

1. **READING COMPREHENSION TESTS:** Measure speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in these tests.
2. **EXTENSIVE (informational) READING TESTS:** Measure the degree of proficiency in the application of extensive reading skills to acquire broader frames of reference.
3. **LITENSIVE (technical) READING TESTS:** Measure the ability to acquire the basic knowledge of a new subject.
4. **SCANNING TESTS:** Measure efficiency in the application of scanning skills for the selection of information, for identification of the main idea, and for organization.

This student is being compared with the following norm group:
Group I - Four or more years of college
Group II - Two or less years of college

	Fail	Poor	Sat.	Exc.	Sup.
Basic Comprehension Skills					
Extensive Techniques					
Intensive Techniques					
Scanning Techniques					

In consideration of all factors observed during the course and taking into account this student's experience, profession, age and education, an "A" in one of the boxes shows the student's over-all achievement in the course.

FAIL	POOR	MINUS	SATISFACTORY	PLUS	EXCELLENT	SUPERIOR
------	------	-------	--------------	------	-----------	----------

00000000000000000000

Inadequate in performance since Demon-	Barely acceptable but barely adequate in some skills	Performed acceptably	A typically effective student who performed in a competent manner.	Performed at a high level of competence	Performed at an extremely high level that only a few students have surpassed.
--	--	----------------------	--	---	---

COMMENTS:

Incomplete - 5 hours Overseas assignment

FOR THE DIRECTOR OF TRAINING:

S E C R E T

Francis Cook
Chief Instructor

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE
INSURANCE PROGRAM

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)
Phillips, David A.

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE.

☐ AN EMPLOYEE ☒ RETIRED OR AN APPLICANT FOR RETIREMENT ☐ RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS, GIVE YOUR "CSA," "CSL," "A," or "X" NUMBER

(CSA, CSL A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

Central Intelligence Agency

(Department or agency)

(Bureau)

(Division)

Langley, Va.

(Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
VIRGINIA S. PHILLIPS	8224 First Trail Dr. Bethesda, MD 20034	WIFE	All
FOR DISTRIBUTION ACCORDING TO MY WILL. <u>et</u>			

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year)

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

Bladip S. Neovare 1218 Cronos St. Alex, Va 22314
(Signature of witness) (Number and street) (City, State, and ZIP Code)
Nancy B. Johnson 401 7th St. N. Vienna, Va 22180
(Signature of witness) (Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE IS RESERVED FOR RECEIVING AGENCY

PERSONNEL
OFFICE OF
MAY 6 4 28 PM '75
BRANCH
PERSONAL AFFAIRS

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES GROUP LIFE INSURANCE.

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

5/E
FILE
PUNCHED
BY

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

024345

PHILLIPS

DAVID

A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
11	03	74	11	15	74		2		EUR	801

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

DCO
C & L DIVISION, CTBR.
C & T DIVISION

REPORT ANNOTATED ON
CONTROL DOCUMENT

DATE

2/14/75

ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE
DOCUMENT CITED

SIGNATURE

Ronald W Black

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

**FILE
PUNCHED
BY**

TO: Office of Personnel, Control Division, Statistical Reporting

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

024345

(Print)

Phillips

7-24

Thilo

INSTRUCTIONS

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PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		CODE		COUNTRY		CODE	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)		37	38-39			40-42	
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION							
						5 - CANCELLATION							

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		CODE		AREA(S)		CODE	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic)		37	38-39			40-42	
25-26	27-28	29-30	31-32	33-34	35-36	4 - CORRECTION							
1-2	3	74	12	15	74	6 - CANCELLATION		2		29 Area		311	

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

13-15 Dec 74

REMARKS

PREPARED BY

DCO

REPORT ANNOTATED ON
CONTROL DOCUMENT

ABOVE DATA CERTIFIED CORRECT BASED UPON SOURCE
DOCUMENT - JPER

☒ C & L DIVISION, CYBR

DATE

6 Feb 75

SIGNATURE

W. J. H.

C & V DIVISION

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FILE COPY OF STANDARD FORM 56
"AGENCY CERTIFICATION OF INSURANCE STATUS—
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM"

on file with the Retirement Operations Branch,
Office of Personnel (x3257).

**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.

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER		
Phillips	David	Atlee	October 31 1922	160	28	3930
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, Zip Code)			
Department of State			American Embassy, Rio de Janeiro			
HAVE YOU EVER BEFORE FILED AN "ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE"? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
If "YES" your last such form remains in effect and you should not file this new form unless you want to change the old one. (See Instructions for Employees on page 4) Not to be kept on my person, but I cannot remember positively.						

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 DATE AND SIGN. RETURN THE ENTIRE FORM TO
YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

20 March 1970

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

Received March 20, 1970

Mary E. Murphy
Personnel Officer
Ambassy Rio de Janeiro

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 178
April 1968
FPM Supplement 870-1
170-102

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		
Phillips	David	Atlee	31 Oct 1922	460	28	3930
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)

David Atlee Phillips

DATE

13 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
FEB 19 2 31 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 170-2
(Rev. April 1964)
(For use only until April 14, 1968)
170-101

REPORT OF HONOR AND MERIT AWARDS BOARD				DATE	
The Honor and Merit Awards Board having considered a recommendation that:				11 March 1975	
SERIAL OR ID NO.	NAME (Last-First-Middle)	BIRTHYEAR	SEX	TYPE EMPLOYEE	
024345	PHILLIPS, David A.	1922	M	Staff	
OFFICE OF ASSIGNMENT	SD	SCHEDULE	GRADE	STATION	
DDO/LA	D	GS	18		
BE AWARDED					
Distinguished Intelligence Medal					
<input type="checkbox"/> FOR HEROIC ACTION ON					
<input checked="" type="checkbox"/> FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD 1953 - Present					
<input checked="" type="checkbox"/> RECOMMENDS APPROVAL					
<input type="checkbox"/> DOES NOT RECOMMEND APPROVAL					
<input type="checkbox"/> RECOMMENDS AWARD OF					
UNCLASSIFIED CITATION					
<p>Mr. David A. Phillips is hereby awarded the Distinguished Intelligence Medal in recognition of his outstanding service to the Central Intelligence Agency for more than 22 years. Throughout his career Mr. Phillips has held a series of highly important positions in Headquarters and overseas, including four assignments as Chief of Station. In each instance his superior accomplishments were marked by his broad area knowledge, initiative, drive and imagination. His most recent assignment as Chief of a major division is further evidence of his exceptional capability. Mr. Phillips' efforts during his career constitute a major contribution to the mission of the Agency, reflecting great credit on him and the Federal service.</p>					
REMARKS					
(Recommendation approved by DD/O on 5 March 1975)					
APPROVED			SIGNATURE		
H. Vernon A. Walters DEPUTY DIRECTOR OF CENTRAL INTELLIGENCE 31 MAR 1975 DATE			(Signature) F. W. M. Janney TYPED NAME OF CHAIRMAN, HONOR AND MERIT AWARDS BOARD F. W. M. Janney SIGNATURE TYPED NAME OF RECORDER R. L. Austin, Jr.		

() **SECRET** () **OPF**
CLASSIFICATION

RECOMMENDATION FOR HONOR OR MERIT AWARD
(Submit in triplicate - see HR 10-37)

SECTION A

1. EMPLOYEE NO. 024345		2. NAME OF PERSON RECOMMENDED (Last, First, Middle) Phillips, David A.		3. POSITION TITLE Division Chief	
4. GRADE GS-18	5. SD E	6. OFFICE OF ASSIGNMENT DDO/LA	7. RECOMMENDED AWARD Distinguished Intelligence Medal		
8. INCLUSIVE DATES FOR WHICH RECOMMENDED 1953 - May 1975			9. IF RETIRING, DATE OF RETIREMENT 9 May 1975		10. POSTHUMOUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
11. HOME ADDRESS 8224 Stone Trail Drive Bethesda, Maryland				12. HOME PHONE 365-0527	

SECTION B

LIST ANY PERSONNEL GIVEN AN AWARD OR RECOMMENDED FOR AWARD WHO ASSISTED IN THE ACT OR PARTICIPATED IN THE PERFORMANCE.

13. FULL NAME	14. TYPE OF AWARD
---------------	-------------------

SECTION C

ATTACH NARRATIVE DESCRIPTION OF PERFORMANCE OR SERVICE WARRANTING AWARD, ANY SUPPORTING DOCUMENTS AND A PROPOSED, UNCLASSIFIED CITATION.

SECTION D

15. TITLE AND SIGNATURE OF EMPLOYEE MAKING RECOMMENDATION William E. Nelson Deputy Director for Operations		DATE
16. HEAD OF <u> D </u> CAREER SERVICE (Career service of nominee)	TITLE AND SIGNATURE See Item #18	DATE
17. DEPUTY DIRECTOR OF CAREER SERVICE	TITLE AND SIGNATURE See Item #18	DATE
18. DEPUTY DIRECTOR OF OPERATING COMPONENT	TITLE AND SIGNATURE Deputy Director for Operations	DATE

SECRET

OFF

Mr. David A. Phillips is retiring after a distinguished career with the Agency. He has been an employee of the Agency since 1951 when he initially joined as a Contract employee. He served with distinction in Santiago, Guatamala City, Havana, Beirut, Mexico City, Rio de Janeiro, Brasilia, and Caracas. His excellent command of both Spanish and Portuguese has enhanced each of his assignments in Latin America. A true DDOer, fifteen years of this glorious and active career were spent overseas. His outstanding dedication and devotion to the cause of freedom won for him in 1956, the Intelligence Medal of Merit. His file is replete with letters of commendation and appreciation from the DCI, DDCI, the former President of the Dominican Republic, Ambassadors, and military commanders, all of whom recognized the uniqueness of his outstanding service. Mr. Phillips has been highly effective as a senior member of the Latin American Division which has been under his immediate command since 1973. An excerpt from a late fitness report nicely characterizes the caliber of his work. "It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible." Mr. Phillips will be remembered for his initiative, drive and imagination, and for the excellence of his representational responsibilities which in large part is attributable to his native charm, area knowledgeability and superb language skills. He will be remembered for his intent capability and desire to fulfill the needs of the Organization. It is fitting and proper that upon his retirement, Mr. Phillips be recognized with the award of the Distinguished Intelligence Medal.

SECRET

CONFIDENTIALDaniel A. Phillips

5 JUN 1974

Dear Dave,

You have just finished an important albeit grueling GS-16 Evaluation Exercise at my direction. The recommendations for promotion and executive development you gave me were a major factor in my recommendations to the Director for the upward movement of officers who will be the top management cadre of the Directorate in the near future.

I believe you will find that the last several weeks will have sharpened your focus on one of our most important management responsibilities, our personnel. Many thanks for a job well done.



William E. Nelson
Deputy Director for Operations

E2 IMPDET CL BY 056788

CONFIDENTIAL

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO:

Office of Personnel, Transactions and Records Branch, Status Section

**FILE
PUNCHED
BY**

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

024345 (Print) Phillips DAVID

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39	WESTERN Hemisphere	40-42
1	1	1	7	3	7		2			8 11

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

IMPDET CL B 6/27/73

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.

LHM BTO 1/74

DOCUMENT DATE/PERIOD

11/1 - 12/4/73

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE	SIGNATURE
C & L DIVISION, CTBR.	1/23/74	David E. Kuehl
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.

LAST

FIRST

NAME

024345

Phillips

David

FILE
PUNCHED
BY *1/1*

INSTRUCTIONS

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PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39	WESTERN Hemisphere	40-42
11	29	73	12	04	73		2			811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

2 IMPROVED CL BY *6/2/77*

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.

WH BTO #1/74

DOCUMENT DATE/PERIOD

11/11 - 12/4/73

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE	SIGNATURE
C & L DIVISION, CTBR.	1/23/74	<i>Eric E. K...</i>
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

PUNCHED
BY

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
034345	PHILLIPS	DAVID	A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 39, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39	BRAZIL	40-42
			06	29	72		1			090

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO. 646685	DOCUMENT DATE/PERIOD 27 JUL 1972
------------------------------------	----------------------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE 25 SEPT 72	SIGNATURE [Signature]
C & L DIVISION, CTUR.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

SERVICE ABROAD AGREEMENT

I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE

David A. Phillips

50

D

II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

Caracas, Venezuela

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS ☒ X

C. NONSTANDARD TOUR OF DUTY OF _____ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT. (See HR 20-18)

REQUESTED (Memo attached)

OPERATING OFFICIAL

CONCUR

CAREER SERVICE

DEPUTY DIRECTOR

APPROVED

DIRECTOR OF PERSONNEL

OPERATING OFFICIAL

Henry L. Bertold, C/WH/Pers

III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO HR 22. ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER.

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE REVERSE SIDE, YOU MUST INDICATE THE PLACE WHERE YOU PHYSICALLY DWELL IN THE UNITED STATES, ITS POSSESSIONS OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR PCS TRANSFER TO A POST ABROAD. YOU MAY REQUEST IN ITEM 5 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IF YOU CAN ESTABLISH THAT YOUR PHYSICAL DWELLING PLACE IS (OF WAR) TRANSITORY AND THAT SUCH OTHER PLACE IS YOUR HOME, OR HAS PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL DWELLING. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INCLUDES BUT IS NOT LIMITED TO, STATE VOTING REGISTRATION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID.

