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SECRET

26 March 1971

MEMORANDUM FOR : Office of Finance/C&TD**SUBJECT : Verification of Contract Service for
Sandra B. CAZAZZUS (P), Terminated Contract Employee**

1. During period 8 April 1957 through 8 September 1953, subject served as an Agency Staff Employee. During this period, subject was a participating member of the Civil Service Retirement System.

2. During period 15 July 1964 through 19 October 1970, subject served as a part-time contract employee on a prearranged regular scheduled tour of duty. With respect to this period of service:

(a) Period 15 July 1964 through 7 September 1967 is creditable for purposes of Civil Service Retirement. Since subject was covered by Social Security during this period, Civil Service Retirement deductions were not withheld.

(b) During period 8 September 1967 through 19 October 1970, subject was a participating member of the Civil Service Retirement System.

3. Action Required:

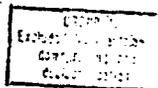
(a) Office of Finance: Please post the above information to subject's retirement records.

(b) DDP/WH/Contracts: For your information.

/s/ [Signature]
Chief
Contract Personnel Division

Distribution:

- Orig - O/F/C&TD
- 1 - WH/Contracts
- 1 - CPD subject file
- 1 - CPD chrono

SECRET

11 MAR 1971

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : Civil Service Retirement Credit

1. It is requested that information be provided as to the creditable service for the Civil Service Retirement program for the following individuals.

Kurt B. CANEPA
Sandra B. CAZAZZUS
Ralph M. SAMOSKA
Jesse D. WITCHARD

2. Although the named individuals are no longer employed by the Organization, the creditable service can be of particular significance to each.

3. Your early attention to the request will be appreciated.


William V. Broe
Chief
Western Hemisphere Division

SECRET

SECRET

23 March 1971

MEMORANDUM FOR: Contract Personnel Division
SUBJECT : Sandra B. CAZAZZUS

Following are the total number of hours for each year worked by Sandra B. CAZAZZUS under contract. The information was provided this office by Payroll:

Period of Service		Year	Total Hours Worked
From	To		
15 Jul 64	Dec 64	1964	551 hours
Jan 65	Dec 65	1965	789
Jan 66	Dec 66	1966	1091
Jan 67	Dec 67	1967	1092
Jan 68	Dec 68	1968	1486
Jan 69	Dec 69	1969	1414
Jan 70	19 Oct 70	1970	1217

Dow: This gal had two contracts. The first one included a leave benefit. This first K ended and was immediately replaced by a 2nd K, which included Civil Service Retirement.

From the number of hours worked I feel we can make a determination that she during the full period she worked ~~as a~~ in a part-time basis on a prearranged reg. sch. tour of duty. If you concur, I will write a std. type memo to C/Finance.

Subject is now terminated, but in WH field with her husband. Bill Kenahan has a dispatch in asking that Hqtrs. verify her total K service.

Paul.
23 Mar 71

Na
v

OK - DK

SECRET

Contract Service - Sandra B. CAZZO (P)

<u>Date</u>	<u>Action</u>	<u>Compensation Equivalent</u>	
8 Apr 57	CIA Staff Employee service		
8 Sep 63			
15 Jul 64	Contract Employee with Social Security. No LPAs or PSIs.	\$2.59 p.h.	
14 Aug 64	Pay increase	2.72	
10 Oct 65	Pay increase	2.80	
	Authorized future LPAs.	2.82	
3 Jul 66	LPI	2.90	
7 Sep 67	Contract terminated	2.90	
8 Sep 67	Contract Employee with Social Civil Service Retirement, and LPAs. No PSIs.	2.90	
8 Oct 67	LPI	3.07	
14 Jul 68	LPI	3.12	GS-05/5
13 Jul 69	LPI	3.37	GS-05/5
28 Dec 69	LPI	3.57	GS-05/5
19 Oct 70	Contract terminated	3.57	"

NOTE: On 24 Mar 1971, subject's official Staff Employee file was reviewed. It reflected; (a) staff employee service from 8 Apr 57 to 8 Sep 63; (b) during entire period was a participating member of the Civil Service Retirement System; (c) she was on LMOP during period 12 Jun-8 Sep 63; and her SF-114 dated 8 Apr 57 reflect no prior Federal Service.

1. LAST NAME TARASOFF FIRST NAME <i>Elizabeth</i> INITIAL(S) <i>AMNA</i>		2. APPOINTMENT DATA Employed as an <i>978767</i> <input type="checkbox"/> FT <input checked="" type="checkbox"/> PT		3. TOTAL SERVICE FOR LEAVE (as of date of separation)							
4. DATE AND NATURE OF SEPARATION Contract terminated 10/19/70		Subject to Sec. 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec. 203(d) on _____ Annual Leave Bal _____		Years _____ Months _____ Days _____ <input type="checkbox"/> More than 15 years							
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)			SUMMARY OF HOME LEAVE (DAYS)								
5. Balance from prior leave year ended <u>1/10</u> 19 <u>70</u> 275 256			14. Date arrival abroad for ML purposes <u>NONE</u>								
6. Current leave year accrual through <u>10/17</u> 19 <u>70</u> 89 56			15. Current balance as of _____ 19 _____								
7. Total 364 312			16. 12-month accrual rate _____								
8. Reduction in credits, if any (current year) _____			17. Dates leave used prior 24 months _____								
9. Total leave taken 0 0			18. Monthly accrual date _____								
10. Balance 364 312			19. Calendar days credit for next accrual date _____								
11. Total hours paid in lump sum <u>360hrs 2 holidays</u>			20. Date basic service period completed _____								
12. Salary rate(s) <u>\$3.57 p/h</u>			MILITARY LEAVE								
13. Lump sum leave dates From <u>OSDD 10/17</u> to <u>1700 12/22/70 0</u> (Hours)			21. Dates during current calendar yr _____ to _____								
20. <i>Elizabeth Tarasoff</i> (Signature) Auth cert. officer (Title)			22. Dates during preceding calendar yr _____ to _____								
			ABSENCE WITHOUT PAY								
			23. During leave year in which separated								
			24. During step-increase waiting period which began on <u>8/14/64</u>								
			25. During 12-month ML accrual period (dates):								
			<table border="1" style="border-collapse: collapse;"> <tr> <td colspan="2">LWOP or AWOL or Purlough/Suspension (Hours)</td> </tr> <tr> <td style="text-align:center">0</td> <td style="text-align:center">0</td> </tr> <tr> <td style="text-align:center">0</td> <td style="text-align:center">0</td> </tr> </table>			LWOP or AWOL or Purlough/Suspension (Hours)		0	0	0	0
LWOP or AWOL or Purlough/Suspension (Hours)											
0	0										
0	0										

Standard Form 1150
November 1961
1150-100

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 296-31 AND 990-2

REMARKS
**SCD
7/15/64**

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 0131751		2 NAME (LAST-FIRST MIDDLE) LAZZUS SANDRA B		3 PREPARED: 07/1/77	
3 NATURE OF PERSONNEL ACTION CONTRACT TERMINATION (18CHLO1)			4 EFFECTIVE DATE MO DA YR 10 1 70		5 CATEGORY OF EMPLOYMENT CONTRACT-TYPE A (S)
4 FUNDS		V TO V	V TO CF	7 FINANCIAL ANALYSIS NO CHARGEABLE 1155-C970	8 CSC OR OTHER LEGAL AUTHORITY
9 ORGANIZATION SYMBOL WESTERN HEMISPHERE DIV		10 LOCATION OF OFFICIAL STATION CONVOY CENTER			
11 POSITION TITLE TRANSLATOR			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION
14 CLASSIFICATION SCHEDULE (GS, EB, etc.) (PART TIME) GS		15 OCCUPATIONAL SERIES 10-5.01	16 GRADE AND STEP GS 5	17 SALARY OR RATE DGR: 071564 S.78 LAI: 071564	
----- STATUS INFORMATION -----					
BIRTH DATE: 23 SEX: F MARITAL ST: MAR NO. DEPENDENTS: 00 CITIZENSHIP: US/BIRTH LONGEVITY COMP: 071564 FED SERVICE COMP: TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES PREV. GOVT SERV: 5 SAL. TASK LIMIT: PAY BASIS: H A/L IND: 3 S/L IND: 3					
----- CONTRACT INFORMATION -----					
EFF DATE: 090357 EXPIRATION DATE: 090777 DATE ORIG CONTRACT: 071564 REFERRING OFFICER: WH ADMIN REPR ORG: WH PHONE: 4-60					
----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----					
TAX STAFF: Y FGD EXMP: STATE EXMP: STATE: TRAVEL: NNN OPS EXPNSE: N HOUSING: N POST/EQUAL: N HOME LEAVE: 0 DIFFERENTIAL: N OFFSET CLAUSE: N STD GOVT: N LEGISL PAY: Y PREMIUM PAY: N ALLOWANCE COMM: N EDUCATION: N STEP INCRS: N GTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION: N					
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA					
SIGNATURE OR OTHER AUTHENTICATION					

SECRET

DUPLICATE

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL		DATE		
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE		25 January 1971		
PERSONAL DATA				
NAME (Last, First, Middle - name or pseudonym)		OFFICE AND BRANCH OF ASSIGNMENT		
CAZAZZUS, Sandra B. (P)		DDP/41/1		
LOCAL ADDRESS		PERMANENT ADDRESS		
Mexico City, Mexico		Cleveland, Ohio		
PERMANENT STATION OR BASE		POSITION OR FUNCTIONAL TITLE		
Mexico City, Mexico		Contract Employee, Type B		
CONTRACT DATA				
DATE CONTRACT EFFECTIVE	DATE CONTRACT LAST RENEWED	DATE CONTRACT EXPIRES	DATE OF CONTRACT TERMINATION	
15 July 1964	8 September 1970	7 September 1971	19 October 1970	
REASON FOR CONTRACT TERMINATION				
Retirement of husband.				
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)				
COMPONENT	CLEARED BY	DATE	REMARKS	
FINANCE				
LOGISTICS				
Security				
CONTRACT APPROVING OFFICER		CLEARED BY (Signature)	DATE	
		W.S. Penahan, C/41/Contracts		
SCHEDULE OF INTERVIEWING OFFICES				
(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)				
OFFICE	SCHEDULE			INTERVIEWING OFFICIAL
	DATE	TIME	LOCATION	
CENTRAL COVER STAFF				CLEARED BY (Signature)
				DATE
OFFICE OF SECURITY PSD			OS #131 751 13 July 64	CLEARED BY (Signature)
				DATE
OFFICE OF PERSONNEL CPD				CLEARED BY (Signature)
				DATE
REMARKS (Please initial)				
Duplicate - advance copy to OF/CST/CEAS 30 October 1970. /s/ Dow H. Lutacher Special Contracting Officer				
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT		SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER	DATE	
C/41/1				

