

UNITED STATES GOVERNMENT

## Memorandum

TO : The Record

DATE: 8 March 1972

FROM : Betty R. Weyland

SUBJECT: Grayston Lynch

We received a call from Mr. Sutherland, x 3066, who is on the Language Training staff, asking how he could get in touch with Gray Lynch. He said he believes ~~Gray~~ Gray did not return a small cassette tape recorder when he left. It is the type of recorder that is issued to each student but is to be returned. I told Mr. Sutherland I would try to get in touch with Gray and would let him know something.

SECRET

SOD # 71-975

0 9 SEP 1971

MEMORANDUM FOR: Chief, Contract Personnel Division  
THROUGH : DDP/NSP  
SUBJECT : Termination of Contract of  
Irving C. DEVUONO

1. The contract of Irving C. DEVUONO will be terminated at the close of business 10 September 1971 as the result of approval of Subject's involuntary retirement on that date.

2. The following documents are forwarded in connection with Subject's termination;

a. Amendment to Subject's contract providing for a terminal payment.

b. Termination clearance sheet, form 1689.

*Richard F. Westerman*  
Richard F. Westerman  
Chief, Personnel  
Special Operations Division

Attachments:

- a. h/w
- b. u/s/c/

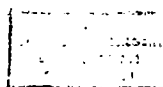
CONCUR:

*Philip J. Donovan*  
SOD Contracting Officer

APPROVE:

*James J. Miller*  
DDP/NSP

SECRET



SECRET

Mr. Irving C. Devuono

Dear Mr. Devuono:

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 1 November 1967.

It has been mutually agreed by both parties that said contract will be terminated on or about 10 September 1971, at which time you will be involuntarily retired, due to the absence of any immediate or foreseeable work assignment for which you qualify.

You are herein authorized a taxable terminal payment of \$10,000 to assist you in resettling and retraining for another occupation. Said payment will be payable as of the effective date of your retirement.

You are aware that said terminal payment was not an original part of your contract but has been authorized solely because of the unique circumstances associated with your past service, coupled with the circumstances associated with your premature retirement.

You are reminded of the contents of paragraph thirteen (13) of said contract which read as follows:

You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1945, as amended, and other applicable laws and regulations.

UNITED STATES GOVERNMENT

BY /s/ Roy H. Luetscher  
Contracting Officer

ACKNOWLEDGED:

Irving C. Devuono  
Irving C. Devuono

WITNESS:

Barry R. Weyman

APPROVED:

/s/ William L. Donaldson

SECRET

# CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL

THIS FORM MUST BE SIGNED AND SUBMITTED IN FULL.

8 September 1971

## PERSONAL DATA

NAME (Last, First, Middle - Name or pseudonym)

Lynch, Grayston, L.

OFFICE AND BRANCH OF ASSIGNMENT

DDP/SOD/MB

LOCAL ADDRESS

PERMANENT ADDRESS

5228 Pileador Apt-5 Tampa,

PERMANENT STATION OR BASE

Headquarters

POSITION OR FUNCTIONAL TITLE

Ops Officer

## CONTRACT DATA

DATE CONTRACT EFFECTIVE

01 June 1961

DATE CONTRACT LAST RENEWED

DATE CONTRACT EXPIRES

DATE OF CONTRACT TERMINATION

10 September 1971

REASON FOR CONTRACT TERMINATION

Involuntary Retirement

## INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)

COMPONENT

CLEARED BY

DATE

REMARKS

FINANCE

Jan E. Nissen

8 Sept 71

LOGISTICS

Alvin R. Rini

8 Sept 71

PERSONNEL

D. J. Stewart

8 Sept 71

DDP/NSP

C/SOD

SOD/SEC&COVER

7 J. Stewart

8 Sept 71

Appointed with the Director

CONTRACT APPROVING OFFICER

CLEARED BY (Signature)

## SCHEDULE OF INTERVIEWING OFFICES

(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)

OFFICE	DATE	TIME	LOCATION	INTERVIEWING OFFICER
CENTRAL COVER STAFF			1100-1100	CLEARED BY (Signature) DATE
SECURITY PERSONNEL	Appointment made by PAB			CLEARED BY (Signature) DATE
SOD PERSONNEL				CLEARED BY (Signature) DATE

REMARKS (Please Initial)

SIGNATURE AND BRANCH OF ASSIGNMENT  
C/SOD/MB

SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER

1659 USE PREVIOUS EDITIONS

SECRET

CLEARANCE		OFFICE OF PERSONNEL	
EMPLOYEE 210070	NAME OF EMPLOYEE (Last, first, middle) LATCH, Grayson L.	GRADE GS 11-033	DATE OF LAST EXAMINATION 20 Sept 74
OFFICE OF ASSIGNMENT SOD	LAST WORK DAY		
REASON FOR CLEARANCE	<input type="checkbox"/> RESIGNED ON <input type="checkbox"/> EXTENDED LEAVE <input type="checkbox"/> CSC RETIREMENT <input checked="" type="checkbox"/> CIA RETIREMENT <input type="checkbox"/> OTHER (Specify)		
VERIFICATION OR CERTIFICATION OF OFFICIALS			
I CERTIFY THAT I HAVE REVIEWED THE RECORDS OF THIS COMPONENT AND, EXCEPT AS INDICATED, THE EMPLOYEE NAMED IS CLEAR OR HAS SATISFACTORILY DISCHARGED HIS OBLIGATION TO THIS COMPONENT.			
OFFICE OF LOGISTICS	ROOM NO. & BLDG.	CLEARED BY	
		SHARON CALDRONE	
CENTRAL PROCESSING BRANCH, OP		PAT POLAND	
MAP LIBRARY DIVISION, OGBI		OLIVIA JOHNSON	
LIBRARY, CBS		MARGARET MANNING	
REGISTRAR, OTR		AINE DELANEY	
OFFICE OF MEDICAL SERVICES	1 D 4040	MR. GAUGHAN	
DOMESTIC SECURITY	1 B 16	MR. BEKE	
RECORDS, RIG	1 D 4135	CAROL THOMAS	
SPECIAL CLEARANCES, OS	3 E 47	MR. WAGGONER	
CREDIT UNION, OP	1 J 33	ANNIS MORAN	
INSURANCE BRANCH, OP	1 J 27 5 E 60	BETTE HARDING MARY CAMPBELL KAY SUTER MICHEL MANGOLD	
CENTRAL COVER STAFF	GH 47 3 E 60	K. BENNETT	
OFFICE OF SECURITY	3 E 49	DOROTHY SERVAIS	
OFFICE OF FINANCE	6 E 62 512 22636 Ray	MR. DEWALD	
PERSONAL AFFAIRS BR OP	5 E 11	A 1511	
CERTIFICATION AND FORWARDING ADDRESS OF SEPARATING EMPLOYEE			
FORWARDING ADDRESS	NUMBER, STREET, CITY, STATE, ZIP CODE 5125 LEANOR - HPT-5, TALLAHASSEE		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL GOVERNMENT PROPERTY AND RECORDS ISSUED TO ME HAVE BEEN RETURNED OR HAVE BEEN PROPERLY ACCOUNTED FOR AND THAT I AM NOT INDEBTED TO THE UNITED STATES GOVERNMENT AS A RESULT OF MY CONNECTION WITH THE AGENCY.			
DATE 1 Sep 74	SIGNATURE OF EMPLOYEE <i>Grayson L. Latch</i>		
ABOVE INITIALED COMPONENTS HAVE GIVEN POSITIVE VERIFICATION OF THE FINAL CLEARANCE FOR			
APPROVAL	OFFICE OF PERSONNEL APPROVAL <i>[Signature]</i>		

## SECRET

FORM 764, 1-67

DUTY STATUS REPORT										DATE OF EMPLOYMENT					
NAME (Last, first, middle initial)										Career Agent					
Pay Roll No.										Pay Roll Period					
Grayston L. Lynch										8/23-9/10/71					
TOUR OF DUTY										THIS SPACE FOR PAY ROLL OFFICE USE ONLY					
FROM 0830 TO 1700										COST CENTER NO. ROLL NO. PAY PERIOD REF. NO.					
MONTH	DAY	STATUS	OFF	ON	OFF	ON	FROM	TO	APL	VLP	ENR	OT	HL	OTHER	INITIALS
1	SUN														
2	MON	X					0830								
3	TUE	X													
4	WED	X													
5	THU	X													
6	FRI	X													
7	SAT														
8	SUN														
9	MON	X					0830								
10	TUE	X													
11	WED	X													
12	THU	X													
13	FRI	X													
14	SAT														
15	SUN														
WEEKLY TOTALS		80					AUTHORIZED OVERTIME (1)								
16	SUN														
17	MON	X													
18	TUE	X													
19	WED	X													
20	THU	X													
21	FRI	X													
22	SAT														
23	SUN														
24	MON														
25	TUE														
26	WED														
27	THU														
28	FRI														
29	SAT														
30	SUN														
31	SUN														
WEEKLY (OR MONTHLY) TOTALS		40					AUTHORIZED OVERTIME (2)								
REMARKS: (Include irregular hours of duty, plus other details necessary to support payments of salary, salary differentials and allowances such as arrivals, departures, changes in quarters or dependents, etc.)										I CERTIFY THAT THIS ABSENCE WAS DUE TO ILLNESS WHICH INCAPACITATED ME FOR DUTY.					
Subject terminates effective COB 10 Sept 71 as result of approval of involuntary retirement. <input type="checkbox"/> SEE REVERSE SIDE FOR TRV TRAVEL, ETC.										THIS SPACE FOR PAY ROLL OFFICE USE ONLY					
										TAX TAX OTHER GRADE RATE					
CERTIFICATIONS															
CERTIFIED CORRECT										CERTIFYING CORRECT AND OVERTIME AS RECORDED ABOVE AND AUTHORIZED FOR PAYMENT OR CREDIT AS COMPENSATORY TIME.					
SIGNATURE (SEE INSTRUCTIONS)										SIGNATURE (SEE INSTRUCTIONS)					

FORM 764 REPLACES FORM 144 OF 8-61 WHICH MAY BE USED.

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

GPO

09 September 1971

Lynch, Grayston L.

GS-14

Ops Officer

10 September 1971

Involuntary Retirement CARDS

CCS	CPD	Signature of Retiree	Date
		William Strauch	9/9/71
		F.J. Stewart	9/8/71
		F.J. Stewart	9/8/71
		Jan Wilson	9/8/71
		Hank Denis	9/8/71
		<i>Robert Kogala</i>	9/9/71
CCS	GH-47	J. McKinnon	9/9/71
CPD	5E-69	Mr. Lanning	9/8/71

1/A

1/A

14-00000  
SECRET

8 SEP 1971  
10 Sep 71  
Grayston L. Lynch

MEMORANDUM FOR : Mr. Grayston L. Lynch

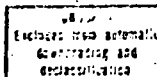
THROUGH : Head of CS Career Service

SUBJECT : Notification of Approval of Retirement

1. This is to inform you that the Director of Central Intelligence has approved the recommendation of your Career Service that you be retired under the CIA Retirement and Disability System.
2. Your retirement will become effective 10 September 1971. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details necessary to process your retirement.
3. You will receive a lump-sum payment for your accrued annual leave up to 30 days or for whatever amount of leave credit you carried over from the last leave year if that amount is more than 30 days.

Harry B. Fisher  
Harry B. Fisher  
Director of Personnel

SECRET





SECRET

100 # 71-148

10 AUG 1971

MEMORANDUM FOR: Chief, Contract Personnel Division

THROUGH : CS Agent Branch  
Deputy Director for Plans

SUBJECT : Mr. Grayston L. Lynch - Request for  
Involuntary Retirement

1. By mutual agreement between Mr. Grayston L. Lynch and this Agency, it has been determined that Mr. Lynch's services are no longer required. Accordingly it is proposed that Mr. Lynch's contract, effective 1 June 1961, as amended, be terminated as of the close of business 10 September 1971.

2. In view of the foregoing, Mr. Lynch, who is a career agent under the Agency's retirement system, has requested that approval be granted for his retirement under the provisions of the Agency's system pertaining to involuntary retirement.

3. Mr. Lynch entered on duty with the Agency on 10 February 1961 and has served continuously to date. He meets all the conditions of eligibility for involuntary retirement.

/s/ Evan E. Parker, Jr.  
For

F. P. Holcomb  
Chief  
Special Operations Division

CONCUR:

/s/ Gerard Droller

Chairman, CS Agent Panel

APPROVE:

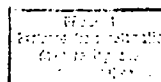
(signed) Edward Ryan

Deputy Director for Plans

APPROVED:

/s/ Dow H. Luebocker  
Special Contracting Officer

SECRET



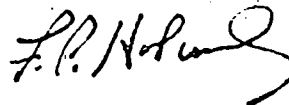
SECRET

13 AUG 1971

MEMORANDUM FOR: Director of Personnel  
THROUGH : Acting Deputy Director for Plans  
SUBJECT : Request for Contract Amendment -  
Irving C. DEVUONO

1. Irving C. DEVUONO has been designated a participant in the CIA Retirement and Disability System and has applied for Involuntary Retirement on 10 September 1971.

2. It is requested that the current contract for Irving C. DEVUONO be amended to provide for a one-time, taxable, lump-sum payment of \$10,000, payable as of the effective date of his termination or retirement. This sum will enable DEVUONO to resettle and retrain for another occupation.



F. P. Holcomb  
Chief  
Special Operations Division

CONCUR:

  
Acting Deputy Director for Plans

SECRET

12 August 1971

Sir:

This is to advise you that I will be retiring from the U.S. Civil Service on 10 September 1971 and am combining my military service with Civil Service for a higher retirement. Therefore, I waive my entire Army retirement pay effective 10 September 1971.

Grayston L. Lynch  
Capt - USAR Ret.  
0966311 - 451-18-7989

*Copy sent to Personnel, Attn: Paul Seidel on 12 Aug.*

14-00000

SECRET

12 AUG 1971

MEMORANDUM FOR: Director of Finance

SUBJECT : Request for Advance of Salary  
Employee Number - 451187989

I am retiring from the Agency on 10 September 1971 and am taking annual leave from 13 August to 07 September in order to lease an apartment in Florida. It is requested that I be allowed to draw \$800 advanced pay to finance this trip.

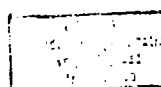
SIGNED

Grayston L. Lynch

CONCUR:

/s/ Philip L. Donaldson  
Chief, Support Staff, SOD

SECRET



SECRET

SEP 4 74 368

10 AUG 1971

MEMORANDUM FOR: Chief, Contract Personnel Division  
THROUGH : CS Agent Branch  
SUBJECT : Mr. Grayston L. Lynch - Request for  
Involuntary Retirement

1. By mutual agreement between Mr. Grayston L. Lynch and this Agency, it has been determined that Mr. Lynch's services are no longer required. Accordingly it is proposed that Mr. Lynch's contract, effective 1 June 1961, as amended, be terminated as of the close of business 10 September 1971.

2. In view of the foregoing, Mr. Lynch, who is a career agent under the Agency's retirement system, has requested that approval be granted for his retirement under the provisions of the Agency's system pertaining to involuntary retirement.

3. Mr. Lynch entered on duty with the Agency on 10 February 1961 and has served continuously to date. He meets all the conditions of eligibility for involuntary retirement.