CLASSIFIED BY *1042*
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION
(See HR 22-18, 22-19, 22-20, 22-21, 22-22, 22-23, 22-24, 22-25, 22-26, 22-27, 22-28, 22-29, 22-30, 22-31, 22-32, 22-33, 22-34, 22-35, 22-36, 22-37, 22-38, 22-39, 22-40, 22-41, 22-42, 22-43, 22-44, 22-45, 22-46, 22-47, 22-48, 22-49, 22-50, 22-51, 22-52, 22-53, 22-54, 22-55, 22-56, 22-57, 22-58, 22-59, 22-60, 22-61, 22-62, 22-63, 22-64, 22-65, 22-66, 22-67, 22-68, 22-69, 22-70, 22-71, 22-72, 22-73, 22-74, 22-75, 22-76, 22-77, 22-78, 22-79, 22-80, 22-81, 22-82, 22-83, 22-84, 22-85, 22-86, 22-87, 22-88, 22-89, 22-90, 22-91, 22-92, 22-93, 22-94, 22-95, 22-96, 22-97, 22-98, 22-99, 22-100)

WARNING NOTICE

SENSITIVE INFORMATION SOURCES

FORM 3154 REPLACES FORM 311A, WHICH IS OBSOLETE
6-70

(2-56) AND METHOD

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(12-21-77)

CONTINUED ON THE REVERSE

SECRET

(When Filled In)

5. PHYSICAL DOLLING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof) FULL ADDRESS: 8234 Stone Trail Drive Stone, N.J.		6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 5) FULL ADDRESS:	
DEPUTY DIRECTOR <i>[Signature]</i>		CONCUR DEPUTY DIRECTOR DATE	
APPROVED DEPUTY DIRECTOR <i>[Signature]</i>		APPROVED DIRECTOR OF PERSONNEL DATE	
DATE 7 Aug 1972		DATE	
IV. HOME LEAVE POINT			
7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.			
8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-308(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.			
9. DESIGNATION PER ITEM 7 ABOVE FULL ADDRESS: SAME AS 5 ABOVE		10. DESIGNATION PER ITEM 8 ABOVE. FULL ADDRESS:	
RELATIONSHIP OF RELATIVE AT HOME LEAVE POINT None		CONCUR DEPUTY DIRECTOR DATE	
APPROVED DEPUTY DIRECTOR <i>[Signature]</i>		APPROVED DIRECTOR OF PERSONNEL DATE	
DATE 7 Aug 1972		DATE	
EMPLOYEE CERTIFICATION			
I have read and understand my service obligations and travel entitlements as described in this agreement.			
SIGNATURE OF EMPLOYEE <i>[Signature]</i>		DATE 7/28/72	

SECRET

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD												
TO: Office of Personnel, Transactions and Records Branch, Status Section												
SERIAL NO.		NAME										
		LAST		FIRST				MIDDLE				
1-6		(Print)		2-24				A				
024345		Phillips		David				A				
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	CODE		37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION						40-42
						5 - CANCELLATION						
2	7	1	6	7	1			3				0170
TOY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TOY (Basic)	CODE		37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	4 - CORRECTION						40-42
						6 - CANCELLATION						
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT						
OTHER (Specify)												
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD						
14177						13 July 1971						
REMARKS												
Correction												
BANSIKER - LATRAAL												
PREPARED BY						REPORT ANNOTATED ON CONTROL DOCUMENT						
BCO						ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED						
C & L DIVISION, C-88.						DATE						
C & L DIVISION						7/19/71						
SIGNATURE						Marylin Burdick						
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD												FILE PUNCHED	
TO: Office of Personnel, Transactions and Records Branch, Status Section													
SERIAL NO.		NAME											
		LAST		FIRST				MIDDLE					
1-6		(Print)		7-24									
024345		Phillips		Lard				A					
INSTRUCTIONS													
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 52, REVISED.													
PCS DATES OF SERVICE													
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY		
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE			CODE	
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			37	38	39	40-42	
* 01	11	70	07	09	71	1						Senegal 090	
TDY DATES OF SERVICE													
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)		
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE			CODE	
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION			37	38	39	40-42	
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA													
SOURCE DOCUMENT AND CERTIFICATION													
TRAVEL VOUCHER						DISPATCH							
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT							
OTHER (Specify)													
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD							
13872						8 July 1971							
REMARKS													
Rio de Janeiro - Federal NO Record - date claimed													
PREPARED BY						REPORT ANNOTATED ON CONTROL DOCUMENT				ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED			
DCO						DATE				SIGNATURE			
C & L DIVISION, CYRR.						7/15/71				M. Burleson			
C & Y DIVISION													
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER													

TO: Chief, WHD		RECEIVED: 17 JUL 65
FROM: Chief of Station, Santo Domingo		CLASSIFICATION: CONFIDENTIAL
SUBJECT: General - Administrative Specific - Performance of TDY Personnel During Recent DR Crisis		ANALYST: []
ACTION REQUIRED: []		
<p>1. As Headquarters is well aware, a constant flow of TDY personnel was provided the Station by Headquarters during the crisis period of the recent revolution. Obviously, the Station could have found it most difficult, if not impossible, to perform in the fashion it did without this assistance. What deserves special comment, however, is the generally high quality of their performance under quite demanding, fluid, and, often, dangerous conditions. With few exceptions, already known to Headquarters, the TDY personnel did a magnificent job both collectively and as individuals. Considering the grade and experience of most of these officers, it can probably be assumed that this was to be expected. But, what clearly was not predictable was their willingness to accept any type of assignment regardless of grade or circumstances, their quick adaptability and initiative in an unfamiliar and confused situation, and their stamina under the stress of long and irregular work days seven days a week. Furthermore, in spite of the close working quarters, constant association, and strain inherent in this type of situation, "personality clashes" or other signs of incompatibility were very few indeed.</p> <p>2. Undoubtedly, Headquarters has sensed the foregoing from returns. The purpose of sending this dispatch is to make it a matter of record and to suggest to Headquarters that their standard of performance under these conditions may merit consideration of some special recognition in the personnel files of the personnel concerned.</p> <p style="text-align: right;">Continued...</p> <p>Distribution: 3 - WHD</p> <p>Attachment: As stated - h/w</p>		
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	HDCT-1221	17 July 1965
	CLASSIFICATION	HQS FILE NUMBER
	S-E-C-R-E-T	

DISPATCH

S-P-C-R-R-T

NDCT-1221

3. Without detracting one whit from the performance of any of the other officers on TDY assignment, the present COS would like to single out ~~Headquarters~~ and ~~Headquarters~~ as deserving special comment. Their performance has been exceptional. A special note is attached for ~~Headquarters~~. Therefore, it is recommended that the attached memoranda be inserted into each of their personnel files.

4. Also, the COS would like to register the fact that the foregoing not only speaks highly of the TDY personnel assigned, but Headquarters as well in providing this type of support.

5. As a final comment, Headquarters may care to check this memorandum with ~~Charles M. Pickett~~, the COS for a good part of this period, to obtain any special comments he might wish to make in this regard -- either with respect to content or individuals whom he considered exceptional and who are not known to the present COS.

David Phillips

S-E-C-R-E-T

17 July 1965

MEMORANDUM FOR THE RECORD

SUBJECT:

TDY in Santo Domingo

Richard W. Pastetter

1. ~~Rastetter~~ was assigned to Station Santo Domingo on a TDY basis for the period 2 June to 16 July 1965. During this assignment, ~~Rastetter~~ was placed in charge of the Station CIA program with special emphasis on exploiting targets of opportunity in the very fluid crisis situation then prevalent and, simultaneously, generating new assets and new approaches to lay the groundwork for the altered situation which would be confronting the Station in the post-crisis era. In addition to supervising the CIA program, he handled a number of existing agents, developed some new assets, and conducted numerous special CIA operations, including some quite effective black activities. On this assignment, ~~Rastetter~~ worked some fourteen to sixteen hours a day throughout the entire period.

2. The undersigned is aware that CIA would expect a quite professional and dedicated performance from an officer of ~~Rastetter~~'s seniority, experience, and caliber; however, even taking this into consideration, his performance in every respect was exceptional, and should merit special recognition.

3. It is recommended that a copy of this memorandum be placed in ~~Rastetter~~'s personnel folder.

Richard W. Pastetter

S-E-C-R-E-T

14-00000

SECRET

CO: 94209

6 AUG 1969

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

**SUBJECT : Appointment of Mr. David A. Phillips as
Chief of Station, Rio de Janeiro, Brazil**

1. The appointment of Mr. David A. Phillips, GS-16, as Chief of Station, Rio de Janeiro, effective on or about 15 January 1970 is recommended. Mr. Phillips would replace Mr. Robert D. Gahagen.

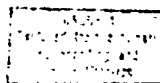
2. Mr. Phillips has been an employee of the Agency since 1951 initially in a contract capacity. He has served in Santiago, Guatemala City, Havana, Beirut, Mexico City and most recently as Chief, Cuban Operations Group. Mr. Phillips is fluent in the Spanish language and is scheduled for two months of full-time Portuguese training immediately prior to his departure. A biographic profile including information regarding his Agency experience and training is attached.

William V. Broe
William V. Broe
Chief

Western Hemisphere Division

Attachment
Biographic Profile (Parts 1 and 2)

SECRET



- 2 -


SUBJECT: Appointment of Mr. David A. Phillips as Chief of
Station, Rio de Janeiro, Brazil

APPROVAL RECOMMENDED:


Deputy Director for Plans

20 Sept 69
Date

The recommendation in paragraph one is APPROVED:


Director of Central Intelligence

1 Oct 69
Date

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CONFIDENTIAL

(When Filled In)

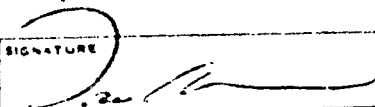
Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)		(First)	(Middle)	SOCIAL SECURITY NUMBER
Phillips		David	Atlee	460-28-3930
1. RESIDENCE DATA				
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)		
Santiago, Chile		Washington, D.C.		
PLACE OF RESIDENCE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE		HOME LEAVE RESIDENCE		
Fort Worth, Texas		Bethesda, Md. (Please note this is a change)		
2. MARITAL STATUS (Check one)				
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED				
IF MARRIED, PLACE OF MARRIAGE				DATE OF MARRIAGE
Bethesda, Maryland				28 March 1969
IF DIVORCED, DATE OF DIVORCE DECREE				DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED				DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)				
Joan Hildebrant, incompatibility, circa September 1941				
Helen Haasch, incompatibility, 22 November 1967.				

3. MEMBERS OF FAMILY				
NAME OF SPOUSE		ADDRESS (No. Street, City, State, Zip Code)		TELEPHONE NO.
Virginia S. Phillips		8224 Stone Trail Drive, Bethesda Md 20034		469-6753
NAMES OF CHILDREN		ADDRESS		SEX DATE OF BIRTH
Maria		Same as above		F 1949
David Jr		" "		M 1951
Christopher		" "		M 1956
(See Continuation)				
NAME OF YOUR FATHER (Or male guardian)		ADDRESS		TELEPHONE NO.
Deceased				
NAME OF YOUR MOTHER (Or female guardian)		ADDRESS		TELEPHONE NO.
Deceased				
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.				
My brother, Edwin T. Phillips, Jr.				
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY				
NAME (Mr., Mrs., Miss) (Last-First-Middle)		RELATIONSHIP		
Mr. Phillips, Edwin Thomas		Brother		
HOME ADDRESS (No. Street, City, State, Zip Code)		HOME TELEPHONE NUMBER		
Fort Worth National Bank, Bldg., Fort Worth, Texas		Unknown		
BUSINESS ADDRESS (No. Street, City, State, Zip Code) (If not same as home address, give name of employer, if applicable)		BUSINESS TELEPHONE & EXTENSION		
Same as above.		Unknown		
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)				YES NO
Yes				X
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)				YES NO
Yes, he is my attorney-in-fact.				X
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)				YES NO
Yes				X
The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.				
CONTINUED ON REVERSE SIDE				

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

VOLUNTARY ENTRIES		
<p>8. Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p align="center"> Fort Worth National Bank, Fort Worth, Texas. Checking and Saving. Potomac National Bank, Potomac, Md. Checking. Columbia Federal (House mortgage). </p> <p align="center">All in name David A. Phillips</p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p align="center">In possession of my brother and attorney, Edwin T. Phillips, Jr. (See above).</p>		
<p>HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>But, My children would go their mother; my step-children to their father.</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
<p>My brother, Edwin T. Phillips, Jr.</p>		
<p>9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</p>		
<p>Continuation of children:</p> <p align="center">The following are my step children, who live with/andx receive more than half their support from me: (All have common address of 8224 Stone Trail Drive):</p> <p align="center"> Deborah Anne Ahern (f) 12-25-59 Bryan Moss Ahern (m) 12-31-60 Wynne Aughterton Ahern (f) 9-12-64 </p>		
<p>SIGNED AT</p> <p align="center">Washington Dc</p>	<p>DATE</p> <p align="center">10 November 1969</p>	<p>SIGNATURE</p> <p align="center"></p>

CONFIDENTIAL

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

FILE
PURCHASED

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.											
		LAST		FIRST	MIDDLE						
I-S 024345		(Print)	7-24								
Phillips, David A. INSTRUCTIONS											
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (<i>One only</i>). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 98, REVISED.											
PCS DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY	COUNTRY	CODE	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	CODE 37	38 39		40-42	
25-26	27-28	29-30	31-32	33-34	35-36						
TDY DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY	AREA(S)	CODE	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE 37	38 39		40-42	
25-26	27-28	29-30	31-32	33-34	35-36						
0	8	0	5	6	9	0	8	0	6	6	9
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA						WH 8 1 1					
SOURCE DOCUMENT AND CERTIFICATION											
<input checked="" type="checkbox"/> TRAVEL VOUCHER			<input type="checkbox"/>			DISPATCH					
<input type="checkbox"/> CABLE			<input type="checkbox"/>			DUTY STATUS OR TIME AND ATTENDANCE REPORT					
<input type="checkbox"/> OTHER (Specify)											
DOCUMENT IDENTIFICATION NO. WA 71-70						DOCUMENT DATE/PERIOD 5 - 8 Aug 69					
REMARKS											
PREPARED BY		<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT		ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED							
C & L DIVISION, STDS.		DATE		SIGNATURE							
C & Y DIVISION		21 Nov 69		PC Phillips							
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER											

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO:

Office of Personnel, Transactions and Records Branch, Status Section

PUNCHED
CY 01

SERIAL NO.

NAME _____

LAST

FIRST

MIDDLE

• • •

(Print)

7-24

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Dec 10

3

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (See only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO SFI NO. 38, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY	COUNTRY
NORTH	DAY	YEAR	NORTH	DAY	YEAR		CODE		CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (<i>BASIC</i>) 3 - CORRECTION 5 - CANCELLATION	37	38 39	40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TOY (Basic) 4 - CORRECTION 6 - CANCELLATION	C238			JSCIT4 AD153102.663	CODE
15-26	27-30	29-30	31-32	33-34	35-36		37	38	39		40-42
07	18	17	07	12	69		2				

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.