HIGH 3 BASED ON LAST 3 YEARS HIS CONTRACT

OCT 67 - DEC 67	\$1607.02
JAN - DEC 68	4549.34
JAN - DEC 69	4935.06
JAN - OCT 70	<u>4335.49</u>

$\$14428.89 \div 3 = \4809.63

HIGH 3 RENTAGE

$1\frac{1}{2}\% \times 4809.63 \times 5 = \360.70
 $1\frac{3}{4}\% \times 4809.63 \times 5 = 420.95$
 $2\% \times 4809.63 \times 2.5 = 240.48$

\$1022.03 ANNUITY

HIGH 3 BASED ON LAST 3 YEARS ~~IS~~ STAFF

JUN 62 - JUN 63	\$5545	6 3/4
JUN 61 - JUN 62	5160	6/3
JAN 61 - JUN 61	2497	6/2
JUN 60 - DEC 60	<u>2255</u>	5/2

$\$15457 \div 3 = \5152.33

HIGHER ANNUITY

$1\frac{1}{2}\% \times \$5152.33 \times 5 = \386.45
 $1\frac{3}{4}\% \times \$5152.33 \times 5 = 450.55$
 $2\% \times \$5152.33 \times 2.5 = 257.63$

\$1094.93 ANNUITY

CHAZZUS (P) TARASOFF 8 FEB

1. She is not eligible for retirement annuity until she's 62 yrs old - on 5 May 1985.

STAFF (CSR) Apr 57 - Jun 63 Nov 63
 → CONTRACT (SS) Jul 64 - Sept 67
 " (CSR) Sept 67 - Oct 70

NO. Refund of Retirement Deductions has been made, either from Staff or Contract employment.
 Form 2802

Resignation effective } \$1781.83
 7 Sept 1963

57-63	CS Deductions while a Staffer	\$1781.83
67-70	" " " Contract	961.24
	TOTAL	\$2743.07

Sept 290
 Oct 67 \$3.03
 14 Jul 3.12

Oct 70
 Sept 57
 13 1/2 MONTHS
 2142.33
 3(1545) 00
 286
 1510

Sept 67	\$609	Dec 67
68	\$4549.34	
69	4935.06	
Oct 70	4335.49	

DISPATCH		CLASSIFICATION S E C R E T	PROCESSING ACTION
TO	Chief, WH Division		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City <i>021</i>		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	AMKIN/CONTRACTS - Termination Sandra B. CAZZZUS		
ACTION REQUIRED - REFERENCES			
<p>1. Sandra B. CAZZZUS' contract was terminated effective 19 October 1970. Since her husband is retiring, she will no longer be available for employment.</p> <p>2. Submitted herewith is a signed contract termination and termination secrecy oath.</p> <p style="text-align: right;"><i>Zachary T. Allanta</i> Zachary T. ALLANTA</p>			
Attachments:			
<p>Contract termination - - - Orig & 1. h/w Termination secrecy oath - Orig & 1. h/w</p>			
Distribution:			
<p>Orig & 2 - Chief, WH Division w/att.</p>			
<i>Rec'd 30 OCT 1970</i>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HMNT 10,578	22 October 1970	
	CLASSIFICATION	MOS FILE NUMBER	
	S E C R E T		

SECRET

TERMINATION SECURITY OATH

I, Sandra B. CAZZUS, am about to terminate my association with the Organization. I realize that, by virtue of my duties with the Organization, I have been the recipient of information and intelligence which concerns the present and future security of our country. I am aware that the unauthorized disclosure of such information is prohibited by the espionage laws of our government which specifically requires the protection of intelligence sources and methods from unauthorized disclosure. Accordingly, I SOLEMNLY SWEAR, WITHOUT MENTAL RESERVATION OR PURPOSE OF EVASION, AND IN THE ABSENCE OF DURESS, AS FOLLOWS:

1. I will never divulge, publish, or reveal by writing, word, conduct, or otherwise any information relating to the national defense and security and particularly information of this nature relating to intelligence sources, methods, personnel, fiscal data, or security measures to anyone, including, but not limited to, any future governmental or private employer, private citizen, or government employee or official without the express written consent of the Chief of the Organization or his authorized representative.
2. I have been invited to submit in writing any monetary claims I may have against the Organization or our government which may in any way necessitate the disclosure of information described herein. I have been advised that any such claims will receive full legal consideration. In the event, however, that I am not satisfied with the decisions of the Organization concerning any present or future claims I may submit, I will not take any other action to obtain satisfaction without prior written notice to the Organization, and then only in accordance with such legal and security advice as the Organization will promptly furnish me.
3. I do not have any documents or materials in my possession, classified or unclassified, which are the property of, or in custodial responsibility of the Organization, having come into my possession as a result of my duties with the Organization or otherwise.
4. During my exit processing and during my period of employment with the Organization I have been given an opportunity to report all information about the Organization, its personnel, and its operations which I consider should receive official cognizance. Hence, I am not aware of any information which it is my duty, in the national interest, to disclose to the Organization, nor am I aware of any violations or breaches of security which I have not officially reported, except as set forth on the reverse side of this sheet or on other attachments.

100 OCT 1970

SECRET

mg OS/ID

SECRET

Page 2

5. I have been advised that, in the event I am called upon by the properly constituted authorities to testify or provide information which I am pledged hereby not to disclose, I will notify the Organization immediately; I will also advise said authorities of my secrecy commitments to our government and will request that my right or need to testify be established before I am required to do so.

6. I am aware of the provisions and penalties of the espionage laws of our government and am fully aware that any violation on my part of certain matters sworn to by me under this oath may subject me to prosecution under the terms of these laws, and that violation of other portions of this oath are subject to appropriate action, including such dissemination of the violation as the circumstances warrant.

I have read and understand the contents of this oath and voluntarily affix my signature hereto with the full knowledge that this oath was executed for the mutual benefit of myself and our government, and that it will be retained in the files of the Organization for its future use or for reference by me at any time in the future that I may be requested or ordered to testify or disclose any of the matters included within the scope of this oath.

IN WITNESS WHEREOF, I have set my hand and seal this 16 day of October 19 70.

Sandra B. Cazazzus (SEAL)
Signature Sandra B. CAZAZZUS

Witnessed by me this 16 day of October 19 70
at Mexico City, Mexico

Grace H. Jurnilant
SIGNATURE

SECRET

SECRET

NON-STAFF PERSONNEL DATA SHEET	DATE 12 Oct 70
---------------------------------------	-------------------

INSTRUCTIONS: 1. SUBMIT FOR:
 A. CONTRACT EMPLOYEES (TYPE A, B AND CAREER)
 B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR NOC (US CITIZENS OR RESIDENT ALIENS ONLY)
 2. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS
 3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CSFS/AGENT BRANCH (1 COPY ONLY)

NAME (LAST, FIRST, MIDDLE) CAZZZUS, Sandra B. (P)			SEX Female	DATE OF BIRTH 5 May 23	
MARITAL STATUS Married	NO. DEPENDENTS 2	YEAR(S) OF BIRTH 1945, 49	NATIONALITY U.S.A	LAST MEDICAL EXAM Unknown	
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL Type B, 13 July 1964			JOB TITLE Transcriber	COMPONENT DDP/WH/1	
CONTRACT CATEGORY Type B	EFFECTIVE DATE 15 July 64	EXPIRATION DATE 7 Sep 71	SALARY \$3.67	GRADE EQUIVALENT GS-5/6	PROJECT OR PAR # SUPPORT
BENEFITS			YES	NO	
SOCIAL SECURITY			X	X	
FECA DEATH AND DISABILITY			X		
ANNUAL AND SICK LEAVE			X		
CIVIL SERVICE RETIREMENT			X		
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY				X	
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE			X		
CONTRACT LIFE AND HEALTH INSURANCE				X	
MISSING PERSONS BENEFITS			X		
OTHER (EXPLAIN)					

NON-CIA EDUCATION

High School Graduate

DATES FROM - TO	EMPLOYER	NON-CIA EMPLOYMENT		
		LOCATION	FUNCTION	SALARY
1944-45	Cleveland Trust Company	Cleveland, Ohio	Bookkeeper	
1955-56	American Trust Company	San Leandro, California	Commercial Bookkeeper	

CIA TRAINING

CIA EMPLOYMENT HISTORY (BEGINNING WITH EOD)

DATES FROM - TO	FUNCTION	CONTR. CAT.	LOCATION	PROJECT	SALARY	GRADE EQUIV.
Apr 57-Jun 63	Clerk-Typist	Staff	Hqs		EOD as	GS-4
					Resign, as	GS-6
Jul 64-present	Transcriber	B	Mexico City	SUPPORT	\$3.67	GS-5/6

SECRET

FACTORS AFFECTING SUBJECT (PUBLIC OPINION, PRESS, RADIO, TV); AWARE OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES.

COVER

A. PRESENT COVER IS: OFFICIAL NON-OFFICIAL
performed her secretarial/transcribing duties outside the Static.
DIVISION EVALUATION OF COVER SECURITY:

Satisfactory

EVALUATION OF PERFORMANCE:

Satisfactory

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

No problem.

B. PREVIOUS COVER WAS: OFFICIAL NON-OFFICIAL (GIVE BRIEF DESCRIPTION IF NOC)

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

None

G: Bill Montgomery
TO: CCS/CTS
#: 6697
DATE: 12 October 1970

MESSAGE FORM
TOTAL COPIES 21

SECRET

READING AND/OR INITIALS - SEEN BY	
1	5
2	6
3	7
4	8

FILE SECRETARIAT DISSEMINATION INDEX NO INDEX RETURN TO _____ BRANCH FILE RID
 35 PER _____ FILE IN CS FILE NO. _____

FILE NO. CCS 2 FILE NO. WH 8, 0602, 073, 0P3

(classification) (date and time filed) (title) (reference number)

SECRET

13 OCT 70 21 47z

CITE DIRECTOR

077.157

MEXICO CITY

JBCENT/ADMIN

- PLEASE ADVISE DOUGLAS J. FEINGLASS AND SANDRA B. CAZAZZUS THAT THE FLAT RATE TAX HAS INCREASED TO 18.4 PER CENT EFFECTIVE WITH PAY PERIOD ENDING 20 SEPTEMBER 1970.
- STATION SHOULD START WITHHOLDING TAX AT HIGHER RATE IMMEDIATELY. DISPATCH FOLLOWS.

