>64</b>	
37. CAREER CATEGORY CAR RESY PROV. TEMP		38. FEDERAL HEALTH INSURANCE CODE <b>0-WAIVER</b> <b>1-IFs</b>		39. SOCIAL SECURITY NO	
40. PREVIOUS GOVERNMENT SERVICE DATA CODE <b>0-NO PREVIOUS SERVICE</b> <b>1-NO BREAK IN SERVICE</b> <b>2-BREAK IN SERVICE (LESS THAN 3 YEARS)</b> <b>3-BREAK IN SERVICE (MORE THAN 3 YEARS)</b>		41. LEAVE CAT CODE		42. FEDERAL TAX DATA FORM EXECUTED <b>1-YES</b> <b>2-NO</b>	
43. STATE TAX DATA FORM EXECUTED <b>1-YES</b> <b>2-NO</b>		44. STATE TAX DATA CODE <b>NO TAX EXEMPT</b>		45. STATE CODE	
46. POSITION CONTROL CERTIFICATION <b>9/15-65 WH</b>			47. O.P. APPROVAL <i>[Signature]</i> <b>9/14/65</b>		

FORM 1152 USE PREVIOUS EDITION  
0-63

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 3 May 1962	
1. SERIAL NUMBER 056361		2. NAME (Last-First-Middle) HICKS, Calvin W.				
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 13 62		
5. CATEGORY OF EMPLOYMENT REGULAR				6. LEGAL AUTHORITY (Completed by Office of Personnel)		
7. FUNDS X V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 2235-1400-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP Task Force W Paramilitary Branch				10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 0715		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 (1)		
17. SALARY OR RATE \$10,635						
18. REMARKS Recommendation and Fitness Report previously submitted.						
<div align="center">  </div>						
19. SIGNATURE OF REQUESTING OFFICIAL Louis W. Armstrong, C/TFW/Fops.			DATE SIGNED 3 May 62		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
DATE SIGNED 5/10/62						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
20. ACTION CODE 22	21. EMPLOY CODE 10	22. OFFICE CODING NUMERIC ALPHABETIC 61450 TFW	23. STATION CODE	24. INTEROFF CODE	25. MODS CODE	
26. NTE EXPIRES MO. DA. YR.		27. DATE OF BIRTH MO. DA. YR.		28. DATE OF GRADE MO. DA. YR.		
29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 3 - FICA 4 - NONE		31. SEPARATION DATA CODE		
32. SECURITY REQ. NO.		33. SECURITY REQ. NO.		34. SER.		
35. VET. PREFERENCE 0 - NONE 1 - 5 PT. 2 - 10 PT.		36. SER. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		
38. MIL. SER. CREDIT/CD 1 - YES 2 - NO		39. FEGLI / HEALTH INSURANCE 0 - NONE 1 - YES		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)		42. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		43. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO		
44. POSITION CONTROL CERTIFICATION		45. O.P. APPROVAL		46. DATE APPROVED		
				5/10/62		

152 USE PREVIOUS EDITIONS

SECRET

(4)

14-00000  
EYES ONLY  
SECRET

28 August 1961

MEMORANDUM FOR: Secretary, CS/CS Panel (Section B)

SUBJECT : Recommendation for Promotion to Grade GS-13  
- Mr. Calvin W. Hicks

1. It is recommended that Calvin W. Hicks be promoted from Grade GS-12 to Grade GS-13 in recognition of his outstanding performance as a member of JMATE Project.

2. Mr. Hicks was assigned to JMATE Project in October 1960 as an operations officer in the Paramilitary Section. His years of Agency experience and varied operational assignments enabled him to immediately take hold and perform the many functions required in the Paramilitary Operations Section in a most outstanding manner. This included recruitment, training, briefing, debriefing and in-exfiltration of agents; supervision of the infiltration of supplies and bodies by air for the Paramilitary Operations Section; case officer for certain high level agents and their W/T operators inside the target area. Mr. Hicks' maturity, common sense and varied experience enabled him to operate with the minimum of supervision. He trained certain agents in trade-craft, air and maritime reception, mapping, and guerrilla warfare with the result that these agents received the only completely successful air drops. In addition, some of these agents handled and trained by Mr. Hicks became our most trusted and important agents, and a large measure of their willingness to go on after continued frustrations was due to their respect for, and trust and confidence in, Mr. Hicks.