Wt H 48.70

DOCUMENT DATE/PERIOD

7-1210

REMARKS

PREPARED BY

REPORT ANNOTATED ON
CONTROL DOCUMENT

ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE
DOCUMENT CITED

BCD

C. A. & DIVISION, CTAB.

DATE _____

7/10/52

SIGNATURE

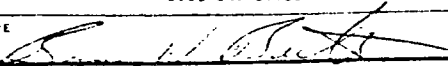
C A T DIVISION

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD										FILE PUNCHED BY <i>act</i>						
TO: Office of Personnel, Transactions and Records Branch, Status Section																
SERIAL NO.			NAME													
			LAST			FIRST			MIDDLE							
1-6			(Print)			7-26										
024345			PHILLIPS			DAVID			A.							
INSTRUCTIONS																
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.																
PCS DATES OF SERVICE																
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY					
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			CODE	38	39	CODE 40-42				
25-26	27-28	29-30	31-32	33-34	35-36				37							
TDY DATES OF SERVICE																
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)					
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION			CODE	38	39	CODE 40-42				
25-26	27-28	29-30	31-32	33-34	35-36				37							
0	5	1	9	6	9	0	5	2	1	6	9	2	WH	1	2	0
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA																
SOURCE DOCUMENT AND CERTIFICATION																
<input checked="" type="checkbox"/> TRAVEL VOUCHER						DISPATCH										
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT										
OTHER (Specify)																
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD										
						5 thru 21 May 1969										
REMARKS																
PREPARED BY			REPORT ANNOTATED ON CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED										
DCO																
<input checked="" type="checkbox"/> C & L DIVISION, CYAN.			DATE			SIGNATURE										
C & T DIVISION			28 May 1969			[Signature]										
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE										
TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters										
EMPLOYEE SERIAL NO.		NAME OF EMPLOYEE						OFFICE / COMPONENT		
		LAST		FIRST		MIDDLE				
1-6		(Print)		7-24				25-36		
024345		Phillips		David		A.		WH Division		
INSTRUCTIONS										
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.										
PCS DATES OF SERVICE										
TYPE OF DATA		ARRIVAL			DEPARTURE			COUNTRY		OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3 - CORRECTION										
5 - CANCELLATION										
TDY DATES OF SERVICE										
TYPE OF DATA		DEPARTURE			RETURN			AREA(S)		OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION										
6 - CANCELLATION										
		2	5	22	68	5	25	68	Mexico	450
SOURCE OF RECORD DOCUMENT										
<input checked="" type="checkbox"/> TRAVEL VOUCHER					DISPATCH					
<input type="checkbox"/> CABLE					DUTY STATUS OR TIME AND ATTENDANCE REPORT					
<input type="checkbox"/> OTHER (Specify)										
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE/PERIOD					
WH-703-68					22-25 May 1968					
REMARKS										
PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT			ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED					
<input checked="" type="checkbox"/> OS1		DATE			SIGNATURE					
<input checked="" type="checkbox"/> C & L DIVISION		5 August 1968								
<input type="checkbox"/> C & P DIVISION										

Creditable Service —

Military 45-10-31³²

43-02-13

02-08-19

Contract Employee — 54-03-04

55-03-31^{TO}

Staff Employee — 55-04-01

56-02-06^{TO}

STAFF AGENT — 56-02-07

58-02-13^{TO}

CON-

TINUOUS

SERVICE

INDEPENDENT CONTRACTOR 58-08-19

60-03-13^{TO}

NOT

CREDITABLE

SERVICE

STAFF EMPLOYEE — 03-14-60

^{TO}
PRESENT

02-08-19 MILITARY 58-08-13

04-05-10

54-03-04

06-13-29

04-05-10

07-01-29

60-03-13⁴⁴

07-01-29

S.C.D. 53-01-15

L.C.D. 55-10-04

2.7.7.01.66

Standard Form No. 1132
4-740-200
1132-102

DESIGNATION OF BENEFICIARY
UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME—	(Last)	(First)	(Middle)	Date of Birth (Month, day, year)
	Phillips	David	Atlee	October 31, 1922

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

(Department or agency)	(Bureau)	(Division)

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 3, 1950, Public Law 526, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until rescinded by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Maria I. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
David A. Phillips, Jr.	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth
Atlee Y. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
Christopher C. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

1 December 1967

(Date of execution—month, day, year)

(Signature of employee)

WITNESSES TO SIGNATURE:

<i>Margaret Joyce</i> (Signature of witness)	2400 So. Glebe Rd (Number and street)	Arlington, Va 22206 (City, zone number, and State)
<i>Elizabeth Ann Kelly</i> (Signature of witness)	8137 Prescott Dr (Number and street)	Vienna, Va 22180 (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

David A. Phillips
8224 Stone Trail Drive
Bethesda, Maryland 20034

**THIS SPACE RESERVED FOR RECEIVING DATA
OF EMPLOYING AGENCY**

03 DEC 1967

(Indicate date and by whom received) *vic. c/p*

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-5 024345	(Print) Phillips	7-24 Darius	<i>a</i>

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39	Dominican	40-42
			08	02	67		1		Dominican	190

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
<input checked="" type="checkbox"/> CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	
DOCUMENT IDENTIFICATION NO. IN 24259	DOCUMENT DATE/PERIOD August 2, 1967

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE	SIGNATURE
C & L DIVISION, CTBR.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

DISPATCH		CLASSIFICATION S E C R E T		PROCESSING ACTION	
TO Chief, Western Hemisphere Division				MARKED FOR INDEXING	
INFO.				NO INDEXING REQUIRED	
FROM Chief of Station, Santo Domingo				ONLY QUALIFIED DESK CAN JUDGE INDEXING	
SUBJECT Letter of Appreciation from General Bruce Palmer, Jr.				MICROFILM	
ACTION REQUIRED - REFERENCES					
<p>Action: See para two</p> <p>1. Attached find an original and two copies of a letter of appreciation from Gen. Bruce Palmer, until 18 January, Commander of USFORDOMREP.</p> <p>2. It is requested that the original be placed in the personnel file of Michael C. CHOADEN. The first copy, marked "A" should be placed in the personnel file of Stewart R. PATAKER. The second copy, marked "B", should be passed to Franklyn D. MALLEK for his information and disposition.</p> <p><i>James E. Hickey</i></p> <p><i>Edward J. Smith</i></p> <p><i>Michael C. Choaden</i> Michael C. CHOADEN</p> <p>1966</p>					
Attachment: Letter					
Distribution: 3 - Chief, WHD w/att h/w					
CROSS REFERENCE TO		DISPATCH SYMBOL AND NUMBER		DATE	
		HDCT 1359		18 January 1966	
		CLASSIFICATION		HQ5 FILE NUMBER	
		S E C R E T			

HEADQUARTERS
UNITED STATES FORCES DOMINICAN REPUBLIC
APO New York 09478

(CHUCK)
Re: publication of the
this is a typical of
your intelligence
performance

USFDR-CG

17 January 1966

SUBJECT: Letter of Appreciation

THRU: The Honorable W. Tapley Bennett
American Ambassador
Santo Domingo, Dominican Republic

TO: 6-

DAVID A PHILLIPS
American Embassy
Santo Domingo, Dominican Republic

1. I wish to express my sincere appreciation for the outstanding contributions you and your staff have made in the accomplishment of USFORDOMREP Intelligence missions from 1 May 1965 through 17 January 1966. The first intelligence contact upon our arrival at San Isidro Air Base on 1 May was a representative from your office. From that day on a mutual respect, cordial relationship and a unity of effort prevailed throughout the many trying days in the Dominican Republic crisis. Without your assistance we would have realized a serious gap in the intelligence picture, a gap which would have made intelligence evaluations and the development of tactical estimates most difficult.

2. My J2 has frequently mentioned the close association and coordination he has had with you and the members of your organization and repeatedly expressed the high esteem and respect he has for the professionalism and competence displayed by you and your subordinates.

3. The intelligence unity of effort in the Dominican Republic has been exemplary and a prototype for future operations. This cohesive atmosphere is directly attributable to your efforts.

USFDR-CG
SUBJECT: Letter of Appreciation

17 January 1966

4. Again I wish to express my appreciation and congratulations on a job well done.


BRUCE PALMER, JR.
Lieutenant General, USA
Commander

FORM 1451 RECORD OF OVERSEAS SERVICE	NAME OF EMPLOYEE PHILLIPS, DAVID A.		EMPLOYEE SERIAL NO. 24345		COMPLETED BY EMPLOYEE YES <input type="checkbox"/> NO <input type="checkbox"/>		TELEPHONE EXT.		SECRET (WHEN FILLED IN)			
	DO NOT FOLD, STAPLE, SPINDLE, OR MUTILATE											
	INSTRUCTIONS THIS FORM MUST BE RETURNED WHETHER YOU HAVE HAD OVER- SEAS SERVICE OR NOT. PLEASE READ CAREFULLY IN- STRUCTIONS ON ACCOMPANYING CARD; THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE.		DO NOT WRITE IN COLUMN	WHERE SERVICE WAS PERFORMED	PTS - 1 TODAY 2 ENTER NO.	DATES				SERVICE AS CIVILIAN - 1 MILITARY - 2 ENTER NO.	RESPONSE U.S. GOVT DUTY OR AGENCY	DO NOT WRITE IN COLUMN
						FROM		TO				
					1	156	1	157	1	CIA	100	
			400 BEIRUT, LEBANON	1	157	1	158	1	CIA	100		
			861 AFRICA STAIT GERMANY	1	143	1	45	2	USAAF	100		

IF ADDITIONAL SPACE IS NEEDED, CHECK HERE ☐ AND ASK YOUR ADMINISTRATIVE OFFICER FOR SUPPLEMENTAL CARDS

SECRET

CONFIDENTIAL
(When Filled In)

MEMORANDUM OF UNDERSTANDING

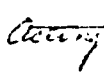
I hereby acknowledge that I have read and understand the contents
of Handbook 20-4, Employee Conduct, dated 29 August 1961.

David A. Phillips
Signature

2 October 1963
Date

DAVID A. PHILLIPS

CONFIDENTIAL

REPORT OF HONOR AWARDS BOARD			
(CONVENED PURSUANT TO REGULATIONS R 20-635 AND AFR 20-635)			
The Honor Awards Board having considered a recommendation that:			
NAME:	(Last)	(First)	(Middle)
	PHILLIPS	David	Atlee
PRESENT GRADE	OFFICE ASSIGNED TO		POSITION TITLE
7200.00 p.a.	Division		Covert Associate
RECOMMENDATION:			
Distinguished Intelligence Medal			
<input type="checkbox"/> FOR HEROIC ACTION, OR			
<input checked="" type="checkbox"/> FOR MERITORIOUS ACHIEVEMENT OR SERVICE DURING THE PERIOD			
January - July 1954			
<input type="checkbox"/> APPROVES THE RECOMMENDATION <input type="checkbox"/> DISAPPROVES THE RECOMMENDATION			
<input checked="" type="checkbox"/> APPROVES, BUT IN LIEU THEREOF, RECOMMENDS THE AWARD OF: Intelligence Medal of Merit			
CITATION			
<p>DAVID ATLEE PHILLIPS is hereby awarded the Intelligence Medal of Merit for his outstanding dedication and devotion to the cause of freedom.</p> <p>While assigned a position of responsibility in creating a psychological medium to further the efforts of removing a serious threat to the security and welfare of his government, he, personally, with superior talent and concentration of energy proceeded to develop a program which greatly contributed to the ultimate elimination of the threat which concurrently brought historical relief to the oppressed people of an entire population.</p> <p>The psychological medium developed and sustained by Mr. PHILLIPS was directed and operated with such ingenuity, resourcefulness and forceful imagination that he was able to create and maintain a completely notional situation for an extended period thereby making it possible to achieve the objectives of his government. This achievement has no parallel in the history of psychological warfare.</p>			
REASONS FOR DISAPPROVAL OF RECOMMENDED AWARD			
APPROVED		SIGNATURE	
 DIRECTOR OF CENTRAL INTELLIGENCE 8 SEP 1954		SIGNED TYPED NAME OF CHAIRMAN, HONOR AWARDS BOARD PHILIP H. SMITH	
		SIGNATURE	
		SIGNED TYPED NAME OF RECORDER J. D. ...	
DATE			

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
1-6	LAST (Print)	FIRST 7-24	MIDDLE	25-26
24345	Phillips	David	A	35- 6-1

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL				DEPARTURE			COUNTRY	DMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	Mexico	40-42	
2 - CORRECTION										
3 - CANCELLATION	1	09	25	61					450	

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.

HMMT-2316

DOCUMENT DATE PERIOD

13 October 1961

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 11/20/61	SIGNATURE
FINANCE DIVISION 22		

SECRET

0071:7443

29 June 1961

MEMORANDUM FOR THE RECORD

SUBJECT: David A. Phillips

On 14 June 1961 the undersigned reviewed with Mr. David A. Phillips his career development prospects for the next five year period. We agreed that the following represented a desirable and fairly firm goal in this respect:

a. In general his future training and field experience should place sufficient stress on the CI and FI fields to avoid the career confinement of strict CA specialization.

b. His next assignment would be a normal field tour in Mexico City. Upon return from that assignment, he would receive up to six months training to be followed by an assignment to the CA Staff (or the organizational successor thereof). One of his primary undertakings in the CA Staff would be to develop what might best be termed "ideological warfare" (e.g., a search for basic ideas and concepts with wide appeal) as opposed to the normal propaganda approach (e.g., a running debate on current events).

Richard M. Bissell, Jr.
RICHARD M. BISSELL, JR.
Deputy Director
(Plans)

cc: ASOA (Pers)
Attn Panel A
Mr. Phillips
Thru C/WH
OP/RSD

SECRET

CONFIDENTIAL
(When Filled In)

TR

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
PHILLIPS	DAVID	ATLEE	

1. RESIDENCE DATA	
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
FORT WORTH, TEXAS	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	HOME LEAVE RESIDENCE
FORT WORTH, TEXAS	FORT WORTH, TEXAS

2. MARITAL STATUS (Check one)	
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED
<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED
<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE	DATE OF MARRIAGE
FORT WORTH, TEXAS	
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED	DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)	
JOHN HANDESKAMP PHILLIPS INCAPABILITY SEP 15, 1941	

3. MEMBERS OF FAMILY			
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NO.	
HELEN N. PHILLIPS	6307 DAKOTA AVE. N.D. WASH 16, D.C.	OL-2-8134	
NAMES OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH
MARIA	" " " "	F	21 FEB 1949
DAVID, JR.	" " " "	M	14 MAR 1951
ATLEE	" " " "	F	APR 11 1952
CHRISTOPHER	" " " "	M	28 DEC 1953
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.	
DECEASED			
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.	
DECEASED			

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

WIFE - BRISTOL EDWIN T. PHILLIPS (ATL)

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss)	RELATIONSHIP
PHILLIPS, EDWIN T.	BROTHER
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER
4408 WASHINGTON ST. FORT WORTH, TEX	?
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION
FORT WORTH NATIONAL BANK BLDG.	?