*F. P. Holcomb*

F. P. Holcomb  
Chief  
Special Operations Division

APPROVED:

Chairman, CS Agent 1

*Acc to the Secretary - this memo  
should not be necessary. The application  
for involuntary retirement should be enough  
& when approved, an order that the  
memo to CPD requesting that his contract  
be terminated is signed*

SECRET

(When Filled In)

TRANSMITTAL OF APPLICATION FOR RETIREMENT CIA RETIREMENT AND DISABILITY SYSTEM		
1. NAME OF EMPLOYEE (Last, First, Middle)	2. TYPE OF RETIREMENT APPLIED FOR	3. ESTIMATED RETIREMENT DATE
Lynch, Grayston L.	Involuntary	10 September 1971
SECTION A RECOMMENDATION OF PARANT OFFICE		
1. THE FOLLOWING ACTION IS RECOMMENDED FOR THE ATTACHED APPLICATION FOR RETIREMENT		<input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Reason specified below)
2. TYPED NAME AND TITLE	3. SIGNATURE OF OFFICE HEAD	4. DATE
F. P. Holcomb Chief, Special Operations Div	<i>F. P. Holcomb</i>	Aug 9 '71
SECTION B RECOMMENDATION OF HEAD OF CAREER SERVICE		
1. THE FOLLOWING ACTION IS RECOMMENDED FOR THE ATTACHED APPLICATION FOR RETIREMENT		<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Reason specified below)
2. TYPED NAME AND TITLE	3. SIGNATURE OF HEAD OF CAREER SERVICE	4. DATE
SECTION C RECOMMENDATION OF CIA-DEPARTMENT OF DEFENSE		
1. THE FOLLOWING ACTION IS RECOMMENDED FOR THE ATTACHED APPLICATION FOR RETIREMENT		<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL (Reason specified below)
2. TYPED NAME AND SIGNATURE OF EXECUTIVE SECRETARY	3. DATE	

FORM 3102a

SECRET

(4)

SECRET

(When filled in)

## APPLICATION FOR RETIREMENT

## CIA RETIREMENT AND DISABILITY SYSTEM

To avoid delay—1. Read information carefully. 2. Complete application in full. 3. Type name or print in ink.

## A. PERSONAL INFORMATION

1. NAME Last First Middle	2. DATE OF BIRTH Month Day Year	3. SOCIAL SECURITY NUMBER
Lynch, Grayston L.	Jun 14, 1923	451-18-7989
4. ADDRESS Number and street, City and State, Zip Code		
COPIES 7901 S. W. 120th Street, Miami, Florida 33156		
CHIEFS		
5. (a) ARE YOU MARRIED?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
6. (b) IF YES, GIVE THE FOLLOWING INFORMATION:		
WIFE OR HUSBAND'S NAME (Last)	DATE OF MARRIAGE Month Day Year	ADDRESS OF SPOUSE IF DIFFERENT FROM ITEM 4
Janetta K.	Jul 26, 1922 Apr 26, 1945	

## B. CIVILIAN SERVICE

1. OFFICE OF ASSIGNMENT	2. SERVICE DESCRIPTION	3. LOCATION OF EMPLOYMENT (City and State)
DDP/SOD	D	Washington, D. C.
4. TITLE OF LAST POSITION	5. DATE OF LAST SEPARATION (Month Day Year)	6. APPROXIMATE NUMBER OF YEARS OF CIVILIAN SERVICE
Career Agent	September 10, 1971	10
7. DO YOU HAVE FEDERAL EMPLOYER GROUP LIFE INSURANCE?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
8. ARE YOU EMPLOYED BY A STATE UNDER THE FEDERAL EMPLOYEES HEALTH BENEFIT PROGRAM?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

## C. MILITARY SERVICE

1. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY IN THE U.S. ARMY, U.S. NAVY, U.S. MARINE CORPS, OR U.S. AIR FORCE. IF YOU HAVE BEEN IN THE U.S. ARMY, U.S. NAVY, U.S. MARINE CORPS, OR U.S. AIR FORCE AFTER 1947, YOU MUST ALSO ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE.

BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (City, State, Co., No.)
U. S. Army	6288758	Oct 38	Sep 47	M/Ept	
U. S. Army	0966311	Jun 48	Oct 60	Captain	7th Spec For Co

2. (a) ARE YOU A MILITARY RE-SERVE? (b) ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIREMENT PAY (DEFERRED PAY DOES NOT INCLUDE VA PENSION OR COMPENSATION)?

3. (c) I AM CURRENTLY CHARGED WITH A RESERVE COMPONENT VIOLATION (YES/NO)

Retired ☐ YES ☒ NO

## D. DISABILITY INFORMATION

Only applicants for total disability retirement will complete Part D.

1. WHEN DID YOU BECOME TOTALLY DISABLED? (Month Year)

2. BRIEFLY DESCRIBE YOUR DISABILITIES, STATE WHEN INCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER IF NECESSARY)

## E. OTHER CLAIM INFORMATION

1. (a) HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT?

☐ YES ☒ NO

2. (b) IF YES, STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION.

CLAIM NUMBER	FROM (Month Day Year)	TO (Month Day Year)

3. (a) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS?

☐ YES ☒ NO

4. (b) IF YES, INDICATE THE TYPE OF APPLICATION.

TYPE OF APPLICATION	CLAIM NUMBER(S)
<input type="checkbox"/> RETIREMENT	
<input type="checkbox"/> DEPOSIT OR REDEPOSIT	
<input type="checkbox"/> REFUND	
<input type="checkbox"/> VOLUNTARY CONTRIBUTIONS	

5. (a) HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT & DISABILITY SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, PURCHASE OF SERVICE CREDIT, OR VOLUNTARY CONTRIBUTIONS?

☐ YES ☒ NO

6. (b) IF YES, INDICATE THE TYPE OF APPLICATION.

TYPE OF APPLICATION	CLAIM NUMBER(S)
<input type="checkbox"/> RETIREMENT	
<input type="checkbox"/> PURCHASE OF SERVICE CREDIT	
<input type="checkbox"/> REFUND	
<input type="checkbox"/> VOLUNTARY CONTRIBUTIONS	

7. (a) HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES?

☒ YES ☐ NO

8. (b) IF YES, GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM.

Civil Service System

FORM 502-4-65

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

INDICATE, BY SIGNING YOUR INITIALS IN THE INITIALS BOX BELOW THE TYPE OF ANNUITY YOU WANT. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO FILL IN THE FULLY INFORMATION CALLED FOR.

**F. TYPE OF ANNUITY: MARRIED APPLICANTS ONLY**

**1. ☐ ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER.**

**INITIALS** ☐

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW OR WIDOWER'S SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHAT EVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER OR HIS BENEFIT.

- If you are married, you will receive this type of annuity unless you elect the annuity in G. 2.
- The annuity payable to you during your lifetime will be reduced by 10% of any amount up to \$3,000 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,000 a year.
- If you retire for total disability before age 60 and get a guaranteed minimum disability annuity, your annuity will not be part of your "annuity" as the base for the survivor benefit. You cannot use any extra annuity which may be payable to make up the guaranteed minimum annuity.
- If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
- The survivor's annuity will begin upon your death and end when she (or he) dies or remarries.

**2. ☒ ANNUITY WITHOUT SURVIVOR BENEFIT**

**INITIALS** ☒

Do not desire my wife (or husband) to receive a survivor annuity after my death.

- If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
- This type provides annuity payments to you only.

**G. TYPE OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)**

**1. ☐ ANNUITY WITHOUT SURVIVOR BENEFIT**

**INITIALS** ☐

- If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.
- This type provides annuity payments to you only.

**2. ☐ ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST**

**INITIALS** ☐

SPECIFY THE NAME, RELATIONSHIP AND DATE OF BIRTH OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY.

NAME OF PERSON (First, middle, last)

RELATIONSHIP

DATE OF BIRTH (Mo., day, year)

ALL UNMARRIED EMPLOYEES MUST FURNISH INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REQUIREMENTS FOR YOUR ANNUITY.

- This type is available to all retiring unmarried employees who are in good health.
- It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
- The survivor's annuity will begin upon your death and end when she (or he) dies.
- The survivor's annuity will be 55% of the reduced annuity you receive.
- If you choose this type, you will have to undergo a medical examination which will be arranged by the Director of Personnel at no cost to you.
- If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

**H. CERTIFICATION OF APPLICANT**

**WARNING:** Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$20,000 or imprisonment for not more than 5 years, or both (U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

*[Signature]*  
SIGNATURE OF APPLICANT

**I. FOR OFFICE OF PERSONNEL**

SECRET



SECRET

Mr. Irving C. Devuono

Dear Mr. Devuono:

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 1 November 1967 as amended.

The purpose of this amendment is to formally record your official designation as a participant in the Retirement and Disability System of this organization, effective 8 August 1971. Your contributions into the Retirement and Disability Fund will be deducted by this organization as of that date. The regulations governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interest. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefor must be received in this organization within thirty (30) days from the date of your acknowledgment of this contract amendment.

Effective close of business 7 August 1971 all contractual reference to Civil Service Retirement and your contributions thereto is deleted.

Social Security contributions required by virtue of your cover employment will not be reimbursed you by this organization.

All other terms and conditions of the contract, as amended, remain in full force and effect.

UNITED STATES GOVERNMENT

BY /s/ Don E. Johnson  
Contracting Officer, her

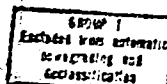
ACCEPTED:

Irving C. Devuono

WITNESS:

APPROVED:

SECRET



CONFIDENTIAL

8 AUG 1971

90-971  
1126

MEMORANDUM FOR: Mr. Grayston L. Lynch

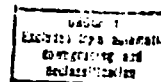
THROUGH : Deputy Director for Plans  
Chief, Special Operations Division

SUBJECT : Designation as a Participant in the  
CIA Retirement and Disability System

This is to inform you that a determination has been made that you have performed 60 months of qualifying service and that you have been approved for participation in the CIA Retirement and Disability System. Your designation as a participant will become effective on 8 August 1971.

*Harry B. Fisher*  
Harry B. Fisher  
Director of Personnel

CONFIDENTIAL



14-00000

CONFIDENTIAL

2 AUG 1971

MEMORANDUM FOR: Chief, Contract Personnel Division

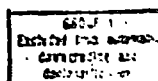
SUBJECT

*IRVING S. DEVLIN*  
: Designation of ~~Grayston L.~~ Lynch as  
a Participant in the CIA Retirement  
and Disability System

It is requested that the contract of Grayston L. Lynch  
be amended to officially record his designation as a partici-  
pant in the CIA Retirement and Disability System effective  
8 August 1971.

*Harry B. Fisher*  
Harry B. Fisher  
Director of Personnel

CONFIDENTIAL



UNITED STATES GOVERNMENT

*Memorandum*

TO : Record

DATE: 15 July 1971

FROM : DDAlldridge

SUBJECT: Mr. Graydon L. Lynch

File

Mr. Lynch telephoned today and advised that he did not want his termination bonus to be held for payment in Calendar Year 1972 as agreed upon, but would like to have it payed at the time of his retirement. I pointed out that this would result in a good tax bite, but ~~Mr.~~ Gray stated that he would need the money at the time of retirement and would just have to sustain the additional tax.

Mr. Lynch also asked if he could obtain an advance on his salary of about \$500 as his salary checks were mailed to a bank in Florida and he had exhausted his supply of ~~check~~ checks because he had thought he would have left the area by now. He was advised that this could be done but that it would take a memo from him to the Director of Finance. He stated that he would come to the office on 16 July to prepare the memo. He should be sent to C/SOD/RAF to initiate the memo and the action to obtain the advance on his salary.

SECRET

SOD # 71 ACS

22 JUL 1971

MEMORANDUM FOR: Director of Training  
ATTENTION: Chief, Language School, OTR  
SUBJECT: Language Training for Mr. Grayston Lynch

1. Mr. Grayston Lynch, an SOD Career Agent, has recently completed an extended course of Spanish language training covering over 1,000 hours of instruction. Due to Mr. Lynch's particular background, his instruction required special effort and arrangements by the Language School and his instructor.

2. We are most grateful indeed for this special attention, and wish especially to commend the instructor, Mrs. Gladys G. Snare, for her patience and understanding, as well as for her professional competence and conscientious devotion to duty as a language instructor.

(Signed) F. P. Holcomb

F. P. Holcomb  
Chief  
Special Operations Division

DC/SOD/EJParker:yb(22Jul71)

Distribution:

2 - Addee  
1 - C/SOD  
1 - DC/SOD  
1 - SOD/PERS  
1 - SOD/RI

SECRET

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MEMORANDUM FOR : Director of Personnel

SUBJECT : CIARDS Retirement of Mr. Grayston L. Lynch,  
GS-14, SOD, on the basis of Qualifying Domestic Service

1. This memorandum submits a recommendation for your approval in paragraph 4.

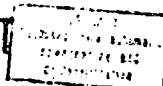
2. After more than twenty years of active military service, Mr. Lynch joined CIA in February 1961 to assist in operations against the Cuban target. He was awarded the Intelligence Star for his participation in the Bay of Pigs and related activities in the spring of 1961. Because of the sensitivity of his duties in behalf of CIA, his periods of foreign service were not recorded in the usual manner. From August 1961 until June 1968 he was intensively involved in the recruitment, training, administration and operational direction of a large number of agents as well as the planning and direction of operations into Cuba.

3. After reviewing his application for admission to CIARDS and corroborating statements from Clandestine Service officers acquainted with his work, the Clandestine Service Career Service Board concluded that Mr. Lynch's case merits a recommendation for approval. It is our view that the demands placed upon him were at least on a par with those borne by operations officers assigned overseas.

4. It is, therefore, recommended that Mr. Lynch be designated a participant in the CIA Retirement and Disability System on the basis of qualifying domestic service. If he is accepted for CIARDS, Mr. Lynch will apply for disability retirement.

Thomas H. Karamessines  
Deputy Director for Plans

SECRET



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Attachments:

Tab A - Mr. Lyach's request and 3 endorsements

Tab B - Forms 3100 and 3101

Tab C - Biographic Profile

CSPS/GLMott/lrk (1 July 1971)

Distribution:

- Orig & 1 - Addressee w/atts
- 2 - DDP
- 1 - CSPS/Mott
- 1 - CSPS/Soft file
- 1 - C/USP/Personnel

-1-

SECRET

SECRET

500 # 21143

24 JUN 1971

MEMORANDUM FOR: Director of Personnel

SUBJECT : Recommendation for Approval of  
Mr. Grayston L. Lynch as a Participant  
in the CIA Retirement and Disability System

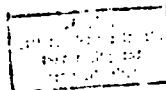
REFERENCE : HR 20-50

1. It is strongly recommended that Mr. Grayston L. Lynch be approved as a participant in the CIA Retirement and Disability System.

2. It is the opinion of the Special Operations Division that the duties performed by Mr. Lynch from the time he entered on duty in February 1961 until early 1968 meet the spirit and intent of the criteria for "qualifying service" as defined in HR 20-50b. The lone exception to these criteria is that Mr. Lynch was not "abroad" during the time involved except on a sporadic basis. This exception, however, was due completely to the geographical location of the area of operations. This location made it uniquely propitious to have Mr. Lynch assigned to and work out of a domestic base. There is no question, however, that Mr. Lynch's service was in the conduct and support of covert operations which required continuing practice of security and tradecraft procedures and which included, from time to time, hazards to his life and health. It is also believed that Mr. Lynch would be at a disadvantage in obtaining other employment because of the sensitivity of his past service as well as the dearth of requirements for his peculiar background, skills and knowledge.

3. On the basis of the above and Mr. Lynch's unique personal record, it is believed that his service during the described period is certainly equivalent to if not in excess of the requirements for "creditable service abroad" and that if it had not been for a geographical accident, this service would have been performed as

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part of an assignment abroad within the fullest meaning of the definition contained in the relevant regulation. Therefore, approval of Mr. Lynch's request for designation as a participant in the CLARIS on the basis of service performed between 1961 and 1968 is not only strongly recommended but is requested as the grant of an entitlement fully earned by a very deserving employee.

