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28 March 1957

Mrs. Anna Tarasoff
2819 Gainesville Street, S. E., Apt. 202
Washington, D. C.

Dear Mrs. Tarasoff:

We wish to inform you that the preliminary processing of your application has been accomplished and that you may enter on duty immediately on a temporary basis at Grade GS-4, salary \$415.00 per annum as Clerk.

Your temporary appointment will be subject to taking an oath of office, signing a loyalty affidavit, and completing a medical examination which will include determination of physical health and emotional stability. If you enter on duty based on this preliminary processing, you will be assigned to the Interim Assignment Section pending the completion of the full processing and a final security interview. The Interim Assignment Section is a "pool" where you will be doing clerical work of a routine nature. Should anything of an unfavorable nature arise during this period, your employment will not result in a permanent appointment; otherwise you then will be placed on duty in the position for which employed.

If you are interested in this temporary position please call Mrs. Sandra Finci on EXecutive 3-6115, extension 2781, as soon as possible to advise her of the exact date you will report. We would appreciate your selecting a Monday. You may prefer to await the completion of the full processing which will require about 60 to 90 more days. In any event we would appreciate your calling Mrs. Finci promptly and informing her of your plans. In the meantime, it is requested that you submit three passport-size photographs of yourself as soon as possible.

Please report to the Receptionist at Curie Hall at 8:15 a.m. and ask for Mrs. Finci on the reporting-for-duty date that you establish with this office. Curie Hall is located at the intersection of 23rd Street, Independence Avenue and Ohio Drive, S.W., with entrance on Ohio Drive.

14-00000

Employees of this Agency are entitled to the regular United States Government leave and retirement benefits.

The gross salary quoted will be subject to deductions for Federal income tax and 6½ percent for the United States Civil Service Retirement Fund. In addition, the benefits of low-cost group life insurance are available to Federal civilian employees. The enclosed pamphlet outlines the features of the program and lists the amount which will be deducted from your salary each pay period for this term insurance. This insurance is not obligatory. However, if you do not wish coverage, which is automatic, you should sign a Waiver of Life Insurance Coverage form at the time you enter on duty.

You will not receive a pay check for approximately four weeks after you enter on duty.

If you have any problems, Mrs. Fincl will be glad to discuss them with you when you call.

Very truly yours,

G. M. Stewart
Director of Personnel

Enclosures (2)
Life Insurance Pamphlet
Map

OP/CORRE 3/bjs(XXXX) (PI)

CONFIDENTIAL

CLERICAL & COMMUNICATIONS REPORT OF INTERVIEW	DATE AND PLACE OF INTERVIEW 2-5 and 2-12-57		CLEARANCE REQUESTED FULL PROFESSIONAL	
	SOURCE Husband; agncy employee		AVAILABILITY DATE INDICES CLEARANCE REQUESTED	
NAME (Last - First - Middle) TARASOFF, Anna NMT		MARITAL STATUS M; 2 children	SEX F	DATE OF BIRTH 5-5-23
PERMANENT ADDRESS 2619 Gainesville Street S.E., Washington, D.C. (Apartment 202)			TELEPHONE LU 4-1300	
TEMPORARY ADDRESS			TELEPHONE	
POSITION RECOMMENDED (Grade and Title) GS-4 Clerk	TEST SCORES			
	LA-5	TYPING	SHORTHAND	OTHER
ACCEPTABLE STATION <input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S.		CITIZENSHIP		
<input type="checkbox"/> Overseas (Under conditions stipulated)		<input checked="" type="checkbox"/> U.S. BY BIRTH		
LIMITATIONS o/s per husband's assignments		<input type="checkbox"/> U.S. BY NATURALIZATION DATE		
		<input type="checkbox"/> OTHER (Specify)		
HEALTH Generally good		FOREIGN RELATIVES No 20-210 claimed		
BACKGROUND AND EVALUATION				
MILITARY SERVICE, IF ANY (Priority and duty MOS and length of time in each, training, dates of entrance and discharge, areas visited)				
INDICES CLEARANCE IR to SO / 59 1: Medical				
EVALUATION AND BACKGROUND DATA (Include education and work experience)				
<p>Mrs Tarasoff is the wife of Boris Tarasoff, FDDA employee. She first made application shortly after her husband's EOD while she and the children were still in California. Attempts to have her tested and interviewed on the West Coast were unsuccessful.</p> <p>The family is all now gathered in D.C.; the children are in school; arrangements have been made for the care of the children during the lags between the end of the school day and the end of the parents work day.</p> <p>Test results are very interesting. It would appear that Mrs. Tarasoff should be able to do a most adequate job in a clerical job of the most deadly routine nature. I'm quite sure such positions are available in the Agency.</p> <p>Mrs. Tarasoff apparently has a reasonably good command of Russian, both spoken and written; I gathered that some of the household conversation is carried on in that language. HOWEVER, I gave her absolutely no assurance that we would be able to utilize this skill.</p> <p>She is interested in employment as soon as possible and I discussed an Indices Clearance with her. The Pool, the temporary indefinite appointment, et al. were described in lurid detail. She is willing and interested.</p> <p>Personally, I found Mrs. Tarasoff to be a very pleasant little woman. She is slight and slender with reddish hair; smiles easily and appears as easy to work with, GS-4 Clerk agreeable and recommended.</p>				
INDICES CLEARANCE REQUESTED				
DATE REPORT AND FORMS FORWARDED TO HEADQUARTERS				
IR TO SO / 59 1: Medical RECRUITER D.L. Mooney, Ch/C, PPD/CP				

CONFIDENTIAL
(When Filled In)

EMPLOYMENT INFORMATION

After my discussion with the field representative, I wish to acknowledge the existence of the following conditions of employment:

A. Qualifications:

- (1) Upon my arrival in Washington I understand I will be tested to determine (a) my general aptitude; (b) my typing skill if I am being considered for a typing position, the minimum standards for which are 40 words per minute net speed; (c) my stenographic skill if I am being considered for a stenographic or secretarial position, the minimum standards for which are 80 words per minute accurate transcription with at least 40 words per minute net typing speed.
- (2) I understand that should I fail to meet the minimum standards as outlined above I will be given an opportunity to receive refresher training. As soon as I am able to meet the prescribed standards I will then be assigned to a position within the organization. If, within a reasonable period of time, I should fail to meet the minimum skills requirements, I understand that I will be assigned to a position not requiring specific skills if such a position exists. (For example: An individual initially selected as a Clerk-Typist who is not able to qualify fully as a typist would be assigned to any available clerical position.)

B. Initial Placement:

I understand there are initial placement procedures, including the testing and refresher training outlined above, that may require a period of several weeks before I am given my specific job assignment. I have had explained to me the operations of the interim assignment group where I may expect to receive the testing and refresher training mentioned and where I will work pending my specific job assignment.

C. Overseas Possibilities:

- (1) I have not been promised an overseas assignment. I understand I must demonstrate fully my abilities while on a Washington, D.C. assignment after which I may be considered for whatever positions may exist for which I am qualified. The decision to assign me to an overseas post rests with responsible individuals in the Washington office.
- (2) I understand that from past experience of the organization I may expect to remain on a Washington assignment from 1 1/2 to 2 years before I may be considered for an overseas post.
- (3) I understand that overseas assignments in the clerical and general administrative categories require, for most positions, typing and stenographic skills.

D. General:

I understand that any eventual assignment to a professional type position, if I am qualified for such by specific education, training, or experience, will depend upon the existence of a suitable vacancy and that no promises to the contrary have been made to me.