END OF MESSAGE

COORD: [Signature]
 WH/CON

WH/FI/NCC [Signature]

[Signature]
 C/WH/SS

[Signature]
 C/CCS/CTS

14 OCT 1970

RELEASING OFFICER

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

SECRET

Miss Sandra B. CAZZZUS

Dear Miss CAZZZUS

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 8 Sept. 1967, as amended, which expires 8 Sept. 1970.

Effective 8 Sept. 1970, said contract, as amended, is extended for one (1) year.

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

UNITED STATES GOVERNMENT

By [Signature]
Contracting Officer

Accepted:

Sandra B. Cazzzus

Witness:

[Signature]

Approved:

Concur: [Signature]
Date: 10/19/68

REVIEWED:

/s/ Dow H. Luetscher

Special Contracting Officer

SECRET

DISPATCH

SECRET

Chief of Station, Mexico City

Chief, WH Division
ADMIN/CONTRACTS
Sandra B. CAZAZZUS, Contract Provisions

Reference: HMMT-9892

1. Reference indicated Sandra B. CAZAZZUS is a Contract Employee who is required to perform her duties during various hours of the day as well as a varying number of hours in order to meet operational deadlines.

Reference asked that the contract for CAZAZZUS be amended to provide reimbursement of six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967.

2. The request is answered by the Station's explanation-- unless and until there has been established in advance a regular tour of duty, an individual is not eligible for leave or holiday pay (see FHB 20-1 and FR 20-13).

In the event the basic criteria is met (FHB 20-1), the effective date could not be retroactive.

Hugh E. WESTBY

Distribution: 2-COS, Mexico City

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HMMS-6559	20 Sept 1969	
	CLASSIFICATION	HQS FILE NUMBER	
	SECRET		
1-WH/1 1-WH/Contracts 1-WH/Registry	OFFICE	DATE	TEXT
	WH/Contracts	17 Sept 69	4460
	OFFICE SYMBOL	DATE	OFFICER'S NAME
	C/WH/1		
	OFFICE SYMBOL	DATE	OFFICER'S NAME
	C/WH/SS		George R. Thompson

UNCLASSIFIED INTERNAL ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)
Anna A. Tarasoff

FROM: RID/D&P/INCOMING
GB-12
EXTENSION: x7737
NO: *Harriet 9892*
DATE: 10 SEP 1969

TO: (Officer designation, room number, and building)
DATE RECEIVED FORWARDED
OFFICER'S INITIALS
COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.	TO:	DATE		OFFICER'S INITIALS
		RECEIVED	FORWARDED	
1.	Chief/WR/Reg.	11 SEP 1969		<i>[Signature]</i>
2.				
3.	<i>C/WH/SS</i>			<i>[Signature]</i>
4.				
5.	<i>WR/contract</i>	13 Sep 69	18 Sep 69	<i>[Signature]</i>
6.	C/WH/1			
7.				
8.	WH/Contracts			
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Your comments please.
 Subject's contract already provides for sick and annual leave effective 15 July 64, and she is considered a part-time contract employee on a regularly scheduled tour of duty. Subject's contract does not provide for overtime and holiday time. Her contract would have to be amended to include this provision.

6-8
Pls advise that under terms of contract cannot approve Part 3 request.
[Signature]

DISPATCH		CLASSIFICATION SECRET	PROCESSING ACTION
TO	Chief, WII Division		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	ADMIN/CONTRACTS Sandra B. CAZAZZUS (C/E) (132830) - Contract Entitlements		
ACTION REQUIRED - REFERENCES	<p>References: A. Book Dispatch - 6496 B. Book Dispatch - 6144</p> <p>1. Subject is a contract employee who is required to perform her duties during various hours of the day (including a varying number of hours) in order to meet operational deadlines.</p> <p>2. Even though CAZAZZUS' contract allows her annual and sick leave benefits, she has not been reimbursed for any leave during the period 8 September 1967 to the present. In addition, the Station has not reimbursed her for any holidays, WOLADY or local, while other contract employees whose contracts call for a regularly scheduled tour of duty, have received compensation.</p> <p>3. Since subject has worked an average of 30 hours per week, with Headquarters concurrence, it is recommended that she be reimbursed six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967, the effective date of her present contract.</p> <p style="text-align: right;"><i>John M. Robertson</i> For/John A. ROBERT</p> <p>Distribution: 3 - C/WID</p>		
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMBT - 9892	DATE 3 September 1969	
	CLASSIFICATION SECRET	HQS FILE NUMBER	

SECRET

MEMORANDUM FOR : Office of Finance

FROM : Contract Personnel Division

SUBJECT : Contract Extension for

San Juan B. Carrizosa
~~Amador Carrizosa~~

1. Effective 8 September 1969 the contract (as amended) for the subject individual, effective 8 September 1967 is extended for a period of one (1) year.

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

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

SECRET

Group 1 Excluded from automatic downgrading and declassification

RB/DH

5 Sept 69

21

SECRET

MEMORANDUM FOR: Chief, Contract Personnel Division
SUBJECT : Contract Extension

It is requested that the contract for the following named individual(s) be amended to extend the term as indicated.

Marantz, Clara C.
CAZAZZUS, Sandra B.

Through 7 September 1970

William V. Broe
William V. Broe
Chief
Western Hemisphere Division

SECRET

SECRET

DATE: _____

CTC No. _____

MEMORANDUM FOR: Director of Finance
 ATTENTION: Chief, Compensation and Tax Division
 VIA: Chief, Contract Personnel Division
 SUBJECT: Tax Assessment for _____

1. A flat rate covert tax assessment of this individual's gross, taxable Agency entitlements has been approved as indicated below. An acknowledged Letter of Tax Instruction has been will will not be forwarded. The Station/Base will be has been advised of this assessment.

<u>Tax Assessment Rate</u>	<u>Effective Date</u>
seventeen and three-fourths (17.75) per cent	14 December 1957

2. This is a new assessment a revised assessment .

3. Other payroll factors pertinent to this tax assessment action are as follows:

CONTACT APPROVAL:
/s/ Dow H. Luetscher
 Chief, C.P.D.

APPROVED:

 Executive Secretary, Covert Tax Board

DISTRIBUTION: Orig & 1 - Addressee; 1 Copy CPD; 1 Copy Area Division; 2 Copies CCS

SECRET

S E C R E T

Chief of Station, Mexico City

Chief, WOGANE

Douglas J. FEINGLASS (p)
ADM/JBCENT - Sandra B. CAZZUS (p) - Revision of Tax Assessment Rate

REFERENCE: Letter of Tax Instruction, HMMS-5711, 14 Dec 1967

1. Please advise FEINGLASS that his flat rate percentage tax assessment has been revised by the Tax Staff from thirteen and nine-tenths (13.9) per cent, established by reference, to twenty and eight-tenths (20.8) per cent, effective 29 June 1969, T/Y 1969. This revision is necessary as his income and tax position have changed to such a degree as to make the previous tax assessment rate unrealistic. A computation of the revised tax rate is attached.

2. This assessment revision is incorporated by reference as an amendment to FEINGLASS' Letter of Tax Instruction.

3. From the information submitted to the Tax Staff, it appears that FEINGLASS' daughter qualifies as a dependent. The new tax computations are based on five exemptions. Also, FEINGLASS should list five exemptions on his 1969 tax return.

VICTOR D. UNITSKY

Attachment: As Noted

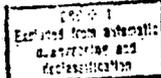
Distribution:

- Orig. & 1 - COS (w/att)
- 1 - C/CFD (wo/att)
- 1 - OF/C&TD/CPB (wo/att)
- 1 - C/WH/1 (wo/att)
- 1 - WH/Contracts

HMMS-6524

11 August 1969

S E C R E T



NOTE FOR FILE:

**CAZAZZUS' husband's (FEINGLASS) retirement
date extended to Nov. 70.**

25 JUN
1969

SH

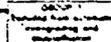
DISPATCH		CLASSIFICATION SECRET/	PROCESSING
TO	Chief, WH Division	XX	MARKED FOR INDEX
INFO.	Chief, SB Division		NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City <i>[Signature]</i>		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Annual Fitness Report - Sandra B. CAZAZZUS		
ACTION REQUIRED - REFERENCES			
<p>1. Attached are copies of an Annual Fitness Report on Sandra B. CAZAZZUS.</p> <p>2. CAZAZZUS and her husband make a good and efficient team on the duties assigned to them.</p>			
Attachment: herewith		<i>orig routed to:</i> WH/CXG, 11 Feb 69 DC/WH/D 11 Feb 69 WH/1 7 WH/contracts, 18 Feb 69 CPD 19 FEB 1969	
Distribution: (2) - C/WH Division w/att. 1 - C/SB Division w/o att.			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMINT-9523	DATE 29 January 1969	
	CLASSIFICATION SECRET/	HQS FILE NUMBER	

SECRET

FIELD TRANSMITTAL - FITNESS REPORT		
INSTRUCTIONS		
<p>The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmitted to Headquarters: SECTION A, Items 1, 6, and 7 SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")</p>		
1. I CERTIFY THAT I HAVE SERVED THIS FITNESS REPORT	DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym) Sandra S. CAZZUS <i>Sandra S. Cazzus</i>
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Francis J. COIGNE <i>Francis J. Coigne</i>	
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Willard C. CURTIS <i>Willard C. Curtis</i>	
<p>SPECIAL NOTE</p> <p>Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In those cases, general statements of specific duties will be included in Section B indicating the level of responsibility.</p>		

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) CAZZUS Sandra B.			2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE	5. SD	
6. OFFICIAL POSITION TITLE Contract Employee				7. OFF/DIV/BR OF ASSIGNMENT DEP/WH/1	8. CURRENT STATION Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input checked="" type="checkbox"/> SPECIAL (Specify): Contract employee				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to-) 1 January 1969 thru 31 December 1968			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.						RATING LETTER S	
SPECIFIC DUTY NO. 2 Handling administrative matters for her husband.						RATING LETTER S	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S	



SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Also recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 28 January 1969 SIGNATURE OF EMPLOYEE Sandra B. CAZAREUS (signed in pseudo on Field Transmittal)

2. BY SUPERVISOR MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 28 January 1969 OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE (signed in pseudo on Field Paul L. Dillon Transmittal)

3. BY REVIEWING OFFICIAL COMMENTS OF REVIEWING OFFICIAL

The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.