3. Mr. Hicks has continuously demonstrated the ability to perform duties in a higher grade. He has the leadership, maturity, common sense, stability, and ability to make decisions and to operate with minimum supervision so necessary to senior officers in the Agency. He is aggressive and capable of fighting for his views; at the same time he will listen to advice and once a decision has been handed down, will give it his full support even though he might have opposed it before the decision was made.

EYES ONLY  
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EYES ONLY

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-2-

4. Mr. Hicks has been an Agency staff employee since August 1950 and was last promoted in November 1956. He is in every way fully qualified to perform the duties of a higher grade and has been doing so in an outstanding manner on JMATE Project. Therefore, it is strongly recommended that Mr. Hicks be promoted to Grade GS-13 at the earliest date.

J. C. KING

Chief

Western Hemisphere Division

EYES ONLY

SECRET

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 056361 ✓		2. NAME (Last-First-Middle) HIGAS, Calvin W.		10 August 1961	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT And Transfer to Vouchered Funds			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 18 20 61		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 2635-5000-8021		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH, Divn. Branch 4 Paramilitary Sec.			10. LOCATION OF OFFICIAL STATION Wash., D. C.		
11. POSITION TITLE OPS OFFICER (D)			12. POSITION NUMBER 0716		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS (12)		15. OCCUPATIONAL SERIES 0136101		17. SALARY OR RATE 9,735 ✓	
16. REMARKS From: DDP/WH, Br. 4, Unass.					
18A. SIGNATURE OF REQUESTING OFFICIAL Herbert V. Juhl, C. M. Pers.			18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Orville C. Dawson		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 16	20. EMPLOY CODE 16	21. OFFICE CODE NUMERIC 44150 ALPHABETIC 10A	22. STATION CODE 75C13	23. MILES CODE 1	24. MONTH CODE 11
25. DATE OF BIRTH MM DD YY 11 08 24		26. DATE OF DEATH MM DD YY		27. DATE OF LEI MM DD YY	
28. DATE OF EXPIRATION MM DD YY		29. SPECIAL REFERENCE 1 - USC 3 - FICA 5 - NCA		30. SECURITY RLO NO.	
31. VET. PREFERENCE CODE 1 - NO 2 - YES		32. SER. COMP. DATE MM DD YY		33. SOCIAL SECURITY NO.	
34. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MONTHS) 3 - BREAK IN SERVICE (MORE THAN 12 MONTHS)		35. MIL. SER. CREDIT/DEBIT CODE 1 - YES 2 - NO		36. FEDERAL TAX DATA CODE 1 - YES 2 - NO	
37. POSITION CONTROL CERTIFICATION W. Kearney 08/5/61		38. D.P. APPROVAL Orville C. Dawson			