Date: February 12, 1957

James T. Arnold
Signature of Applicant

**CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.**

**Applicant Information
Sheet No. 1**

**To all persons applying for employment
with the Central Intelligence Agency:**

**This paper is the first step in applying for employment or consultant
status with the Central Intelligence Agency. No application may proceed
beyond this first step if the applicant is not in agreement with the
conditions stated below:**

General Considerations:

**1. The National Security Act of 26 July 1947 (Public Law 253, 80th
Congress) which created the Central Intelligence Agency places upon the
Agency the responsibility:**

**a. "to advise the National Security Council in matters concerning
such intelligence activities of the Government departments and agencies
as relate to the national security;**

**b. "to make recommendations to the National Security Council
for the coordination of such intelligence activities of the depart-
ments and agencies of the Government as relate to the national
security;**

**c. "to correlate and evaluate intelligence relating to the
national security, and provide for the appropriate dissemination
of such intelligence within the Government . . . ;**

**d. "to perform, for the benefit of the existing intelligence
agencies, such additional services of common concern as the National
Security Council determines can be more efficiently accomplished
centrally;**

**e. "to perform such other functions and duties related to
intelligence affecting the national security as the National Security
Council may from time to time direct."**

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The special character of this national responsibility requires the Agency to maintain correspondingly special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "clearance" of an applicant.

2. Investigation of an applicant may reveal something which prevents his clearance - perhaps something of which the applicant is genuinely unaware, perhaps something which only the special employment criteria of the Agency make unacceptable. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

3. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. Offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not cleared.

Statement of Understanding
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

George T. [unclear]
(Signature of Applicant)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 6 September 1963		
1. SERIAL NUMBER 025935		2. NAME (Last-First-Middle) TARASOFF, ANNA						
3. NATURE OF PERSONNEL ACTION RESIGNATION (FROM LWOP)				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 9 8 63		5. CATEGORY OF EMPLOYMENT REGULAR		
9. FUNDS ▶ V V V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 4227-1990-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
6. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CS/CS/ DEVELOPMENT COMPLEMENT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.				
11. POSITION TITLE INTELLIGENCE CLERK				12. POSITION NUMBER 49997		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS		15. OCCUPATIONAL SERIES 0301, 27		16. GRADE AND STEP GS- 6 4		17. SALARY OR RATE 1 5545		
19. REMARKS FROM: DDP/CI STAFF/CS/CS/DEVELOPMENT COMPLEMENT/ INTELLIGENCE CLERK/WASH., D.C./# 9997 Memorandum of Resignation attached cc to Security & Finance Subject is re-employable in the opinion of CI Staff								
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Byron B. Bunch</i> STAFF			DATE SIGNED 6/9/63		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>William Graham</i>		DATE SIGNED 13 Sept 63	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 43 17		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTERMEDIATE CODE		
24. RATE EXP. RES.		25. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE		31. SEPARATION DATA CODE		
35. VET. PREFERENCE 1 - NONE 2 - 5 PT. 3 - 10 PT.		36. SERV. COMP. DATE MO. DA. YR.		37. LENG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAR/RESV PROV/TEMP		
41. PREVIOUS GOVERNMENT SERVICE DATA 1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS)		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO		
45. POSITION CONTROL CERTIFICATION 19 SEP 1963				46. O.P. APPROVAL <i>Carl B. Batcher</i>		DATE APPROVED 24 Sept 63		

Recorded by
CSPD
DM

Re-employable

SECRET

(When Filled In)

EMPLOYEE NOTICE OF RESIGNATION

DESIGN EFFECTIVE OFFICE OF PERSONNEL FOR THE FOLLOWING REASON:

(Date)

SEP 17 1 58 PM '63

MAIL ROOM

From L. W. P. -
McC. Husband

[Handwritten signature]

MY LAST WORKING DAY WILL BE

DATE SIGNED

SIGNATURE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, Zone, State)

INSTRUCTIONS

Items 1 thru 7 and Items 9 thru 18a - The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains only to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

- Regular
- Part Time
- Temporary
- Temporary - Part Time
- Summer
- Detail Out
- Detail In
- WAE
- Consultant
- Military

Item 9 - "Organizational Designations" should show all levels of organization pertinent to identifying the location of the position:

- FIRST LINE Major Component (Director, Deputy Director, etc.)
- Office, Major Staff, etc.
- Division or Staff (subordinate to first line)
- Branch
- Section
- Unit

Item 11 - "Position Title" should reflect the standard abbreviated title given in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING - The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

MHC 26 SEPT 83

NOTIFICATION OF PERSONNEL ACTION											
OEF											
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)									
025935		TARASOFF ANNA									
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT								
RESIGNATION FROM LWOP		MO. DA. YR. 09 08 83	REGULAR								
6. FUNDS		7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY								
<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>V TO V</td> <td><input type="checkbox"/></td> <td>V TO CF</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CF TO V</td> <td><input type="checkbox"/></td> <td>CF TO CF</td> </tr> </table>		<input checked="" type="checkbox"/>	V TO V	<input type="checkbox"/>	V TO CF	<input type="checkbox"/>	CF TO V	<input type="checkbox"/>	CF TO CF	4227 1990 1000	
<input checked="" type="checkbox"/>	V TO V	<input type="checkbox"/>	V TO CF								
<input type="checkbox"/>	CF TO V	<input type="checkbox"/>	CF TO CF								
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION									
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION								
INTELLIGENCE CLERK		9997	D								
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE								
GS	0301.27	06 4	5545								
18. REMARKS											
SIGNATURE OR OTHER AUTHENTICATION											

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 5 June 1963			
1. SERIAL NUMBER 025935		2. NAME (Last-First-Middle) TARASOFF, ANNA					
3. NATURE OF PERSONNEL ACTION LWOP REQ REASSIGNMENT <i>and</i>				4. EFFECTIVE DATE REQUESTED 06-12-63 06-10-63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS X V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 3227-1990-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CS DEVELOPMENT COMPLEMENT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.			
11. POSITION TITLE INTELL CLERK				12. POSITION NUMBER 07 9997		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0301.27 0310.01		16. GRADE AND STEP 06 4		17. SALARY OR RATE 5,545.	
18. REMARKS <i>Office:</i> FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS RR/INTELL CLK/WASH., D.C./0151 Employee's last working day 7 June 1963. LWOP (HRF 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. <i>To begin upon expiration of annual leave.</i> cc to security and finance							
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Byron B. Barnes</i>			DATE SIGNED 5 Jun 63		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>H. Burchard</i>		
DATE SIGNED 6/18/63			DATE SIGNED				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. STATION NO. EMPLOY. CODE 38 18		20. OFFICE CODING ALPHABETIC 32777 C I		21. STATION CODE 75713		22. WAGE CODE	
23. MONTHS CODE 1		24. DATE OF BIRTH 05/05/23		25. DATE OF DEATH		26. DATE OF LEI	
28. NTE EXPIRES NO. DA. YR.		29. SPEC. REFERENCE		30. RETIREMENT DATA 1 - GS 3 - FICA 5 - NONE		31. SEPARATION DATA CODE	
32. CORRECTIVE/ANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX		EOD DATA	
35. VET. PREFERENCE 0 - NONE 1 - 5 YR. 2 - 10 YR.		36. SEPA. COMP. DATE NO. DA. YR.		37. LONG. COMP. DATE NO. DA. YR.		38. CAREER CATEGORY CAR/PRESV PROV/TEMP	
39. FECL / HEALTH INSURANCE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		42. LEAVE CAT. CODE	
43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO		45. POSITION CONTROL CERTIFICATION 12 JUN 1963 <i>fus</i>		46. O.P. APPROVAL <i>H. Burchard</i>	
DATE APPROVED		DATE APPROVED					