DATE 28 January 1969 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station TYPED OR PRINTED NAME AND SIGNATURE (signed in pseudo on Field Winston M. Scott Transmittal)

14-00000

DISPATCH

CLASSIFICATION
S E C R E T

PROCESSING ACTION

TO	Chief, WOHOLD	XX	MARKED FOR INDEXING
INFO.	Chief, WH Division		NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	<u>ADMINISTRATIVE/TRAINING</u> Language Training		MICROFILM

ACTION REQUIRED REFERENCES

ACTION REQUIRED: Information Only

As of 1 March 1968 the below listed personnel were receiving voluntary Spanish language training paid for by the organization or LMGOLD:

Sandra B. CAZAZZUS

Francis J. COIGNE

Rumphrey K. YEADSHIP

Douglas J. FEINGLASS

Henry H. LANGDON

Keith R. LEVENDERIS

Wanda G. PANKPINTO

Clárice F. PARDECK

Cora B. HAUSKIND

Joseph F. TRECANTI

and the wives of Walter W. CORNBURY and Gerald D. FAHLANGER.

for/Willard C. CURTIS

DISTRIBUTION:

2 - Chief, WOHOLD
2 - Chief, WH Division

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	HMMT-8919	9 April 1968
	CLASSIFICATION	HQS FILE NUMBER
	S E C R E T	

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
CAZZUS	Sandra	B	1923	
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

(A)

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 an 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

(B)

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

(C)

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)

Sandra B. Cazzus

DATE

14 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

Mar 5

CONT. P. 176-101

See Table of Effective Dates on back of Original

DUPLICATE COPY—For Agency Use

3

STANDARD FORM No. 176-1
JANUARY 1968
(For use only until April 14, 1968)
176-101

Approved BOD 50-20 385

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE
Statistical Stub (SF 176-T)

To be completed only by employees who checked either box "A" or box "C" on the election form. The purpose of this stub is to furnish statistics on the initial registration under the liberalized life insurance program.

1. Which box did you check?	Box A	<input type="checkbox"/>	1
	Box C	<input type="checkbox"/>	2
2. Did you have regular insurance under the Federal Employees Group Life Insurance Program on January 1, 1968?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	2
3. Your sex?	Male	<input type="checkbox"/>	1
	Female	<input type="checkbox"/>	2
4. Are you now married?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	2

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER		
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) CAZAZZUS Sandra B.			2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE	5. SD	
6. OFFICIAL POSITION TITLE Contract Employee				7. OFF/DIV/BR OF ASSIGNMENT DDP/HR/1	8. CURRENT STATION Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/>	ANNUAL		REASSIGNMENT SUPERVISOR
<input checked="" type="checkbox"/>	SPECIAL (Specify): Contract employee			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From- to) 1 January 1968 thru 31 December 1968			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.						RATING LETTER S	
SPECIFIC DUTY NO. 2 Handling administrative matters for her husband.						RATING LETTER S	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S	

SECRET
(When Filled In)

SECTION C	NARRATIVE COMMENTS
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence if required for current position. Analyze or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>	
<p>This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.</p>	

SECTION D			CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
28 January 1969	Sandra B. CAZAZZUS (signed in pseudo on Field Transmittal)				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
28 January 1969		(signed in pseudo on Field Paul L. Dillon Transmittal)			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
28 January 1969	Chief of Station	(signed in pseudo on Field Winston M. Scott Transmittal.)			

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:
SECTION A, Items 1, 6, and 7
SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym) Sandra B. CAZAZZUS
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Francis J. COIGNE	
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Willard C. CURTIS	
SPECIAL NOTE		
<p><i>Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.</i></p>		

FORM 4-62 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

DISPATCH	CLASSIFICATION SECRET	PROCESSING ACTION
TO Chief of Station, Mexico City		MARKED FOR INDEXING
INFO.		NO INDEXING REQUIRED
FROM Chief, WOGAME		ONLY QUALIFIED DISK CAN JUDGE INDEXING
SUBJECT ADM/JECEFT - FEINGLASS/CAZAZZUS - Tax Administration		MICROFILM

ACTION REQUIRED - REFERENCES

REF: HBS-8732, 15 December 1967

1. Forwarded under separate cover is the name and address of the [redacted] for FEINGLASS to use on his tax return. Also forwarded under separate cover is a brief outline of the nature of the [redacted].

2. As previously discussed in a Headquarters tax briefing, this [redacted] would not issue any tax documentation and was not to be used for any purpose other than their tax return. This return was to be kept in a safe place, since the return would indicate a different cover than what they are using in Mexico.

3. In the event FEINGLASS ever indicates that the use of the [redacted] is necessary for purposes other than the tax return, this requirement should be cleared by Headquarters prior to actual use.

VICTOR D. UNITSKY

Distribution:

Orig. & 1 - COS (w/SCA)
1 - WH/Contracts (wo/att) ✓

Attachment (USC)

Victor D. Unitsky
1/28/69

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters: SECTION A, Items 1, 4, and 7 SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT DATE 16 FEB 68 TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE Sandra B. CAZAZZO 2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS DATE 16 Feb-1968 TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR Francis J. COIGNE DATE 16 Feb-1968 TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL Willard C. CURTIS SPECIAL NOTE Fitness Reports must be prepared with due regard for security considerations...

FORM 4-62 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

SECRET

(When Filled In)

FITNESS REPORT EMPLOYEE SERIAL NUMBER SECTION A GENERAL 1. NAME CAZAZZO Sandra B. 2. DATE OF BIRTH 5 May 23 3. SEX F 4. GRADE 5. SO 6. OFFICIAL POSITION TITLE Contract Employee 7. OFF. DIV/BR OF ASSIGNMENT IND/WH 8. CURRENT STATION Mexico City 9. CHECK (X) TYPE OF APPOINTMENT CAREER RESERVE TEMPORARY 10. CHECK (X) TYPE OF REPORT INITIAL ANNUAL REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE XX SPECIAL (Specify) Contract Employee SPECIAL (Specify) 11. DATE REPORT DUE IN Q.P. 12. REPORTING PERIOD (From - to) 1 January 1967 - 31 December 1967 SECTION B PERFORMANCE EVALUATION W - Weak A - Adequate P - Proficient S - Strong O - Outstanding SPECIFIC DUTIES List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised) SPECIFIC DUTY NO. 1 Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing. RATING LETTER S SPECIFIC DUTY NO. 2 Handling administrative matters for her husband. RATING LETTER S SPECIFIC DUTY NO. 3 SPECIFIC DUTY NO. 4 SPECIFIC DUTY NO. 5 SPECIFIC DUTY NO. 6

SECRET
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>Subject continues to complement her husband as a part of an efficient team. Her expeditious processing of transcript materials (so that they come to the Station ready for filing) saves the Station a great deal of work and time. Her language and analytical abilities are utilized to pre-edit material and cut out the superfluous. She continues to show interest in her work at which she is very efficient.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	16 Feb 63	SIGNATURE OF EMPLOYEE	/s/ Sandra B. CAZZUS
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	29	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	16 Feb 63	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE /s/ Francis J. COIGNE
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
The Reviewing Officer concurs in this Report. This employee and her husband form an efficient and valuable team.			
DATE	16 Feb 1968	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE /s/ Willard C. CURTIS

SECRET

If typewriter is not available, bear down with ballpoint pen to make legible copies.

Standard Form No. 2500 U.S. Civil Service Commission FPM Supplement 890-1 June 1967		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM <small>(Read instructions on back of last page. Use only typewriter or ballpoint pen.)</small>		New Carrier's Control No. 11252435 Old Carrier's Control No.	
TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.					
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) Tarasoff, Anna A.			2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR	
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)			3. ARE YOU NOW MARRIED? YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	
5. SEX MALE <input type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2					
IMPORTANT					
IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE FEDERAL GOVERNMENT OR ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITANT YOU MUST REGISTER NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. HOWEVER, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT ELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT.					
PART B FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.	1. Select to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation, or uniformity to cover my share of the cost of my enrollment. (Copy the information requested below from back page of brochure of the plan you select.)				
	NAME OF PLAN		OPTION (HIGH OR LOW)		ENROLLMENT CODE NUMBER
If enrollment is to self only, answer item 1. If enrollment is for self and family, also answer item 2. IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 22, including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over age 22 who became disabled before age 22 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child over age 22 if over, if one is not already on file.) DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.				
	NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS
Wife or Husband		1			
		2			
		3			
		4			
		5			
				10	
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR 2, WHICHEVER APPLIES.				
	1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM.			2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW.	
Covered on husband's policy			Present Enrollment Code Number		
PART D FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.	ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.				
	1. ENROLLMENT CODE NUMBER OF PRESENT PLAN		2. NUMBER OF EVENT WHICH PERMITS CHANGE (See table on back of duplicate for proper number.)		3. DATE OF EVENT WHICH PERMITS CHANGE
				MONTH DAY YEAR	
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	Norma Sue Carpenter for Anna A. Tarasoff <i>NS</i>			12-28-67	
	(YOUR SIGNATURE—DO NOT PRINT)			(DATE)	
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE			2. DATE RECEIVED IN EMPLOYING OFFICE	
	(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)			3. EFFECTIVE DATE OF ELECTION	
			12-28-67		
			12-31-67		
			4. PATROLL OFFICE NO.		
			5. SF 2811 REPORT NO.		
REMARKS FOR USE ONLY BY AGENCY.	Contract Emp. 9-8-67 WT			5132830	

Triplicate—For Official Personnel Folder

SECRET

DATE 22 November 1967

MEMORANDUM FOR: Chief, Insurance Branch/BSO/OP
Benefits and Services Division

This is to advise you that Anna A. Tarasoff
has been employed under an Agency personal services contract
effective 8 September 1967. The Contract authorizes
participation in Civil Service Retirement, FEGLI and Federal
Health Insurance.