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

YES	<input checked="" type="checkbox"/>
NO	
YES	<input checked="" type="checkbox"/>
NO	
YES	<input checked="" type="checkbox"/>
NO	

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

YES	<input checked="" type="checkbox"/>
NO	

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

14-00000

SECRET

Supplement to Staff Employee Personnel

Action for Integration of David A. Phillips

Effective 23 August 1961

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are integrated and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-11 \$12,730 per annum, you will accept cover employment with another instrumentality of the Government (hereinafter referred to as "your cover facility") effective as of 23 August 1961. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your cover facility, in order to appear as a conventional member of that establishment. Your appointment to your cover facility is being effected at FSR-3 and salary of \$12,535 per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid by your cover facility.

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your cover organization. Currently, your prescribed tour consists of a period of twenty-four months from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your cover facility. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

SECRET

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable regulations of your cover facility except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances paid by your cover facility shall be retained by you to the extent that they are less than or equal to the salary and allowance payments due on the basis of your grade level with this organization. If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such cover payments exceed the amount due, the overage will be remitted to this organization at designated intervals, presently _____. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes withheld by your cover facility against the overage may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report cover facility payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your cover facility and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your cover position.

a. Upon integration into your cover facility, you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of your cover salary or your salary from this organization, whichever is the greater.

b. If you receive taxable income from both your cover facility and this organization, necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with your cover activity, you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty with your cover facility of any status with your cover based on your services performed with that organization at the request of this organization.

SECRET

e. All annual and sick leave which is accrued to your credit at the time of integration will be transferred to your cover facility. While integrated you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your cover facility in lieu of the leave benefits of this organization. Upon completion of your integration your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your cover facility make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your cover facility.

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY *Walter P. Morris*

Personnel Office

ACCEPTED:

Doris A. H. [illegible]

SECRET

11 January 1961

TO : Director of Personnel

FROM : Chief, WHD

SUBJECT: Additional Compensation in Lieu of Overtime Payment

REF: Memo dated 11 January 1961 from SSA/DPS to DD/S, approved by DD/S, Subject: "Employee Benefits for JNATS Personnel"; and Memo dated 22 December 1960 from ADD(P) to Deputy Director (Plans), Subject: "Employee Benefits for Personnel Assigned to JNATS".

In accordance with referenced memoranda, it is requested that the personnel listed below be authorized to receive additional compensation effective 8 January 1961, at the rate of 15% of their respective rates of basic annual compensation (but not to exceed the ~~maximum~~ rate for a ~~Minimum~~ GS-9) in lieu of payment of the regular overtime rates for irregular, unscheduled and frequent overtime.

NAME	EMPLOYEE Serial No.	TITLE	SALARY
ESTERLINE, Jacob D.	56788	OPS Officer	\$14,055
WHEATON, Robert A.	509360	Ops Officer	12,990
DONGLAS, Jesse S.	229360	Ops Officer	14,055
EMILLIS, David A.	654500	OPS Officer	12,730
MACCHI, Louis F.	012515	OPS Officer	12,210
YUNZUY, Walter P.	064738	OPS Officer	12,730
PETLIS, John D.	56093	OPS Officer	11,575
WARMER, Thomas D.	59794	Instructor (OPS)	9,955
HIGGS, Calvin W.	56361	Guerrilla Warfare Officer	9,475
RILEY, James	50471	OPS Officer	8,560
WILCO, Anthony L.	559127	OPS Officer	7,320
BIAIR, William E.	60218	Instructor (OPS)	8,955
WEDBELL, Sidney S.	059517	OPS Officer	11,155
REYNOLDS, Robert	55407	OPS Officer	12,470
SPACOS, Ernest W.	62285	Instructor (OPS)	12,470
BROWN, Pravel S.	61901	Ops Officer	9,475
CARTWRIGHT, Cecil J.	57840	OPS Officer	9,215
CHILLING, Samuel J.	55622	Adm. Officer	7,820
MORALIS, David S.	53385	OPS Officer	12,210
KENT, William R.	555198	Ops Officer	9,215

All the above employees are on Allotment #535-5000-3021.

APPROVED
[Signature]
LESLIE D. SCHOLS

[Signature]
J. D. KING
Chief, WHD

SECRET

APPOINTMENT AFFIDAVITS

IMPORTANT:—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D.C.

(Bureau or division)

(Place of employment)

I, DAVID ATLEE PHILLIPS, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

14 March 1960
(Date of entrance on duty)

David A. Phillips
(Signature of appointee)

Subscribed and sworn before me this 11th day of March A. D. 1960,

at WASHINGTON, D.C.
(City)

(State)

[SEAL]

John C. Capen
(Signature of officer)

PERSONNEL CLERK

(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)			
ALBAN TOWERS - 3500 MASS. AVE. WASHINGTON, D.C.			
2. (A) DATE OF BIRTH		(B) PLACE OF BIRTH (city and State or city and foreign country)	
OCTOBER 31, 1922		FORT WORTH, TEXAS	
3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY		(B) RELATIONSHIP	(C) STREET AND NUMBER CITY AND STATE
HELEN N. PHILLIPS		WIFE	ALBAN TOWERS 3500 MASS. AVE. WASH, D.C.
			(D) TELEPHONE NO. WO 6-6400

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blank below. If additional space is necessary, complete under item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED		RELATIONSHIP	MAR- RIED (Check one)	SIN- GLE
		1.	2.			
		1.	2.			
		1.	2.			
		1.	2.			
		1.	2.			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
<p>5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?</p>			<input checked="" type="checkbox"/>	<p>10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?</p>			<input checked="" type="checkbox"/>
<p>6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?</p> <p><i>If your answer is "Yes," give details in Item 12.</i></p>			<input checked="" type="checkbox"/>	<p>(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?</p>			<input checked="" type="checkbox"/>
<p>7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OF AMERICA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?</p> <p><i>If your answer is "Yes," give details in Item 12.</i></p>			<input checked="" type="checkbox"/>	<p>11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:</p> <p>A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:</p> <p>(1) YOUR CONDUCT WAS NOT SATISFACTORY?</p> <p>(2) YOUR WORK WAS NOT SATISFACTORY?</p>			<input checked="" type="checkbox"/>
<p>8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED.</p> <p><i>If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.</i></p>			<input checked="" type="checkbox"/>	<p>B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:</p> <p>(1) YOUR CONDUCT WAS NOT SATISFACTORY?</p> <p>(2) YOUR WORK WAS NOT SATISFACTORY?</p>			<input checked="" type="checkbox"/>
<p>9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?</p> <p><i>If your answer is "Yes," give dates of and reasons for such debarment in Item 12.</i></p>			<input checked="" type="checkbox"/>	<p>C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?</p> <p><i>If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons, in each case.</i></p>			<input checked="" type="checkbox"/>

[illegible]

INSTRUCTIONS TO APPOINTING OFFICER.—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

STANDARD FORM 144
REVISED SEPTEMBER 1964
U. S. CIVIL SERVICE COMMISSION
FPM CHAPTERS 11, 14, AND 32

**STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS**

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					3. RETENTION GROUP		
PHILLIPS, DAVID ATLEE					OCTOBER 31, 1917							
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service).										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY		FROM		TO		TYPE OF APPOINTMENT IF KNOWN		11. SERVICE				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY		
CIA		1944	1	1	1945	10	13	C.S.-1	3	4	13	
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												
BRANCH		FROM		TO		DISCHARGE (Hon. or dishon.?)						
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
ARMY AIR FORCE		1942	1	13	1945	10	31	HON.	2	8	19	
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE		
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar)		FROM		TO		TOTAL		13. NONCREDITABLE SERVICE (Leave purposes only):				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS		
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										14. NONCREDITABLE SERVICE (RIF purposes only):		
7. ARE YOU:										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										17. EXPIRATION DATE OF RETENTION RIGHTS		
C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.												
12 MARCH 1967 (DATE)										David A. Phillips (SIGNATURE)		
Subscribed and sworn to before me on this _____ day of _____, 1960, at WASHINGTON, D.C. (MONTH) (CITY) (STATE)												
SEAL										Steven Capriotti (SIGNATURE)		
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.												
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.												

(OVER)

15-55450-2

Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 52.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COM- PUTATION DATE (Leave Purposes)
Years				1960	5	
Months				03	12	3
Days				14	14	1

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COM- PUTATION DATE* (RIF Purposes)
Years						
Months						
Days						

* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. (CONTINUED) <u>2</u>		
IN WHOSE NAME AND WHY THE ACCOUNTS LISTED?		
<u>DAVID A. PHILLIPS, SPECIAL ACCOUNT</u>		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", WHERE IS DOCUMENT LOCATED?		
<u>LAW OFFICES OF EDWIN T. PHILLIPS, JR., FORT WORTH NATIONAL BANK BUILDING, FORT WORTH, TEXAS, AND AUTOMOBILE ENERGY COMPANY</u>		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?		
<u>EDWIN T. PHILLIPS, JR.</u> <u>FORT WORTH NATIONAL BANK BUILDING, FORT WORTH, TEX</u>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT	DATE	SIGNATURE
<u>WASHINGTON DC</u>	<u>11 MARCH 1963</u>	<u>[Signature]</u>

CONFIDENTIAL

SECRET

MEMORANDUM FOR:

SUBJECT: Credit Reference

1. You are advised that the position for which you have been hired is of a sensitive nature and that **DO NOT IDENTIFY YOURSELF WITH THIS AGENCY FOR credit reference or for any other purpose.**

2. You are to disregard that portion of the Monday morning Personnel EEO Orientation and the Monday morning Security Introduction (which you will receive during your second or third week with the Agency) which authorizes personnel to identify themselves with this Agency, when necessary, for credit, rental agreements, and like purposes.

3. You will be advised by your Placement Officer as to the correct information necessary for proper job identification. If at any time you encounter difficulties in connection with you may arrange an appointment through your Placement Officer to see the Security Officer responsible for your activity.

G. W. STURGEY

Director of Personnel

I have read the above and understand that I am not to associate myself with the Central Intelligence Agency for credit reference or for any other purpose.

14 March 1960

Date

David G. Plumer

Signature of Employee

SECRET

STAFF AGENT LETTER OF APPOINTMENT

Mr. *Howard Phillips*

Dear Mr. *Phillips*

1. Pursuant to the authority vested in me by section 5.2 of the Confidential Fund Regulations, you are hereby appointed a Staff Agent of the Government at an initial salary of \$10,320, grade GS-14, effective as of

FEB 7 1956

2. As a Staff Agent of the Government, you are an appointed employee of the Government and as such are entitled to all the emoluments of, and subject to the restrictions of, that status. As a Staff Agent, you will undertake certain cover employment or activities as directed by the Government. Your Federal income taxes will be reported and paid in conformance with AFN 20-660-4, dated 26 November 1954, and/or any subsequent Government issuances promulgated on this matter.

3. As an appointed employee of the Government, you are required to make certain contributions to the Civil Service Retirement Fund. In the event that you are paid through a cover facility, you will be required to return to the Government at such times and in such manner as it shall direct the required contributions (presently six per cent (6%) of your gross salary). If the conditions of your cover require that you make contributions to the Social Security Fund, such contributions will be at your expense.

4. (a) In addition to your basic salary, you will be entitled to any post differential, living-quarters allowances, cost-of-living allowances (except post allowance), or other allowances that are granted Government employees stationed at the same permanent post of duty abroad. You will account for such allowances in compliance with applicable Government regulations.

(b) In addition to the above payments, effective upon the arrival of you and your dependents at your initial permanent post of duty overseas you will be entitled to an equalization allowance calculated at the rate of \$3,670 per annum. This allowance is in lieu of any present or future standardized post allowance established for your initial permanent post of duty overseas, but is subject to the entitlement provisions applicable to standardized post allowances. It is understood and agreed that this allowance is predicated upon the comparative cost of living between Washington, D. C., and your overseas post, your unofficial cover, family status and basic compensation. Consequently, this allowance may be unilaterally adjusted or discontinued by the Government whenever warranted by a change in any of these factors. No accounting will be required for this allowance.

SECRET

5. You will be advanced or reimbursed funds for necessary expenses including travel and operational expenses which are authorized by the Government or your cover. Accountings for such expenses will be in compliance with applicable Government regulations unless such accounting is inconsistent with the practices of your cover facility. If the policies of your cover facility relating to payment of travel and transportation expenses differ from those of the Government, and if you are paid through your cover facility, you will receive and retain the amount paid by your cover without regard to Government regulations.

6. (a) It is specifically understood and agreed that as an appointed employee of the Government you are entitled to receive and retain only the salary, allowances, and other benefits which are commensurate with your appointed position and salary grade except as provided in paragraph five (5) above and paragraphs six (6), (b) and (c), below. Any compensation that you may receive from your cover facility will be offset against your salary from the Government, and you will return to the Government any salary, allowances and other pecuniary benefits which in the aggregate exceed your Government salary, allowances and other pecuniary benefits. You will report to the Government not less than semi-annually any sums received from your cover facility.

(b) It is understood and agreed that any fees derived from the remaining three (3) lectures on your current lecture tour will not be subject to the offset provisions of this agreement. It is further understood and agreed, however, that said lectures will be made by you while on annual leave and that you will be solely responsible for all expenses incidental thereto. Subsequent to the completion of said three (3) lectures, the income derived from any additional lectures will be presumed to be income derived from cover activities and will, therefore, be subject to offset unless specifically excluded by an amendment hereto.

(c) It is understood and agreed that should a specific manuscript, the title to which is set forth in your operational letter of instructions, be published during your tour of duty hereunder, the income derived therefrom will not be subject to offset as said manuscript was completed in its entirety prior to your appointment as a Staff Agent.