Recorded by
GSPD
SM

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 5 June 1963			
1. SERIAL NUMBER 025935		2. NAME (Last-First-Middle) TARASOFF, ANNA							
3. NATURE OF PERSONNEL ACTION LWOP AND REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 6 7 63		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS X V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 3227-1990-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CS DEVELOPMENT COMPLEMENT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.					
11. POSITION TITLE INTELL CLERK				12. POSITION NUMBER 01 9997		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0318.01		16. GRADE AND STEP 6 4		17. SALARY OR RATE 5,545.			
18. REMARKS FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/INTELL CLK/WASH., D.C/0151 Employee's last working day 7 June 1963. LWOP (HRB 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. cc to security and finance									
19A. SIGNATURE OF REQUESTING OFFICIAL <i>Byron A. Bures</i> CI STAFF			DATE SIGNED 5 Jun 63		19B. 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. INTR. SER. CODE	24. WOODS CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA MO. DA. YR.		33. SECURITY REG. NO.	34. SEA
35. VET. PREFERENCES CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.	36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAREER CODE PROV. TEMP	39. SEGL. / HEALTH INSURANCE CODE 0 - NONE 1 - YES HEALTH INS. CODE		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. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO		44. STATE TAX DATA NO. TAX EXEMPTIONS FORM EXECUTED CODE 1 - YES 2 - NO		CODE	NO. TAX STATE CODE
45. POSITION CONTROL CERTIFICATION					46. O.P. APPROVAL			DATE APPROVED	

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER						25 November 1960	
2. NAME (Last-First-Middle)							
125935 ✓						TARASOFF, ANNA	
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
PROMOTION				MONTH DAY YEAR C 1 C 5 6 1		REGULAR	
6. FUNDS		X V TO V		V TO CF		7. COST CENTER NO. CHARGE-ABLE	
CF TO V		CF TO CF		1227-1001-10		8. LEGAL AUTHORITY (Completed by (Office of Personnel))	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH				WASHINGTON, D.C.			
11. POSITION TITLE				12. POSITION NUMBER		12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION
INTELL. CLERK SD-D				0151			D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE
GS (GS-6)			0301.27		06 ± 2		4,330 - 1,995
18. REMARKS							
FROM: DDP CI STAFF/SIG/PROJECTS BRANCH/0151							
Memorandum of recommendation attached.							
18A. SIGNATURE OF REQUESTING OFFICER				18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
<i>Byron B. Burns</i> AC/CI STAFF				<i>James L. Flood</i>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE		20. OFFICE CODING		21. STATION CODE		22. INTEGRAL CODE	
30		32250		75013		1	
23. DATE OF BIRTH		24. DATE OF GRADE		25. DATE OF LEI		26. DATE OF RES.	
05/05/23		01/1/61					
27. DATE OF RES.		28. SPECIAL REFERENCE		29. RETIREMENT DATA		30. SEPARATION DATA CODE	
				1 - CSC 3 - FICA 5 - NONE			
31. NET. PREFERENCE		32. SERA. COMP. DATE		33. LON. COMP. DATE		34. SERA. CREDITED	
0						1 - YES 2 - NO	
35. PREVIOUS GOVERNMENT SERVICE DATA		36. LEAVE CAT. CODE		37. FEDERAL TAX DATA		38. STATE TAX DATA	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				FORM EXEMPTED 1 - YES 2 - NO		FORM EXEMPTED 1 - YES 2 - NO	
39. POSITION CONTROL CERTIFICATION				40. I.O.P. APPROVAL			
<i>W-10 01-09-61</i>				<i>James L. Flood</i>			

REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Pref.		5. Sex		6. US-CSC		
125935		TARASOFF ANNA				Mo. 05, Da. 05, Yr. 23			Non-0 Code 0		F 2		Mo. 04, Da. 08, Yr. 57		
7. SCD		8. CSC Rept.		9. CSC Or Other Legal Authority		10. Agent Affidav.			11. FEGLI		12. LCP		13. Gen. Exp.		
Mo. 04, Da. 08, Yr. 57		Yes-1 Code No-2 1		50 USCA 403 J		Mo. , Da. , Yr.			Yes-1 Code No-2		Mo. 04, Da. 08, Yr. 57		Yes-1 Code No-2 2		

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code		
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH				5412		WASH., D. C.				75013		
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series		
Dept. Code US/Id. Frgn. 2		INTEL CLK				0151.05		GS		0301.27		
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number		
04 X 2		\$ 3850.00 DS		DS		Mo. 04, Da. 08, Yr. 57		Mo. 04, Da. 20, Yr. 58		8-2700-27 9-2700-17-001		

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Promotion		30		11/08/58		Regular					

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code		
DDP/CI Staff Special Projects Div Projects Branch				5412		Washington, D.C.						
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series		
Dept. Code US/Id. Frgn. 2		Intel Clk				0151.05		GS		0301.27		
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number		
5 1		\$ 4040.00 ps		DS		11/08/57		11/11/57		9-2700-17-001		

SOURCE OF REQUEST

A. Requested By (Name And Title)				C. Request Approved By (Signature And Title)			
Byron B. Barnes C/CI Support				S. H. Horton S. Herman Horton DC/CI Staff			
B. For Additional Information Call (Name & Telephone Ext.)							
Mary L. Lohnes 8537							

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	[Signature]	11/2/58	D. Placement		
B. Pos. Control	[Signature]		E.		
C. Classification			F. Approved By	[Signature]	

Remarks
Promotion recommendations attached.
w/o file 11/2/58

REQUEST FOR PERSONNEL ACTION

28 February 1958

1. Serial No. 125935		2. Name (Last-First-Middle) TARASOFF ANNA			3. Date Of Birth Mo. Da. Yr. 05 05 23			4. Vot. Pref. Nonv-0 5 Pt-1 10 Pt-2 0		5. Sex F 2		6. CS - EOD Mo. Da. Yr. 04 08 57		
7. SCD Mo. Da. Yr. 04 08 57		8. CSC Retire - CSC Or Other Legal Authority Yes-1 Code No-2 1 50 USCA 403 J			10. Appt. Auth. Div. Mo. Da. Yr.			11. FEGLI Yes-1 Code No-2		12. LCD Mo. Da. Yr. 04 08 57		13. ... Yes-1 Code No-2 2		

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT				Code 2931		15. Location Of Official Station WASH., D. C.				Station Code 75013		
16. Dept. - Field Dept - USStd - Frqn -		17. Position Title 2 CLERK		18. Position No. GS		19. Serv. GS		20. Occup. Series 0301.26				
21. Grade & Step 04 1		22. Salary Or Rate \$ 3415		23. SD UD		24. Date Of Grade Mo. Da. Yr. 04 108 157		25. PSI Due Mo. Da. Yr. 04 120 158		26. Appropriation Number 8 6509 20		

ACTION

27. Nature Of Action Reassignment		Code		28. Eff. Date Mo. Da. Yr. 4/15/58		29. Type Of Employee Regular		Code		30. Separation Data	
--------------------------------------	--	------	--	---	--	---------------------------------	--	------	--	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DDP/CI Staff Special Projects Division Projects Branch				Code 5412		32. Location Of Official Station Washington, D. C.				Station Code		
33. Dept. - Field Dept - USStd - Frqn - D		34. Position Title Code Intel Clerk		35. Position No. 151.05		36. Serv. GS		37. Occup. Series 0301.27-				
38. Grade & Step 04 1		39. Salary Or Rate \$ 3415.00		40. SD DS		41. Date Of Grade Mo. Da. Yr. 4 15 157		42. PSI Due Mo. Da. Yr. 4 122 158		43. Appropriation Number 8-2705-27		

SOURCE OF REQUEST

A. Requested By (Name And Title) Judy Welt x 4281				C. Request Approved By (Signature And Title) <i>Judy Welt</i>			
B. For Additional Information Call (Name & Telephone Ext.) Judy Welt x 4281							

CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board						D. Placement					
B. Pos. Control		<i>C</i>		9 MAR 1958		E.					
C. Classification						F. Approved By					

Remarks Temporary double slot with Marian Brunner for slotting purposes only.
 TO SALARY \$ 3500
 4/20/58
JC to Sec

~~SECRET~~

Classify according to *interd.*

REQUEST FOR PERSONNEL ACTION															
												11 January 1958			
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Pref.		5. Sex		6. CS - EOD		
		Mrs. Anna Tarasoff				Mo	Da	Yr	None-0	Code	F		Mo	Da	Yr
						05	05	23	5 Pt-1	10 Pt-2					
7. SCD		8. CSC Retmt		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Hi Ser. Code		
Mo	Da	Yr	Yes - 1	Code	No - 2		Mo	Da	Yr	Yes - 1	Code	Mo	Da	Yr	
										No - 2	1				

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP/PI Staff Division D Project Annex/Project PB Jointly Branch 2 - Section B						Washington, D. C.					
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. - Usfid - D	Code	Clerk				8073.12/907		GS		0301.26	
Fragn.											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
Cl	1	\$ 3415.00		DS		Mo	Da	Yr	Mo	Da	Yr
										8-2306-23	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment				Mo Da Yr		Regular					
				12/24/57							

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section						Washington, D. C.					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - Usfid - D	Code	Clerk						GS		0301.26	
Fragn.											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
Cl	1	\$ 3415.00		UD		Mo	Da	Yr	Mo	Da	Yr
						04	06	57	01	20	58

SOURCE OF REQUEST

A. Requested By (Name And Title)					C. Request Approved By (Signature And Title)				
					<i>William M. ...</i>				
B. For Additional Information Call (Name & Telephone Ext.)					D. Name T. SHAW				
Judy Welt x 4281									

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control			E.		
C. Classification			F. Approved By		

Remarks

Clearance with 27 Jan 58 1129/58 2 CD Sec.

SECRET

SECRET

STANDARD FORM 52
 FORM 52
 U. S. GOVERNMENT PRINTING OFFICE
 WASHINGTON, D. C. 20540
 (REVISED 1-1-57)

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) Mrs. Anna Tarasoff	2. DATE OF BIRTH 5 May 1923	3. REQUEST NO.	4. DATE OF REQUEST 26 June 57
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE: A. PROPOSED:	7. U. S. OR OTHER LEGAL AUTHORITY:
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM —Clerk GS-0301.26-4	BU #5423 \$3415.00 p.a.	9. POSITION TITLE AND NUMBER	TO —Clerk GS-0301.26-4	BVP-8073.12/907-4 \$3415.00 p.a.
10. ORGANIZATIONAL DESIGNATIONS DDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section Washington, D. C.		11. HEADQUARTERS	12. FIELD OR DEPARTMENTAL Washington, D. C. DEPARTMENTAL	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL				

A. REMARKS (Use reverse if necessary)
 Present incumbent is pending reassignment.
 (KEY BLOCKING CLERK TYPIST SLOT)

B. REQUESTED BY (Name and title)	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Judy Welt x 4281	

13. VETERAN PREFERENCE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NONE</td> <td>WRN</td> <td>OTHER</td> <td>5-PT.</td> <td colspan="2">10-POINT</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DISAB</td> <td>OTHER</td> </tr> </table>	NONE	WRN	OTHER	5-PT.	10-POINT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DISAB	OTHER	14. POSITION CLASSIFICATION ACTION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NEW</td> <td>VICE</td> <td>L. A.</td> <td>REAL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> SD:DS	NEW	VICE	L. A.	REAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NONE	WRN	OTHER	5-PT.	10-POINT																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DISAB	OTHER																
NEW	VICE	L. A.	REAL																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

15. APPROPRIATION FROM 7-6509-20 TO 7-2306-23	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) 8 April 1957	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: D. C.
--	--	---	--

20. STANDARD FORM 50 REMARKS

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL. OR POS. CONTROL	Rv	11 1957	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL			
E			

F. APPROVED **SECRET** K. SHAW

SECRET 6-27-57 Lydia H. Jones

STANDARD FORM 54
FORM 5470-10-100
U.S. GOVERNMENT PRINTING OFFICE: 1957
O-3238

REQUEST FOR PERSONNEL ACTION

PC 19 771057
C-3238

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. Miss, Mrs. - One given name, initial(s), and surname) Mrs. Anna Tarasoff	2. DATE OF BIRTH 5 May 1923	3. RECEIPT NO. C-8238	4. DATE OF REQUEST 19 Feb 57
---	---------------------------------------	---------------------------------	--

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Excepted Appointment 125035	6. EFFECTIVE DATE & PROPOSED: 5 April	7. U.S. OR OTHER LEGAL AUTHORITY: 50 USCA 430 J
---	---	---

8. POSITION TITLE AND NUMBER 13	9. SERVICE, GRADE, AND SALARY Clerk GS-0301.26-4	10. ORGANIZATIONAL DESIGNATIONS DPS / Office of Personnel Personnel assignment Division Placement Branch (Clerical) Interim Assignment Section Washington, D.C.	11. HEADQUARTERS
---	--	---	------------------

12. FIELD OR DEPARTMENTAL FIELD DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
Request indices clearance.

IAS (Unassigned)

B. REQUESTED BY (Name and title) Judy A. Welt X283	D. REQUEST APPROVED BY Clerical Placement Officer
--	---

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Judy A. Welt X283	13. VETERAN PREFERENCE NONE / WWII / OTHER / S-PT / 10 POINT / DISAB / OTHER Y	14. POSITION CLASSIFICATION ACTION NEW / VICE / I.A. / REAL
---	---	--

15. SEX F	16. APPROPRIATION FROM TO 7-6509-20	17. SUBJECT TO U.S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT REVERSALS / DECISIONS ONLY 4 April 57	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	---	---	---	---

20. STANDARD FORM 50 REMARKS
Subj. termed a trial period RCL-153
UGS 4/3/57
ECO 4/4/57
SCD 4/5/57
4/5/57
PS/dec 4/20/57

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR POS. CONTROL	EC	4/5/57	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	GA	2/18	
E.			

F. APPROVED BY **Robert A. Strickland** **E. Hall**

SECRET

NOTIFICATION OF CANCELLATION OF MILITARY COVER BACKSTOP		DATE 18 October 1963
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	SUBJECT TARASOFF, Anna Forwarding Address: Unknown
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT (For Action) CI	
ATTN:	<input checked="" type="checkbox"/> Support Staff	FILE NO. K-111
REF:	Resignation Debriefing in Absentia	ID CARD NO. NA
MILITARY COVER DISCONTINUED	Administrative Support Group, OSA	

Unblock Records: (OP Memo 20-800-11) Resignation effective 8 September 1963 in Absentia

Effective EOD

Submit Form 642 To Change Limitation Category. (HB 20-800-2 to be redesignated HHB 20-7)

Return All Military Documentation To CCS.

Remarks: Subject to indicate CIA as place of employment for the entire period.

TO: CHIEF, PERSONNEL OPERATIONS DIVISION
FROM: [Signature]
SUBJECT: [Signature]

COPY TO CPD/OP

James H. Franklin
CD/pp CHIEF, MILITARY COVER, E.C.

DISTRIBUTION: 1-OSD/OS; 1-PSD/OS

10-23-63

SECRET

C-2532 (Biladean)
5 June 1963

MEMORANDUM FOR: Transactions and Records Branch
Office of Personnel

ATTENTION: Mary Coriden

SUBJECT: Boris D. TARASOFF
Anna TARASOFF

1. Cover arrangements are in process, and/or, have been completed for the above-named subjects.
2. Effective immediately, it is requested that your records be properly blocked to deny subjects' current Agency employment to an external inquirer.