Subject's contract is the administrative responsibility
of DDP/WH.

Dow H. Luetscher
Chief
Contract Personnel Division

SECRET

Group 1 - Excluded from automatic downgrading and
declassification

14-00000

S E C R E T

Chief of Station, Mexico City

X

Chief, Western Hemisphere Division

Sandra B. CAZAZZUS, Contract

Action Required: As Noted

References : A. BU-6144
B. MEXICO CITY 2718

1. In view of Reference B and inasmuch as Sandra B. CAZAZZUS was in the Headquarters area, a new contract was prepared granting her the benefits of Reference A. The contract was signed by CAZAZZUS and has been forwarded for related processing.

2. Attached is a copy of the contract effective 8 September 1967 for CAZAZZUS. She elected FEGLI but declined the health insurance as she is included under her husband's policy. CAZAZZUS was thoroughly briefed on the provisions of the contract as well as the provisions of her previous contract.

STATION ACTION:

As CAZAZZUS is payrolled by the Station, related deductions for the new benefits (Civil Service Retirement and FEGLI) are to be made by the Station. Social Security deductions will, of course, cease as there is no cover requirement for mandatory Social Security coverage.

3. During the briefing, CAZAZZUS inquired about the use of sick leave. She was informed sick leave can be used in the same manner and per the same regulations as when she was formerly a

(continued)

Attachment:
As stated

Distribution:
3-COS, Mexico City, w/att, h/w

HEGIS - 5679

S E C R E T

WH/Contracts/WSRenehan: gms (17 Nov 67) 4460

1-WH/Contracts w/att
1-WH/l w/att
1-WH/Reg wo/att

C/WH/l

S E C R E T

HMMS - 5679

staffer. The point involved was whether she had been granted sick leave during her "maternity leave" in 1965. She was advised that possibly she did receive payment covering the period which her accrued sick leave represented; and, possibly at that time she had only a minimal balance accrued.

STATION ACTION:

It is suggested the Station review her leave/pay account for the above cited period and advise her of the details involved.

Should the records reflect she had a balance but was not provided the leave, a pay adjustment may be made up to the balance at that time with an appropriate reduction of her current sick leave balance. NOTE: She was advised she could not have sick leave accrued since that time applied retroactively.

It is further suggested the Station Admin or Finance Officer conduct the briefing due to the necessity for the briefer to have a rather technical knowledge of leave.

Hugh E. WESTBY

Miss Sandra B. Cazazzus

Dear Miss Cazazzus:

The United States Government, as represented by the Contracting Officer of this organization, hereby contracts with you, as a contract employee under the terms and conditions set forth below:

1. New Benefits. By virtue of your employment relationship under this agreement you are:

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost; you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

2. Your previous contract with the United States Government, effective 15 July 1964, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

SECRET

4. This agreement is effective as of 8 September 67 and shall continue thereafter for two (2) years unless sooner terminated as set forth in your previous contract. If this agreement becomes effective during an overseas assignment nothing contained herein shall be construed as extending that assignment beyond its originally contemplated duration or invalidating your entitlement to return travel expenses (if applicable) upon completion of that assignment.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

Sandra B. Cazazus

WITNESS:

APPROVED:

DISPATCH

SECRET

Chief of Station, Mexico City

TO

FROM

Chief, WFO

SUBJECT

ADM/SECRET - FEDELLAS/CARANZOS - Tax Handling

ACTION REQUIRED - REFERENCES

MAILED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK

LAW JUDGE INDEXING

MICROFILM

The WFO Tax Committee has approved a flat rate assessment of FEDELLAS/CARANZOS's Federal tax obligation, beginning with tax year 1967. Attached is the letter of tax instruction which FEDELLAS should review. The original must be signed and returned to Headquarters.

VICTOR D. GARDNER

Distribution:

- Orig. & 1 - CGS (w/att)
- 1 - WFO/Contracts (w/att)

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

888-5711

6 December 1967

141900

CLASSIFICATION

FILE NUMBER

SECRET

Letter of Tax Instruction for FEINGLASS/CAZAZZUS

1. Based on discussions held with tax representatives of the Organization, an assessment of your Organizational income has been approved to satisfy your Federal tax obligation.

2. The assessment computation is based on an estimate of your taxable compensation from the Organization and your estimate of other income from outside sources. The assessment computation results in a percentage of your salary being withheld each pay period to completely satisfy your tax obligation. For tax year 1967 thirteen and nine-tenths (13.9) per cent will be withheld, effective 28 August 1967. The computation is attached.

3. In computing your assessment rate, you have been granted a basic tax credit of \$250.00. This credit is not guaranteed, but is granted to give reasonable assurance that you will not pay a higher tax than you would under ordinary reporting procedures.

4. Future changes in your income or tax status may justify a revision of the assessment rate. In this event this agreement would be amended accordingly.

5. It is important that you file a tax return directly with Internal Revenue [redacted]. Care and accuracy in preparing this return are necessary. Any tax liability resulting from the tax computation on this return will be satisfied by your own funds. A certified true copy of this tax return must be forwarded to us upon your submission of the original to Internal Revenue. Provided below are specific criteria to assist you in the preparation of the tax return:

A. You will be provided with the [redacted]



B. The income that is shown [redacted] will be reported on the Form 2555 (Statement to Support Exemption of Income Earned Abroad) and will be exempted from tax, due to your residence overseas. You will base your exemption on physical presence abroad. For tax year 1967 you will report your income as being earned prior to home leave and therefore fully excludable because the qualifying period, which ended on the date you left Mexico for home leave, included an eighteen-month period abroad.

C. Other income must also be reported on this tax return, including interest from the Credit Union, which will be indicated without identifying the Credit Union by name.

6. You may request an advance of funds for payment of foreign income or related (income) taxes assessed against income received from or guaranteed by the Organization. Accounting for these funds will be made in the form of copies of the receipted tax bills (or other acceptable tax documents) which will be forwarded to the home office for approval and write-off of expense.

7. Please acknowledged the original of this letter and return to Headquarters, attention: Covert Tax Committee.

8. We appreciate your cooperation in arranging these details.

VICTOR D. UNITSKY
Secretary
Covert Tax Committee

Acknowledged:

Date _____

SENDER WILL CHECK		CLASSIFICATION TOP AND BOTTOM		
UNCLASSIFIED		CONFIDENTIAL	SECRET	
OFFICIAL ROUTING SLIP				
TO	NAME AND ADDRESS	DATE	INITIALS	
1	<i>Reuben</i>			
2				
3		<i>11/12</i> <i>2:30</i>		
4				
5				
6				
ACTION		DIRECT REPLY	PREPARE REPLY	
APPROVAL		DISPATCH	RECOMMENDATION	
COMMENT		FILE	RETURN	
CONCURRENCE		INFORMATION	SIGNATURE	
Remarks:				
<p><i>Mr. Kaufman reviewed and declined to coordinate, feeling that time was no longer appropriate for this message.</i></p> <p style="text-align: right;"><i>File as</i></p>				
FOLD HERE TO RETURN TO SENDER				
FROM: NAME, ADDRESS AND PHONE NO.			DATE	
<i>J. Fisher</i>				
UNCLASSIFIED		CONFIDENTIAL	SECRET	

FORM 7-66 12 USE PREVIOUS EDITIONS

1. MESSAGES ARE CONSIDERED ROUTINE UNLESS A HIGH PRECEDENCE IS INDICATED IN THE ADDRESS LINE.
2. SEND ORIGINAL AND YELLOW COPY TO CABLE SECRETARIAT, WITH SUPPORTING DOCUMENTS.
3. DO NOT ERASE OUT AND CONTINUE TYPING. DO NOT EXCEED FORTY-FIVE CHARACTERS PER LINE, INCLUDING SPACES. END TEXT LINES WITHIN THE RIGHT MARGIN GUIDE. APPROPRIATE FOR YOUR TYPEWRITER.

ORG: WS Renehan
UNIT: WH/Contracts
EXT: 4460
DATE: 12 September 1967

MESSAGE FORM
TOTAL COPIES:

SECRET

ROUTING AND/OR INITIALS - SEEN BY	
1	6
2	7
3	8
4	9
5	10

CABLE SECRETARIAT DISSEMINATION

INDEX DESTROY RETURN TO _____ BRANCH FILE RID

BY _____ PER _____

NO INDEX FILE IN CS FILE NO.

CONF:

RID COPY

INFO: FILE _____

(classification)

(date and time filed)

(initials)

(pico)

SECRET

CITE DIRECTOR

TO MEXICO CITY

REF: DIRECTOR 34619

IN DISCUSSING REF WITH FEINGLASS PLEASE EXPRESS OUR SYMPATHY
DEATH OF CAZAZZUS MOTHER.

END OF MESSAGE

WH Comment: Ref advised CAZAZZUS can take physical on return Mexico.

C/WH/1 _____

WILLIAM V. BROE
C/WH/D

William V. Broe
WILLIAM V. BROE
C/WH/CONTRACTS

RELEASING OFFICER

COORDINATING OFFICERS

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING
OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX YES NO

CLASSIFY TO FILE NO.

CLASSIFIED MESSAGE **E** TOTAL COPIES

X-REF TO FILE NO.

SECRET

REPRODUCTION PROHIBITED

FILE RID RET. TO BRANCH

DESTROY SIG.

PERSON/UNIT NOTIFIED

FROM

ACTION

ADVANCE COPY

UNIT

TIME

BY

RID COPY

ISSUED

SLOTTED

TUBED

INFO

FILE, UR, SBB, CC33, CSPS, OP2, D/MS2

S E C R E T 072355Z CITE MEXICO CITY 2718

DIRECTOR

REDCOAT

1. SANDRA B. CAZAZZUS DEPARTING SEP WITH MINOR SON FOR MOTHER'S FUNERAL IN CLEVELAND, OHIO. SHE UNABLE COMPLETE PHYSICAL HERE, PLANS DO SO AT HQS.

2. ALSO INCOMPLETE IS CONTRACT REVIEW FOR NEW BENEFITS PER BOOK DISPATCH 6144. STATION SUGGESTS THIS BE ACCOMPLISHED AT HQS DURING FEINGLASS CONSULTATION

31 OCT.

S E C R E T

SECRET

BT

8 Sep 67 R 47616

A. Contreras
19/9/67

Ann T. ...