7. It is understood and agreed that your overseas assignment is to be for a minimum of two (2) years from the date of your arrival at your overseas post of duty unless such assignment shall be sooner terminated by the Government for its convenience. If, in violation of this letter, you terminate your overseas assignment for your convenience at any time prior to the expiration of two (2) years from the date of your arrival at your overseas post of duty, you shall not be entitled to return travel or transportation for yourself or your dependents from such post of duty to the United States; and, further, if, in violation of this letter, you terminate your overseas assignment for your convenience prior to the expiration of one (1) year from the date of your arrival at your overseas post of duty, you shall reimburse the Government for all its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

8. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this letter and any contradiction in terms which may in any way appear to amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this letter which shall always be dominant.

14-00000

SECRET

9. Upon termination of your cover employment or activity, you will revert to normal staff employee status, unless for good and sufficient cause, such as misconduct or demonstrated incompetence, such reversion would be opposed to the best interest of the Government.

10. If, in the performance of your cover service, you assume the custody of Government funds or take title of record to, property of any nature whatsoever situate which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

11. Instructions received by you from the Government in briefing or training are a part of this letter and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

12. You will be required to keep forever secret this letter 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 1948, as amended, and other applicable laws and regulations.

UNITED STATES GOVERNMENT

BY _____

Office of Personnel

ACCEPTED:

David Phillips

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER Roy Malcolm	DIVISION WH
INSTRUCTIONS: Complete all items, inserting "NA" when items are not applicable. Forward original and one copy for preparation of contract.		TELEPHONE EXTENSION 2056	DATE 17 January 1956
SECTION I GENERAL			
1. NAME Paul D. Langevin	2. PROJECT	3. ALLOTMENT NO. 6-3545-55-055	4. SLOT NO. BAF-125
5. PREVIOUS CIA PSEUDONYM OR ALIASES Paul D. Langevin	6. INDIVIDUAL IS PRESENTLY ENGAGED. OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary) Contract Agent, 1952 - 1954 Staff Employee as of 1 May 1955 - \$10,320		
7. SECURITY CLEARANCE (Type and date) Top Secret		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) 31 October 1922
15. LEGAL RESIDENCE (City and state or country) 4804 Washburn, Fort Worth, Texas, USA		16. CURRENT RESIDENCE (City and state or country) 949 Rose Lane, Falls Church, Va.	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input checked="" type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP: Wife : Helen H. Phillips Daughter : Maria Louise Phillips Son : David A. Phillips, Jr. Daughter : Atlee Young Phillips		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE No	21. VETERAN Yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE -	24. RANK OR GRADE -	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY \$10,320	28. POST DIFFERENTIAL Yes	29. COVER (Breakdown, if any) No	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS Yes	32. POST	33. OTHER	
34. COVER (Breakdown, if any) Newspaporman			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Helen H. Phillips, Wife, U.S. 36, March 29, 1919 Maria Louise Phillips, Daughter, U.S. 6, August 9, 1949 David A. Phillips, Jr., Son, U.S. 4, January 14, 1952 Atlee Young Phillips, Daughter, U.S. 2, February 18, 1953			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

SECRET

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)

TE: SEE INSTRUCTIONS ON FIRST SHEET.

NAME OFFICER

Roy Malcolm

TELEPHONE EXTENSION

2056

DIVISION

WH

DATE

17 January 1956

SECTION VIII

OTHER BENEFITS

BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R 15-235 or successor regulations.)

Staff Agent benefits

SECTION IX

COVER ACTIVITY

7. STATUS (Check)	<input type="checkbox"/> PROPOSED <input checked="" type="checkbox"/> ESTABLISHED	40. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input checked="" type="checkbox"/> SUBSIDIARY	<input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY	<input type="checkbox"/> TOURIST <input checked="" type="checkbox"/> OTHER
10. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS						
NA <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL						

SECTION X

OFFSET OF INCOME

9. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)

☒ TOTAL ☐ PARTIAL ☐ NONE

SECTION XI

TERM

1. DURATION	32. EFFECTIVE DATE	33. RENEWABLE
DAYS MONTHS 2 YEARS	Upon Departure	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
34. TERMINATION NOTICE (Number of days)	35. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION XII

FUNCTION

6. PRIMARY FUNCTION (PI, PP, other)

PP

SECTION XIII

DUTIES

7. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

PP Officer, Cuba

SECTION XIV

QUALIFICATIONS

58. EXPERIENCE

Contract Agent 1952-1954 in Chile
Contract Agent 1954 (PBSUCCESS & FBHISTORY)
Covert Associate 1954-1955

59. EDUCATION

(Check Highest Level Attained)

GRADE SCHOOL	HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE
BUSINESS SCHOOL GRADUATE	COMMERCIAL SCHOOL GRADUATE	
<input checked="" type="checkbox"/> COLLEGE (No degree)	COLLEGE DEGREE	POST GRADUATE
	MA	PHD

60. LANGUAGE COMPETENCY

(Check Appropriate Degree Competency)

LANGUAGE	SPEAK		WRITE		READ		61. INDIVIDUAL'S COUNTRY OF ORIGIN	
	FLUENT	AVERAGE	FLUENT	AVERAGE	POOR	FLUENT		AVERAGE
Spanish	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		U.S.
French		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

62. AREA KNOWLEDGE

Latin America, Europe

SECTION XV

PRIOR EMPLOYMENT

63. JOB AND SALARY PRIOR TO SERVICE FOR CIA

Self employed: Newspaper editor and publisher; lecturer.

SECTION XVI

ADDITIONAL INFORMATION

64. ADDITIONAL OR UNUSUAL REQUIREMENTS JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)

☐ OVER

DATE

TYPED NAME & SIGNATURE OF CONTRACTOR OFF. USE

DATE

TYPED NAME & SIGNATURE OF SERVICE STAFF OFFICER

CONFIDENTIAL

You will utilise your established cover as a newspaper publisher and lecturer on Latin American affairs resident in Santiago, Chile. You have chosen to live temporarily in Cuba because of ~~many~~ unfulfilled lecture contracts in the United States. You have not returned to your business in Santiago because of the great expense of traveling between Chile and the United States. You will, in fact, return to the United States on two occasions to deliver lectures contracted before your employment as a Staff Employee of this Agency. (February 14 and 15 in Sioux Falls, South Dakota, and Wichita, Kansas; and March 13 in Palm Beach, Florida). You are strictly enjoined against using any material relating to intelligence or other covert activities. You are advised that the income received from the three scheduled lectures shall not be subject to the offset provisions of ~~your contract~~ (this letter of instruction). It is understood that the lectures will be made while on annual leave and that all expenses incidental thereto will be met by you. At some future date, should it be decided that you should renew your lecture activities, the decision as to whether or not the income will be subject to offset provisions will be made at ~~Headquarters~~ Headquarters.

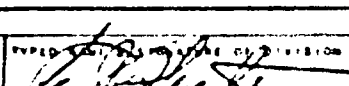
are

You ~~are~~ also informed that should the manuscript entitled "Popcorn ^{now} in the Andes", ~~now~~ in the hands of your literary agent, be published during your tour of duty the income therefrom will not be subject to the offset provisions of this contract.

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER Robert S. GoralSKI	DIVISION NEA
INSTRUCTIONS: Complete all items involving USA; other items are not applicable. Forward original and one copy for preparation of contract.		TELEPHONE EXTENSION 3548	DATE 9 May 1957
SECTION I GENERAL			
1. NAME <i>Robert S. GoralSKI</i>	2. PROJECT PSCSTATE	3. ALLOTMENT NO.	4. SLOT NO.
5. PREVIOUS CIA PSEUDONYM OR ALIASES <i>[Redacted]</i>	6. INDIVIDUAL IS PRESENTLY ENGAGED OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary) Staff Agent, WH \$10,535.00		
7. SECURITY CLEARANCE (Type and date) Top Secret, 1 April 1955		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION III PERSONAL DATA			
11. CITIZENSHIP U.S.A.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE 34	14. DATE OF BIRTH (Month, day, year) 31 Oct. 1922
15. LEGAL RESIDENCE (City and state or country) 4804 Washburn, Fort Worth, Texas		16. CURRENT RESIDENCE (City and state or country)	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP: Five; Wife and four children		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN World War II	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) N.A.	
23. BRANCH OF SERVICE N.A.	24. RANK OR GRADE N.A.	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY \$10,320.00	28. POST DIFFERENTIAL \$585.00	29. COVER (Breakdown, if any)	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS \$3,000.00	32. POST \$585.00	33. OTHER	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Wife: Helen H. Phillips, U.S., 38, 29 March 1919 Daughters: Maria Louise Phillips, U.S., 7, 9 Aug. 1949 Daughters: Atless Young Phillips, U.S., 4, 18 Feb. 1953 Sons: David A. Phillips, Jr., U.S. 5, 14 Jan. 1952 Child approx. 5 mos., U.S. <i>Present letter OK.</i> <i>HW - April 57</i>			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION N.A.	43. ENTERTAINMENT N.A.	44. OTHER N.A.	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

SECRET

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)				CASE OFFICER Robert S. Goralski		DIVISION NEA			
NOTE: SEE INSTRUCTIONS ON FIRST SHEET				TELEPHONE EXTENSION 3548		DATE 9 May 1957			
SECTION VIII OTHER BENEFITS				BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see P 15-210 or successor regulations.)					
Usual staff employee benefits									
SECTION IX COVER ACTIVITY									
47. STATUS (Check)		48. TYPE (Check)		49. PROPRIETARY		50. CULTURAL			
<input checked="" type="checkbox"/> ESTABLISHED		<input type="checkbox"/> SUBSIDIZED		<input checked="" type="checkbox"/> COMMERCIAL		<input type="checkbox"/> TOURIST			
51. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS				52. COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/>					
<input type="checkbox"/> YES <input type="checkbox"/> NO									
SECTION X OFFSET OF INCOME									
53. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)									
<input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE									
SECTION XI TERM									
54. DURATION		55. EFFECTIVE DATE		56. RENEWABLE					
DAYS MONTHS 2 YEARS		Upon departure		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
57. TERMINATION NOTICE (Number of days)				58. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION					
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
SECTION XII FUNCTION									
59. PRIMARY FUNCTION (PI, PP, other) PP									
SECTION XIII DUTIES									
60. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED									
Ostensible Assistant to the Director of a Lebanese radio and television center, perform liaison functions between the Chief of Station, Beirut, and the Center; provide thematic guidance to the Center in its output in accordance with Agency needs in support of HERMANTELED projects.									
SECTION XIV QUALIFICATIONS									
61. EXPERIENCE									
PP operations officer in the development, management and supervision of radio broadcasting facilities; professional experience in several media, particularly newspapers and radio.									
62. EDUCATION									
(Check Highest Level Attained)		GRADE SCHOOL		HIGH SCHOOL GRADUATE		TRADE SCHOOL GRADUATE			
		BUSINESS SCHOOL GRADUATE		COMMERCIAL SCHOOL GRADUATE					
		<input checked="" type="checkbox"/> COLLEGE (No degree)		COLLEGE DEGREE		POST GRADUATE			
						MA PHD			
63. LANGUAGE COMPETENCY									
(Check Appropriate Degree Competency)		LANGUAGE		SPEAK		WRITE			
				FLUENT AVERAGE POOR FLUENT AVERAGE POOR FLUENT AVERAGE POOR		READ			
		Spanish		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
		French		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
		German		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
64. INDIVIDUAL'S COUNTRY OF ORIGIN									
U.S.A.									
65. AREA KNOWLEDGE									
Central and South America; North Africa; Italy									
SECTION XV PRIOR EMPLOYMENT									
66. JOB AND SALARY PRIOR TO SERVICE FOR CIA									
Editor and publisher, lecturer, actor and free-lance writer.									
SECTION XVI ADDITIONAL INFORMATION									
67. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)									
Assignment to Project PECTATE should be effective 30 April 1957									
<input type="checkbox"/> OVER									
APPROVAL									
DATE		TYPED NAME & SIGNATURE OF DIVISION OFFICER		DATE		TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER			
10 May 57									

TR

CONFIDENTIAL

(When Filled In)

1. NAME (Last) <i>Phillips</i> (First) <i>David</i> (Middle) <i>R</i>		2. THIS DATE <i>9 Dec 55</i>	
3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME			
<input type="checkbox"/> WAR RISKERS' EMPLOYERS PROTECTIVE ASSOCIATION (WEP4)		<input type="checkbox"/> DEAD DISEASES *	
<input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI)		<input checked="" type="checkbox"/> INCOME REPLACEMENT *	
<input checked="" type="checkbox"/> MUTUAL BENEFIT OF OMAHA - HOSPITALIZATION		* CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIES FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS.	
<input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC)			
<input type="checkbox"/> AIR TRIP INSURANCE			
4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)			
5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW.			
TYPE OF POLICY	DESIRED	NOW HAVE	POLICY NUMBER
<i>Life Insurance</i>		<input checked="" type="checkbox"/>	
<i>Health Insurance</i>		<input checked="" type="checkbox"/>	<i>PC Thompson 56</i>
6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS			SIGNATURE OF EMPLOYEE
			<i>David C. Phillips</i>
7. EMPLOYEE INTERVIEWED BY	CPB (Signature)	ICD (Signature)	
	<i>C-T Churman</i>		
8. REMARKS			
When completed, the original of this form should be forwarded to T&B for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.			