THOMAS K. STRAWIE
Deputy Chief, CCS/EC

cc: ID/SO

**THIS MEMO MUST REMAIN
ON TOP OF FILE**

SECRET

DT

SECRET

19 October 1960

(Date)

File No. K-111

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : Anna TARASOFF

1. Cover arrangements ~~have been completed~~ have been completed for the above-named Subject.

2. Effective 13 October 1960, it is requested that your records be properly blocked ~~to deny~~ to deny ~~Subject's~~ Subject's current Agency employment to an external inquirer.

3. Operating component must take necessary action to block ~~Subject's~~ telephone locator by submitting the Personnel Information Card, "Office File Copy," Form No. 642, to Machine Records Division, Office of the Comptroller, Room 107 Curie Hall, Attention: Miss Wenkenbach.

This memorandum confirms an oral request of Ed Fitzgerald, OCB/CCG, x 2420

Paul P. Lemay
GLEN E. MOORHOUSE

Acting Chief, Central Cover ~~Group~~

cc: SSD/OS
Operating Division - CI

THIS

SECRET

*Wm
R. 246*

1. LAST NAME <u>Jarabell, Anna</u>		FIRST NAME <u>Anna</u>		INITIAL(S)		2. APPOINTMENT DATA Entered on duty <u>4-8-57</u> <input checked="" type="checkbox"/> F/T <input type="checkbox"/> P/T Subject to Sec. 203(a), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec. 203(d) <input type="checkbox"/> Annual Leave Bal. _____		3. TOTAL SERVICE FOR LEAVE (as of date of separation) Years _____ Months _____ Days _____ <input type="checkbox"/> More than 15 years											
4. DATE AND NATURE OF SEPARATION <u>Resignation 4-11-63</u>						5. SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)						6. SUMMARY OF HOME LEAVE (DAYS)						REMARKS	
5. Balance from prior leave year ended <u>1-5</u> <u>1963</u>		Annual		SICK		14. Date arrival abroad for HL purposes _____								REMARKS <u>See 4-8-57</u>					
6. Current leave year accrual through <u>8-31</u> <u>1963</u>		39		20		15. Current balance as of _____ 19 _____													
7. Total		102		68		16. 12-month accrual rate _____													
8. Reduction in credits, if any (current year)		148		80		17. Dates leave used, prior 24 months _____													
9. Total leave taken		30		20		18. Monthly accrual date _____													
10. Balance		111		56		19. Calendar days credit for next accrual date _____		20. Date basic service period completed _____		MILITARY LEAVE									
11. Total hours paid in lump sum <u>YONE</u>		12. Salary rate(s) <u>GS-6-4 \$5945</u>		13. Lump sum leave dates: From _____ to _____ (Hours)		21. Dates during current calendar yr. _____ to _____		22. Dates during preceding calendar yr. _____ to _____						23. During leave year in which separated _____					
24. Certified correct by: _____ (Signature) _____ (Date)		25. _____ (Title) _____ (Telephone)		26. _____ (Signature) _____ (Date)		27. _____ (Title) _____ (Telephone)		28. _____ (Signature) _____ (Date)						29. _____ (Title) _____ (Telephone)					

Standard Form No. 1150
GSA GEN. REG. NO. 27
5010-107

RECORD OF LEAVE DATA TRANSFERRED

MHC: 26 SEPT 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025935		TARASOFF ANNA									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION FROM LWOP						MO. DA. YR. 09 09 63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X						4227 1990 1000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP CI STAFF CS/CS DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
INTELLIGENCE CLERK						9997		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
GS			0301.27			06 4		5545			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Empl. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Mgrtl. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
43	12	NUMERIC ALPHABETIC					MO. DA. YR. 05 05 23		MO. DA. YR.		MO. DA. YR.
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.	
MO. DA. YR.				1. CSC 2. FICA 3. NGAE		1C8006		TYPE MO. DA. YR.		EOD DATA	
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		MO. CA. YR.		MO. DA. YR.		CAR. BENV. CODE PROV. TEMP.		CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				CODE		FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO				FORM EXECUTED CODE NO. TAX STATE CODE 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px;"> <p>DO NOTED</p> <p>27 SEP 1963</p> <p><i>[Signature]</i></p> </div>											

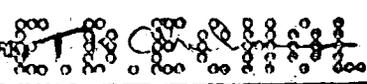
SECRET
(When Filled In)

LLG: 29 JUNE 63

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
025935		TARASOFF ANNA													
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
REASSIGNMENT AND LWOP (NTE 11 SEPT. 1963)						06 12 63		REGULAR							
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. (UNREARABLE)		8. CSC OR OTHER LEGAL AUTHORITY					
		CF TO V		CF TO CF		3227 1990 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION									
DDP C1. STAFF CS/CS DEVELOPMENT COMPLEMENT						WASH., D.C.									
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION							
INTELLIGENCE CLERK						9997		D							
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE							
GS			0301.27			06 4		5545							
18. REPAIRS															
OTHER															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE	20. Empl. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Indptl. Code	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI			
38	18	NUMERIC	ALPHABETIC				MO.	DA.	YR.	MO.	DA.	YR.	MO.	DA.	YR.
		32997	C1	75013		1	05	05	23						
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.		34. SEX		
NO.	DA.	YR.		1 - CSC	2 - FICA	3 - NONE		TYPE	MO.	DA.	YR.				
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.				
CODE	0 - NONE 1 - 5 PT. 2 - 10 PT.	MO.	DA.	YR.	MO.	DA.	YR.	CAH	BI-V	CODE	CODE	0 - GAINER 1 - YES	HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA						
CODE	0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.)					FORM EXECUTED: CODE NO. TAX EXEMPTIONS			FORM EXECUTED: CODE NO. TAX EXEMPTIONS						
						1 - YES 2 - NO			1 - YES 2 - NO						
SIGNATURE OF OTHER AUTHENTICATION												POSTED			
												2 JUL 1963			

SECRET
(WHEN FILLED IN)

32-250-1001

1. EMP. SERIAL NO. 025935		2. NAME TARASOFF ANNA			3. ASSIGNED ORGN. 32 250		4. FUNDS V		5. ALLOTMENT		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 06	3	85375	01	07	63	GS 06	4	85515	01	06	63
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD											
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input checked="" type="checkbox"/> P.R. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE: 								DATE: 30 Nov. 1962			
PAY CHANGE NOTIFICATION											

FORM 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B. SECRET OFFICIAL PERSONNEL FOLDER (4)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956. SALARY IS ADJUSTED AS FOLLOWS. EFFECTIVE 14 OCTOBER 1962.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
TARASOFF ANNA	025935	32250	V	06 3 S	5160	5375

SECRET
(When Filled In)

1. Serial No. 25935		2. Name TARASOFF ANNA			3. Cost Center Number 32 250 / V			4. LWOP Hours 31		
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	FSI	LSI	ADJ.
GS	06	4995	01/08/61	GS	6	5160	01/07/62			
8. Remarks and Authentication										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD										