(signed) Evan J. Parker, Jr.

Evan J. Parker, Jr.  
Acting Chief  
Special Operations Division

Distribution:

Orig. and 1 - Addressee

1 - C/SOD

1 - SOD/SS

1 - SOD/Pers.

1 - SOD/RI

SOD/Pers:DAldridge:bah (24 June 1971)

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20 JUL 1971

MEMORANDUM FOR: Director of Personnel

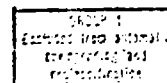
SUBJECT: Request for Designation as a Participant  
in CIARDS--Mr. Grayston L. Lynch

1. It is requested that domestic service reflected in the following paragraphs be approved as qualifying service for the CIARDS and that I be designated as a participant in the system.

2. I entered on duty with the Agency on 10 February 1961. I was sent TDY immediately to New Orleans, Louisiana and from there to Key West, Florida to prepare WH Division agent assets for operational missions. On 28 March 1961 I departed Key West, Florida aboard a covert Agency ship bound for Nicaragua where I engaged in the preparation of Agency vessels and assets scheduled for operations into Cuba. On 13 April 1961 I departed Nicaragua via an Agency vessel for the 17 April 1961 landing operation in the Bay of Pigs, Cuba. I was assigned as the Case Officer for the Agency command ship, Cuban Brigade Headquarters, and the Underwater Demolition Team (UDT) element. I participated in armed action both at sea and on shore during the four days of the invasion attempt and, per direct instructions from the DCL, engaged in a series of covert landings and operations into Cuba for several days following the invasion landing. I returned to Headquarters on 29 April 1961.

3. In August 1961 I was assigned PCS to JMWAVE at Miami, Florida as a Paramilitary Operations Officer. From my arrival in August 1961 until July 1965 I served under commercial cover outside the station, intermittently using my home and various safehouses as "ad hoc" offices. All contact with the station was by telephone and/or personal meetings prearranged with station personnel. These personal contacts were either at my home, in safehouses, or at other meeting places deemed appropriate. During this period I was responsible for the recruitment, training, administration and operational direction of a very large group of Agents. This entailed numerous clandestine meetings, both day and night, with these Agents. Since they were in various stages of training, assessment or preparation for an operation and were located throughout Wade and Monroe counties in

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Florida, I was required to drive an average of 3000 miles per month to provide the necessary handling and support. The major training exercises were as follows:

a. Three black flights to ISOLATION for periods of one to three weeks duration during which time I was required to remain in the black training areas as handler for the Agents.

b. One three day trip to Lake Worth, Florida during which I conducted the ground phase of parachute training for 26 Agents and arranged for civilian instructors and planes for two parachute jumps per man.

c. Two black flights to Camp McKall, North Carolina to conduct parachute training for 36 Agents, during which time, as Chief Instructor, I made two parachute jumps.

d. Two black flights to the Ranger Training Center at Eglin AFB, Florida for additional parachute, commando and guerilla warfare training for 38 Agents. Both trips were of two weeks duration each and again, I made two parachute jumps.

e. Four black flights to Fort Stewart, Georgia for training in weapons and tactics for 38 Agents. Training was conducted with all weapons from the .45 calibre pistol up to and including the 4.2 inch mortar. Demolition and sabotage training including night and day tactical exercises using live ammunition and explosives were also conducted. Each exercise lasted from five to 15 days.

f. Eight training exercises from three to seven days duration each were conducted in and around the Everglades National Park and the Marquesas Keys in Florida.

g. Over 70 mission rehearsals of two or three days duration conducted in the Florida Keys.

4. In addition to the above training exercises I planned and directed 115 actual operations into Cuba during this period. This involved the isolation of a five to 25 man team in a safehouse for three days to two weeks preparing for an operation and remaining with them day and night until they were launched. It also involved receiving the team at the conclusion of the mission and again holding them in a safehouse for a two day debriefing period.

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5. In 1965 I set up an office in Perrine, Florida, under commercial cover, to administer the Agent group. I remained in this office conducting operations and training as before until April 1966. My office was moved into the JMWAVE Station at that time, but I remained under commercial cover and my duties continued to be the same.

6. During the time I was assigned to JMWAVE I was required to participate in numerous voyages aboard Agency ships into international waters. Many of these were near to and into denied waters. I was also required to participate in several search and rescue aircraft flights of long duration over international water, near and into denied areas.

7. It is my belief that my activities and duties from August 1961 to June 1968 were of the types normally found only in overseas clandestine activities for which the five year CIARDS "credible service abroad" requirement was intended. I am available for further explanation or clarification if any of the above information is required, or if confirmation of my service by other Agency personnel is needed, I submit the following names of knowledgeable individuals:

- a. Gerald Droller, DDP/NSP
- b. Robert Ortman, WH/COG
- c. George French, SOD/GB
- d. William Bros, C/WH

8. In view of the facts presented above, I request to be designated a participant in the CIA Retirement and Disability System and will apply for disability retirement when my participation is approved.

SIGNED

Grayston L. Lynch

SECRET

**SECTION A**

## STATUS OF EMPLOYEE

## SECTION 8

PERFORMANCE OF QUALIFYING SERVICE

3. If employee was assigned in the United States during any period of qualifying service listed above, describe his duties below, pointing out those conditions which meet the requirements of QUALIFYING SERVICE.

See attached memorandum.

Continued on Reverse Side

SECRET

(When Filled In)

## SECTION C

## STATUS OF SERVICE AGREEMENT

(TO BE COMPLETED BY CAREER SERVICE APPROVING OFFICIAL)

- ☐ Form 3101, Service Agreement, is attached.
- ☐ Because of temporary absence of the nominee, Form 3101, Service Agreement, will be forwarded at a later date.
- ☐ (1) Nominee has over 15 years of Agency service or (2) nominee cannot be readily contacted to sign a Service Agreement. The signed "Application for Membership in the Career Staff of the CIA" on file in the nominee's Official Personnel Folder should be accepted in lieu of Form 3101, Service Agreement.
- ☐ Nominee is overseas and a signed "Application for Membership in the Career Staff of the CIA" is NOT filed in his Official Personnel Folder. Form 3101, Service Agreement, will be requested from the field upon notification that the CIA Retirement Board has recommended approval of his nomination.

## SECTION D

## RECOMMENDATION OF HEAD OF CAREER SERVICE

1. Based on his career assignment and past and prospective performance of qualifying service, this employee is recommended for designation as a participant in the CIA RETIREMENT AND DISABILITY SYSTEM. He is serving in a career field which normally requires the performance of qualifying service as an integral part of a career in that field.

2. TYPED NAME AND TITLE	3. SIGNATURE OF HEAD OF CAREER SERVICE	4. DATE

## SECTION E

## RECOMMENDATION OF CIA RETIREMENT BOARD

1. The record of this employee has been reviewed and the CIA RETIREMENT BOARD has recommended on \_\_\_\_\_ (DATE) that this employee:

- ☐ be designated as a participant in the CIA RETIREMENT AND DISABILITY SYSTEM
- ☐ NOT be designated as a participant

2. TYPED NAME AND TITLE	3. SIGNATURE	4. DATE

## SECTION F

## DETERMINATION BY DIRECTOR OF PERSONNEL

1. In accordance with Regulation 20-50, this employee is  
☐ DESIGNATED ☐ NOT designated a participant in  
the CIA Retirement and Disability System.

2. SIGNATURE OF DIRECTOR OF PERSONNEL

3. DATE

## SECTION G

## ADDITIONAL INFORMATION

I concur with the recommendation in  
Section F and best  
of my knowledge.

*Grayston Lynde*  
Signature

SECRET

SECRET

(When Filled In)

SERVICE  
AGREEMENT

The Director of Central Intelligence has determined that in order to qualify for designation as a participant in the CIA Retirement and Disability System, an employee must have signed a written obligation to serve anywhere and at any time according to the needs of the Agency in addition to meeting other specified criteria.

I heroby declare my intent to comply with this requirement as a condition to my being considered for designation as a participant in the CIA Retirement and Disability System.

In making this declaration, it is understood that the Agency will consider my particular capabilities, interests, and personal circumstances.

*Kenneth L. Lynde*  
SIGNATURE

*22 June 71*  
DATE

FORM 3101  
4-65

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

15 June 1971

MEMORANDUM FOR RECORD

SUBJECT: Mr. Graydon L. Lynch

As of 29 May 1971 Mr Lynch was accredited with the following leave balances:

Annual Leave	- 376 hours
Sick Leave	- 340 hours

If Mr. Lynch's application for CIARDS and his application for Disability Retirement under CIARDS were all processed and awaiting approval, he could go on sick leave as of close of business 2 July to exhaust all sick leave and then all excess annual leave prior to retirement. He would retire under these circumstances, if approved as of GOB 6 October 1971. (This date was computed by payroll based on the following assumptions; 1). He would take no leave between now and 2 July, 2). He earned 26 days leave per year, 3). He had a leave ceiling of 360 hours.

Harold D. Aldridge  
AC/SOD/Personnel

17 June 1971  
1st Indorsement

Mr. Lynch will not be permitted to process all the paperwork for his pending retirement and then depart the area. Retirement Operations Division/OP will not accept his application for CIARDS retirement until he has actually been accepted into CIARDS, nor will they initiate a request to the OES for a medical survey until an application has been submitted for Disability retirement, nor will they submit a request for medical survey under Civil Service and then convert to CIARDS. Concurrently, OES will not review their requirements on Mr. Lynch prior to receiving a request from ROD/OP. Since neither Retirement Ops Div/OP nor OES will take action pending resolution of Mr. Lynch's participation in CIARDS I advised him we would be unable to hit the 2 July target date for him to commence his leave in preparation for retirement. He ~~not~~ stated that

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**SECRET**

this was all right with him. Therefore, I am scheduling the following procedure:

As of 25 June 1971, Mr. Lynch's signed application for participation in GIBBS, Form 3100 and Service Agreement accompanied by AC/SOD's recommendation was hand carried to CSIS for Board action. AC/SOD also added a note on the routing sheet requesting that the request receive every consideration on an expedite basis.

When the above application is approved, Mr. Lynch should be scheduled for a retirement interview with Mr. Paul Seidel to make application for Disability retirement and be scheduled for any physical examination or medical interview required.

Following the above, Mr. Lynch could commence his leave and proceed to Florida pending the outcome of his application for Disability Retirement. When approved he would continue to utilize his sick leave and excess annual leave until it was expired. The retirement would then become effective.

In an interview with Mr. Lynch on 15 June 1971, the C/SOD/SS and the AC/SOD/Per discussed the possibility of obtaining ~~an~~ a Termination Bonus in the amount of \$10,000 payable on retirement with Mr. Lynch. This was because of Mr. Lynch's unique situation regarding his service and career with the Agency. It was pointed out that this was definitely not the normal ~~proachurakur~~ procedure, but was based purely on Mr. Gray's status as a Career Agent and the unusual aspects of his termination. It was agreed that although Mr. Gray would become eligible for this bonus, if we were able to get it approved, as of the date of his retirement, we would not make payment until ~~sixty~~ Calendar Year 1972 in order to give Mr. Gray benefit of the tax break resulting from the delayed payment. Mr. Gray agreed to all of the above provisions without qualification.

Mr. Gray was instructed to maintain constant contact with Maritime Branch — at least check with them twice a day to ascertain if there were messages or requirements for his presence or appointments scheduled for him. He agreed to this as he does not have a phone at home and there is no other positive means to contact him. SOD/Personnel is to leave any message necessary for him with the Secretary/Maritime Branch for delivery. (If no other contact possible, try informally through Jerry Sohl.)

DAVID D. AYERIDGE  
AC/SOD/PERSONNEL

**SECRET**


SECRET

14 JUN 1971

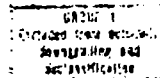
MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Graydon L. Lynch

The undersigned talked with Subject on 14 June in regards to his future. I told him Mr. Drollor did not have the authority to authorize "absence from duty for up to a year" as was stated to Mr. Lynch. I told him SOD will take the proper action through the Agent Panel to try and find "a retirement assignment" for him in the Miami area. This action will probably take a few weeks and he will be kept informed of the progress. He was quite understanding and accepted the above with little comment.

  
Philip L. Donaldson  
Chief, Support Staff  
Special Operations Division

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CONFIDENTIAL

23 March 1971

MEMORANDUM FOR: The Record

SUBJECT : Retirement Annuity - Mr. Grayston Lynch

REFERENCE : Memo for the record dated 2 November; same subject

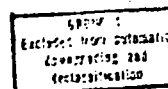
The attached information updates the referenced data and adds additional estimates for Mr. Lynch's retirement annuity under CS Disability Retirement, CIARDS Involuntary Retirement and CIARDS Disability Retirement. These estimates are based on an unconfirmed amount of military service and assume that Mr. Lynch will be granted sick leave credit when his retirement becomes effective on 30 April 1971. Firm estimates will be provided when Mr. Lynch's military service is confirmed. The projected 4.2% Cost-of-Living Increase which MAY become effective 1 June 1971 is not included.



Darold D. Aldridge  
Deputy Chief, Personnel  
Special Operations Division

Attachment  
As Stated

CONFIDENTIAL



CONFIDENTIAL

ANNUITY ESTIMATES

EFFECTIVE 30 April 1971 (Plus Sick Leave Credit)

Civil Service

CIARDS

Discontinued Disability   Involuntary Disability  
Service \*   Retirement   Retirement   Retirement

AGE (DOB: 14 June 1923): 47 Years, 10 Months

CREDITABLE SERVICE

(Including sick leave credit) : 32 Years, 1 Month

HIGH AVERAGE: \$20,398 (3 Years)

BASIC ANNUITY:

Per Annum	\$ 10,432	\$12,154	\$12,919
Per Month	869	1,013	1,077

BASIC ANNUITY REDUCED FOR SURVIVOR BENEFITS:

Per Annum	\$ 9,659	\$11,208	\$11,897
Per Month	805	934	991

SURVIVOR ANNUITY:

Per Annum	\$ 5,738	\$ 6,685	\$ 7,105
Per Month	478	557	592

At 62 years of age, if Mr. Lynch becomes eligible for Social Security, his annuity will be recomputed and it will result in the following estimates

BASIC ANNUITY:

Per Annum	\$ 9,090	\$10,590	\$11,355
Per Month	758	882	946

BASIC ANNUITY REDUCED FOR SURVIVOR BENEFITS:

Per Annum	\$ 8,451	\$ 9,801	\$10,489
Per Month	704	817	874

SURVIVOR ANNUITY:

Per Annum	\$ 4,999	\$ 5,824	\$ 6,245
Per Month	417	485	520


\*Reduced for Age

CONFIDENTIAL

## SECRET

(WHEN FILLED IN)

## CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST										
				A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I	T	YEAR	
5. LANGUAGE DATA AFTER TEST				6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION						
LAN. CODE	R	W	P	S	U	I	T	YEAR								
NOTICE TO PERSON TESTED																
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN _____ AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)																
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS						
										0 = ZERO    1 = INTERMEDIATE S = SLIGHT    H = HIGH E = ELEMENTARY    N = NATIVE						
11. REMARKS										12. SIGNATURE						
"+" indicates not tested or Pronunciation included in Speaking grade.																
										13. LD NUMBER						

FORM 1273  
11-64OBSOLETE PREVIOUS  
EDITIONS

110-451

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION2 - ~~Employee~~ (then  
Training Officer)

SECRET  
LANGUAGE TRAINING REPORT  
Office of Training

DATE OF REPORT		Office of Training		PROFICIENCY LEVEL BEFORE AND AFTER TRAINING	
STUDENT NAME				BEFORE	AFTER
COURSE		OFFICE		SPEAKING AURAL COMPREHENSION READING COMPREHENSION INSTRUCTORS ESTIMATE (SEE OFFICIAL TEST)	
FULL-TIME		PART-TIME			
INCLUSIVE DATES		HOURS OF INSTRUCTION		SCHEDULED ACTUAL	

LANGUAGE TRAINING AIMS AND EVALUATION CRITERIA

The aim of this course of study was to provide the student with the foreign language competence desired by the sponsoring office. Except as noted below, the instruction emphasized speaking, aural comprehension and reading, as required.