**SECRET**

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				17 October 1960	
1. SERIAL NUMBER <b>556361</b>		2. NAME (Last-First-Middle) <b>HICKS, Calvin W.</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT (TEMPORARY)*</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>10</b> DAY <b>30</b> YEAR <b>60</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS V TO V CF TO V <b>X</b>		7. COST CENTER NO. CHARGEABLE <b>1535-5000-0021</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/MH Division Branch 4</b> <b>4617</b>			10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>		
11. POSITION TITLE <b>GUERRILLA WARFARE OFFICER</b>			12. POSITION NUMBER <b>XXXXXX</b>	12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.14</b>	16. GRADE AND STEP <b>12 (3)</b>		17. SALARY OR RATE <b>\$9475</b>
18. REMARKS <b>DDP/MS/5-Cherat, Pakistan #812</b>  *UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS.  <b>DEC: 11-13-56</b> <i>Concur. J. K. Hall Jr.</i> <b>PS: 05-14-61</b> <i>C/Nofpe so seta</i>					
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Herbert V. Juhl</i> <b>HERBERT V. JUHL, C/WH/2 Pers.</b>			18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Orville C. Dawson</i>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION 57 57	20. EMPLOYMENT 01 10	21. OFFICE CODE NUMERIC 64450 ALPHABETIC WH	22. STATION CODE	23. OFFICE CODE	24. MONTHS CODE 1
25. DATE OF BIRTH MM DA YR 11 03 24		26. DATE OF GRADE MM DA YR		27. DATE OF LEI MM DA YR	
28. RATE EXPIRES MM DA YR		29. SPECIAL REFERENCE 1 - YES 2 - NO		30. SEPARATION DATA DATA CODE	
31. PREVIOUS ASSIGNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BARR IN SERVICE 3 - BARR IN SERVICE (LESS THAN 12 MO) 4 - BARR IN SERVICE (MORE THAN 12 MO)		32. LONG COMP. DATE MM DA YR		33. SHORT COMP. DATE MM DA YR	
34. PREVIOUS ASSIGNMENT SERVICE DATA CODE 1 - YES 2 - NO		35. FEDERAL TAX DATA FORM EMPLOYED CODE 1 - YES 2 - NO		36. STATE TAX DATA FORM EMPLOYED CODE 1 - YES 2 - NO	
45. POSITION CONTROL CERTIFICATION <i>W. Kearney III</i> 11/1/60			46. O.P. APPROVAL <i>Orville C. Dawson</i>		

19. OBSOLETE PREVIOUS EDITIONS  
AND FORM 1152A.

SECRET

(4)

REQUE FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS-EOD		
556361		HICKS, CALVIN W.				11 08 24			None-0 5 Pt-1 10 Pt-2		1 M 1		07 18 50		
7. SCD		8. CSC Reim.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Bldg. Serv. Credit Lco		
Mo. No. Yr.		Yes-1 Code No-2		50 USCA 403		Mo. Da. Yr.			Yes-1 Code No-2		Mo. Da. Yr.		Yes-1 Code No-2		
05 20 48		1									00 05 50		1		

PREVIOUS ASSIGNMENT									
14. Organizational Designations				Code		15. Location Of Official Station			Station Code
DDP NEA SOUTH ASIA BRANCH CHERAT BASE, PAKISTAN				5045		CHERAT, PAKISTAN			55544
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series	
Dept. Code USMld Frgn		6 GUERRILLA WAR OFF		0812		GS		0136.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due	
12 3		\$ 8570 9475		DM		11 18 56		H 15 59	
								26. Appropriation Number	
								9 3373 02 174	