INSURANCE QUESTIONNAIRE

TR

CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT					
INSTRUCTIONS: Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave at Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.					
1. NAME OF EMPLOYEE (Last)		(First)		(Middle)	
Phillips		David		Atlee	
2. RESIDENCE DATA					
PLACE OF RESIDENCE WHEN APPOINTED			LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (if appointed abroad)		
949 Rose Lane, Falls Church, Va.					
PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE					
1804 Washburn, Fort Worth, Texas.					
3. MARITAL STATUS					
<input type="checkbox"/> SINGLE	PLACE OF MARRIAGE		DATE OF MARRIAGE		
<input checked="" type="checkbox"/> MARRIED	Fort Worth, Texas		5 June 1948		
<input type="checkbox"/> DIVORCED	PLACE OF DIVORCE DECREE		DATE OF DIVORCE DECREE		
<input type="checkbox"/> WIDOWED	PLACE SPOUSE DIED		DATE SPOUSE DIED		
4. MEMBERS OF FAMILY					
NAME OF SPOUSE		ADDRESS (Number) (Street) (City) (State)		TELEPHONE	
Helen Haasch Phillips		949 Rose Lane Falls Church Va.		JE-3-9579	
NAMES OF CHILDREN		ADDRESS (Number) (Street) (City) (State)		SEX	AGE
Maria Louise Phillips		" " " "		Female	6
David Atlee Phillips, Jr.		" " " "		Male	3
Atlee Young Phillips		" " " "		Female	2
NAME OF FATHER (or male guardian)		ADDRESS (Number) (Street) (City) (State)		TELEPHONE	
Deceased					
NAME OF MOTHER (or female guardian)		ADDRESS (Number) (Street) (City) (State)		TELEPHONE	
Deceased					
5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
NAME				RELATIONSHIP	
Edwin T. Phillips, Jr.				Brother	
ADDRESS (Number) (Street) (City) (State)				TELEPHONE	
1804 Washburn Fort Worth Texas					
THE PERSONS NAMED IN ITEM 4 ABOVE WILL ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS."					
VOLUNTARY ENTRIES					
THE FOLLOWING AGENCY ENDORSED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME: THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.					
6. FULL NAME OF COMPANY		ADDRESS OF HOME OFFICE		POLICY NO.	
U.S. Government Employee		Washington, D.C.			
Mutual of Omaha Hospitalization		Omaha, Neb.		GWF 1514	
7. I HAVE COMPLETED THE FOLLOWING: WILL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POWER OF ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
8. REMARKS:					
Power of Attorney to: Edwin T. Phillips, Jr. 1804 Washburn, Fort Worth, Texas. Edmond K. Rannon Casilla 1250, Santiago, Chile					
SIGNED AT		DATE		SIGNATURE	
Washington, D.C.		27 December 1955		David C. Phillips	

CERTIFICATE OF ATTENDANCE

I certify that on MAY 12 1955 I have attended
(DATE)
 the Induction Course specified by Regulation 25-110.

Note:
 Displayed unusual
 alertness at the
 Introduction Program
 on May 12

DAVID A. PHILLIPS

(NAME) - Please print

☐ CLERICAL

☐ STENOGRAPHIC

☒ OTHER

OFFICE 2010/PP/130

GS- 14 (Grade)

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, DAVID A. PHILLIPS, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

1 April 1955

(Date of entrance on duty)

(Signature of appointee)

Subscribed and sworn before me this 23 day of April, A. D. 1955,

at Washington,
(City)

D. C.
(State)

[SEAL]

(Signature of officer)
James C. Sandagart
JSC 10 & 16a
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

7201 JACKSON AVE. FORT WORTH, TEXAS

1. PRESENT ADDRESS (street and number, city and State)

2. (A) DATE OF BIRTH: OCTOBER 21, 1922 (B) PLACE OF BIRTH (city or town and State or country): FORT WORTH, TEXAS

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY: (B) RELATIONSHIP: WIFE (C) STREET AND NUMBER, CITY AND STATE: 7201 JACKSON AVE. FORT WORTH, TEXAS (D) TELEPHONE NO.: JF-1927

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (OTHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATION- SHIP	MAR- RIED (Check one)	SINGLE
		1. _____			
		2. _____			
		3. _____			
		1. _____			
		2. _____			
		3. _____			
		1. _____			
		2. _____			
		3. _____			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS	
YES	NO	ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>		

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformity with the Civil Service Act, applicable Civil Service Rules and Regulations and Acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) **Identity of appointee**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) **Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointing officer should not be consummated until clearance has been secured from the certifying officer of the Civil Service Commission.

(4) **Members of Family**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) Phillips, David A.		29 Jan 75
3. POSITION TITLE C/LAD		4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH DDO/LA		6. EMPLOYEE'S EXT. 5103
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"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ETD STATION TDY 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: 5px; margin-top: 5px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Kathy Hill</i> Kathy Hill, LA/Trng ROOM NO. & BUILDING 3D5317 Hqs EXT 7431

10. COMMENTS Subject has completed his Executive Annual.	
11. REPORT OF EVALUATION Qualified for IXBXXIXX TDY Standby until 1 October 1975.	
DATE 4 February 1975	SIGNATURE FOR CHIEF OF MEDICAL STAFF William T. Golder, OMS/Registrar

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 10 May 1972	
2. NAME (Last, First, Middle) Phillips, David A. (Dependents of)		3. POSITION TITLE COS	4. GRADE GS-17
5. OFFICE DIVISION BRANCH Brasilia, Brazil		6. EMPLOYEE'S EXT. 7431	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETD August 1972 STATION Caracas, Venezuela TDY OR PCS PCS TYPE OF COVER State (Integrated) NO. OF DEPENDENTS TO ACCOMPANY five NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETA STATION NO. OF DEP'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. REQUESTING OFFICER	
<div style="font-size: 2em; font-weight: bold; text-align: center;">DEPENDENT</div>		SIGNATURE Joan Ferguson	
		ROOM NO. & BUILDING 3D 5309 Hqs	
		EXP 7431	

10. COMMENTS Please schedule appointments for the week of 10 July.			
Virginia S. wife	26 Feb 43	Wynne Augherton	12 Sep 64
Deborah Anne Mau	25 Dec 59	Todd son	3 Aug 70
Bryan Moss son	31 Dec 60	Charles son	28 Dec 56
11. REPORT OF EVALUATION QUALIFIED FOR IS PCS		67 31 72-7m 52	
DATE SPERRY PRALTON		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

15 MAY 1972

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST															
2. NAME (Last, First, Middle) Phillips, David A. (dependents)		17 October 1969															
3. OFFICE, DIVISION, BRANCH DDP/WH/COG		4. GRADE CS-16															
		5. EMPLOYER'S EAT. 7451															
7. PURPOSE OF EVALUATION																	
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETA</td></tr> <tr><td>o/a 28 December 1969</td></tr> <tr><td>STATION</td></tr> <tr><td>Rio de Janeiro</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>State</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>7</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SR 87) ATTACHED</td></tr> <tr><td>To be forwarded</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP.'S</td></tr> </table>		ETA	o/a 28 December 1969	STATION	Rio de Janeiro	TDY OR PCS	PCS	TYPE OF COVER	State	NO. OF DEPENDENTS TO ACCOMPANY	7	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SR 87) ATTACHED	To be forwarded	ETA	STATION	NO. OF DEP.'S
ETA																	
o/a 28 December 1969																	
STATION																	
Rio de Janeiro																	
TDY OR PCS																	
PCS																	
TYPE OF COVER																	
State																	
NO. OF DEPENDENTS TO ACCOMPANY																	
7																	
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SR 87) ATTACHED																	
To be forwarded																	
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>Ruth A. Sanford</i> Ruth A. Sanford WH Personnel ROOM NO. & BUILDING 305309 14															
		EXT. 6815															

10. COMMENTS	
Virginia S. - wife - 26 Feb 43 _____ (no company later) 112 31 63 Christopher Clark - son - 28 Dec 56 DeSPERRY PRESTON - 25 Dec 59 Bryan Moss - son - 31 Dec 60 Wynn Auerherton - son - 12 Sept 64	
11. REPORT OF EVALUATION	
QUALIFIED OS PCS 112 31 63 SPERRY PRESTON	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

SECRET

1. NAME (Last, First, Middle) Phillips, David A.		2. DATE OF BIRTH 10/31/22		3. GRADE GS-16	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/VH/COG		5. PRESENT POSITION Branch Chief		6. EMPLOYEE EXTENSION 7451	
7. PROPOSED STATION Rio de Janeiro		8. PROPOSED POSITION (Title, Number, Grade) COS, # 0186, GS-00			
9. TYPE OF COVER AT NEW STATION State		10. ESTIMATED DATE OF DEPARTURE c/a 28 Dec. '69		11. NO. OF DEPENDENTS TO ACCOMPANY 7	
12. COMMENTS Vice Robert D. Gahagen State Integree Form DS-1688 to be forwarded					
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL Ruth A. Sanford		15. ROOM NUMBER AND BUILDING 3D 3309	
				16. EXTENSION 6813	
17. OFFICE OF MEDICAL SERVICES DISPOSITION MEDICALLY QUALIFIED FOR PROPOSED OS PCS. DONALD FARLEY					
18. OFFICE OF SECURITY DISPOSITION 12 24 69					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) PHILLIPS, David A.		3. POSITION TITLE Ops Officer	4. GRADE OS-15
5. OFFICE, DIVISION, BRANCH DDP/WH/COB		6. EMPLOYEE'S EXT.	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETO 22 May - 5 June 1968 STATION Mexico City TDY OR PCS TDY TYPE OF COVER Tourist NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 29) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETA STATION NO. OF DEPTS </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Mary G. Wernig</i> Mary G. Wernig	
		ROOM NO. & BUILDING 3DE309	EXT. 1516
10. COMMENTS			
<p align="center">QUALIFIED FOR PRODUCTION</p>			
11. REPORT OF EVALUATION			
<p align="center">TDY</p> <p align="center">ROD HART</p>			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 6 September 1967
2. NAME (Last, First, Middle) Phillips, David		3. POSITION TITLE
5. OFFICE, DIVISION, BRANCH WH		4. GRADE GS-15
		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL - Executive <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 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; margin-top: 5px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE
		ROOM NO. & BUILDING
		EXT.
10. COMMENTS		
11. REPORT OF EVALUATION		
DUTIES DEX HART		
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) PHILLIPS, David A.		3. POSITION TITLE Ops Off	
5. OFFICE, DIVISION, BRANCH DDP/WH/3		4. GRADE GS-15	
		6. EMPLOYEE'S EXT. 5909	
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"/> HD/TS/TOY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> FTD STATION TOY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 42) ATTACHED </div> <input checked="" type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> ETA STATION NO. OF D.L.P.'S <p align="center">Five</p> </div>		
<div style="display: flex; justify-content: space-between;"> <div> MEDICAL Y RETURNED BACK HART </div> <div> QUALIFIED Santo Domingo </div> </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 Wife: Helen F. Dau: Maria L. DOB 9 Aug 49 Son: David A DOB 14 Jan 52 Son: Atlee I DOB 18 Feb 53 Son: Christopher DOB 28 Dec 56			
11. REPORT OF EVALUATION			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 31 October 1966
2. NAME (Last, First, Middle) Phillips, David A.	3. POSITION TITLE	4. GRADE GS-
5. OFFICE, DIVISION, BRANCH COB (WH)		6. EMPLOYEE'S EXT. 5903
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL - Executive <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> RTU STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div style="display: flex; justify-content: space-between;"> <div>ROOM NO. & BUILDING</div> <div>EXT.</div> </div>
10. COMMENTS		
QUALIFIED FOR CURRENT DUTIES REX HART		
11. REPORT OF EVALUATION		
DATE 12 1 66		SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 2 June 64	
2. NAME (Last, First, Middle) PHILLIPS, David A.		3. POSITION TITLE Ops Ofcr	
4. GRADE 15		5. EMPLOYEE'S EXT. x5909	
6. OFFICE, DIVISION, BRANCH DDP/WH/3			
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px;"> ETD 3 July 64 STATION Return to Mexico City TDY OR PCS PCS TYPE OF COVER State Integree NO. OF DEPENDENTS TO ACCOMPANY 5 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED -0 </div> <input checked="" type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA 30 June 64 STATION Mexico City, Mexico NO. OF DEP.'S 5 </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Murray Benthall</i> Murray Benthall WH/Pers Ofcr ROOM NO. & BUILDING GH 4407 Hqs EXT. x5909	

10. COMMENTS Will be in Hqs beginning 30 June until 3 July for TDY. <div style="text-align: right;"><i>1-2 July</i></div>	
QUALIFIED FOR PROPOSED O'S PCS	
11. REPORT OF EVALUATION JOE W. CLINE	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

SECRET
(When Filled In)

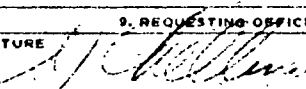
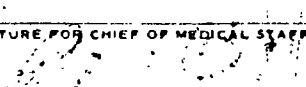
REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 27 JULY 1965	
2. NAME (Last, First, Middle) PHILLIPS, DAVID A.		3. POSITION TITLE COS	4. GRADE 15
5. OFFICE, DIVISION, BRANCH DDP/WH/BRANCH 2		6. EMPLOYEE'S EXT. 6576	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> ETO LATERAL TRANSFER STATION SANTO DOMINGO, D.R. TDY OR PCS PCS TYPE OF COVER DEPARTMENT OF STATE NO. OF DEPENDENTS TO ACCOMPANY 5 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0 </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px;"> ETA LATERAL TRANSFER STATION MEXICO CITY, MEXICO NO. OF DEP.'S 5 </div>		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE FRANK LANE WH PERSONNEL ROOM NO. & BUILDING CH 56	
		EXT. 6576	
10. COMMENTS MR. PHILLIPS IS A DIRECT TRANSFER. QUALIFIED FOR PROPOSED PCS			
11. REPORT OF EVALUATION JOE W. CLINE			
DATE 17 30 65		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST																			
		22 June 1961																			
2. NAME (Last, First, Middle) PHILLIPS, David A.		3. POSITION TITLE Ops Officer																			
4. GRADE GS-14		5. EMPLOYEE'S EXT. 8242																			
6. OFFICE, DIVISION, BRANCH DDP/AFD																					
7. PURPOSE OF EVALUATION																					
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> NOC/ICV <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETD</td><td>16 August 1961</td></tr> <tr><td>STATION</td><td>Maricao City</td></tr> <tr><td>TDY OR PCS</td><td>PCS</td></tr> <tr><td>TYPE OF COVER</td><td>Dept of State</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td><td>five</td></tr> <tr><td colspan="2">NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table> <input type="checkbox"/> <i>FORM 89 attached</i> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"> <tr><td>SEA</td><td></td></tr> <tr><td>STATION</td><td></td></tr> <tr><td>NO. OF DEPS</td><td></td></tr> </table> Subject's last physical exam was more than a year ago.		ETD	16 August 1961	STATION	Maricao City	TDY OR PCS	PCS	TYPE OF COVER	Dept of State	NO. OF DEPENDENTS TO ACCOMPANY	five	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED		SEA		STATION		NO. OF DEPS	
ETD	16 August 1961																				
STATION	Maricao City																				
TDY OR PCS	PCS																				
TYPE OF COVER	Dept of State																				
NO. OF DEPENDENTS TO ACCOMPANY	five																				
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																					
SEA																					
STATION																					
NO. OF DEPS																					
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER																			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>Henry Oosthoek, Jr.</i>																			
		ROOM NO. & BUILDING 1404 Barton Hall																			
		EXT. 8242																			