This student's evaluation is based on (1) instructor and Department Chief observations; and (2) regularly administered achievement tests. Fluency and accuracy, as appropriate to each skill, were given due consideration in evaluating the student. The achievement ratings and performance evaluation below reflect performance and achievement in this course only and are conditioned by the student's motivation and aptitude for language learning. This rating should not be confused with the Proficiency Rating (Form 1273) "Certification of Language Proficiency" which is submitted separately. The degree of progress achieved by the student while in language training is shown in the box in the upper right corner of this report.

PROGRESS IN ACHIEVING COURSE AIMS

(Overall achievement in the course is shown as unsatisfactory, marginal, satisfactory, above average, or superior when compared against established standards for such training.)

SPEAKING	AURAL COMPREHENSION	READING COMPREHENSION

PERFORMANCE EVALUATION

After about 6 months of instruction in Spanish, however, he was still in the normal range.

At first of all, he had been using a sort of haphazard Spanish for many years and was able to communicate quite well in it, albeit very ungrammatically. Also, he was able to understand most of what was said and to talk fairly well in secret. Due to a lack of uninterrupted practice of confidence in his acquisition, for when it came to grammar, he had great difficulty, and to such an extent that his slow rate of progress was a hindrance to the work of the class. Due to this reason, he was dropped back after 6 months to a beginning class. After 7 or 8 months in this class, the same thing happened again, and in order not to hold back this class, he was removed from it and given special help for a short month or so. He was persistent in his rather unsuccessful effort to learn to speak Spanish, a very active part in social functions and at breakfast, lunch, and dinner to use the language. However, his old habits were too firmly ingrained and he was afraid of speaking and making mistakes. To his nature for it is a habit to speak and not to listen. He never, however, he reads and understands well and can make himself understood to some extent.

☐ See reverse side for additional comment

FOR THE DIRECTOR OF TRAINING:

SECRET

INSTRUCTOR

INSTRUCTOR  
 NAME  
 GRADE  
 DATE

DEPARTMENT CHIEF, LANGUAGE SCHOOL 378

HILLSBOROUGH COUNTY SHERIFF'S DEPARTMENT  
TAMPA, FLORIDA 33601

TO: Central Intelligence Agency

DATE: August 19, 1976

SUBJECT: Employment Reference

Your name was given to us by: Grayston Leroy Lynch

\_\_\_\_\_ Above candidate (as an employer X ; associate \_\_\_\_\_ ; reference \_\_\_\_\_ ; school \_\_\_\_\_).

\_\_\_\_\_ Another reference whom we have contacted regarding above candidate.

In connection with our examination for Deputy Sheriff

we are making an investigation of the qualifications of the above-named candidate. It is of great importance to us to obtain objective and valid statements from persons who have some knowledge of this candidate's ability and characteristics. In our appraisal of each candidate's fitness for this position significant weight will be given to statements obtained by us through this investigation.

The early return of this form will be appreciated as it will expedite the processing of this candidate's application. Any information which you may give us will be regarded as highly confidential.

Very truly yours,

J. M. Dempsey, Major  
Administration Division

During what periods and in what manner were you closely associated with candidate?

Employed from February, 1961 to October, 1971

(Enclosure: Release of Record letter from Mr. Lynch)

To assist us in making a thorough investigation, we should appreciate your listing below the names and addresses of persons who are well acquainted with the candidate's work habits or abilities.

(over)

Please place an "X" next to those items which in your judgment describe or usually apply to this person. It is not necessary to check any given number of items. You may be able to check ten or more items or have difficulty in finding four or five that are completely pertinent.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Good personal appearance                           | <input type="checkbox"/> Lacks vigor  |
| <input type="checkbox"/> Sometimes careless of grooming                                | <input type="checkbox"/> Practically always uses good judgment  |
| <input type="checkbox"/> Sometimes makes poor impression on first contact              | <input type="checkbox"/> At times does <u>not</u> use good judgment                                       |
| <input checked="" type="checkbox"/> Has a pleasing manner                              | <input type="checkbox"/> <u>Not</u> always reliable and dependable  |
| <input type="checkbox"/> Is reserved and distant in manner                             | <input type="checkbox"/> May <u>not</u> be able to fill this position in a completely satisfactory manner |
| <input checked="" type="checkbox"/> Is at times undiplomatic in dealing with others    | <input checked="" type="checkbox"/> Accepts responsibility  |
| <input checked="" type="checkbox"/> Is tactful   | <input type="checkbox"/> May <u>not</u> possess sufficient initiative for this position                   |
| <input checked="" type="checkbox"/> Highly cooperative in staff and public contacts    | <input type="checkbox"/> Tends to resist suggestions and ideas of others                                  |
| <input type="checkbox"/> Lacks self confidence   | <input type="checkbox"/> Is <u>not</u> a good team worker   |
| <input type="checkbox"/> Likely to be overconfident at times                           | <input checked="" type="checkbox"/> Is well liked by subordinates   |
| <input type="checkbox"/> May lack sufficient poise to deal effectively with the public | <input checked="" type="checkbox"/> Has outstanding leadership ability                                    |
| <input type="checkbox"/> Could be more cooperative in public contacts                  | <input type="checkbox"/> Has <u>not</u> been successful as a supervisor                                   |
| <input type="checkbox"/> Sometimes is antagonistic toward others                       | <input type="checkbox"/> Is a willing worker but <u>not</u> a leader                                      |
| <input checked="" type="checkbox"/> Gets along well with superiors and co-workers      | <input checked="" type="checkbox"/> Is adept at identifying organizational needs and weaknesses           |
| <input type="checkbox"/> Exhibits too much self-importance                             | <input type="checkbox"/> May lack sufficient leadership ability to be successful in this position         |
| <input type="checkbox"/> Is too positive in views                                      | <input checked="" type="checkbox"/> Stimulates others to progress   |
| <input type="checkbox"/> At times appears to be emotionally immature                   | <input checked="" type="checkbox"/> Writes excellent reports  |
| <input checked="" type="checkbox"/> Appears to have emotional stability                | <input type="checkbox"/> Report-writing ability is only fair  |
| <input type="checkbox"/> Has a tendency to drink immoderately                          | <input type="checkbox"/> Is a good public speaker   |
| <input type="checkbox"/> Is frequently absent from work                                | <input type="checkbox"/> Needs to improve in self-expression  |
| <input type="checkbox"/> Does <u>not</u> give enough attention to essential details    | <input type="checkbox"/> Professional reputation may <u>not</u> be completely satisfactory                |
| <input type="checkbox"/> Likely to procrastinate                                       | <input type="checkbox"/> May <u>not</u> have sufficient professional training for this position           |
| <input checked="" type="checkbox"/> Grasps new ideas quickly and clearly               | <input checked="" type="checkbox"/> Has excellent professional reputation                                 |
| <input checked="" type="checkbox"/> Works well under pressure                          | <input checked="" type="checkbox"/> Has broad professional knowledge and interest                         |
| <input checked="" type="checkbox"/> Makes quick and logical decisions                  |   |
| <input type="checkbox"/> May <u>not</u> plan work effectively                          |   |



For each of the following fields in which you have knowledge of the candidate's experience, reputation and demonstrated ability, please evaluate him by placing an "X" in the appropriate space:

FIELD	I HIGHLY ENDORSE	I ENDORSE	I DO NOT ENDORSE	I DO NOT KNOW

To some extent all individuals possess some virtues and some faults. Describe below those traits which you consider are the candidate's chief strengths and weaknesses.

Ability to work with others at all levels. Initiates resourcefulness.  
Urgent and initiative. Leadership.

To your knowledge has the candidate or his work ever been seriously criticized by responsible persons. If so, please explain below.

Please add any other comments which will further describe the candidate or which might be indicative of his probable performance if he were appointed to this position.

Subject was an excellent employee in all respects.

Would you employ or re-employ this candidate? NO (YES OR NO)

If not, please explain: Subject is a retiree from this agency

9-2-76

DATE

SIGNATURE OF REFERENCE

OCCUPATION OR TITLE

FIRM NAME

Pete S. B. Tamley  
Principal  
Central Intelligence Agency

Tampa, Fla  
16 June 1976

Director of Personnel  
Central Intelligence Agency  
Post Office Box 1025  
Washington, D.C. 20013

Sir:

This is to authorize the release of my record of employment with the Central Intelligence Agency to the Sheriff's Department of Hillsborough County Florida. This confirmation is needed for use in an employment application. I retired on 10 Sep 71.

Thank you

*Graydon L. Lynch*  
Graydon L. Lynch  
8709 Bay Pointe Dr  
Tampa, Fla 33615

3 March 1976

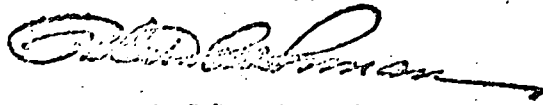
Mr. Jeffroy M. Pearson  
Chief Investigator  
Consolidated Security Services, Inc.  
5310 Central Avenue  
Tampa, Florida 33603

Dear Mr. Pearson:

Reference is made to your inquiry dated 13 February 1976 concerning Mr. Grayston L. Lynch.

Mr. Lynch was employed by the Central Intelligence Agency from February 1961 until his retirement in September 1971. He was a loyal and dedicated officer whose performance was considered exceptional. His character and general reputation while with CIA were above reproach.

Sincerely,



Robert D. Cashman  
Personnel Officer

Dist:

0 - Addressee  
1 - CPD  
1 - CEAB Chrono  
GP/PAD/CEAB/RDCashman:djw(3March 1976)



CONSOLIDATED  
SECURITY  
SERVICES, INC.

5310 CENTRAL AVENUE

TAMPA, FLORIDA 33603

813/238-8876

February 13, 1976

Director of Personnel  
Central Intelligence Agency  
Washington, DC 20505

Sir:

I'd appreciate your assistance in verifying employment of a former CIA Agent, Grayston L. Lynch. Mr. Lynch has applied for a position with my firm and is being considered for an administrative position.

Information obtained from the applicant's employment summary indicates Date of Birth, 6-14-23, Social Security No., 451-18-7989, employed with the CIA from 1960 to 1971. Information relative to character and general reputation would also be beneficial.

Included with this request is the applicant's signed authorization.

My sincerest appreciation of your kind attention.

Regards,

CONSOLIDATED SECURITY SERVICES, INC.

Jeffrey M. Pearson,  
Chief Investigator

JP/vm

NR  
Tampa, Fla.  
12 Feb 1976

Director of Personnel  
Central Intelligence Agency  
Washington, D.C. 20505

Sir:

I hereby request that confirmation of my Agency employment be released  
to the Consolidated Security Services of Tampa, Florida.

*Graydon L. Lynch*  
Graydon L. Lynch  
8709 Bay Pointe Dr.  
Tampa, Fla. 33615

SECRET  
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 41117		2. NAME (LAST-FIRST-MIDDLE) Y. A. YOUNG, JR.		3. DATE OF ACTION 10 APR 70	
3. NATURE OF PERSONNEL ACTION CHANGE OF POST (041000)		4. EFFECTIVE DATE MO DA YE C 10 70		5. CATEGORY OF EMPLOYMENT (S)	
6. FUNDS V TO V CF TO V		7. FINANCIAL ANALYSIS NO CHARGEABLE 217-21		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS CINCPACFLT SPECIAL OPERATIONS DIV HONOLULU		10. LOCATION OF OFFICIAL STATION DISTRICT - COLUMBIA, USA			
11. POSITION TITLE CAPTAIN		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (GS, AB, etc.) (FULL-TIME)		15. OCCUPATIONAL SERIES 0135-11		17. SALARY OR RATE GRADE: GS-1567 STEP: 1 RATE: 000-70	
16. GRADE AND STEP 14 5					
18. REMARKS <p>STATUS INFORMATION -</p> <p>BIRTH DATE: 061420 SEX: M MARITAL STATUS: M. D. DEPENDENTS: 02</p> <p>CITIZENSHIP: C/AMER RESIDENCY: CONN: 021061 EMP SERVICE CAMP: 101130</p> <p>TYP. ASSIGNMENT: CIV/ICA HOSTILITIES: A PEARL:</p> <p>REMARKS: Y/S/CFPA RELV. CONF SERV: 0 SOL. TASK LIMIT:</p> <p>PAY BASIS: A P/L INC: 0</p> <p>----- CONTRACT INFORMATION -----</p> <p>EXP DATE: 110161 EXPIRATION DATE: INDEFINITE CONTRACT: 021061</p> <p>REFERRING OFFICE: HONOLULU HULL REF ID: 501 FROM: 6321</p> <p>----- IDENTIFICATION/CLASSIFICATION -----</p> <p>INX STAFF: A EXP: STATE EXP: STATE:</p> <p>TRAVEL: CPT LVS LAPS: Y HOUSING: Y P/LZ CODE:</p> <p>HOME LEAVE: 0 DEFERENTIAL: Y GROSS CLOS: Y STD GOVT: Y</p> <p>LEGISL PAY: Y FAMILY PAY: 1 ALLOWANCE (FORM): 1 EDUCATION:</p> <p>STOP INCR: Y CTR TAX ENL: 0 OTHER ALLOWAN: 0 DEFER. TICK:</p>					
19. SIGNATURE OR OTHER AUTHENTICATION					

Form 11508  
7-66 MFG. 11-70

Use Previous  
Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-51)

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
451187949		LYNCH GRAYSON CEROY							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
MISCELLANEOUS CHANGE					NO DA 71		CAREER AGENT (S)		
6. FUNDS		V TO V		V TO V		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO V		2128-0195			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDP DIRECTORATE SPECIAL OPERATIONS DIV IUJEWEL					DISTRICT OF COLUMBIA, USA				
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
PARAMIL CF									
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
(FULL TIME) GS			0130.11		14 5		DDG: 081367 23591 LEI: 080970		
18. REMARKS									
<p>STATUS INFORMATION</p> <p>BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 105138</p> <p>TYPE RETIREMENT: *CIA/FICA HOSPITALIZATION: F PLANS:</p> <p>FEGLI: YES/OPTN PREV. GOVT SERV: 6 SAL. TASK LIMIT:</p> <p>PAY BASIS: A A/L INC: 8 S/L INC: 4</p> <p>CONTRACT INFORMATION</p> <p>EFF DATE: 110167 EXPIRATION DATE: INDEF. LATE ORIG CONTRACT: 021061</p> <p>REFERRING OFFICER: INGRAHAM HELEN REF# DFG: SOD PHONE: 4321</p> <p>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</p> <p>TAX STAFF: N FED EXMP: STATE EXMP: STATES:</p> <p>TRAVEL: CHI OPS EXPENSE: Y HOUSING: A POST/EQUAL:</p> <p>HOME LEAVE: 3 DIFFERENTIAL: Y OFFSET CLAUSE: Y SID GOVT: Y</p> <p>LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:</p> <p>STEP INCRS: Y OTH TAX ENIL: N OTHER ALLOWNS: N SEPARATION:</p>									
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA									
SIGNATURE OR OTHER AUTHENTICATION									

Form 11508  
7-66 MFG. 11-69

Use Previous  
Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4 of 1)

SECRET  
(When Filled in)

# NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)		3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
451 87549		LYNCH GRAYSTON LEROY		REASSIGNMENT		MO DA YR 1 11 71		CAREER AGENT (S)	
6. FUNDS		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
V TO V CF TO V		V TO CF X CF TO CF		#1128-0155		DDP DIRECTORATE SPECIAL OPERATIONS DIV IOJEWEL		DISTRICT OF COLUMBIA, USA	
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	
PARAMIL CF						(FULL TIME) GS		1135.11	
16. GRADE AND STEP		17. SALARY OR RATE		18. REMARKS		19. STATUS INFORMATION		20. CONTRACT INFORMATION	
14 5		23591		DOG: 081307 LEI: 08097		BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02 CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 100138 TYPE RETIREMENT: GSC HOSPITALIZATION: F PLAN: FEGLI: YES/CPTA PREV. GOVT SERV: 0 SAL. TASK LIMIT: PAY BASIS: A A/L IND: 0 S/L IND: 4		EFF DATE: 110107 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAHAM HELEN REFR CRG: SCD PHONE: 4321	
TAX STAFF: N		FED EXPP:		STATE EXPP:		STATE:		FCST/EQUAL:	
TRAVEL: CHI		CPS EXPENSE: Y		HOLDING: A		STO GOVT: Y		EDUCATION:	
MCME LEAVE: 0		DIFFERENTIAL: Y		OFFSET CLAUSE: Y		ALLOWANCE COMM: N		SEPARATION:	
LEGISL PAY: Y		PREMIUM PAY: E		OTHER ALLOWNS: N					
STEP INCRS: Y		OTH TAX ENTL: N							
<p>NOTES: ITEMS PRECEDED BY AN APOSTROPHE * REFLECT CHANGED DATA</p> <p>SIGNATURE OR OTHER AUTHENTICATION</p>									

Form 1150B  
7-66 MFG 10-66

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Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification



SECRET  
(When Filled in)

# NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 461127526		2. NAME (LAST FIRST MIDDLE) LYNN GRAYSON LEEBY		3. NATURE OF PERSONNEL ACTION LEGISLATIVE PAY ADJUSTMENT		4. EFFECTIVE DATE 01/01/71		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)		PREPARED: 01/02/71	
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. CODE OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATION DDP DIRECTORATE SPECIAL OPERATIONS CIV IOJEWEL		10. LOCATION OF OFFICIAL STATION DISTRICT OF COLUMBIA, USA			
11. POSITION TITLE PARA 11 OF		12. POSITION NUMBER		13. GRADE AND STEP		14. CLASSIFICATION SYMBOL (GS, LB, etc.) (FULL TIME) GS		15. OCCUPATIONAL SERIES 1135.11		16. SALARY OR RATE DUG: 081507 LEI: 081507	
17. REMARKS		<p>STATUS INFORMATION</p> <p>BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02          CITIZENSHIP: US/BIRTH LONGEVITY COMP: 121661 FED SERVICE COMP: 100136          TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:          FEGLI: YES/OPTN PREV. GOVT SERV: 0 SAL. TASK LIMIT:          PAY BASIS: A A/L INC: 8 S/L INC: 4</p> <p>CONTRACT INFORMATION</p> <p>EFF DATE: 11/67 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061          REFERRING OFFICER: INGRAHAM HELEN FEED ORG: SOD PHONE: 4321</p> <p>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</p> <p>TAX STAFF: A FED EXMP: STATE EXMP: STATE:          TRAVEL: CHI CPS EXPENSE: Y HOUSING: A POST/EQUAL:          HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y          LEGISL PAY: Y PREMIUM PAY: 0 ALLCHANCE COMM: N EDUCATION:          STEP INCRS: Y GTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:</p>									
<p>NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA</p> <p>SIGNATURE OR OTHER AUTHENTICATION</p>											

Form 1150B  
7-68 MFG 10-68

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Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(43)

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last, First, Middle Initial)		2. NAME (Last, First, Middle Initial)		3. PREPARED BY: 11/23/77	
4. EMPLOYEE DATA		5. CATEGORY OF EMPLOYMENT		6. ACTION AGENT (S)	
7. FINANCIAL ANALYSIS, PAY GRADE		8. EX OR OTHER LEGAL AUTHORITY		9. 1125-7100	
10. ORGANIZATIONAL DESIGNATION		11. LOCATION OF OFFICE/STATION		12. DISTRICT OF COLUMBIA, USA	
13. POSITION TITLE		14. POSITION NUMBER		15. CAREER SERVICE DESIGNATION	
16. GRADE AND STEP		17. SALARY OR RATE		18. DOG: 681367	
19. CLASSIFICATION SCHEDULE (GS, GS-11)		20. SPECIAL PAY		21. 22253 LEI: 8597	
<p>22. REMARKS: STATUS INFORMATION</p> <p>BIRTH DATE: 01/23/42 BIRTH PLACE: CAPITAL ST: MAR. DEPENDENTS: 02</p> <p>CITIZENSHIP: US/BIRTH: RESIDENCY COMP: 21.61 FED SERVICE COMP: 10.138</p> <p>TYPE RETIREMENT: CSO POSTHUMOUS: F PLAN:</p> <p>FEGLI: Y S/OPTN: 1 PREV. GOVT SERV: 1 SAL. JACK LIMIT:</p> <p>PAY BASIS: 3 S/L INQ: 4</p> <p>23. CONTRACT INFORMATION</p> <p>EXP DATE: 11/27 EXPIRATION DATE: INDEFINITE DATE: 021.03</p> <p>REFERRING OFFICER: INC. SPN. VIL-H. REF. INQ: 300 PHONE: 4321</p> <p>24. EMPLOYEE RESPONSIBILITIES/ALLOWANCES</p> <p>TAX STATUS: N FED EXMP: STATE EXMP: STATE:</p> <p>TRAVEL: CHI OPS EXPENSE: Y HOUSING: 4 POST/EQUAL:</p> <p>HOME LEAVE: 1 DIFFERENTIAL: Y OFFSET CLAUSES: Y STD GOVT: Y</p> <p>LEGISL. PAY: Y PREMIUM PAY: 1 ALLOWANCE COMP: 6 EDUCATION:</p> <p>STIP. INCAS: Y OTH TAX RATE: 0 OTHER ALLOWAN: N SEPARATION:</p>					
<p>25. SIGNATURE OF AUTHORITY</p> <p>26. SIGNATURE OF OTHER AUTHENTICATION</p>					

Form 1152B  
7-66 MFC 7-69Use Previous  
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SECRET

Office  
Responsible for  
Accuracy of  
Data

(811)

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)		3. REPORT OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
6511256		LYNCH GRANTON LEEVY		REASSIGNMENT		NO. 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00		CAREER AGENT (S)	
6. FUNDS		7. V TO V		8. V TO V		9. V TO V		10. V TO V	
11. ORGANIZATIONAL DESIGNATIONS		12. LOCATION OF OFFICIAL STATION		13. POSITION NUMBER		14. GRADE AND STEP		15. SALARY OR RATE	
COP DIRECTORATE SPECIAL OPERATIONS CIV IOJFWEI		*MARYLAND, USA		16. POSITION NUMBER		17. GRADE AND STEP		18. SALARY OR RATE	
19. POSITION TITLE		20. POSITION NUMBER		21. GRADE AND STEP		22. SALARY OR RATE		23. SALARY OR RATE	
PARAMIL OF		14. EMPLOYMENT SCHEDULE (GS, LB, OR)		15. OCCUPATIONAL GROUP		16. GRADE AND STEP		17. SALARY OR RATE	
(FULL TIME) GS		1136.11		14 5		14 5		14 5	
<p>STATUS INFORMATION</p> <p>BIRTH DATE: 061423 SEX: M MARITAL STA: MAR NO. DEPENDENTS: 02</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 100136</p> <p>TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:</p> <p>FEGLI: YES/CPIN PREV. CIVL SERV: 0 SAL. TASK LIMIT:</p> <p>PAY BASIS: A AZL INC: 2 S/L INC: 4</p> <p>CONTRACT INFORMATION</p> <p>EFF DATE: 110167 EXPIRATION DATE: INDEFINITE DATE OF IG CONTRACT: 021161</p> <p>REFERRING OFFICER: INGRAHAM HELEN FEER ORG: SDO PHONE: 4321</p> <p>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</p> <p>TAX STAFF: N FED EXMP: STATE EXMP: STATE:</p> <p>TRAVEL: CHI OPS EXPENSE: Y HOUSING: A POST/EQUAL:</p> <p>HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSES: Y STD GOVT: Y</p> <p>LEGISL PAY: Y PREMIUM PAY: F ALLOWANCE COMP: N EDUCATION:</p> <p>STEP INCREASE: Y OTH TAX ENTS: N OTHER ALLOWNS: N SEPARATION:</p>									
<p>NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGE DATA</p> <p>SIGNATURE OF OTHER AUTHENTICATION</p>									

Form 1150B  
7-64 MFG. 10-68

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SECRET

24  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(45)

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
651127587		LYNCH GRAYSTON LEROY											
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT		08/11/77		CAREER ACTION (S)									
6. FUNDS		7. ENTITLED ANALYST NO CHARGEABLE		8. CATEGORICAL AUTHORITY									
<table border="1"> <tr> <td>V TO V</td> <td>V TO C</td> </tr> <tr> <td>C TO V</td> <td>C TO C</td> </tr> </table>		V TO V	V TO C	C TO V	C TO C	1125-3265							
V TO V	V TO C												
C TO V	C TO C												
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION											
DDP DIRECTORATE SPECIAL OPERATIONS DIV *10JEWEL		*DISTRICT OF COLUMBIA, USA											
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION									
PARAMIL OP													
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
(FULL TIME) GS		0136.11		14 5		DDG: 881367 UFI: 889970							
18. REMARKS													
STATUS INFORMATION BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 2 CITIZENSHIP: US/BIRTH LONGEVITY COMP: (2) 61 FED SERVICE COMP: 15-136 TYPE RETIREMENT: CSC HOSPITALIZATION: P PLAN: REGIS: YES/OPIN PREV. GOVT SERV: C SAL. TASK LIMIT: PAY BASIS: A A/L INC: 8 S/L INC: 4 CONTRACT INFORMATION EFF DATE: 110167 EXPIRATION DATE: INDEFINITE DATE ORIG CONTRACT: 021161 REFERRING OFFICER: INGRAMM FELEN. REFR ORG: SOD PHONE: 4321 ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES TAX STAFF: N FED EXMP: STATE LAMP: STATES: TRAVEL: CHI OPS EXPENSE: Y HOUSING: A PERS/QUAL: HOME LEAVE: C DIFFERENTIAL: Y EFFECT CLAUSE: Y STD COM: Y LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION: STEP INCRS: Y DTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:													
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA													
SIGNATURE OR OTHER AUTHENTICATION													

Form 1150B  
7-66 WFO 11-69

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Edition

**SECRET**

Includes automatic  
downgrading and  
declassification

(45)

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
451167969		LYNCH GRAYSON TERRY		PREPARED: 06/14/70							
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT							
STEP INCREASE			06/01/70	CAREER AGENT (S)							
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY								
<table border="1"> <tr> <td>Y TO V</td> <td></td> <td>Y TO (F)</td> </tr> <tr> <td>(F) TO V</td> <td>X</td> <td>(F) TO (F)</td> </tr> </table>		Y TO V		Y TO (F)	(F) TO V	X	(F) TO (F)	1175-3385			
Y TO V		Y TO (F)									
(F) TO V	X	(F) TO (F)									
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL DUTY								
DEF DIRECTORATE SPECIAL OPERATIONS DIV JMCORR			FLORIDA, USA								
11. POSITION TITLE			12. POSITION NUMBER	13. EARLIER SERVICE DESIGNATION							
PARAPIL OF											
14. CLASSIFICATION SCHEDULE (GS, ID, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE							
(FULL TIME) GS		0136.11	14 *5	BASIC: C81367 27202 LEI: C80973							
18. REMARKS											
STATUS INFORMATION BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02 CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 100135 TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES/CPIN PREV. GOVT SERV: C SAL. TASK LIMIT: PAY BASIS: A AZL IND: B S/L IND: 6 CONTRACT INFORMATION EFF DATE: 110167 EXPIRATION DATE: INDEPN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAM HLEN FEER ORG: SLD PHONE: 4221 ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES TAX STAFF: N FED EXMP: STATE EXMP: STAFF: TRAVEL: CHI CPS EXMP: Y HOUSING: 3 POST/LOCAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET GRANTS: Y STD GOVT: Y LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMP: N EDUCATION: STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATIONS:											
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA											
SIGNATURE OR OTHER AUTHENTICATION											

Form 1150B  
7-66 MFG 11-69

Use Previous  
Edition

SECRET

1. This form is to be used for personnel actions only.  
2. It is not to be used for personnel actions involving the military services.  
3. It is not to be used for personnel actions involving the naval service.

SECRET  
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 451187989		2. NAME (LAST FIRST MIDDLE) LYNCH GRAYSTON LEROY		3. PREPARED: 05/08/70	
3. NATURE OF PERSONNEL ACTION LEGISLATIVE PAY ADJUSTMENT			4. EFFECTIVE DATE MO DA YR 12 28 69		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)
6. FUNDS Y TO Y U TO Y X U TO U		7. FINANCIAL ANALYSIS NO (CHANGEABLE) 0135-3369		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATION DDP DIRECTORATE SPECIAL OPERATIONS DIV JMCUBRA			10. LOCATION OF OFFICIAL STATION FLORIDA, USA		
11. POSITION TITLE PARAMIL OF			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
14. CLASSIFICATION SCHEDULE (GS, LB, etc) (FULL TIME) GS		15. OCCUPATIONAL SERIES 0136.11		16. GRADE AND STEP 14 6	
17. SALARY OR RATE 21608		18. DUG: 081367		19. LLI: 081168	
10. REMARKS <div> <div>STATUS INFORMATION</div> <div> BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02  CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: 100138  TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:  FECL: YES/UP/TH PREV. GOVT SERV: 0 SAL. TASK LIMIT:  PAY BASIS: A A/L IND: 8 S/L IND: 4 </div> </div> <div> <div>CONTRACT INFORMATION</div> <div> EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061  REFERRING OFFICER: INGRAHAM HELEN REFR DUG: SOD PHONE: 4321 </div> </div> <div> <div>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</div> <div> TAX STAFF: N FED EXP: STATE EXP: STATE:  TRAVEL: CHI OPS EXPNSE: Y HOUSING: A POST/EQUAL:  HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y  LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:  STEP INCRS: Y GTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION: </div> </div>					
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA					
SIGNATURE OR OTHER AUTHENTICATION					

Form 11500  
7-66 MFG. 10-68

Use Previous  
Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(431)

SECRET  
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 451187989		2. NAME (LAST FIRST MIDDLE) LYNCH GRAYSTON LEROY		PREPARED: 08/22/69	
3. NATURE OF PERSONNEL ACTION MISCELLANEOUS CHANGE			4. EFFECTIVE DATE 07 25 69		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE 0135-3369		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS DOP DIRECTORATE SPECIAL OPERATIONS DIV JPMCBRA			10. LOCATION OF OFFICIAL STATION FLORIDA, USA		
11. POSITION TITLE PARAMIL OF			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
14. CLASSIFICATION SCHEDULE (GS, 12, etc.) (FULL TIME) GS		15. OCCUPATIONAL SERIES 0136.11		16. GRADE AND STEP 14 4	17. SALARY OR RATE 20385 DCG: 081367 LEI: 081168
18. REMARKS					
<p>STATUS INFORMATION</p> <p>BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02          CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: *100138          TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN:          FEGLI: YES/OPIN PREV. GOVT SERV: 0 SAL. TASK LIMIT:          PAY BASIS: A A/L IND: 8 S/L IND: 4</p> <p>CONTRACT INFORMATION</p> <p>EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061          REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SCD PHONE: 4321</p> <p>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</p> <p>TAX STAFF: N FED EXMP: STATE EXMP: STATE:          TRAVEL: CHI OPS EXPNSE: Y HOUSING: A POST/EQUAL:          HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y          LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:          STEP INCRS: Y OTH TAX-ENTL: N OTHER ALLOWNS: A SEPARATION:</p>					
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA					
SIGNATURE OR OTHER AUTHENTICATION					