*Physical as dependent will be taken at Hqs. 7375
259 cont 9/18/67
M. Frater will bring Subject DIR
where she's husband will accompany 9/1/67
arrive in 10/67*

9/18/67

TO: PPMacDougall/lvr
INFO: WH/Personnel
1: 6815
2: 18 August 1967

MESSAGE FORM
TOTAL COPIES (13)

SECRET

NO.	DATE	INITIALS	REMARKS
1			
2			
3			
4			
5			

FILE SECRETARIAT DISSEMINATION INDEX DESTROY RETURN TO _____ BRANCH FILE NO. _____

3 NO INDEX FILE IN CS FILE NO. _____

INFO: C/WH/1 RID COPY INFO: _____

SECRET

CITE DIRECTOR

29114

MEXICO CITY

19 22 00'Z

RYBAT

REF: A. MEXICO CITY 2499 (IN 34006)
B. HMMS-5433

1. TDY HQS INCLUDED IN FEINGLASS TRAVEL ORDER. SHOULD PLAN ARRIVE HQS 31 OCTOBER 1967.
2. FAMILY SHOULD TAKE PHYSICALS IN FIELD AND FORWARD RESULTS. FEINGLASS WILL TAKE PHYSICAL WHILE HQS.
3. REF B POUCHED 16 AUGUST ANNOUNCES ARRIVAL TDY REPLACEMENT 18 SEPTEMBER 1967.

END OF MESSAGE

WH Comment: Ref A requested home leave beginning ²³ 13 Sept. with TDY Hqs. to discuss 1968 retirement.

Ref B gave info on TDY replacement for FEINGLASS.

Jacob D. Esterline
JACOB D. ESTERLINE
AC/WH/D

C/WH/1 *[Signature]*

Edward K. O'Malley
EDWARD K. O'MALLEY
AC/WH/PERS

BRANCHING OFFICER

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX: YES NO

CLASSIFY TO FILE NO. _____ CLASSIFIED MESSAGE TOTAL COPIES 18

X-REF TO FILE NO. _____

FILE RID RET. TO BRANCH

DESTROY SIG. _____

7

SECRET		REPRODUCTION PROHIBITED		
		1	2	
PERSON/UNIT NOTIFIED		3	4	
		5	6	
ACTION		UNIT	TIME	BY
<input checked="" type="checkbox"/> RID COPY <input type="checkbox"/> TELE CO <input type="checkbox"/> SLIPPER <input type="checkbox"/> TUBES				
INFO				
FILE <u>VR WITH 8 CCS3 PS OP2</u>				

SECRET 261615Z CITE MEXICO 1893

DIRECTOR

25 JUN 67 IN 98383

HBDRAW

REF: MEXICO CITY 1888 (U) 97294)

CAZZUS ILLNESS DIAGNOSED AS FLOATING KIDNEY.

RELEASED FROM HOSPITAL 24 JUNE 1967. NO OPERATION

PLANNED.

SECRET

~~SECRET~~

BT

[Handwritten signature]

↑

INDEX: YES NO _____

CLASSIFY TO FILE NO. _____ CLASSIFIED MESSAGE *L* TOTAL COPIES *11*

X-REF TO FILE NO. _____

FILE RID RET. TO BRANCH

DESTROY SIG. _____

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

REPRODUCTION PROHIBITED

1	3
2	6
3	7
4	8

PERSON UNIT NOTIFIED _____

28

ACTION *D/msz* RID COPY ADVANCE COPY ISSUED SLOTTED TUBED

UNIT _____ TIME _____ BY _____

INFO

• FILE, *VR, UH, CCS3, OP2*

SECRET 240020Z CITE MEXICO CITY 1888

24 JUN 67 IN 97294

DIRECTOR
HBDRAW

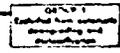
SANDRA B. CAZAZZUS ADMITTED TO AMERICAN BRITISH
COWDRAY HOSPITAL 22 JUNE 1967 WITH SEVERE ABDOMINAL
PAIN. PRELIMINARY DIAGNOSED AS KIDNEY DISORDER. WILL
ADVISE FURTHER.

SECRET **SECRET.**
BT

*June 26
HBD*

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 132830	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX F	4. GRADE	5. SO	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input checked="" type="checkbox"/> INITIAL	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> SPECIAL (Specify):				<input checked="" type="checkbox"/> SPECIAL (Specify): Contract Employee			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 1 January 1966-31 December 1966			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>Q - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Selecting and processing transcripts in Spanish and English into a workable format for Station analysis and filing							S
SPECIFIC DUTY NO. 2							RATING LETTER
Handling administrative matters for her husband and herself.							S
SPECIFIC DUTY NO. 3							RATING LETTER
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
							S



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and use of resources in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This is the first time a fitness report has been prepared on CAZAZZUS herself, although previous fitness reports on her husband, Douglas J. FEINGLASS, have mentioned her valuable contribution. She and FEINGLASS continue to work as an excellent team. CAZAZZUS works conscientiously and quickly and saves the Station a great deal of time in the routine processing of paper and tapes. Her interest in the subject matter and her analytical ability enable her to weed out superfluous material and assist FEINGLASS in his translations and analyses.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
7 months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur with the rating officer's evaluation of CAZAZZUS. She compliments her husband perfectly		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmission to Headquarters:
SECTION A, Items 1, 6, and 7
SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 9 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In pseudonym) Sandra B. CAZZUS <i>Sandra B. Cazzus</i>
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 7 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) <i>Jonathan L. Weening</i> Jonathan L. WEENING	
DATE 28 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) <i>Francis J. Coigne</i> Francis J. COIGNE	

SPECIAL NOTE

Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.

SECRET

Miss Anna A. Tarasoff

Dear Miss Tarasoff:

Reference is made to your current contract with the United States Government, as represented by the Contracting Officer.

Effective 22 August 1966, said contract is amended by deleting all reference to income taxes therefrom, and by adding thereto the following paragraph:

" 3. Taxes As an employee of the Government, you must satisfy your Federal tax liability on taxable income paid to you under paragraph one (1) above. Such income may be paid you by or through a cover facility. Because of cover, operational, and security considerations the Tax Committee of this organization is authorized to make certain determinations and establish procedures which will result in the full satisfaction of your Federal income tax liability on said income. It is specifically understood and agreed that such determinations and procedures, whether oral or written, constitute an integral part of this contract and are legally incorporated herein by reference."

All other terms and conditions of said contract remain in full force and effect.

UNITED STATES GOVERNMENT

Contracting Officer

SECRET

Group 1 -- Excluded from automatic downgrading and declassification

SECRET

DATE:

CTC No. 3

MEMORANDUM FOR: Director of Finance

ATTENTION: Chief, Compensation and Tax Division

VIA: Chief, Contract Personnel Division

SUBJECT: Tax Assessment for _____

1. A flat rate covert tax assessment of this individual's gross, taxable Agency entitlements has been approved by the Covert Tax Committee as indicated below. An acknowledged letter of tax instruction is will be forwarded.

Tax Assessment Rate	Effective Date
10%	1/1/57

2. Other payroll factors pertinent to this Covert Tax Committee tax assessment action are as follows:

1. The individual is a member of the Federal Reserve Bank of New York. He is a member of the Federal Reserve Bank of New York. He is a member of the Federal Reserve Bank of New York.

A flat rate covert tax assessment is required.

dkh
Approval Chief, CPD

[Signature]
Secretary, Covert Tax Committee

SECRET

4 June 1966

Anna A. Tarasoff

MRS. [REDACTED]

Dear Miss [REDACTED]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 15 July 1966, as amended, which expires 14 July 1966.

Effective 15 July 1966, said contract, as amended, is extended for a period of two (2) years.

All other terms and conditions of said contract remain in full force and effect.

THE UNITED STATES GOVERNMENT

William C. Curtis

ACCEPTED:

[REDACTED]

WITNESS: *Kevin J. Crowley*

APPROVED:

BY CONTRACT ADMINISTERING OFFICER

SECRET

DISPATCH

CLASSIFICATION
SECRET

PROCESSING ACTION

TO
Office of Finance

MARRED FOR INDEXING

INFO
Chief, WH Division

NO INDEXING REQUIRED

FROM
Chief of Station, Mexico City

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

SUBJECT
Admin/Finance-Salary Increase-Sandra B. CAZZZUS, Employee Number 132830

MICROFILM

ACTION REQUIRED - REFERENCES

ACTION REQUIRED: Information only.

REFERENCE: HPMS-4512, dated 6 January 1966

Furnished herewith is a copy of a contract amendment for Sandra B. CAZZZUS covering the legislative salary increase as of 10 October 1965. The amendment was not prepared in time for CAZZZUS to sign it before going on home leave and consequently had to await her return.

WILLARD C. CURTIS

Attachment:
As Stated Above

Distribution:
2 - Office of Finance, w/att
1 - Chief, WHD

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

HPST-6164

17 January 1966

CLASSIFICATION

MC'S FILE NUMBER

SECRET

*Anna H
Harassoff*

~~_____~~
Dear Miss ~~_____~~

Reference is made to your present contract with the United States Government as represented by the Contracting Officer.

Effective 10 October 1965, said contract is amended by including therein provision for compensation increase of the Federal Employment Salary Act of 1965, in conformance with policies and procedures of this Organization. Said contract is amended also to include the following sentence in paragraph one, entitled "Compensation":

"Compensation will be increased based on legislative pay increases"

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

THE UNITED STATES GOVERNMENT

BY *Willard C. Curtis*

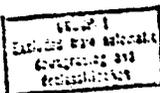
ACCEPTED:

[Signature]

WITNESS:

Irving A. [Signature]
[Signature]

SECRET



100 8100

Chief of Station, Mexico City

Office of Finance

Salary Increase - Sandra S. CAZAZZO, Employee Number 130990

The Office of Finance has not received a contract amendment for the 10 October 1965 salary increase which the Station has paid Subject as reflected on Station 7/18/66. Therefore, in the absence of a contract amendment, it would appear that CAZAZZO is being overpaid. Please advise.