AES: 10 MAY 61

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 025935		2. NAME (LAST-FIRST-MIDDLE) TARASOFF ANNA	
3. NATURE OF PERSONNEL ACTION PROMOTION - CORRECTION			4. EFFECTIVE DATE MO DA YR 01 08 61
5. CATEGORY OF EMPLOYMENT REGULAR			6. COST CENTER NO. CHARGEABLE 1227 1001 1000
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			8. FUNDS <input checked="" type="checkbox"/> X <input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE INTELL CLERK		12. POSITION NUMBER 0151	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, WD, etc.) GS	15. OCCUPATIONAL SERIES 0301.27	16. GRADE AND STEP 06 2	17. SALARY OR RATE 4995
18. REMARKS *THIS ACTION CORRECTS SF 1150 EFF 8 JAN 1961 ITEM #16, STEP, WHICH READ 1 TO READ 2 AND ITEM #17, SALARY, WHICH READ \$4830 TO READ \$4995.			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 58	20. EMPLOY CODE 10	21. OFFICE CODING NUAFLIC ALPHABETIC 32250 CI		22. STATION CODE 75013	23. INTEGREE CODE	24. HOURS CODE 1	25. DATE OF BIRTH MO DA YR 05 05 23			26. DATE OF GRADE MO DA YR 01 08 61			27. DATE OF LEI MO DA YR 01 08 61		
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR 22 01 08 61			33. SECURITY REQ. NO.		34. SEN				
35. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT 3 - 10 PT		36. SERV. COMP. DATE MO DA YR		37. LEAVE COMP. DATE MO DA YR		38. MIL. SERV. CREDIT/LCO 1 - YES 2 - NO		39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES HEALTH INS. CODE			40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO			44. STATE TAX DATA FORM EXECUTED CODE NO TAX (STATE CODE) EXEMP. 1 - YES 2 - NO						

SIGNATURE OR OTHER AUTHENTICATION

XXXXXXXXXX

 POSTED

 5-11-61

25/10/61

ATS: 6 JAN 61

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER 025935		2. NAME (LAST-FIRST-MIDDLE) TARASOFF ANNA											
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE MO. DA. YR. 01 00 61		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 1227 1001 1000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH						10. LOCATION OF OFFICIAL STATION WASH., D.C.							
11. POSITION TITLE INTELL CLERK						12. POSITION NUMBER 0151		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, WB, etc.) GS				15. OCCUPATIONAL SERIES 0301.27		16. GRADE AND STEP 06 1		17. SALARY OR RATE 4830					
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 32250 ALPHABETIC: CI		22. STATION CODE 75013	23. INTEGREE CODE	24. MGRS. CODE 1	25. DATE OF BIRTH MO. DA. YR. 05 05 23			26. DATE OF GRADE MO. DA. YR. 01 08 61		27. DATE OF LEI MO. DA. YR. 01 08 61	
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO. 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. LONG. COMP. DATE MO. DA. YR.		38. MIL. SERV. CREDIT/LCD 1 - YES 2 - NO		39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - ONEIN IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE 1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED JAN 16 1961 </div>													

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

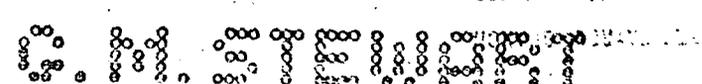
SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
05	TARASOFF ANNA	125935	54 18	GS-05 2	\$ 4,190	\$ 4,510

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 125935		2. NAME TARASOFF ANNA				3. ASSIGNED ORGAN. DDP/CI /		4. FUNDS V-20		5. ALLOTMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA.	YR.				MO.	DA.	YR.
GS 05	2	\$ 4,510	11	01	59	GS 05	3	\$ 4,675	10	30	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD											
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
PAY CHANGE NOTIFICATION											

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 125034		2. NAME TARASOFF ANNA				3. ASSIGNED ORG. DDP/CI		4. FUNDS V-20		5. ALLOTMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA.	YR.				MO	DA.	YR.
GS 4	1	\$ 4,040	11	02	58	GS 5	2	\$ 4,100	11	01	59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK <i>SW</i>			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS					
14. AUTHENTICATION											
 PAY CHANGE NOTIFICATION											

FORM 560

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING FROM R-20-250

SEP 4	NAME	SD	OLD SLOT	NEW SLOT	DATE
125034	TARASOFF ANNA	DS	0151.05	151	04/28/59

SECRET
(When Filled In)

12611

NOTIFICATION OF PERSONNEL ACTION															
AE. 11 FEB 1959															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS-EOD		
125935		TARA OFF ANNA				Mo.	Da.	Yr.	None-0	Code	F	2	Mo.	Da.	Yr.
04 08 57		50 USCA 403 d				05	05	23	5 Pt-1	0			04	08	57
7. SCD		8. CSC Retat.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Min. Credit Code		
Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	
04	08	57	No-2	1				No-2		04	08	57	No-2	2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH						WASH., D.C.					
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 2	Code	INTEL CLK				0151.05		GS		0301.27	
USStd - 4											
Frqn - 6	2										
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 2		\$ 3850		D5						8 2705 27	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION-CORRECTION*		30		11 02 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH				5418		WASH., D.C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 2	Code	INTEL CLK				0151.05		GS		0301.27	
USStd - 4											
Frqn - 6	2										
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 4040		D5		11 102 158		11 101 159		9 2700 27 001	

44. Remarks

*THIS CORRECTS SF 1150 EFF 2 NOV 1958 ITEM #14 AND 31 SECOND LINE OF ORGANIZATIONAL DESIGNATIONS, WHICH READ "SPECIAL PROJECTS DIV", TO READ "SPECIAL INVESTIGATION DIVISION."

POSTED

13 FEB 1959

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES 30 OCT 1958

1. Serial No. 125935		2. Name (Last-First-Middle) TARASOFF ANNA			3. Date Of Birth Mo. Da. Yr. 05 05 23			4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 0		5. Sex F 2		6. CS - EOD Mo. Da. Yr. 04 08 57		
7. SCD Mo. Da. Yr. 04 08 57		8. CSC Reent. Yes-1 No-2 1		9. CSC Or Other Legal Authority 50 USCA 403 J			10. Appt. Affidav. Mo. Da. Yr.		11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr. 04 08 57		13. MIL. SERV. CEN. Yes-1 No-2 Code 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DOP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH				Code 5412		15. Location Of Official Station WASH., D. C.				Station Code 75013		
16. Dept. - Field Dept. - 2 USfld - 4 Frqn - 6		17. Position Title INTEL CLK		18. Position No. 0151.05		19. Serv. GS		20. Occup. Series 0301.27				
21. Grade & Step 04 2		22. Salary Or Rate \$ 3850		23. SD DS		24. Date Of Grade Mo. Da. Yr. 04 08 57		25. PSI Due Mo. Da. Yr. 04 20 58		26. Appropriation Number 8 2705 27		

ACTION

27. Nature Of Action PROMOTION		Code 30		28. Eff. Date Mo. Da. Yr. 11 02 58		29. Type Of Employee REGULAR		Code 01		30. Separation Data	
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PRESENT ASSIGNMENT

31. Organizational Designations DOP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH				Code 5412		32. Location Of Official Station WASH., D.C.				Station Code 75013		
33. Dept. - Field Dept. - 2 USfld - 4 Frqn - 6		34. Position Title INTEL CLK		35. Position No. 0151.05		36. Serv. GS		37. Occup. Series 0301.27				
38. Grade & Step 05 1		39. Salary Or Rate \$ 4040		40. SD DS		41. Date Of Grade Mo. Da. Yr. 11 102 58		42. PSI Due Mo. Da. Yr. 11 101 59		43. Appropriation Number 9 2700 27 001		

44. Remarks

11/15/58

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE. SALARY AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
TARASOFF ANNA	125935	GS-04-2	\$ 3,500	\$ 3,950

GORDON W. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(WHEN FILLED IN)

2705

1. EMP. SERIAL NO. 125935		2. NAME TARASOFF ANNA			3. ASSIGNED ORGAN. CI		4. FUNDS V-20		5. ALLOTMENT 1507									
6. OLD SALARY RATE						7. NEW SALARY RATE												
GRADE		STEP		SALARY		LAST EFFECTIVE DATE			GRADE		STEP		SALARY		EFFECTIVE DATE			
						NO. DA. YR.							NO. DA. YR.					
GS 4		1		\$ 3,415		04 08 57			GS 4		2		\$ 3,500			04 20 58		
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER																		
9. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP												
IF EXCESS LEAVE LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK						11. AUDITED BY						
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						[Signature]						[Signature]						
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD																		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL																		
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS												
GRADE		STEP		SALARY		MO. DA. YR.												
14. AUTHENTICATION																		
[Signature]																		

SECRET

(WHEN FILLED IN)

1. EMP. SERIAL NO. 125935		2. NAME TARASOFF ANNA			3. ASSIGNED ORGAN. CI		4. FUNDS V-20		5. ALLOTMENT									
6. OLD SALARY RATE						7. NEW SALARY RATE												
GRADE		STEP		SALARY		LAST EFFECTIVE DATE			GRADE		STEP		SALARY			EFFECTIVE DATE		
						NO. DA. YR.							NO. DA. YR.					
GS 4		1		\$ 3,415		04 08 57			GS 4		2		\$ 3,500			04 20 58		
REMARKS																		

CERTIFICATION

I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.