Form 11508  
7-66 MFG. 6-59

Use Previous  
Edition

SECRET

EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

SECRET  
(When Filled In)

27

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER 451187989		2. NAME (LAST FIRST MIDDLE) LYNCH GRAYSTON LEROY					
		PREPARED: 07/18/69					
3. NATURE OF PERSONNEL ACTION LEGISLATIVE PAY ADJUSTMENT				4. EFFECTIVE DATE 07 13 69		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)	
6. FUNDS		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
<input type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		0135-3369					
9. ORGANIZATIONAL DESIGNATIONS DDP DIRECTORATE SPECIAL OPERATIONS DIV JMCCBRA				10. LOCATION OF OFFICIAL STATION FLORIDA, USA			
11. POSITION TITLE PARAMIL OF				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (GS, LB, OR)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
(FULL TIME) GS		0136.11		14 4		DOG: 061367 \$* 20385 LEI: 061166	
18. REMARKS							
STATUS INFORMATION BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02 CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES/OPTN PREV. GOVT SERV: 0 SAL. TASK LIMIT: PAY BASIS: A A/L IND: 8 S/L IND: 4 CONTRACT INFORMATION EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SOD PHONE: 4321 ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES TAX STAFF: N FED EXMP: STATE EXMP: STATE: TRAVEL: CHI CPS EXPNSE: Y HOUSING: A POST/EQUAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION: STEP INCRS: Y OTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:							
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA							
SIGNATURE OR OTHER AUTHENTICATION							

Form 1150B  
7-66 MFG 6-69

Use Previous  
Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-51)



SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>451187989</b>		2. NAME (LAST FIRST MIDDLE) <b>LYNCH GRAYSTON LEROY</b>		3. EFFECTIVE DATE MO DA YR <b>06 02 69</b>		5. CATEGORY OF EMPLOYMENT <b>CAREER AGENT (S)</b>		PREPARED: <b>06/06/69</b>	
4. NATURE OF PERSONNEL ACTION <b>NAME CORRECTION FROM (LYNCH GRAYSON LEROY)</b>				7. FINANCIAL ANALYSIS NO CHARGEABLE <b>5125-3365</b>		8. CSC OR OTHER LEGAL AUTHORITY			
9. FUNDS		V TO V CF TO V		V TO CF CF TO CF					
10. ORGANIZATIONAL DESIGNATIONS <b>DOP DIRECTORATE SPECIAL OPERATIONS CIV JMCCBRA</b>				10. LOCATION OF OFFICIAL STATION <b>FLORIDA, USA</b>					
11. POSITION TITLE <b>PARAMIL CF</b>				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
14. CLASSIFICATION SCHEDULE (GS, IB, etc.) <b>(FULL TIME) GS</b>		15. OCCUPATIONAL SERIES <b>C136.11</b>		16. GRADE AND STEP <b>14 4</b>		17. SALARY OR RATE <b>DCG: C81367 18641 LEI: C81168</b>			
18. REMARKS									
<p>STATUS INFORMATION</p> <p>BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02</p> <p>CITIZENSHIP: US/BIRTH LONGEVITY COMP: C21061 FED SERVICE CCMP:</p> <p>TYPE RETIREMENT: CSC HCSPITILIZATION: F PLAN:</p> <p>FEGLI: YES/OPIN PREV. GOVT SERV: C SAL. TASK LIMIT:</p> <p>PAY BASIS: A A/L IND: 8 S/L IND: 4</p> <p>CONTRACT INFORMATION</p> <p>EFF. DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: C21061</p> <p>REFERRING OFFICER: INGRAHAM HELEN REFR ORG: SCD PHONE: 4321</p> <p>ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES</p> <p>TAX STAFF: N FED EXMP: STATE EXMP: STATE:</p> <p>TRAVEL: CHI CPS EXPNSE: Y HOUSING: A POST/EQUAL:</p> <p>HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y</p> <p>LEGISL PAY: Y PREMIUM PAY: E ALLOWANCE COMM: N EDUCATION:</p> <p>STEP INCRS: Y CTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:</p>									
<p>NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA</p> <p>SIGNATURE OR OTHER AUTHENTICATION</p>									

Form 115CB  
7-66 MFG 7-69

Use Previous  
Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(45)

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 451187209		2. NAME (LAST-FIRST-MIDDLE) LYNCH GRAYSON LARRY		3. NATURE OF PERSONNEL ACTION INITIAL ENTRY		4. EFFECTIVE DATE NO 24 11 11 01 68		5. CATEGORY OF EMPLOYMENT CAREER AGENT (S)		6. PREPARED: 12/31/68	
6. FUNDS		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATIONS DDP DIRECTORATE SPECIAL OPERATIONS DIV JMCORRA	
CF TO V		-Y		CF TO CF		9135-3369		10. LOCATION OF OFFICIAL STATION FLORIDA, USA			
11. POSITION TITLE PARAMIL OF				12. POSITION NUMBER				13. CAREER SERVICE DESIGNATION			
14. CLASSIFICATION SCHEDULE (GS, 18, etc.) (FULL TIME) GS				15. OCCUPATIONAL SERIES 0136.11				16. GRADE AND STEP 14 4			
17. SALARY OR RATE 18c41				18. REMARKS				19. STATUS INFORMATION BIRTH DATE: 061423 SEX: M MARITAL ST: MAR NO. DEPENDENTS: 02 CITIZENSHIP: US/BIRTH LONGEVITY COMP: 021061 FED SERVICE COMP: TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: EAGLE: YES/OPIN PREV. GOVT SERV: 0 SAL. TASK LIMIT: PAY BASIS: A AZL IND: 8 S/L IND: 4 EFF DATE: 110167 EXPIRATION DATE: INDEFN DATE ORIG CONTRACT: 021061 REFERRING OFFICER: INGRAM HILLEN PEER ORG: SDD PHONE: 4321 ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES TAX STAFF: N FED EXMP: STATE EXMP: STATE: TRAVEL: CHI OPS EXPENSE: Y HOUSING: A POST/EQUAL: HOME LEAVE: 0 DIFFERENTIAL: Y OFFSET CLAUSE: Y STD GOVT: Y LEGISL. PAY: Y PREMIUM PAY: Y ALLOWANCE COMM: N EDUCATION: STEP INCRS: Y GTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION:			
20. SIGNATURE OR OTHER AUTHENTICATION											

Form 1150B  
7-66 MFG. 10-58

Use Previous  
Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-51)

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Verification  
of Service on  
this side of  
File

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SECRET

30 AUG 1971

MEMORANDUM FOR : Director of Central Intelligence

SUBJECT : Recommendation for Involuntary Retirement -  
Mr. Grayston L. Lynch

REFERENCE : Memorandum for Contract Personnel Division  
from Chief, Special Operations Division,  
dated 19 August 1971, same subject

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. Grayston L. Lynch, GS-14 Equivalent, Career Agent, Special Operations Division, Clandestine Service, has been recommended by his Career Service for involuntary retirement. By mutual agreement between Mr. Lynch and the Agency, it has been determined that his services are no longer required. It is recommended that Mr. Lynch's contract be terminated and that he be involuntarily retired under the provisions of Headquarters Regulation 20-50m. If such retirement is approved, Mr. Lynch requests an effective date of 10 September 1971.

3. Mr. Lynch has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for involuntary retirement under the System. He is 48 years old with over 31 years of Federal service. This service includes over 10 years with the Agency of which 5 years were in qualifying service. The Head of the Clandestine Service Career Service and the CIA Retirement Board have recommended that his involuntary retirement be approved. I endorse these recommendations.

4. It is recommended that you approve the involuntary retirement of Mr. Grayston L. Lynch under the provisions of Headquarters Regulation 20-50m.

/s/Harry B. Fisher

CHIEF OF BUREAU OF PERSONNEL

Harry B. Fisher  
Director of Personnel

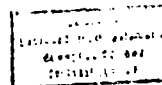
The recommendation contained in paragraph 4 is approved:

Richard Helms  
Director of Central Intelligence

81 AUG 1971

Date

SECRET



30 JUN 1971

MEMORANDUM FOR: Office of Finance/C&TD

SUBJECT: Verification of Contract Service for  
Irving C. DEVUONO (P), Current Career Agent

1. As the result of the recent enactment of Public Law 91-629 subject's full-time contract service with the Agency from 10 February 1961 through 31 May 1961 is creditable for both leave and Civil Service Retirement purposes. Civil Service Retirement deductions were not withheld during this period.

2. Subject has been a participating member of the Civil Service Retirement System since 1 June 1961.

3. Action Required:

- a. Office of Finance: Please post the above applicable information to subject's retirement records.
- b. DDP/SOI/Personnel: Please advise subject of the contents of this memorandum.

/s/ Dow H. Luetscher

Dow H. Luetscher

Chief

Contract Personnel Division

Distribution:

- Orig & 1 - Addressee
- 1 - DDP/SOI/Personnel
- 1 - DDP/CSPS/Agent Panel
- 1 - OP/RAD/ROB
- 1 - CPD Subject's file
- 1 - CPD Chrono

DDS/OP/CPD/NTH (30 June 1971) C R E T

GROUP 1 Excluded from automatic downgrading and declassification

SECRET

1. PERM. SERIAL NO.		BIOGRAPHIC PROFILE (PART I) TID: ?			
2. NAME (Last-First-Middle)		3. SEX	4. DATE OF BIRTH	5. EMPLOYER COMP. DATE	
DEVIGNO, Irvine C. (P)		M	Jun 1923	?	
6. MARITAL STATUS	7. PERSONALITY (checked one)	8. YEAR OF BIRTH	9. UNEMPLOYMENT DATE(S)		
Married	Extroverted	1923 1949 1954	NA		
10. CAREER STATUS	11. MEMBERSHIP	12. OTHER STATUS	13. LAST MIL. RPT. DATE	14. QUAL. FOR	15. EVAL. FOR
Staff		Ineligible	May 1961	Prop. Warion	Prop. Assign
16. CURRENT RESERVE STATUS	17. NONE SERVICE	18. GRADE	19. ACTIVE DUTY WITH CIA	20. RELEASE TO MIL. SER.	21. TO BE RETIRED
				XX	
22. ASSESSMENT DATE		23. PROFESSIONAL TEST DATE		24. LANGUAGE IMPROV. TEST DATE	
25. NON-CIA EMPLOYMENT					
1938-60 Military Service, US Army, Capt - Special forces operations; Instructor at 7th Army NCO School for 3 years 1956-60 Commanded & Trained an SF team in guerilla warfare					
26. NON-CIA EDUCATION					
27. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
German - 3 Slight French - 3 Slight Laotian - 3 Slight					
28. AGENCY SPONSORED TRAINING					
29. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	NO.	ORGANIZATION & ORG. TYPE (If any)	LOCATION
Feb 1961	Paramil (Contr Employee)	\$ 9500		DDP/WH/JMARC	Hq
Jun 1961	PM Off. (Career Agent)	1155	CB13	DDP/CA/PMC/ProJZRTWEL	JMWAVE
Aug 1967	" " " "	16152	14	" " " " " "	"
30. DATE REVIEWED		31. PROFILE REVIEWED BY		32. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE	
19 Sep 1967		hc		77	

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

SECRET

PROFILE

(4)

SECRET

(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle)		DATE OF BIRTH	
DETROIT, Mich. 2 (P)		Jun 1923	
13. No Photo Available.			
14. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
15. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
16. ADDITIONAL INFORMATION Award 1964 Intelligence Star and Intelligence Star Certificate for meritorious duty and heroism under hazardous conditions performed in Spring 1961.			
17. DATE REVIEWED		18. PROFILE REVIEWED BY	
19-8-1967		hc	

 FORM NO. 1200 (PART 2) REPLACES FORM 1000 (PART 2) SECRET  
 1 FEB 67 DATED 10 OCTOBER 66.

PROFILE

141

PROFILE

SECRET

(PART 1) 1230

SECRET

REPRODUCTION MASTERS

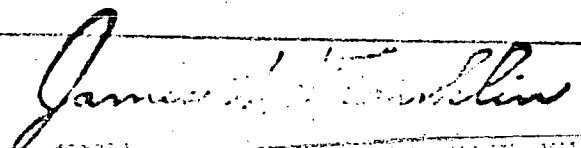
BIOGRAPHIC PROFILE

H a n d l e   W i t h   C a r e

SECRET



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	
		5 AUG 1971	
TO: (Check)	<input type="checkbox"/>	CHIEF, CONTROL DIVISION	FILE NUMBER 16402
	<input checked="" type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER CONTRACT
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN: CHIEF SUPPORT STAFF		SOD	
REF: RETIREMENT		OFFICIAL COVER	BACKSTOP ESTABLISHED
SUBJECT: LYNCH, Grayston L.			<input checked="" type="checkbox"/> DISCONTINUED
UNIT			
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)		<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____		DATE	
B. CONTINUING AS OF		EOD	
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRD 20-7)		<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRD 20-7)	
<input checked="" type="checkbox"/> ASCERTAIN THAT _____ CIA _____ W-2 BEING ISSUED. (HRD 20-11)		<input type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2a)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY.	
<input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2a)			
<input type="checkbox"/> SUBMIT FORM 2686 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
FORWARDING ADDRESS: Tampa, Florida EMPLOYMENT ADDRESS: NONE  Subject is to indicate CIA as place of employment for entire period of time and not to reveal any specific places of cover assignments or cover locations.			
DISTRIBUTION: COPY 1 - CC COPY 2 - OPERATING COMPONENT COPY 3 - FILE COPY 4 - OFFICE COPY 5 - ST COPY 6 - FILE			

1551

SECRET

170-24-001


SECRET

15 April 1971

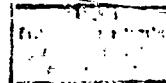
MEMORANDUM FOR: Chief, SOD/Personnel

SUBJECT: Fitness Report for Mr. Grayston L. Lynch,  
1 April 1970 - 31 March 1971

Although Mr. Lynch is assigned to the Maritime Branch for administrative purposes, he was in training during the entire period covered by subject fitness report. Therefore, an evaluation of his performance by Maritime Branch would be unrealistic.

  
W. D. Strauch, Jr.  
Chief, Maritime Branch  
Special Operations Division

SECRET



CONFIDENTIAL

## FOREIGN LANGUAGE APTITUDE TESTING RESULTS

NAME Frank, Daniel De VernoDATE 13 August 20 IR 11/28

Since many things other than aptitudes enter into the determination of training course performance, in any class of students there will usually be some whose performance will be better than would be expected from their test scores, just as there will likely be some whose performance is poorer than expected. STRENGTH OF MOTIVATION, PRIOR EXPERIENCE WITH A FOREIGN LANGUAGE, and other factors should be considered in selecting people for language training and in interpreting language training results. For example, the number of languages previously studied or learned and the amount of academic and non-academic language-learning experience are factors not measured by the tests but are indicative of probable success in learning a foreign language. Whether such experience was in the same language as the one to be studied or in a different one is, of course, an additional relevant factor.