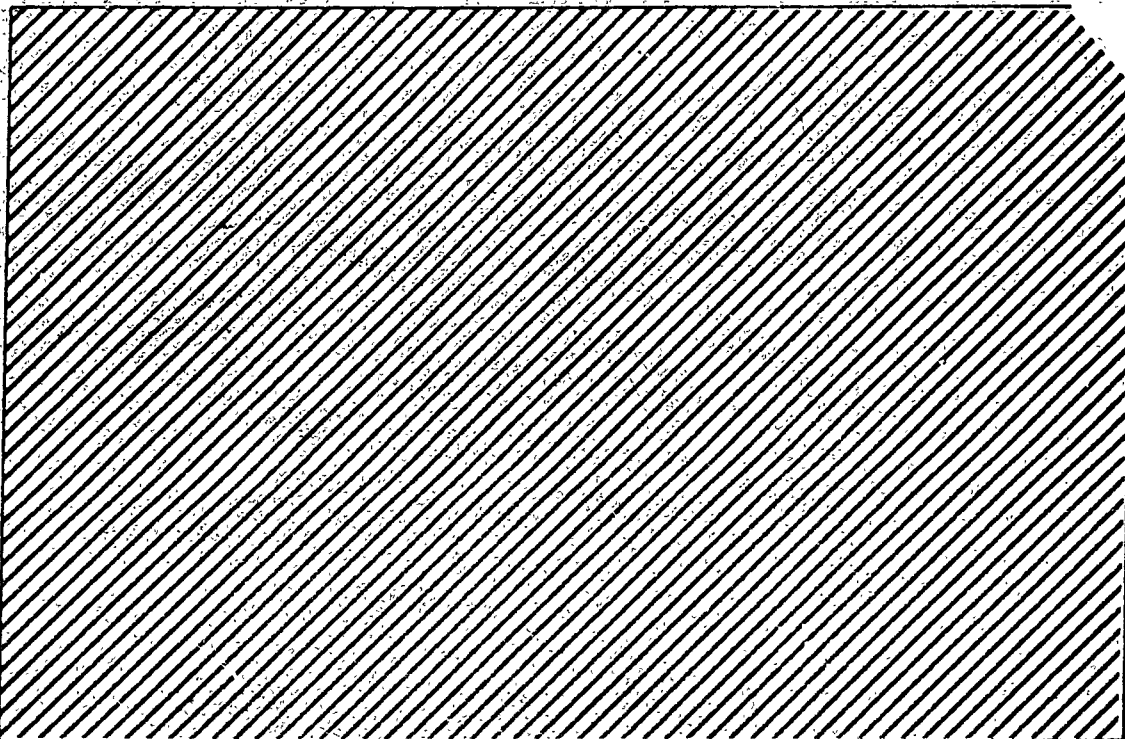
ACTION 05 14 61											
27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
REASSIGNMENT <del>AMEXTRA</del>		67		10 02 60		REGULAR		25			

PRESENT ASSIGNMENT									
31. Organizational Designations				Code		32. Location Of Official Station			Station Code
DDP/NE <del>NEA</del> CS/CS DEVELOPMENT COMPLEMENT				4088		WASHINGTON, D.C.			7503
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series	
Dept. Code USMld Frgn		1 GUERRILLA WAR OFF		260		GS		0136.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due	
12 3		\$ 9475		D		11 20 1998		1120 1998	
								43. Appropriation Number	

SOURCE OF REQUEST				
A. Requested By (Name & Title)			C. Request Approved By (Signature And Title)	
FRANK J. DEWALD, JR. CNE/PERSONNEL				
B. For Additional Information Call (Name & Telephone Ext.)				
Donna Robin x3671				
CLEARANCES				
Clearance	Signature	Date	Clearance	Signature
A. Career Board	OK	7/26/06	D. Placement	
B. Pos. Control	OK	12/21/06	E.	
C. Classification			F. Approved By	10/21/06
Remarks				
2 cc - Security 1 cc - Finance				
PES RETURNED Subject awaiting reassignment				



SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

HICKS, Calvin W.

NAME AND RELATIONSHIP OF DEPENDENT  
dau. Lisa malaria  
dau. Mary tonsillectomy  
son. Michael tonsillectomy

CLAIM NUMBER

60-391D  
60-392D  
60-393D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on April 1960.