SECRET
(When Filled In)

MCM 7 MAR 58

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD			
125935		TARASOFF ANNA				Mo.	Da.	Yr.	None-0	Code	F	2	Mo.	Da.	Yr.	
04 08 57						05	05	23	5 Pt-1	0			04	08	57	
7. SCD		8. CSC Reemt.		9. CSC Or Other Legal Authority		10. Apmt. Aff'd. Yr.			11. FEGLI		12. LCD		13. Mil. Serv. Code			
Mo.	Da.	Yr.	Yes-1	Code	50 USCA 103 J		Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code
04	08	57	No-2	1						No-2		04	08	57	No-2	2

PREVIOUS ASSIGNMENT

14. Organization Designations				Code	15. Location Of Official Station				Station Code	
DOS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT				2931	WASH., D. C.				75013	
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.		20. Occup. Series	
Dept. - 2	Code	CLERK					GS		0301.26	
USStd - 4										
Frqn - 6	2									
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 1		\$ 3415		UD	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					04	08	57	04	20	58
					8 6509 20					

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data
REASSIGNMENT		57	Mo.	Da.	Yr.	REGULAR		01
			03	09	58			

PRESENT ASSIGNMENT

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH				5412	WASH., D. C.				75013	
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.		37. Occup. Series	
Dept. - 2	Code	INTEL CLK			0151.05		GS		0301.27	
USStd - 4										
Frqn - 6	2									
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
04 1		\$ 3415		DS	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					04	08	57	04	20	58
					8 2705 27					

44. Remarks

POSTED

16 MAR 1958

65 3/12/58

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																
ARE: 24 JAN 1958																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD			
125935		TARASOFF ANNA				05 05 23			5 Pt-1 10 Pt-2 0		F 2		04 08 57			
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority				10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Min. Serv. Credit. Ltp	
04 08 57		Yes - 1 No - 2 1		50 USCA 403 J							Yes-1 No-2 04 08 57		Yes - 1 No - 2 2			

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FI STAFF DIV D PROJECT ANNEX PROJECT PBJOINTLY BRANCH 2 SECTION B						WASH., D. C.					
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 2 USfld - 4 Frqn - 6		2 CLERK				8073.12/907		GS		0301.26	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 1		\$ 3415		DS						8 2306 23	

ACTION

27. Nature Of Action		Code		28. EH. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		57		01 26 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT				2931		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 2 USfld - 4 Frqn - 6		2 CLERK						GS		0301.26	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
04 1		\$ 3415		UD		04 08 57		04 20 58		8 6509 20	

44. Remarks

3 FEB 1958

CENTRAL INTELLIGENCE AGENCY

P.C. 19 Mar 1957
2-0238 1vl

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MRS., MISS, OR MS.; GIVEN NAME, INITIAL(S), AND SURNAME) MRS. ANNA TARASOFF		2. DATE OF BIRTH 5 May 1923	3. JOURNAL OR ACTION NO.	4. DATE 8 Apr 1957																				
This is to notify you of the following action affecting your employment:																								
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) ACCEPTED APPOINTMENT		6. EFFECTIVE DATE 8 Apr 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 403 J																					
FROM		TO																						
8. POSITION TITLE Clerk		BU#5423																						
9. SERVICE, SERIES, GRADE, SALARY GS-0301.26-4 \$3415.00 per annum		10. ORGANIZATIONAL DESIGNATIONS DDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section																						
11. HEADQUARTERS 2		12. FIELD OR DEPT'L Washington, D.C.																						
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION																						
<table border="1"> <tr> <th>NONE</th> <th>WWII</th> <th>OTHER</th> <th>5 PT</th> <th colspan="2">10 POINT</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		NONE	WWII	OTHER	5 PT	10 POINT								<table border="1"> <tr> <th>NEW</th> <th>VICE</th> <th>I. A.</th> <th>REAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			NEW	VICE	I. A.	REAL				
NONE	WWII	OTHER	5 PT	10 POINT																				
NEW	VICE	I. A.	REAL																					
15. DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/>		16. APPROPRIATION																						
17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 8 Apr 1957		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																				
20. REMARKS: RC-153 5 EOD 04/08/57 Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination. DOG: 04/08/57 CSECD: 04/08/57 LCD: 04/08/57 ECD: 04/08/57 FEI due: 04/20/58																								
ENTRANCE PERFORMANCE RATING:																								
Director of Personnel																								

POSTED
15-58

4. PERSONNEL FOLDER COPY

773 4/9/57

SECRET
(When Filled In)

FITNESS REPORT	EMPLOYEE SERIAL NUMBER 25935
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SECTION A GENERAL							
1. NAME TARUSOFF, <small>(Last)</small>	ANNA <small>(First)</small>		5 May 1923 <small>(Middle)</small>	2. DATE OF BIRTH	3. SEX F	4. GRADE GS-6	5. SO D
8. OFFICIAL POSITION TITLE INTELLIGENCE CLERK			7. OFF/DIV/BR. OF ASSIGNMENT DDP CI STAFF/SIG/PROJ		6. CURRENT STATION HEADQUARTERS		
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 type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> SPECIAL (Specify):				<input checked="" type="checkbox"/> SPECIAL (Specify): Terminal			
11. DATE REPORT DUE IN O.P. 31 July 1963				12. REPORTING PERIOD (From - to) 1 July 1962 - 30 June 1963			

SECTION B PERFORMANCE EVALUATION	
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.
S - Strong	Performance is characterized by exceptional proficiency.
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 Transliterates Russian material	RATING LETTER P
SPECIFIC DUTY NO. 2 Checks Project material which entails transliterating from the Cyrillic	RATING LETTER P
SPECIFIC DUTY NO. 3 Takes over some supervisory duties during supervisor's absence	RATING LETTER A
SPECIFIC DUTY NO. 4 Operates Xerox machine	RATING LETTER A
SPECIFIC DUTY NO. 5 Guides others in Project learning Russian transliteration	RATING LETTER A
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 A
20 JUN 1963	

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

(When Filled In)

OFFICE OF PERSONNEL

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 must be described, if applicable.

Subject's Russian transliteration work is neat and accurate. This work she has been able to do without strong support of the office.
Recently she has assisted some of the new Project employees in learning Russian transliteration.
She has taken over in an acceptable manner some of the supervisory duties during the absence of the supervisor.

MAIL ROOM

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 7 June 63 SIGNATURE OF EMPLOYEE Anna Taneroff

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 27 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 7 June 63 OFFICIAL TITLE OF SUPERVISOR Intelligence Assistant TYPED OR PRINTED NAME AND SIGNATURE Helen E. Jackson

3. BY REVIEWING OFFICIAL

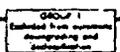
COMMENTS OF REVIEWING OFFICIAL

DATE 7 June 63 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, of Project TYPED OR PRINTED NAME AND SIGNATURE T.K. Chal...