The rating received by the above individual is circled below:

ADJECTIVAL RATINGAPPROXIMATE %  
RECEIVING RATING

Superior	10%
Above Average	20%
<u>Average</u>	40%
Below Average	20%
Poor	10%

\* Based on a sample of 1789 Army personnel ... and women ... tested with this battery between July 1962 and September 1963

FORM 2998

CONFIDENTIAL

*Living & Breathing*

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
		LYNCH GRAYSTON LEROY		SOD		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
14	4	20285	081168	14	5	22263	080970	X	
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>[Signature]</i>						DATE <i>3 June 1970</i>			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS						AUDITED BY <i>[Signature]</i>			
FORM 500 E Use previous editions PAY CHANGE NOTIFICATION (4-51)									

0000

*2/11/70*  
*3/1/70*

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

IDENTI-KIT COURSE (K-101)

TRAINING EVALUATION

Name : James C. DeVuono  
Graydon Lynch  
 Office : SOD  
 Course Dates: 19 - 22 May 1970

COURSE DESCRIPTION

This course teaches the student to become more aware of the value in proper facial observations -- the method of mentally recording the observations -- and finally -- the mechanical manipulation of the Identikit to provide a permanent record.

EVALUATION

	BELOW CLASS STANDARD	AVERAGE		EXCELLENT
		LOW	HIGH	
1. Student understands the principles of Identikit.		X		
2. Student understands the manipulation of the Identikit.		X		
3. Ability to construct composites from photographs.		X		
4. Ability to construct composites from live observation.	Not applicable to this meeting of the course			
5. Ability to construct composites by debriefing.		X		
6. Ability to use composites to identify people in a. photographs. b. live situations.		X		
	Not applicable to this meeting of the course			
7. Ability to derive composite code for transmission.			X	
8. Ability to reconstruct composite from Identikit code.			X	
9. Student's attitude, cooperation and productivity.	X			

E. Marilyn Obed  
 TSD/Technical School  
 Instructor

SECRET

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

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

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

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
LYNCH	GRAYSON	HERBY	JUNE 14, 1923	451 18 7989
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

*Grayson L. Lynch*

DATE

26 Feb 68

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

MAR 28 10 52 AM '68

REC-1

CONT

APR 1 1968

DUPLICATE COPY—For Agency Use

NOTE FOR FILE

SUBJECT: Irving K. Devuono ( P )

Paul Seidel (ROB) called Mr. Brooks on 7 September 1971 to advise him that the DCI had approved the recommendation for Mr. Devuono's Involuntary Retirement and that it was alright to release the separation amendment providing for \$10,000 terminal payment that we had been holding.

Amendment released to div for subject's sign on 7 Sept 71.

OP/CPD Rita

**SECRET**

(WHEN FILLED IN)

**CERTIFICATION OF LANGUAGE PROFICIENCY**

1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST										
				A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I	T	YEAR	
5. LANGUAGE DATA AFTER TEST				6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION						
LAN. CODE	R	W	P	S	U	I	T	YEAR								
<b>NOTICE TO PERSON TESTED</b>																
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN _____ (NAME OF LANGUAGE) AND YOUR TEST SCORES ARE AS FOLLOWS:																
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS						
										Q = ZERO I = INTERMEDIATE L = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE						
11. REMARKS										12. SIGNATURE						
										13. LD NUMBER						

FORM  
11-64

1273

OBSOLETE PREVIOUS  
EDITIONS

(16-45)

**SECRET**GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION2 - Employee (thru  
Training Officer)



SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST	
2. NAME (Last, First, Middle) <b>Lynch, Graydon</b>		3. POSITION TITLE <b>Ops Officer</b>	4. GRADE <b>GS-14</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/SCD</b>		6. EMPLOYEE'S EXT. <b>4321</b>	
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 checked="" type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQGS/TOY  <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px;">           ETD             STATION             TOY OR PCS             TYPE OF COVER             NO. OF DEPENDENTS TO ACCOMPANY             NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY 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 checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <b>Betty B. Wayland</b>	
		ROOM NO. & BUILDING <b>00-60</b>	EXT. <b>4321</b>
10. COMMENTS			
11. REPORT OF EVALUATION			
"Disqualified for O/S Planning. Subject is qualified for Headquarters Duty only."			
DATE <b>20 May 1971</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>Glenn E. Steele</b>	

14-00000

SECRET

14 DEC 1970

MEMORANDUM FOR THE RECORD

Subject: Mr. Grayston Lynch

It was determined that no action would be taken on this case until after the first of the year (1971) at which time Mr. Lynch will be advised by C/SOD/Personnel that he will be made available for a suitable operational assignment, most likely overseas, unless he opts to apply for disability retirement.

If Mr. Lynch opts to apply for disability retirement he will be continued in his present assignment pending approval of his retirement.

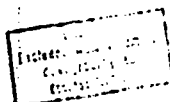
If Mr. Lynch chooses to be shopped for a field assignment, SOD will initiate action to locate such a position. When found, Mr. Lynch will be processed for the assignment. Should he fail to be medically approved, action will be taken to obtain his retirement for medical reasons. Should an assignment not be forthcoming by April 1971, a medical disposition for overseas planning purposes (General) will be requested.

The purpose of the above scheduled action is to either find a suitable assignment for Mr. Lynch or to effect his disability retirement on either a voluntary or involuntary basis.

*Donald D. Aldridge*

Donald D. Aldridge  
Deputy Chief, Personnel  
Special Operations Division

SECRET



1. TUONO received an annuity of \$1,272 per year (\$356. per month) from the military for 21 years of service.

2. This military annuity will be cancelled.

3. His 21 years of military service will be combined with 10 plus years of CIA service and these 31 plus years will give him a total of \$13,428 per year.

① Reduced annuity of  
\$ 4,272 per yr  
(\$356 - per mo)  
from the military  
for 21 yrs of  
service.

② This <sup>military</sup> annuity will  
be cancelled.  
~~He will receive~~  
~~nothing for~~

③ His 21 yrs of mil service  
will be combined  
with 10 + yrs of CIA  
service and these  
31 + yrs will give him  
a total of 13 yrs. per year.

CIR

$1112 - X12 = ? / \text{yr}$

$\begin{array}{r} \text{CIR} + \text{HIL} \\ 91 \quad 109.12 \\ \hline 208 \end{array}$	$\begin{array}{r} \text{HIL} \\ 356.12 \\ \hline 712 \end{array}$
$\begin{array}{r} 13428 \\ \hline \end{array}$	$\begin{array}{r} 4272 \\ \hline \end{array}$

$$\begin{array}{r} 21 \text{ yrs} + \text{HIL} \\ + \\ 10.5(25) \text{ CIR} \\ \hline \end{array}$$

31.5 yrs

Copy of the letter  
for building

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) Lynch, Grayston L.		1 JULY 1970	
3. POSITION TITLE Senior Spec Ops. CA		4. GRADE GS-14	
5. OFFICE, DIVISION, BRANCH DDP/SOD		6. EMPLOYEE'S EXT 4321	
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	
		ETD ASAP STATION VIETNAM TOY OR PCS PCS TYPE OF COVER DAC NO. OF DEPENDENTS TO ACCOMPANY NONE NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED NONE	
		<input type="checkbox"/> RETURN FROM OVERSEAS ETA STATION NO. OF DEP.'S	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
		9. REQUESTING OFFICER	
		SIGNATURE <i>John A. Strassberger</i> John A. Strassberger	
		ROOM NO. & BUILDING GH-62 IIQS	
		EXT. 4321	

10. COMMENTS Subject is scheduled for medicals on 23 July and 27 July.	
11. REPORT OF EVALUATION No Medical Disposition. Processing Cancelled.	
DATE 28 July 1970	SIGNATURE FOR CHIEF OF MEDICAL STAFF Don Farley PRO/OM

FORM 1-68 259 USE PREVIOUS EDITIONS

SECRET

1281

## TECHNICAL SERVICES DIVISION - THE TECHNICAL SCHOOL

## PHOTOGRAPHIC FUNDAMENTALS &amp; DOCUMENT COPY P-101

## TRAINING EVALUATION

NAME : Grayston LynchOFFICE : SODCOURSE DATES: 15 - 23 June 1970

The student is taught fundamental understanding of the photographic processes, manipulation of typical 35mm cameras and film processing. The student is instructed how to use two different types of 35mm camera copy systems for document photography - the LEICA M-3 Rangefinder, and the PENTAX single lens reflex camera. Documents are photographed under available light and artificial light with the camera hand-held and other unconventional means. Students' results of various assignments demonstrated the following abilities.

A - OUTSTANDING  
B - PROFICIENT  
C - BELOW CLASS STANDARD

1. Manipulate a rangefinder camera.
2. Manipulate a single lens-reflex camera.
3. Manipulate a light meter.
4. Manipulate film processing equipment.
5. Satisfactory exposure using a light meter.
6. Develop films.
7. Critique and evaluate negatives.
8. Manipulate BN Reader/Printer and produce acceptable prints.
9. Understand basic photographic theory.
- \*10. Over-all results obtained on assignments.
11. Determine camera malfunctions by analyzing negative defects.
12. Photograph documents using artificial light.
13. Photograph documents using available light.
14. Photograph documents using a handheld camera.
15. Photograph documents using unconventional support (Tripod, Clamps, etc.)
16. Photograph raised or engraved surfaces.
17. Analyze and solve the document copy problems.
18. Give feedback assignments, direction and evaluation.
19. Demonstrate over-all ability to photograph most document material under any type of lighting conditions.
20. Give good cleanliness.

A	B	C	POTENTIAL GOOD POOR
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			
x			

- \* Remarks entered in this category are a fairly reliable indication of how well the skill will be acquired.

*Ronald James*

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) <b>LYNCH, GRAYSTON</b>		19 JUNE 1970	
3. POSITION TITLE <b>OPS OFF (CAREER A)</b>		4. GRADE <b>GS-14</b>	
5. OFFICE, DIVISION, BRANCH <b>DDP/SOD/MB</b>		6. EMPLOYEE'S EXT. <b>4321</b>	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <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"/> HDQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED  <input type="checkbox"/> RETURN FROM OVERSEAS  ETA STATION NO. OF DEP'S	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Joan E. Rice</i> <b>JOAN E. RICE</b> ROOM NO. & BUILDING <b>GH-62</b> <b>HQS.</b> EXT. <b>4321</b>	
10. COMMENTS			
11. REPORT OF EVALUATION			
<b>NO MEDICAL DISPOSITION. PROPELLING CANCELLED.</b> <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del>			
DATE <b>26 JULY 1970</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>Don Farley</i> <b>FWO/OM</b>	

FORM 2-69 259 USE PREVIOUS EDITIONS.

SECRET

2-25-6-25-10



SECRET

TRAINING REPORT

Clandestine Service Records I - Course No. 7-70  
 (21 hours - part time) 8 - 11 June 1970

Student : Lynch, Grayston

Office : SOD

Year of Birth: 1923

Service Designation: Contract

Grade : 14

EOD Date : Feb '61

Number of Students Enrolled: 21

COURSE OBJECTIVES - CONTENT AND METHODS

CS Records I (Introduction to Records) is intended for Operations Officers and intelligence and clerical assistants who support operations through any form of records activity. It reviews the records mission of the CS and examines the logic and structure of the system itself. The responsibilities of CS personnel to the system, and the services provided by the different elements of the system, provide the central theme of the course. Students are familiarized with methods of input, maintenance and retrieval of information, and in disposition, disposal and destruction of the records themselves. The course includes an introduction to the various machine programs associated with the records system, and outlines the management cycle by which the system is controlled and modified.

ACHIEVEMENT RECORDS

This is a certificate of attendance only. Student evaluations are not given in this course.

FOR THE DIRECTOR OF TRAINING:



Charles Schafer

23 JUN 1970

Date

SECRET

# TECHNICAL SCHOOL -- TECHNICAL SCHOOL

IDENTIKIT COURSE (K-101)

## EVALUATING EXAMINATION

Name : Grayson Lynch  
 Office : SOD  
 Course Dates: 19 - 22 May 1970

### COURSE DESCRIPTION

This course teaches the student to become more aware of the value in proper initial observations -- the method of mentally recording the observations -- and finally -- the mechanical manipulation of the Identikit to provide a permanent record.

### EVALUATION

1. Student understands the principles of Identikit.
- Hard* 2. Student understands the manipulation of the Identikit.
3. Ability to construct composites from photographs.
4. Ability to construct composites from live observation.
5. Ability to construct composites by debriefing.
6. Ability to use composites to identify people in
  - a. photographs.
  - b. live situations.
- Easy* 7. Ability to derive composite code for transmission.
8. Ability to reconstruct composite from Identikit code.
9. Student's attitude, cooperation and (productivity)

BELOW CLASS STANDARD	AVERAGE LOW	HIGH	EXCELLENT
	X		
	X		
	X		
Not applicable to this meeting of the course			
	X		
	X		
Not applicable to this meeting of the course			
		X	
		X	
X			

TED/Technical School  
 Instructor

SEE BACK FOR  
 RECORD COMMENTS

16 June 1970

As the instructor, the low grade in section I was  
due to a lack of motivation and interest on the part of  
Mr. Sigel. She said he appeared to have an attitude that  
the course content would come automatically and it wasn't  
necessary to study. ~~Even after~~ ~~some~~ basic facts of the course  
could be learned easily to successfully complete the course  
and even after ~~the~~ ~~basic~~ facts were repeated each day, Mr.  
Sigel ~~failed~~ was unable to answer questions concerning  
them.

John Straschke

S-E-C-R-E-T

## TRAINING REPORT

CI Survey Course 3-70  
40 hours, Full-time

STUDENT : Lynch, Graydon

OFFICE : SOD

YEAR OF BIRTH: 1923

SERVICE DESIGNATION: Contract

GRADE : 14

NO. OF STUDENTS : 12

EOD DATE : Feb 61

## COURSE OBJECTIVES - Content and Methods

The course aims to provide a description of counterintelligence in the covert and clandestine warfare of today in both friendly and enemy areas. To do so, a brief description of the intent, purpose, and dynamics of espionage, subversion and counterintelligence as practiced by the major enemy forces is provided and this is contrasted to the spectrum of counterintelligence activities of the United States of America and of allied countries. To support counterintelligence missions levied upon the Agency, a review of the cooperation and coordination and exchange of information and services between cooperating services is provided. Counterintelligence is then related to all other Clandestine Service operations and its place as a part thereof is demonstrated. To provide the student with a framework within which to work, the organization of the Agency for counterintelligence is also provided.

## ACHIEVEMENT RECORD

This is a certificate of attendance. Since this course is a survey course, it does not attempt to qualify the student as a counterintelligence operations officer and no evaluation is made of individual performance.

FOR THE DIRECTOR OF TRAINING:



Stewart H. Vance  
Chief Instructor

Date

S-E-C-R-E-T

TECHNICAL SERVICES DIVISION - THEORETICAL SCHOOL  
THE MANAGEMENT OF AUDIO SURVEILLANCE OPERATIONS

A-100

TRAINING EVALUATION

NAME

: Caviston, L. J.

OFFICE

: SOD

DATES OF COURSE: 30 March - 10 April 1970

A. COURSE OBJECTIVES

1. This course is designed primarily for either a case officer who expects to surge and manage an audio surveillance operation, or for those who have related responsibilities, i.e., desk officer and physical security officers.
2. Although the course provides a basic familiarization with audio devices the primary emphasis is on the collection of target data, planning the operation, locating a listening post, supporting the entry, exploiting "the take", and the orderly termination of the operation once it has outlived its usefulness. In short, managing an audio operation from inception to termination.
3. The course provides a basic knowledge of "quick plant" devices to permit the exploitation of certain targets of opportunity. The same devices could be concealed and used for "carry in" devices.
4. Finally, the course provides instruction in the field school maintenance of listening post equipment, so that an operation can continue without the constant presence of an audio technician.