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

10 Aug 60

SIGNATURE OF BCD REPRESENTATIVE

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

14-00000

Pre 1960  
Requests for  
Personnel action  
& similar docs

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SOCIAL NUMBER	
SECTION A				GENERAL	
1. NAME (Last)	2. NAME (First)	3. NAME (Middle)	4. DATE OF BIRTH	5. SEX	6. GRADE (S-30)
Hicks,	Calvin	W.	8 Nov 24	M	GS-13 D
8. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION
Watch Officer			DDP/FI/INT/IN		HQS
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)		
31 October 1972			1 Nov 71 - 31 Oct 72		
SECTION B PERFORMANCE EVALUATION					
U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.				
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.				
P-Fair	Performance is satisfactory. Desired results are being produced in the manner expected.				
S-Strong	Performance is characterized by exceptional proficiency.				
O-Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.				
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 (NOTE: DDP is the closest qualification code to describe the work of a Watch Officer) -- Prepares ID dissem from Intel Cables and releases them to the U.S. Intel Community for the CS expediting their delivery by electrical transmission when appropriate. Also dissem certain FI/D Cables.					RATING LETTER S
SPECIFIC DUTY NO. 2 Consults with area division officers, as necessary in his judgment, regarding disseminability of the info and to ensure adequate protection of sources and methods with minimum impairment to info reaching policy levels.					RATING LETTER S
SPECIFIC DUTY NO. 3 Reviews supdata and authentication statement in intel cables and deletes any sensitive operational data before any distribution is made. Effects distribution of the deleted portion within the DDP on a strict need to know basis.					RATING LETTER S
SPECIFIC DUTY NO. 4 Keeps current on the general and special requirements of customer agencies including the White House for cabled info, i.e., info on narcotics, hijacking, protection of U.S. and foreign dignitaries, etc.					RATING LETTER S
SPECIFIC DUTY NO. 5 After hours, grants clearances (in consultation with responsible area division) for the use of dissemmed CS information in finished intel publications in a manner denied by dissemination controls					RATING LETTER S
SPECIFIC DUTY NO. 6 Maintains good working relations not only with DDP area divisions and staff, but with Signal Center and Cable Secretariat at all levels to expedite the dissem of significant reports; works closely with CSDOs and SDOs to keep one another alert to significant events.					RATING LETTER S
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position. Consider as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

SECTION C

NARRATIVE COMMENTS

In this significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions for improvement of work performance. Give recommendations for training. Comment on future long-range competence, if required for current position. Apply or explain ratings given in Section B to provide basis for determining future personnel action. Point out if employee is carrying out or supervising duties and cost considerations in the use of personnel, training, equipment and funds, and the results achieved. If this space is needed to complete Section C, attach a separate sheet of paper.

Mr. Hicks continues to perform with exceptional proficiency. In April 1972 he was granted a Quality Step Increase in recognition and as proof of the high esteem in which he is held by his supervisor in the Glandestine Service.

Mr. Hicks' services have been particularly valuable during this reporting period because of DDP's increased concern regarding the strict maintenance of operational security in the dissemination of its intelligence information. Mr. Hicks has been instrumental in referring many reports when in the opinion of IW officers, the authentication statement and the manner in which the report is written would help to pinpoint the source of the information if the report fell in unauthorized hands. Mr. Hicks' notations on the IW log cards which record the action taken on each report indicate the seriousness in which Mr. Hicks approaches his daily tasks and his contributions in reminding Divisional personnel about the essential elements of good reporting and the need to comply with the prescribed format.

The exercise of good judgment in referring or consulting on an Intel Cable prior to its dissemination to the Intelligence Community is an essential element in the proper functioning of this office and upon which depends to a certain extent the Agency's reputation.

With the retirement and reassignment of several IW officers during this reporting period, Mr. Hicks is now the IW officer with the most experience and continuity on the job. This together with his maturity of judgment and ability to withstand the rigors and pressures inherent in an around-the-clock activity, make Mr. Hicks a distinct asset in the unit.

The assignment carries no supervisory responsibilities and does not require any significant demonstration of cost consciousness.

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	
16 October 1972	<i>Calvin W. Hicks</i> Calvin W. Hicks	
2. BY SUPERVISOR		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
16 October 1972	C/FI/INT/IW	<i>Joseph A. Procaccino</i> Joseph A. Procaccino
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I can add nothing to this evaluation. I share the rater's high opinion of Mr. Hicks' work and characteristics.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
24 Oct. 1972	C/FI/INT	<i>Thomas F. Thiele</i> Thomas F. Thiele

SECRET