10. REPORT OF EVALUATION COMMENTS	
11. REPORT OF EVALUATION	
DATE 10 AUG 1961	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

SECRET

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST											
2. NAME (Last, First, Middle) PHILLIPS, David Atlee		12 April 1960											
3. POSITION TITLE		4. GRADE CS-14											
5. OFFICE, DIVISION, BRANCH Washington, D. C.		6. EMPLOYEE'S EXT. 2560											
7. PURPOSE OF EVALUATION													
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETD</td></tr> <tr><td>15 April 1960</td></tr> <tr><td>STATION</td></tr> <tr><td>WH Area</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TDY</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>None</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 87) ATTACHED</td></tr> </table>		ETD	15 April 1960	STATION	WH Area	TDY OR PCS	TDY	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	None	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 87) ATTACHED
ETD													
15 April 1960													
STATION													
WH Area													
TDY OR PCS													
TDY													
TYPE OF COVER													
NO. OF DEPENDENTS TO ACCOMPANY													
None													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 87) ATTACHED													
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER											
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE  S. J. CHELLINO ROOM NO. & BUILDING 1614 Barton EXT. 8717											
10. REPORT OF EVALUATION													
DATE 31 APR 1960 SIGNATURE FOR CHIEF OF MEDICAL STAFF 													

SECRET
(When Filled In)

CS/

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) MILLER, DAVID A.		3. POSITION TITLE OPB O-1000	4. GRADE GS-14						
5. OFFICE, DIVISION, BRANCH INSP/TR CS/CS Develop ment. Con. ment		6. EMPLOYEE'S EXT.							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETD</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETD									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE DAVID A. MILLER ROOM NO. & BUILDING 1001 Curia EXT. 4371							

*my comm. from
O-1000
22 May 1980
HOC*

10. REPORT OF EVALUATION	
<p align="center">DATE OF THE</p> <p align="center">EVALUATION</p> <p align="center"><i>Qualified comm from S. PSE</i></p>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) PULLIN, DAVID A.		3. POSITION TITLE OPS O-11-1							
4. GRADE		5. EMPLOYEE'S EXT. 11							
6. OFFICE, DIVISION, BRANCH DEPT/HR CE/C Development Consultant									
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETO</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 42) ATTACHED</td></tr> </table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 42) ATTACHED
ETO									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 42) ATTACHED									
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. 0371							

10. REPORT OF EVALUATION	
<p align="center">PLEASE PRINT</p> <p align="center">DEPARTMENTAL DUTIES</p> <p align="center"><i>See Special Commission from ST to SE</i></p>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF
24 MAR 1960	<i>[Signature]</i>

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) PHILLIPS, DAVID A.		3. POSITION TITLE OPS OFFICER							
4. GRADE GS-11		5. OFFICE, DIVISION, BRANCH NSA/PR CS/CI Development Complement							
6. EMPLOYEE'S EXT.									
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETO</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED</td></tr> </table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED
ETO									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE POD H. CA RIVETT							
		ROOM NO. & BUILDING 1501 C-10							
		EXT. 8371							
10. REPORT OF EVALUATION									
PLEASE EXPEDITE									
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF							

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) PHILLIPS, LATH A. (DEPEND NTS)		3. POSITION TITLE O S OFFICER	4. GRADE 14						
5. OFFICE, DIVISION, BRANCH IDP/TH CS/IS Development Complement		6. EMPLOYEE'S EXT.							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <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"/> OVERSEAS ASSIGNMENT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETO</td></tr> <tr><td>STATION</td></tr> <tr><td>TOY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETO	STATION	TOY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETO									
STATION									
TOY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE POD H. Capriotti ROOM NO. & BUILDING 1504 Curie EXT. 8371							
10. REPORT OF EVALUATION <p align="center">PLEASE EXPEDITE (DEPENDENTS)</p>									
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF							

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I REQUEST FOR PHYSICAL EXAMINATION BY <i>Ralph S. Pollock, C/CPD</i>			
1. NAME (Last) PHILLIPS, DAVID A.		2. DATE 20 Jan 56	
3. TO POSITION Operations Officer (PP)		4. OFFICE, DIVISION, BRANCH DDP/MI	
5. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas		6. GRADE GS-14	
7. EVALUATE FOR <input type="checkbox"/> EOD <input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Annual <input type="checkbox"/> Returnee <input type="checkbox"/> Special (Specify) Please notify Ken Hambold <u>only</u>, 2508 Curie Hall, x3585			
II REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: Subject is qualified for proposed PCS O/S assignment. (1-16-56)			
SECRET <i>C.O. [Signature]</i> MEDICAL OFFICE			

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last) Phillips,		2. DATE 12 Dec., 1955	
3. TO POSITION David		4. OFFICE, DIVISION, BRANCH A.	
5. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas		6. GRADE GS-12	
7. EVALUATE FOR <input type="checkbox"/> EOD <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Overseas <input type="checkbox"/> Annual <input type="checkbox"/> Returnee <input type="checkbox"/> Special (Specify)			
II REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: Subject is qualified for proposed 7 days TDY assignment. (12/12/55) Must have a physical examination on return from trip. This memo supersedes previous qualification.			
<i>Cal</i> <i>C.O. [Signature]</i> MEDICAL OFFICE			

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	2. NAME (First)	3. NAME (Middle)	4. DATE
PHILLIPS	DAVID	ATLEE	30 Dec 1955
5. TO POSITION	6. OFFICE, DIVISION, BRANCH	7. GRADE	
Ops officer	N. H.	GS-14	
8. TYPE OF POSITION	9. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas	<input type="checkbox"/> EOD <input type="checkbox"/> Overseas <input type="checkbox"/> Returnee		
	<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
II. REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified	
Remarks: Subject is qualified for proposed PCS O/S assignment. (1/16/56)			
			_____ MEDICAL OFFICE

SECRET

MEDICAL ACTION REQUEST AND REPORT			
I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	2. NAME (First)	3. NAME (Middle)	4. DATE
XXXXXXXX	PHILLIPS, DAVID A.		2 August 1954
5. TO POSITION	6. OFFICE, DIVISION, BRANCH	7. GRADE	
	WH	GS 12	
8. TYPE OF POSITION	9. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas	<input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Returnee		
	<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
II. REPORT OF MEDICAL EVALUATION			
<input checked="" type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified	
Remarks: WH #1		Mr. GAHAGAN x 3995	
Full duty/General (8-9-54)			
_____ Joseph J. Macchi			

(WHEN FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE					
APPLICANT CODING DATA					
1. ID 0 2 .	2. APPL. NO. 6-DIGITS	3. NAME MUST CONTAIN 20-DIGITS			
4. DATE OF BIRTH MO DA YR		5. DATE CODED MO DA YR		THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.	

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

LANGUAGE PROFICIENCY TEST DATA														
1. ID	2. EMPLOYEE NO	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST										
		3-LETTERS	C-A-D	BASE CODE	R	W	P	S	U	T	YR			
65	224345	PHI	A	BL 31	1	+	+	+	+	+	69			
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST			DATA FOR ITEM 2 THRU 7 IS							
BASE CODE	R	W	P	S	U	T	YR	NO	DA	YR	EXTRACTED FROM FORM 1273 PLW			
+	+	+	+	+	+	+	+	12	18	69	LANGUAGE PROFICIENCY AND AWARDS DATA.			

[illegible]

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4-51)

CERTIFICATION OF LANGUAGE PROFICIENCY																	
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)					3. TYPE CHANGE		4. LANGUAGE DATA BEFORE TEST								
		PHILLIPS, DAVID A.					SPACE CHANGE OBSOLETE		LAN. CODE		R	W	P	S	U	T	YR
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	T	YR	12/18/69		10/31/22		16		WE		
NOTICE TO PERSON TESTED																	
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>PORTUGUESE (BRASILIAN)</u> RE: <u>RE:1</u> AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)																	
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS		0 = ZERO 1 = INTERMEDIATE 2 = SLIGHT 3 = HIGH 4 = ELEMENTARY 5 = NATIVE					
I		+		+		+		+									
11. REMARKS										12. SIGNATURE							
										<i>Kiaf</i>							
										13. LD NUMBER							
										17603							

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS (110-45) **SECRET** GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION 1 - OP/CAS

QUALIFICATIONS SYSTEM RECORD CHANGE

APPLICANT CODING DATA

1. ID	2. APPL. NO.	3. NAME
< 2	0-DIGITS	MUST CONTAIN 20-DIGITS
4. DATE OF BIRTH		5. DATE CODED
MO	DA	YR

THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.

LANGUAGE CODING DATA - FORM 444c

1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE							
< 3		3-LETTERS	BASE CODE	R	W	P	S	U	T	YR
5. DATE SUBMITTED		6. DATE OF BIRTH		7. WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)						
MO		DA		YR						

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST											
< 5	024345	PHI	C	BASE CODE	R	W	P	S	U	T	YR				
				BK50	ES	1	1	1	4	61					
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST				8. DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273. LANGUAGE PROFICIENCY AND AWARDS DATA.							
BASE CODE		R	W	P	S	U	T	YR							
BK50		FT	0	0	4	4	4	4	4	4	4	4	4		

The authorization to process this employee's disclaimer of proficiency in the language factors indicated on this form is contained in a memorandum on file and designated "Language Proficiency Disclaimer File", located in the Qualifications Analysis Branch, Office of Personnel.

PERSONAL HISTORY STATEMENT

INSTRUCTIONS

— DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS —

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully — USE BLACK TYPEWRITER RIBBON OR BLACK INK.
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

SECTION I

GENERAL PERSONAL AND PHYSICAL DATA

1. Full Name (last first-middle) Abern, Virginia, Simmons		2. Age 26	3. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	4. Social security number 579-54-5233
5. Nicknames Gina		6. Other names you have used N/A		
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above N/A				
8. If legal change of name, give particulars (Where and by what authority) N/A				
9. Height 5' 3"	10. Weight 105	11. Color of eyes green	12. Color of hair blond	13. Type of complexion fair
14. Build slight		15. Scars (Type and location) appendix, stomach		
16. Other distinguishing physical features N/A				
17. Current address (No., Street, City, State & ZIP code — country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			18. Current phone number 202-5362	19. Long distance area code 301
20. Permanent address (No., Street, City, State & ZIP code — country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			21. Permanent phone number 202-5362	22. Long distance area code 301
23. Office phone number 332-2730	24. Office extension N/A	25. Legal residence (State, territory or country) Maryland		

SECTION II

POSITION DATA

1. Indicate the type of work or position for which you are applying	
2. Indicate the lowest annual entrance salary you will accept \$	
3. Dates available for employment Earliest: Latest:	
4. Indicate your willingness to travel	
Occasionally	Other (Specify)
Frequently	
Constantly	
5. Indicate your willingness to accept assignment in the following locations — check (X) each item applicable	
Washington, D.C.	Outside continental U.S.
Anywhere in U.S.	Certain locations only (Specify)
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area	
(For Office Use Only)	
Date of this application	

SECTION III		CITIZENSHIP	
1. Date of birth 2-26-43		2. Place of birth (City, State, Country) Philadelphia, Pennsylvania	
3. Present citizenship (Country) U.S.			
4. Citizenship acquired by: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):		5. Date naturalized N/A	6. Naturalization certificate number N/A
7. Court issuing naturalization certificate N/A		8. Issued at (City, State, Country) N/A	
9. If alien, give alien registration number N/A		10. Date and place of arrival in U.S. N/A	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. If yes, give name of country N/A	
13. Give particulars concerning previous nationalities N/A			
14. Last U.S. visa (Number, type, place of issue) N/A		15. Date visa issued n/a	

SECTION IV		EDUCATION					
ELEMENTARY SCHOOL							
1. Name of elementary school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
HIGH SCHOOLS							
1. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
COLLEGE OR UNIVERSITY STUDY							
Name and location of college or university	Subject		Years attended From - to -	Degree Received	Year Received	Grade or Final Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							
4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content							
THIRD, COMMERCIAL AND SPECIALIZED SCHOOLS							
Name and address of school	Study or specialization		From	To	No. of months		
1.							
2.							
3.							
4.							

EDUCATION (Continued)				
MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.				
Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
Other education or training not indicated above				

SECTION V

FOREIGN LANGUAGE ABILITIES

1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered. If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line. If you have no proficiency in any foreign language, check (X) box at right and leave other items blank.	Level of Skill					HOW ACQUIRED (Check (X) Boxes which apply)				
	(Slight)	2	3	4	(Native)					
	1				5					
	0 = No proficiency in a specific skill factor									
	SKILL FACTORS									
	Reading comprehension	Writing ability	Proficiency	Conversational ability	Oral comprehension	Native of country	Prolonged residence	Contact (long periods, etc.)	Academic study	
2. If you have had experience as a translator, interpreter or instructor — explain and specify in which language(s) you have had such experience.										
3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.										
4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected? —> <input type="checkbox"/> Yes <input type="checkbox"/> No										
(For Office Use Only)										

SECTION XI

MARITAL STATUS

1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify Divorced	
2. State date, place, and reason for all separation, divorce or annulments 2-10-69, Juarez, Mexico, incompatibility	
Wife, husband or fiancé(s) <input type="checkbox"/> If you have been married more than once (including annulments) use separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé(s).	
3. Name of spouse (Last) Phillips (First) David (Middle) Atleo (Maiden)	
4. State any other names ever used by spouse N/A	
Indicate circumstances (including length of time) under which any names noted in item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 13 and 16 of this form to record this information.	
5. Date of birth 10-31-22	6. Place of birth (City, State, Country) Fort Worth, Texas
7. Date of marriage	
8. Place of marriage (City, State, Country)	
9. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Citizenship U.S.	11. Former citizenship(s) (country(ies)) N/A
12. If alien, give alien registration number N/A	
13. Date U.S. citizenship acquired N/A	14. Where acquired N/A
15. Date and place of arrival in U.S. N/A	
16. Naturalization certificate number N/A	
17. Date of death N/A	18. Cause of death N/A
19. Current address (Give last address, if deceased)	
20. Address of spouse before marriage	
21. Occupation Foreign Service Reserve Officer	22. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers) U.S. Dept of State
23. Employer's or business address (Number, Street, City, State, Country) U.S. Dept. of State, Washington	
24. Dates of military service (from -- to -- by month & year)	25. Branch of military service
26. Country with which military service affiliated U.S.	
27. Details of other government service, U.S. or foreign	