B. EVALUATION

1. The student met the objectives of the course.
2. Remarks:

FOR TECHNICAL SCHOOL

S-E-C-R-E-T

## TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 5-70  
 120 hours, full time 9-27 March 1970

Student : Lynch, Grayston Office : SOD  
 Year of Birth : 1923 Service Designation: Contract  
 Grade : GS-14 No. of Students : 10  
 EOD Date : February 1961

## COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

## ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (\*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

<u>Weak</u>	<u>Adequate</u>	<u>Proficient</u>	<u>Strong</u>	<u>Outstanding</u>
-------------	-----------------	-------------------	---------------	--------------------

COMMENT:

\*

Qualitatively and quantitatively, Mr. Lynch's work was only fair.

B. Requirements Performance:

<u>Weak</u>	<u>Adequate</u>	<u>Proficient</u>	<u>Strong</u>	<u>Outstanding</u>
-------------	-----------------	-------------------	---------------	--------------------

COMMENT:

\*

His paper on this subject lacked detail.

S-E-C-R-E-T

S-E-C-R-E-T

C. Editorial Performance:

Weak      Adequate      Proficient      Strong      Outstanding

\*

COMMENT:

The papers that Mr. Lynch wrote reflected only a fair understanding of the principles of editorial organization.

D. Reporting Performance:

Weak      Adequate      Proficient      Strong      Outstanding

\*

COMMENT:

The quality of his outside reporting assignment was only passable.

INSTRUCTOR'S OVER-ALL COMMENT:

Mr. Lynch worked to full capacity throughout the course. However, his performance was only satisfactory. It should be taken into consideration that Mr. Lynch does not type well.

FOR THE DIRECTOR OF TRAINING

2 April 1970  
Date

  
H. Bencher  
Chief Instructor

S-E-C-R-E-T

S-E-C-R-E-T

INTELLIGENCE ORIENTATION #5-70  
INTRODUCTION TO INTELLIGENCE

Introduction to Intelligence  
(80 hours - full-time)

24 February - 6 March 1970

Student: LYNCH, Graydon

Year of Birth : 1923

Grade : GS-14

EOD : Feb. 1961

Office : SOD

Service Designation: Contract

The objectives of Introduction to Intelligence are:

Introduce you to the fundamentals of intelligence and to relate the intelligence process to United States foreign policy and national security.

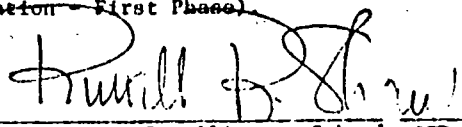
Provide an overview of CIA and relate the Agency's organization and function to United States intelligence activities.

Explore intelligence problems related to analysis of foreign countries and conduct of overseas operations.

Methods for meeting the objectives are through lectures given by the Intelligence School faculty and guest speakers, seminars, reading, review exercises, training panels, and films.

This is to certify satisfactory completion of Introduction to Intelligence (Intelligence Orientation - First Phase)

FOR THE DIRECTOR OF TRAINING

  
Course Chairman, Intelligence School, OTR

Date: 11 March 1970

GROUP I  
Excluded from automatic  
downgrading and  
declassification

S-E-C-R-E-T



SECRET (When Filled In)

OFFICE OF COMMUNICATIONSTRAINING REPORT

Student : Lynch, Grayston

Date(s): 16 - 20 February 1970

Grade : GS-14

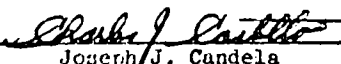
Office : SOD

Subject(s) : Clandestine Radio  
Familiarization Course

Title : Operations Officer

Number of Hours: 36

This presentation was in the form of a seminar designed to brief the student on the Communications subject(s) listed and is a certificate of attendance only.

  
for Joseph J. Candela  
Chief, Career Management & Training Staff, OC

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

CARBON AND NOTE-TAKING TECHNIQUES (SW-102)

TRAINING EVALUATION

Name: Grayston Lynch Office: SOD

Course Dates: 3 - 5 February 1970

COURSE DESCRIPTION -- The Student is:

1. taught the operational considerations and requirements for two secret writing techniques.
2. trained in the proper techniques to be used in preparing carbon secret texts to pass general censorship inspection in mail channels.

COMMENT

1. The carbon and note-taking direct writing device techniques are perishable skills which can be lost without use or frequent practice. Any appreciable lapse of time between training and use normally requires refresher training.
2. No specifics as to particular systems or chemical reactions were discussed.

EVALUATION: 1. EXCELLENT 2. AVERAGE 3. WEAK 4. BELOW CLASS STANDARD \*

The student's evaluation is indicated by his performance in the following areas:

- |   |          |
|---|----------|
| a. attitude toward assignments, direction and cooperation.  | <u>2</u> |
| b. comprehends the techniques employed in writing with a carbon secret writing system and its application in operational support. | <u>2</u> |
| c. successfully demonstrated the proper technique in writing a carbon.  | <u>2</u> |
| d. satisfactorily demonstrated proper techniques when writing with a direct writing note-taking device.                           | <u>2</u> |
| e. satisfactorily demonstrated the ability to follow directions in developing both carbon and direct writing device messages.     | <u>2</u> |

RECOMMENDATIONS -- Student should undertake practice exercises to:

- |   |               |
|---|---------------|
| a. retain or improve dexterity.         | <u>X</u>      |
| b. improve printing techniques.         | <u>      </u> |
| c. acquire more even printing pressure. | <u>      </u> |
| d. other.                               | <u>      </u> |

\*Recommend student receive refresher training in carbon writing techniques before using SW operationally.

TSD/Technical School  
Instructor

SECRET

## TECHNICAL DIVISION OF FBI - TECHNICAL SCHOOL

## INTRODUCTION TO SECRET WRITING (SW-101)

## RECORD OF ATTENDANCE

Name : Grayston LynchOffice : 900Date : 2 February 19701. COURSE OBJECTIVES

To present to the officer who needs an overall appreciation of the secret writing process, and who should be aware of its place in the scheme of clandestine communications, but who does not anticipate an immediate need for this technical skill.

2. COURSE CONTENT

- a. It compares S/W to other forms of clandestine communications and delineates both its advantages and limitations. It discusses the major forms of secret writing - carbon systems, microdots and latent image photography and provides a demonstration of each.
- b. It concludes with an examination of the operational factors surrounding the utilization of S/W - paper selection, carriers, accommodation addresses, censorship, indicators, cover letters, supplies and postal intelligence.

3. EVALUATION

No practical work is included or individual evaluation given.

4. REMARKS

*Edwin O. Wain*  
 INSTRUCTOR  
 FBI/TECHNICAL SCHOOL

RECEIVED  
 FBI/TECHNICAL

6 January 1970

MEMORANDUM FOR: Chief, Special Operations Division

SUBJECT : Maritime Branch Nominee for the Special Operations Division's Historical Program

REFERENCE : Chief, Special Operations Division Memorandum dated 24 December 1969. Subject: Historical Program

1. Considering the current manpower shortages and relative inexperience in the Maritime Branch, I recommend that only one quarter man year be devoted to the Historical Program in calendar years 1970-71. If and when officers report on board who have the unique or special knowledge required to write histories, then these personnel will be assigned this task and a subsequent increase in man years available will be made.

2. I nominate Mr. Grayston L. Lynch to write histories in CY 1970-71. This officer combines the unique knowledge of first hand operational experience with the qualities of a good narrative writer.

W.D. Strauch, Jr.  
Chief, Maritime Branch  
Special Operations Division

Distribution:

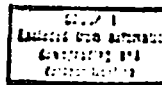
Orig & 1-Add.

1-Subject's file ✓

1-Chrono

SOD/MB:W.D.Strauch:jr (6 Jan 70)

SECRET



17 JULY 1969

MEMORANDUM FOR THE RECORD:

Mr. Lynch officially checked in to SOD/Maritime  
Branch effective this date.

Shirley

S E C R E T

Date 2 July 69

## SPECIAL OPERATIONS DIVISION

## Check-In Sheet

Name BRAYTON A. LYNCH Branch SOD

Title \_\_\_\_\_ Empl. Ser. # \_\_\_\_\_

1. Personnel

- ☒ SOD Questionnaire  
☐ Locator Card  
☐ Fitness Report Card  
☒ Briefing  
☐ TDY Standby (Form 259)  
☐ Immunization (Form 2476)  
☐ Action

2. Budget &amp; Fiscal

for 7/2/69

6. Cover

8/8

3. Registry

Type &amp; Unit: \_\_\_\_\_

9775 Comptrolr OPS GR

4. Logistics

7. Branch Chief

5. Security

8. Personnel

REMARKS:

S E C R E T

## S E C R E T

## SOD Personnel Questionnaire

Date: 2 July 69Full Name C. RAYSTON LEROY LYNCHGrade 23-14 DOB 14 Jan 23\*Local Permanent Address None - as yet

Home Telephone No. \_\_\_\_\_ If no phone, Nearest Contact \_\_\_\_\_

Office Ext. \_\_\_\_\_ Red Line \_\_\_\_\_ Office Room No. \_\_\_\_\_

Are you a natural born U.S. citizen? Yes ☒ No \_\_\_\_\_Name of Emergency Addressee JANETTE K. LYNCHAddress 7901 SW 120th Avenue Tel. No. 235-8730Witting? Yes ☒ No \_\_\_\_\_ Relation WIFEAlternate Emergency Addressee Mrs. Ruby LynchAddress RT 1 Box 460, NEEDHAM, MA

Tel. No. \_\_\_\_\_

Witting? Yes \_\_\_\_\_ No ☒ Relation STEP-MOTHERName of Spouse JANETTE K. LYNCH DOB 21 Oct 22Name & Initials of Children JEFFERY K. LYNCH DOB 4 APR 44SHARON ANN SPIES DOB 3 SEP 46ROBERT T. LYNCH DOB 11 JAN 54

DOB \_\_\_\_\_

DOB \_\_\_\_\_

DOB \_\_\_\_\_

Please notify your friendly Personnel Office in the future of any changes, new births, etc. Thank You.

\*Temporary Local Address Howard Hotel

S E C R E T

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST <b>13 June 1969</b>
2. NAME (Last, First, Middle) <b>LYNCH, Graydon</b>		3. POSITION TITLE <b>Ops. Off (Career Agent)</b>
4. OFFICE, DIVISION, BRANCH <b>FOD</b>		5. GRADE <b>1321</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 checked="" 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;">         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;">         STATION          NO. OF DEP.'s       </div>	
QUALIFIED FOR OS MUST BE SEEN IN OMS PRIOR OS <b>PCS OR TDY</b> <b>DONALD FARLEY</b>		
8. OVERSEAS PLANNING EVALUATION (One block must be checked) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER SIGNATURE <b>HELEN D. MURAHAN</b> ROOM NO. & BUILDING <b>GH 62</b>		EAT. <b>1321</b>
10. COMMENTS <p>Mr. Lynch has been receiving medical therapy in Florida since December 1968. Medical evaluation is requested at this time for duties as stated in the request for medical evaluation dated 10 October 1968, to include flying in aircraft.</p>		
11. REPORT OF EVALUATION  <div style="text-align: center;"> <b>1330</b>  <b>1330</b> </div>		
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF



CABLE SECRETARIAT DISSEMINATION PERSONS NOTIFIED		CLASSIFIED MESSAGE	TOTAL COPIES	NO.	AND/OR INITIALS SEEN BY
		<b>SECRET</b> (When Filled In)	GROUP 1	1	
		RE PRODUCTION OF THIS COPY PROHIBITED	GROUP 2	2	
		INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO	GROUP 3	3	
		CLASSIFY TO FILE NO.	GROUP 4	4	
		X-REF TO FILE NO.	GROUP 5	5	
ADVANCE COPY <input type="checkbox"/> ISSUE <input type="checkbox"/> SLOTTED <input type="checkbox"/>		FILE NO. <input type="checkbox"/> REF. TO	BRANCH <input type="checkbox"/> DESTROY <input type="checkbox"/> SIG		
BY <u>zif</u> AT <u>2</u>		INFO			
DISSEM BY <u>zif</u> PER <u>2</u>		FILE NO.			
ACTION		FILE NO.			
SOD-6 <input type="checkbox"/> RID COPY		OP-2, WH-8, WH/C.G-8, C.C.S-2, C.S.P.s, OF-2, R/AN			

SECRET 071601Z OCT 68 CITE JMWAVE 3212

DIRECTOR

70-158 IN 07474

CHAPPIE PERS

REF: DIRECTOR 38564

1. IRVING C. DEVONON DEPARTED BY PCV MORNING OF 6 OCTOBER.  
MAY BE EXPECTED 8 OCTOBER.

2. JMWAVE ADVANCED 1250 AND ADVISED THAT TRAVEL REIMBURSEMENT  
WOULD BE COMPUTED ON BASIS TRAIN TRAVEL.

SECRET

SECRET

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>LYNCH, Grayston L.</b>		6 October 1966
3. OFFICE, DIVISION, BRANCH <b>80D</b>	4. POSITION TITLE <b>PM OPS OFF</b>	5. GRADE <b>GS-14 Agent</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 checked="" type="checkbox"/> <b>FITNESS FOR DUTY</b>  <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: 5px;">         TO          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; margin-bottom: 5px;">         STA          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 Evaluation is requested for the performance of Paramilitary duties including ground and airborne operations and the training of personnel in these activities. Assignments may be domestic, but the primary requirement would be for overseas duty either TDY or most likely, PCS. As an employee of project IUJEWYL, a contingency program, Mr. Lynch should be available for duty with short notice, on a world-wide basis. (Continued)		
11. REPORT OF EVALUATION		
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF

Assignments either domestic or abroad will require that Mr. Lynch fly in aircraft. This requirement to fly may be not only for transportation purposes but could be a requirement of his assignment in connection with his PM work.

In addition to the technical aspects of any PM assignment, Mr. Lynch would be required to perform his duties using leadership ability, ~~good~~ and good judgement in line with the covert aspect of his position.

CABLE SECRETARIAT DISSEMINATION PERSON/UNIT NOTIFIED		CLASSIFIED MESSAGE	TOTAL COPIES	ROUTING AND/OR INITIALS - SEEN BY	
		<b>SECRET</b> (When Filled In)	GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION	1	6
		REPRODUCTION OF THIS COPY PROHIBITED		2	7
ADVANCE COPY <input type="checkbox"/> ISSUE <input type="checkbox"/> SLOTTED <input type="checkbox"/>		INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO		3	8
BY _____ AT _____ Z		CLASSIFY TO FILE NO _____		4	9
DISSEM BY <i>zif</i> PER _____		ATTACH TO FILE NO _____		5	10
ACTION <i>SOD-6</i> <input type="checkbox"/> RID COPY		FILE RID <input type="checkbox"/> RET TO	BRANCH <input type="checkbox"/>	DESTROY <input type="checkbox"/> SIG.	
INFO		FILE VR. <i>OP-2, WH-8, WH/COG-8,</i>			
		<i>CCS-2, CSPS, OF-2, RE/AN</i>			

SECRET 271601Z OCT 68 CITE JMWAVE 3212

DIRECTOR

7 OCT 68 IN 07474

CHAPPIE PERS

REF: DIRECTOR 38364

1. IRVING C. DEVUONO DEPARTED BY POV MORNING OF 6 OCTOBER.  
MAY BE EXPECTED 8 OCTOBER.

2. JMWAVE ADVANCED \$250 AND ADVISED THAT TRAVEL REIMBURSEMENT  
WOULD BE COMPUTED ON BASIS TRAIN TRAVEL.

SECRET

SECRET