SHIRLEY M. YERGAN

Distribution:

3 - OS/Mexico City

HR70 - 4512

6 January 1966

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

CA/TO/APB/CEAS/RLandry/rhs

2296

- 2 - WH Division
- 3 - CA/TO/APB/CEAS
- 1 - RI/DP
- 1 - CE/Registry
- X - CPD

WH/BP

WH/CS

CLASSIFIED MESSAGE TOTAL COPY 1

CLASSIFY TO FILE NO. _____

3-REF TO FILE NO. _____

FILE RID RET. TO BRANCH

DESTROY SIG. _____

FROM MEXICO CITY

PERSON/UNIT NOTIFIED _____

REPRODUCTION PROHIBITED

1	5
2	6
3	7
4	8

ACTION WNH RID COPY ISSUED SLOTTED TUBED

UNIT _____ TIME _____ BY _____

INDEX FILE NR OF 2, COS 3.

SECRET 081945Z

DIR CITE MEXI 5550

8 DEC 65 10658

REF: DIR 50414

1. 1964 [REDACTED] FOR BENADUM, LIMOTOR 19 BARBARA C. HUFFIG), PINEINCH, SANDAMANIE BEING SENT BY HMNT 6018 IN DEC POUCH. NOT POUCHED EARLIER AS OVERLOOKED IN STATION ADMIN FILES.

2. RETURN FOR CAZAZZUS SENT HMNT 5399 APR 23 (JOINT WITH S. DOUGLAS J. FEINCLASS). RETURN FOR LIFUED 30, NOW RITA N. BLAZIK, SENT HMNT 5908, 25 OCT 65.

3. LIHUFF 1 SUBMITTED RETURN THROUGH OVERT CHANNELS; SIGNED COPY BEING POUCHED HQS.

4. WILL REPORT ON TECHOPM SEPARATELY.

SECRET / ADDITIONAL INFO: WNH - 1964
 TAX RESERVE REQUESTED HMNT-4-1964
 CFN 5550 62414 1964 BENADUM LIMOTOR 19 BARBARA C HUFFIG

SANDAMANIE HMNT 6018 IS NOT POUCHED CAZAZZUS HMNT 5399 APR 23

DOUGLAS J FEINCLASS LIFUED 30 RITA N BLAZIK HMNT 5908 23 65

LIHUFF 1 HQS

BT

SECRET

File
Dec 23
[Signature]

SECRET

ANNA H. TARASOFF

Dear Miss [REDACTED]

Reference is made to your present contract with the United States Government, as represented by the Contracting Officer.

Effective 14 August 1964, said contract is amended by including therein provision for compensation increase of the Government Employees Salary Reform Act of 1964, in conformance with the policies and procedures of this organization.

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

DIA
2.72
7 newrate ~~2.44~~ P/hour

UNITED STATES GOVERNMENT

BY Millard C. Curtis
Contracting Officer

SECRET

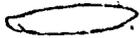
Group 1 - Excluded from automatic downgrading and declassification.

REVIEWED:

APPROVED:

/s/ Joseph B. Ragau
Special Contracting Officer

DISPATCH



c/wH/SS

CPD

*BD 4059 Geo. Dife
CPD 105 - Mar 19 - H11111
5278*

*Any need for 17 Aug 64
W/H/B/E
QFD-5 E69
QFD/EA5-32768*

00000000
3 - 100

[Faint, illegible text]

TOP SECRET

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

DISPATCH

SECRET
(EVEN WHEN BLANK)

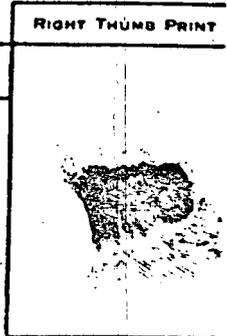
NºSD 48769 A

DATE 29 July 1964

I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:

(SIGNATURE) *Anna Tarasoff*
Anna Tarasoff
(NAME, PRINTED OR TYPEWRITTEN)

WITNESS: *Herbert Manell*
Herbert Manell



SECRET

SECRET
(EVEN WHEN BLANK)

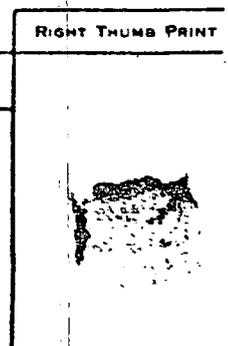
NºSD 48769 B

DATE 29 July 1964

I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIGNATURE WHERE REQUIRED:

(SIGNATURE) *Sandra B. Cazazzus*
Sandra B. CAZAZZUS
(NAME, PRINTED OR TYPEWRITTEN)

WITNESS: *Gerald F. Gestetner*
Gerald F. GESTETNER



SECRET

CONFIDENTIAL
(When Filled In)

CONTRACT TYPE B SECURITY APPROVAL

DATE : 15 July 1964
YOUR REFERENCE: Memorandum dated 13 July 1964
CASE NO. : 131751
TO : WH/PERS
SUBJECT : TARASOFF, Anna A.

1. This is to inform you of Security Approval of the Subject person for Contract Type B employment as specified in your request under the provisions of Headquarters Regulation 20-53.

2. Unless arrangements are made within 60 days to contract with Subject within 120 days, this Approval becomes invalid.

3. This office is to be advised when a Contract is signed by Subject and when the Contract is terminated.

4. As a part of this contracting process:

A polygraph interview must be arranged by your office.

A polygraph interview is not necessary.

W. A. Osborne
W. A. Osborne

CHIEF, PERSONNEL SECURITY DIVISION, OS

SECRET

REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION <small>(Please indicate type of this form)</small>		DATE 13 July 1964	
TO: CI/Operational Approval and Support Division		FROM: WH/PERS GH-4408	
<input checked="" type="checkbox"/> Personnel Security Division/Office of Security			
SUBJECT: Tarasoff, Anna <small>(Type name)</small>		PROJECT Station Support	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES		CI/OA FILE NO.	
		RI 201 FILE NO.	SO FILE NO. 131751
1. TYPE ACTION REQUESTED			
<input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL		<input type="checkbox"/> PROVISIONAL PROPRIETARY APPROVAL	
<input type="checkbox"/> OPERATIONAL APPROVAL		<input type="checkbox"/> PROPRIETARY APPROVAL	
<input type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL		<input type="checkbox"/> COVERT NAME CHECK	
<input checked="" type="checkbox"/> COVERT SECURITY APPROVAL Type B		<input type="checkbox"/> SPECIAL INQUIRY (SO field investigation)	
<input type="checkbox"/> COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS			
2. SPECIFIC AREA OF USE Mexico City, Mexico			
3. FULL DETAILS OF USE Her principal responsibility will be to assist her husband, a Staff Agent, in the transcribing and processing of the Station's LIENVOY/LIEMWICK product. Subject resigned from staff employee status on 8 September 1963. <i>She has been with her husband in Mexico during interim period</i>			
4. INVESTIGATION AND COVER			YES
A. U.S. GOVERNMENT INTEREST MAY BE SHOWN DURING INVESTIGATION?			NO
			<input checked="" type="checkbox"/>
B. CIA INTEREST MAY BE SHOWN DURING INVESTIGATION?			<input checked="" type="checkbox"/>
C. IS SUBJECT AWARE OF U.S. GOVERNMENT INTEREST IN HIM?			<input checked="" type="checkbox"/>
D. IS SUBJECT AWARE OF CIA INTEREST IN HIM?			<input checked="" type="checkbox"/>
E. INDICATE ANY LIMITATIONS ON COVERAGE IN THE INVESTIGATION OF SUBJECT.			
F. SUGGEST "COVER PRETEXT" TO BE USED IN CONDUCTING PERSONAL INVESTIGATION OF SUBJECT.			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
5. PRO AND GREEN LIST STATUS			
<input type="checkbox"/> PRO 1, OR EQUIVALENT, IN 121 COPIES ATTACHED		<input type="checkbox"/> PRO 11 WILL BE FORWARDED	
<input type="checkbox"/> PRO 11, OR EQUIVALENT, IN 611 COPY ATTACHED		<input type="checkbox"/> GREEN LIST ATTACHED, NO:	
6. RI TRACES			
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> WILL FORWARD	<input type="checkbox"/> NON-DEROGATORY	<input type="checkbox"/> DEROGATORY ATTACHED
7. DIVISION TRACES			
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> WILL FORWARD	<input type="checkbox"/> NON-DEROGATORY	<input type="checkbox"/> DEROGATORY ATTACHED
8. FIELD TRACES			
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> WILL FORWARD		
<input type="checkbox"/> NO DEROGATORY INFO.	<input type="checkbox"/> DEROGATORY ATTACHED		
LIST SOURCES CHECKED			
NOT INITIATED (Explanation)			
SIGNATURE OF CASE OFFICER W. S. Renahan		EXTENSION 6577	SIGNATURE OF BRANCH CHIEF W. E. Brooks

DISPATCH

CLASSIFICATION

SECRET

PROCESSING ACTION

TO
Chief, MI DivisionINFO
Chief, SR DivisionFROM
Chief of Station, Mexico City

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

MICROFILM

SUBJECT ADMINISTRATIVE/PERSONNEL
WAE Contract

ACTION REQUIRED - REFERENCES

REFERENCE: MEXI-9691

1. Transmitted under separate cover attachment are three copies of a signed field contract completed on the Subject of reference.

2. Her principal responsibility will be to assist her husband Douglas J. BEINGLASS (P) in the transcribing and processing of the Station's LITENVOY/LITENICOL product. The part-time employment of Subject will permit BEINGLASS to devote considerably more effort and concentration on the preparation of assessment studies on the USUAL complement.

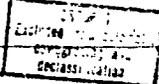
Willard C. Curtis
WILLARD. C. CURTIS

Attachment:
As stated above (WFC)

Distribution:
2 - WFD, w/att
1 - SMD, w/att

Original - 17 July 64
cl w/att/SS
w/att/BTF
EPD 5669
EFD/REAS 65

CROSS REFERENCE TO



DISPATCH SYMBOL AND NUMBER

MEXI-4646

DATE

12 June 1964

CLASSIFICATION

SECRET

HQ'S FILE NUMBER

17 J02

Mrs. Anna A. ~~Tharoff~~ ^{Tharoff}

Dear Mrs. Tharoff:

The United States Government, as represented by the Contracting Officer, hereby contracts with you, as a Contract Employee, for the use of your services and the performance of duties of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the use of your services and the performance of specified confidential duties, you will be compensated in an amount calculated at the rate of \$2.50 per hour. Payments will be made as directed by you in writing in a manner acceptable to the Government. Taxes will be withheld therefrom and submitted by the United States Government.

2. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs or legal representatives under this paragraph will be processed by the Government in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to sick and annual leave equal to and subject to the same rules and regulations applicable to Government employees. Such annual leave may only be taken at times and places approved in advance by appropriate representatives of the Government.