SECTION XII

CHILDREN AND OTHER DEPENDENTS

1. Provide the following information for all children and dependents				
Name	Relationship	Date & Place of Birth	Citizenship	Address
2. No. of children (include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting		3. No. of other dependents (e.g., spouse, parents, stepchildren, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting		

SECTION XVII MOTHER-IN-LAW (If marriage contemplated, fill in information for future mother-in-law)			
1. Full name (Last - First - Middle - Maiden)			
2. State other names she has used			
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) (country/ies)		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Occupation		16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)			

SECTION XVIII RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT					
RELATIVES WITH FOREIGN CONNECTIONS	(1)	1. Name (Last - First - Middle) Simmons, George Stuart	2. Relationship Grandfather	3. Date of birth 3-17-84	4. Place of birth (City, State, Country) San Francisco, Calif
		5. Citizenship (Country) U.S.	6. Address or country in which relative resides 4143 Unterer Zielweg 111, Dornach, Switzerland		
		7. Employed by N/A	8. Frequency of contact none	9. Date of last contact 1961	
	(2)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address or country in which relative resides		
		7. Employed by	8. Frequency of contact	9. Date of last contact	
	(3)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address or country in which relative resides		
		7. Employed by	8. Frequency of contact	9. Date of last contact	

SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES					
RELATIVES IN THE SERVICE OF THE UNITED STATES	(1)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)	
		1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	(2)	5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)	
		1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)	

(For Office Use Only)

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

SECTION XI MARITAL STATUS FORMER HUSBAND

- | | |
|---|--|
| 3. Ahorn, Thomas Joseph | 21. Foreign Service Reserve Officer |
| 4. N/A | 22. U.S. Dept. of State |
| 5. 4-12-40 | 23. U.S. Dept. of State, Santo Domingo, Washington, D.C. |
| 6. Washington, D.C. | 24. N/A |
| 7. 4-6-59 | 25. N/A |
| 8. Hyattsville, Maryland | 26. N/A |
| 9. yes | 27. N/A |
| 10. U.S. | |
| 11. N/A | |
| 12. N/A | |
| 13. N/A | |
| 14. N/A | |
| 15. N/A | |
| 16. N/A | |
| 17. N/A | |
| 18. N/A | |
| 19. U.S. Embassy, Santo Domingo, Dominican Republic | |
| 20. 4622 Hunt Avenue, Chevy Chase, Maryland | |

(Signature)

Space for extra details continued on page 16

PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

Abraham Lincoln Brigade
 Abraham Lincoln School, Chicago, Illinois
 Action Committee to Free Spain Now
 Alabama People's Educational Association (see Communist Political Association)
 American Association for Reconstruction in Yugoslavia, Inc.
 American Branch of the Federation of Greek Maritime Unions
 American Christian Nationalist Party
 American Committee for European Workers' Relief (see Socialist Workers Party)
 American Committee for Protection of Foreign Born
 American Committee for Spanish Freedom
 American Committee for the Settlement of Jews in Birobidjan, Inc.
 American Committee for Yugoslav Relief, Inc.
 American Committee to Survey Labor Conditions in Europe
 American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
 American Council on Soviet Relations
 American Croatian Congress
 American Jewish Labor Council
 American League Against War and Fascism
 American League for Peace and Democracy
 American National Labor Party
 American National Socialist League
 American National Socialist Party
 American Nationalist Party
 American Patriots, Inc.
 American Peace Crusade
 American Peace Mobilization
 American Poets for Peace
 American Polish Labor Council
 American Polish League
 American Rescue Ship Mission (a project of the United American Spanish Aid Committee)
 American-Russian Fraternal Society
 American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union
 American Russian Institute, Philadelphia
 American Russian Institute of San Francisco
 American Russian Institute of Southern California, Los Angeles
 American Slav Congress
 American Women for Peace
 American Youth Congress
 American Youth for Democracy
 Armenian Progressive League of America
 Associated Klans of America
 Association of Georgia Klans
 Association of German Nationals (Reichsdeutsche Vereinigung)
 Ausland-Organisation der NSDAP, Overseas Branch of Nazi Party
 Baltimore Forum
 Benjamin Davis Freedom Committee
 Black Dragon Society

Boston School for Marxist Studies, Boston, Massachusetts
 Bridges-Robertson-Schmidt Defense Committee
 Bulgarian American People's League of the United States of America
 California Emergency Defense Committee
 California Labor School, Inc., 321 Divisadero Street, San Francisco, California
 Carpatho-Russian People's Society
 Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
 Central Japanese Association (Heikoku Chuo Nipponjin Kai)
 Central Japanese Association of Southern California
 Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
 Cervantes Fraternal Society
 China Welfare Appeal, Inc.
 Chopin Cultural Center
 Citizens Committee for Harry Bridges
 Citizens Committee of the Upper West Side (New York City)
 Citizens Committee to Free Earl Browder
 Citizens Emergency Defense Conference
 Citizens Protective League
 Civil Liberties Sponsoring Committee of Pittsburgh
 Civil Rights Congress and its affiliated organizations, including:
 Civil Rights Congress for Texas
 Veterans Against Discrimination of Civil Rights Congress of New York
 Civil Rights Congress for Texas (see Civil Rights Congress)
 Columbians
 Comité Coordinador Pro Republica Espanola
 Comité Pro Derechos Civiles
 (See Puerto Rican Comité Pro Libertades Civiles)
 Committee for a Democratic Far Eastern Policy
 Committee for Constitutional and Political Freedom
 Committee for Nationalist Action
 Committee for Peace and Brotherhood Festival in Philadelphia
 Committee for the Defense of the Pittsburgh Six
 Committee for the Negro in the Arts
 Committee for the Protection of the Bill of Rights
 Committee for World Youth Friendship and Cultural Exchange
 Committee to Abolish Discrimination in Maryland
 (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland)
 Committee to Aid the Fighting South
 Committee to Defend Marie Richardson
 Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners
 Committee to Uphold the Bill of Rights
 Commonwealth College, Mena, Arkansas
 Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates

CERTIFICATION

I certify that I have read the names of the above listed organizations.

To the best of my knowledge and belief, I am not, nor have I been a member of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any organization listed above, or any organization outside the United States espousing Communist, Fascist, Totalitarian or Nazi causes, except as noted below.

To the best of my knowledge and belief, none of my close relatives are, nor have ever been members of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any such organizations, except as noted below.

INSTRUCTIONS

For the purpose of this certification, if an applicant or employee is completing this form, the term "close relative" will include spouse, children, parents, brothers, sisters, uncles, and aunts. "Close relatives" of the spouse, for this purpose, will include children, parents, brothers, sisters, uncles, and aunts.

If there are exceptions to this certification, set forth below under Remarks all pertinent information concerning the nature and extent of your activities or those of your close relatives in such organizations, including the names of the organizations, dates of membership, meetings attended, titles of positions held, amounts and dates of contributions, nature of petitions signed falling within the meaning of the above certification and circumstances thereof, titles and authors of literature received, and dates on which received.

In exceptions concerning relatives, include only such information presently known to you or available from your own records.

If necessary, use additional sheets and sign each sheet. Write none if there are no exceptions.

REMARKS: To be completed by Spouse	REMARKS: To be completed by Applicant or Employee
Date	Date <i>March 12, 1969</i>
Signature of Spouse	Signature of Applicant or Employee <i>Virginia L. Aherne</i>
Address — City and State	Address — City and State <i>Holbrook, Maryland</i>
Witness	Witness
Address — City and State	Address — City and State

PHILLIPS DAVID A

1965 W4

PP 0 (1) 00 00 0

(2) (3)

(4)

SUBJECT: NOTIFICATION OF GRANTING OR OF REVOCATION OF CRYPTOGRAPHIC CLEARANCE

THE ABOVE NAMED INDIVIDUAL (ITEM 1) HAS BEEN GRANTED A CRYPTOGRAPHIC CLEARANCE FOR THE CRYPTOGRAPHIC CLEARANCE HELD BY THIS INDIVIDUAL HAS BEEN REVOKED UNDER THE PROVISIONS OF HR 90-8. THE CLEARANCE (ITEM 2) OR REVOCATION (ITEM 4), IS EFFECTIVE AS OF THE MONTH AND YEAR SHOWN ABOVE. SUBJECT HAS BEEN BRIEFED OR DEBRIEFED, AS APPROPRIATE, CONCERNING CRYPTOGRAPHIC AND RELATED COMMUNICATIONS SECURITY MATTERS AND HAS SIGNED A BRIEFING/DEBRIEFING STATEMENT, AS APPROPRIATE, ACKNOWLEDGING RESPONSIBILITY FOR THE PROTECTION OF CRYPTOGRAPHIC INFORMATION. UPON REVOCATION OF CRYPTOGRAPHIC CLEARANCE SUBJECT IS NOT AUTHORIZED TO HAVE CONTINUED CUSTODY OF, ACCESS TO, OR OTHERWISE GAIN FURTHER KNOWLEDGE OF STAFF CRYPTOGRAPHIC MATERIAL OR INFORMATION.

WHEN EMPLOYEE NO LONGER REQUIRES THE CLEARANCE IN ORDER TO PERFORM HIS/HER ASSIGNED DUTIES, IT IS REQUESTED THAT THE COMMUNICATIONS SECURITY STAFF, OC, BE NOTIFIED THAT THE CLEARANCE MAY BE REVOKED.

DISTRIBUTION:

- 1 - EMPLOYEE'S COMPONENT (ITEM 3)
- 1 - OFFICE OF PERSONNEL

FORM 12-63 597b USE PREVIOUS EDITIONS

FOR THE DIRECTOR OF COMMUNICATIONS.

CHIEF, ~~SECURITY~~ BRANCH, OC-S

CONFIDENTIAL

DOCTRINE

GROUP 1
Excluded from automatic
downgrading and declassification

SECRET
(When Filled In)

1. PERSONNEL SERIAL NO. (1-6) 10410		LANGUAGE PROFICIENCY AND AWARDS DATA				2. LD NO. 7010
3. NAME (7-34) LAST Phillips, David A.		FIRST D.	MIDDLE .	4. OFFICE OR DIVISION H	5. LANGUAGE English	6. LANG. CODE (25-27) 120
7. DATE OF TEST (46-51) June 10, 1961		8. ANNIVERSARY DATE Mar. 16, 1962		9. GRADE 20	10. DATE OF BIRTH Oct. 21, 1908	
11. REASON FOR TAKING TEST		12. TEST SCORES				
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)
ESTABLISH SKILL LEVEL						
13. ELIGIBILITY (39)		14. TYPE OF AWARD				
A		ACHIEVEMENT (A)	ELEMENTARY (E)	READING (R) SPEAKING (S)		BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)
M		MAINTENANCE (M)	INTERMEDIATE (I)	COMPREHENSIVE (C)		
NA			HIGH (H)			
15. INELIGIBLE (REASON) level of proficiency not maintained				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-45)		
REMARKS				SIGNATURE		DATE
				17. I CERTIFY THAT FUNDS ARE AVAILABLE		
				OBIGATION REF. NO.	CHARGE ALLOTMENT NO.	
				SIGNATURE		

FORM 127-1
5-60

OBsolete PREVIOUS
EDITIONS

SECRET

(10-45)

MRD COPY

SECRET
(When Filled In)

1. PERSONNEL SERIAL NO. (1-6) 54445		LANGUAGE PROFICIENCY AND AWARDS DATA				2. LD NO. 752
3. NAME (7-24) LAST DUBILLO, David A.		FIRST	MIDDLE	4. OFFICE OR DIVISION 18	5. LANGUAGE FRENCH	6. LANG. CODE (25-27) 202
7. DATE OF TEST (40-51) June 20, 1965		8. ANNIVERSARY DATE Mar. 14, 1960		9. GRADE 18	10. DATE OF BIRTH Oct. 21, 1900	
11. REASON FOR TAKING TEST		12. TEST SCORES				
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)
ESTABLISH SKILL LEVEL						
13. ELIGIBILITY (39)		14. TYPE OF AWARD				
A		ACHIEVEMENT (A)	ELEMENTARY (E)	READING (R) SPEAKING (S)		BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)
M		MAINTENANCE (M)	INTERMEDIATE (I)	COMPREHENSIVE (C)		
NA			HIGH (H)			
15. INELIGIBLE (REASON) did not achieve an awardable level.				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-43) SIGNATURE _____ DATE _____		
REMARKS				17. I CERTIFY THAT FUNDS ARE AVAILABLE		
				OBLIGATION REF. NO. _____ CHARGE ALLOTMENT NO. _____		
				SIGNATURE _____		

FORM 1273
5-60

OBSELETE PREVIOUS
EDITIONS

SECRET

(10-43)

MRD COPY

SECRET

(When Filled In)

11-81		LANGUAGE DATA RECORD		
524345				
PART I-GENERAL				
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-33)		
PHILLIPS, DAVID A.		MONTH OCTOBER	DAY 31	YEAR 1922
3. LANGUAGE (34-39)	4. TODAY'S DATE (34-39)		5.	
FRENCH 265	MONTH march	DAY 14	YEAR 60	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
(3) I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
(5) I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
(4) MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS	
SECTION D. Speaking (43)	
1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.	
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.	
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.	
<input checked="" type="radio"/> 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.	
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.	
SECTION E. Understanding (44)	
1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.	
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKE AND PUNS.	
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.	
<input checked="" type="radio"/> 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.	
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.	
BEFORE CONTINUING — CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)	
1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.	
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.	
3. BOTH OF THE ABOVE STATEMENTS APPLY.	
<input checked="" type="radio"/> 4. NONE OF THE ABOVE STATEMENTS APPLY.	
PART IV—CERTIFICATION	
I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-175, PAR. 10(a). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.	
DATE SIGNED 14 MARCH 1960	SIGNATURE D. A. Plesner
1461 S	1471 F

SECRET

(When Filled In)

(15-6)		LANGUAGE DATA RECORD	
524345			
PART I-GENERAL			
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-30)	
PHILLIPS, DAVID ATLEE		OCTOBER 31 1922	
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.
SPANISH DC	MARCH 14 1960		<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.			
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.			
5. I HAVE NO READING ABILITY IN THE LANGUAGE.			
SECTION B. Writing (41)			
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4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.			
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4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			