(c) You will be entitled to continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U.S.C.A., Ann. 1601-1615).

(d) The Government will withhold from the compensation due you under this agreement social security deductions in conformance with the basic social security legislation, as amended, and the procedures of this Organization. For reasons of security, all inquiries concerning your relationship to the social security system shall be made directly to this Organization, and in no event may any such problem be presented by you or on your behalf to any representative of the governmental unit responsible for implementing the social security program.

3. Execution of documents. If in the performance of services under this contract you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situated, which property has, in fact, been purchased with moneys 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.

4. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason thereof (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 1942, as amended, and other applicable laws and regulations.

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

6. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

7. Term. This contract is effective as of 10/1/54 and shall continue thereafter for a period of two (2) years unless sooner terminated either:

(a) By thirty (30) days' actual notice by either party hereto, or

(b) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY Winston M. Scott
Contracting Officer

ACCEPTED:

Anna A. Tzaroff
Anna A. Tzaroff

WITNESS: Harold Marshall

APPROVED:

RECEIVED:

Special Contracting Officer

CLASSIFIED MESSAGE

SECRET

ROUTING	
1	4
2	5
3	6

TO : DIRECTOR

FROM : [unclear]

ACTION: [unclear]

INFO : CI, CIPPs, CIPN, SR 7, VR

SECRET 120018Z

DIP CITE NEXA 9601

REDCOAT

IMMEDIATE ACTION

REF: HMYS-2000, 11 JUNE 1963

2 JUN 64 IN 95704

1. PER DISCUSSIONS WITH WALLACE A. DEMOLAT, STATION WISHES EMPLOY WIFE OF DOUGLAS J. FEINGLASS ASAP TO ASSUME PART OF LATTER'S LIENVOY TRANSLATION AND TRANSCRIPTION DUTIES. WOULD FREE HIM TO CONCENTRATE MORE ON PREPARATION ASSESSMENTS-CHARACTERIZATIONS OF SOV COMPLEMENT.
2. REQUEST WOS INITIATE CLEARANCE. FORWARDING FIELD CONTRACT WHICH WILL BE IN ACCORDANCE REF.

SECRET

*Read July 9
a.m.
July 13
Please see serial
Cable to [unclear]*

GROUP 1
Excluded from automatic
downgrading and
declassification
AUTHORITY: [unclear]
DATE: [unclear]

[Signature]

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

SECRET

Chief of Station, Mexico

XX

Chief, WHD

Wife of Douglas J. FRINGLASS

Please inform Subject that her resignation from staff employee status has been processed and made effective as of 8 September 1963.

END OF DISPATCH

Distribution:
2 Mexico City

WDMS-3145

23 September 1963

SECRET

WH/PERS

W.S. Renchan

ecm

7555

Distribution:
1 - WH/Reg
1 - WH/PERS

C/WH/3

SECRET/RVBAT

SEPARATE COVER ATTACHMENT

HMM-S-2980

DOB: 5 May 1923

POB: Cleveland, Ohio

HIGH SCHOOL GRADUATE: 1942

CHILDREN: Daughter - Barbara, 21 Dec 1945

Son - Raymond, 20 Mar 1949

EXPERIENCE: 1944 - 1945 Cleveland Trust Co., Cleveland, Ohio
Commercial Bookkeeper

1955 - 1956 American Trust Co., San Leandro, Calif.
Commercial Bookkeeper

8 Apr 1957 EOD KUBARK, Clerk, GS-4

14 Jul 1957 PBJointly, Clerk

9 Mar 1958 KUDESK, Intell Clerk

2 Nov 1958 Promotion, GS-5

8 Jan 1961 Promotion, GS-6

7 Jun 1963 LWOP for 90 days at end of which time
resignation will be effected.

FITNESS REPORT: 30 June 1961 - 30 June 1962, Overall Rating "A"
(Transliterates Russian Material "P")

TRAINING: Basic Supervisors, 2-13 May 1960

TEST: Russian, Reading "E"

SECRET/RVBAT

MEMORANDUM RECEIPT

7 June 1963

DATE

TO: W.S. Renehan, WH/Pers

FROM: Mrs. Anna Tarasoff

SUBJECT: Receipt of Advance of Funds for Transportation from Washington, D. C. to Mexico City

I hereby acknowledge receipt of the following:

\$525.00 in conjunction with Subject, it is understood that this advance is for ~~the~~ lowest first class rail travel Washington to Mexico City, Mexico and related costs, and anticipated per diem for three days for myself and two dependant children. Accounting for the advance will be submitted to the Mexico City Station.

Anna Tarasoff

Anna Tarasoff

SIGNATURE OF RECIPIENT

Please return _____ signed copy(ies) of this receipt

7 June 1963

DATE RECEIVED

To _____

14-00000

SECRET

7 June 1963

**MEMORANDUM FOR: Personnel Security Division,
Office of Security**

**SUBJECT: Mrs. Anna Tarasoff, Contract
Employee Clearance**

1. It is requested that clearance be granted for the employment of Mrs. Anna Tarasoff as a Contract Employee, Type A or B at the Mexico City, Mexico Station to provide clerical services.
2. Mrs. Tarasoff is presently a GS-6, staff employee. She is being reassigned to the CS Development Complement and placed on a 90 day LWOP status effective COB 7 June in order to join her husband.
3. In the event the Mexico Station can use her services she would be employed in a contractual capacity and her resignation from staff employee status would be effected the day prior to the effective date of contract.
4. In the event additional information is desired, please contact Mr. William Renchan, extension 7555.

**W. E. BROOKS
Chief, WH Support**

SECRET
(When Filled In)

Real journal

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 5 Jun 63	
1. SERIAL NUMBER 065935		2. NAME (Last-First-Middle) ZAKASOFF, ANITA				
3. NATURE OF PERSONNEL ACTION LMOP AND REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH: 6 DAY: 7 YEAR: 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS <input checked="" type="checkbox"/> A <input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHANGEABLE 327-1770-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DOP CI STAFF CI DEVELOPMENT COMPLIMENT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE INTELL CLERK			12. POSITION NUMBER 61 7971	13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0313.01	16. GRADE AND STEP 6 6	17. SALARY OR RATE 5,545. <i>handwritten: 2.67, 2546</i>		
18. REMARKS FROM: DOP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/INTELL CLK/WASH., D.C/0151 Employee's last working day 7 Jun 1963. LMOP (HRB 10-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. cc to security and finance						
18a. SIGNATURE OF REQUESTING OFFICIAL <i>Dorothy B. Burns</i> CI STAFF		DATE SIGNED 5 Jun 63	18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. TIME RATE CODE	24. HOS/AS/PS DATE OF BIRTH MO. DA. YR.
25. DATE OF DEATH MO. DA. YR.	26. DATE OF LEA MO. DA. YR.	27. DATE OF LEA MO. DA. YR.	28. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. DEFERMENT DATA 1 - CSC 3 - FICA 5 - NSTAT	31. SEPARATION DATA CODE
32. CORRECT COMPLIANCE LOCATION DATA TYPE MO. DA. YR.	33. SECURITY REQ. NO.	34. SER	35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMP. DATE MO. DA. YR.	37. ENCL. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CODE 0 - REGULAR 1 - PROV/TEMP
39. SECY / HEALTH INSURANCE CODE 0 - OTHER 1 - YES	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. FEDERAL TAX DATA FORM CALCULATED CODE 1 - YES 2 - NO	43. FEDERAL TAX DATA MO. YR. EXEMPTIONS	44. STATE TAX DATA FORM CALCULATED CODE 1 - YES 2 - NO	45. STATE TAX DATA CODE NO. TAX STATE CODE EXEMPT.
45. POSITION CONTROL CERTIFICATION				46. C.S.P. APPROVAL		DATE APPROVED

PUBLIC SCHOOLS
DISTRICT OF COLUMBIA
**WOODROW WILSON
HIGH SCHOOL**
PUPIL'S PERMANENT RECORD

LAST NAME OF PUPIL TARASOFF	FIRST NAME BARBARA	MIDDLE NAME	DATE OF ENTRY FROM 9.6.61	FROM Kramer Jr.
PARENT OR GUARDIAN Baria Detro Tarasoff		OCCUPATION Analyst - U.S. Government	DATE OF INTERVAL TO	
RESIDENCE 5109 - 45th Street, N.W.		TEL. EM 2-6990	DATE OF RE-ENTRY FROM	
RESIDENCE		TEL.	DATE OF INTERVAL TO	
PLACE OF BIRTH Ohio		DATE OF BIRTH 12.22.45	DATE OF RE-ENTRY FROM	

MONTH GRADE	YEAR BEG.	SECTION	YEAR BEG.	SECTION	YEAR BEG.	SECTION	YEAR BEG.	SECTION
	9.6.61	112-2 RCS	9.6.62	112-3 RCS				
French	A 1	English 2H	ALB	A A 1	English 2H	LRC	R	English
Adv. & Gen. History	A 1	Mod. History			U.S. History			Government
Algebra 1 & 2	B 2	Calc. & Solid Geom.	ANS	C B 1				
French	1H	French 1H	ALF	A A 1	French 2H	WLF	A	French
Gen. Mod.		Latin 2H	ALS	A A 1	Latin 4H	SWA	A	Latin
Latin 1 & 2	A 2	Spanish			Spanish			Spanish
Trigon.		Chemistry			General IP	RAM	A	Chemistry
Sub. Science		Biology			Physics R	JE	A	Physics
Biology	A 1	Calc. H	ANL	B B 1				
UNOFFICIAL								
		U.S. History	SS	A 1				
		Physical Ed. 2nd	GER	B B 1/2	Physical Ed. 3	CLR	A	Physical Ed.
		Military Science			Military Science			Military Science
UNOFFICIAL								
Department	R	H	Department	A	Department		Department	
Days Present	91/100	81	Days Present	90/100	Days Present		Days Present	
Days Abs. Ex.	1	1 1/2	Days Abs. Ex.	2 1/2	Days Abs. Ex.		Days Abs. Ex.	
Days Abs. Unexc.	-	-	Days Abs. Unexc.	0	Days Abs. Unexc.		Days Abs. Unexc.	
Traces Tardy	-	-	Traces Tardy	0	Traces Tardy		Traces Tardy	

Son Raymond