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						25935	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) TARASOFF Anna			2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE GS-6	5. SD D	
6. OFFICIAL POSITION TITLE INTELLIGENCE CLERK				7. OFF/DIV/BR OF ASSIGNMENT DDP/CI/SIG/PROJ		8. CURRENT STATION	
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 type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 31 July 1962				12. REPORTING PERIOD (From- to-) 30 June 1961 - 30 June 1962			
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 counselling, 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						RATING LETTER	
Transliterates Russian material.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Operates Verifax machine.						A	
SPECIFIC DUTY NO. 3						RATING LETTER	
Checks Project material which entails transliterating from the Cyrillic.						A	
SPECIFIC DUTY NO. 4						RATING LETTER	
Takes over some Supervisory duties during absence of Supervisor.						A-	
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	
						A	



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 best basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p>	
<p>Subject does her job without strong support of the office and her transliteration work is neat and accurate. She has taken over some of the supervisory duties during the absence of the supervisor in a satisfactory manner.</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				
3 August 1962	<i>Anna Tarasoff</i>				
2. BY SUPERVISOR			IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	OFFICIAL TITLE OF SUPERVISOR		TYPED OR PRINTED NAME AND SIGNATURE		
	Intelligence Assistant		<i>Helen E. Jackson</i>		
3 August 1962			Helen E. Jackson		
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
<i>Concur.</i>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL		TYPED OR PRINTED NAME AND SIGNATURE		
3 August 1962	Chief, CI-Project		T. K. Chalmers <i>T.K. Chalmers</i>		

SECRET

(When Filled In)

X

FITNESS REPORT		EMPLOYEE SERIAL NUMBER 125935	
SECTION A GENERAL			
1. NAME (Last) (First) (Middle) TARASOFF Anna		2. DATE OF BIRTH 5 MAY 1923	3. SEX F
4. GRADE GS-6		7. OFF/DIV/BR OF ASSIGNMENT DDP/CI/SIG PROJ	
5. SERVICE DESIGNATION D		8. OFFICIAL POSITION TITLE INTELLIGENCE CLERK	
9. CAREER STAFF STATUS		10. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input checked="" type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
11. REPORTING PERIOD 31 JULY 1961		12. SPECIAL (Specify) 30 JUNE 60 - 30 JUNE 61	
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES			
List up to six of the most important specific duties performed during the rating period. Insert rating number 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 employee supervised).			
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent
5 - Excellent	6 - Superior	7 - Outstanding	
SPECIFIC DUTY NO. 1 Transliterates Russian material.	RATING NO. 4	SPECIFIC DUTY NO. 4 Makes name checks.	RATING NO. 5
SPECIFIC DUTY NO. 2 Operates Verifax machine.	RATING NO. 5	SPECIFIC DUTY NO. 5	RATING NO.
SPECIFIC DUTY NO. 3 Takes over some supervisory duties during absence of Supervisor.	RATING NO. 3	SPECIFIC DUTY NO. 6	RATING NO.
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION			
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.			
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.			RATING NO. 3
SECTION D DESCRIPTION OF THE EMPLOYEE			
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee			
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree
5 - Outstanding degree			
CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING
GETS THINGS DONE			1 2 3 4 5
RESOURCEFUL			1 2 3 4 5
ACCEPTS RESPONSIBILITIES			1 2 3 4 5
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES			1 2 3 4 5
DOES HIS JOB WITHOUT STRONG SUPPORT			1 2 3 4 5
FACILITATES SMOOTH OPERATION OF HIS OFFICE			1 2 3 4 5
WRITES EFFECTIVELY			1 2 3 4 5
SECURITY CONSCIOUS			1 2 3 4 5
THINKS CLEARLY			1 2 3 4 5
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			1 2 3 4 5
OTHER (Specify):			1 2 3 4 5
SEE SECTION "E" ON REVERSE SIDE			

SECRET
(When Filled In)

PERSONNEL

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE
 Stress, strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MAIL ROOM

No further comments to be added to previous reports.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 12 July 1961	SIGNATURE OF EMPLOYEE Anna Tarasoff
BY SUPERVISOR	

2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION app. 2 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.	

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):	

DATE 12 July 1961	OFFICIAL TITLE OF SUPERVISOR Intelligence Assistant	TYPED OR PRINTED NAME AND SIGNATURE Helen E. Jackson <i>Helen E. Jackson</i>
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3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 12 July 1961	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, CI-Project	TYPED OR PRINTED NAME AND SIGNATURE T. K. Chalmers <i>T. K. Chal</i>
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SECRET

SECRET
(When Filled In) Class

X

FITNESS REPORT	EMPLOYEE SERIAL NUMBER 125935
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SECTION A - GENERAL			
1. NAME (Last) (First) (Middle) TARASOFF, Anna	2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE GS-6
5. SERVICE DESIGNATION D		6. OFF/DIV/BR OF ASSIGNMENT DDP/CI STAFF/SIG/RSOJ	
7. OFFICIAL POSITION TITLE INTELL CLERK		8. CAREER STAFF STATUS	
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED		9. TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. 30 April 1961		11. REPORTING PERIOD From 31 March 60 To 31 March 61	

SECTION B - EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Transliterates Russian material.	RATING NO. 4	SPECIFIC DUTY NO. 4 Makes name checks.	RATING NO. 5			
SPECIFIC DUTY NO. 2 Operates Verifax machine.	RATING NO. 5	SPECIFIC DUTY NO. 5	RATING NO.			
SPECIFIC DUTY NO. 3 Takes over some supervisory duties during absence of supervisor.	RATING NO. 3	SPECIFIC DUTY NO. 6	RATING NO.			

SECTION C - EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.	
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.	RATING NO. <div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">3</div>

SECTION D - DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS				NOT APPLI- CABLE	NOT OB- SERVED	RATING
						1 2 3 4 5
GETS THINGS DONE						X
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES						X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT						X
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X
WRITES EFFECTIVELY						
SECURITY CONSCIOUS						X
THINKS CLEARLY						X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						
OTHER (Specify):						

SEE SECTION "E" ON REVERSE SIDE

SECRET OFFICE OF
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Include suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MAIL ROOM
APR 12 1961

No further comments to be added to previous reports.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 12 April 1961	SIGNATURE OF EMPLOYEE <i>Alice T. O'Connell</i>
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2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION App. 3 years	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
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IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
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DATE 12 April 1961	OFFICIAL TITLE OF SUPERVISOR Intelligence Assistant	TYPED OR PRINTED NAME AND SIGNATURE Alice T. O'Connell <i>Alice T. O'Connell</i>
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3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 12 April '61	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, CI-Project	TYPED OR PRINTED NAME AND SIGNATURE T.K. Chadwick
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SECRET
(When Filled In)

5 MAY 1960	FITNESS REPORT	EMPLOYEE SERIAL NUMBER 125935
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SECTION A GENERAL			
1. NAME (Last) TARASOFF (First) Anna (Middle)	2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE GS-05
5. SERVICE DESIGNATION SD/D	6. OFFICIAL POSITION TITLE Intelligence Clerk	7. OFF/DIV/BR OF ASSIGNMENT DDP/CI/SID-Projects	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE
10. DATE REPORT DUE IN O.P. 30 April 1960	11. REPORTING PERIOD From Apr 59 To 31 March 60	12. SPECIAL (Specify)	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Transliterates Russian material.	RATING NO. 4	SPECIFIC DUTY NO. 4 Checks transliteration work of other Junior Analysts.	RATING NO. 4			
SPECIFIC DUTY NO. 2 Operates Verifax machine.	RATING NO. 5	SPECIFIC DUTY NO. 5 Checks file list.	RATING NO. 4			
SPECIFIC DUTY NO. 3 Takes over some Supervisory duties during absence of Supervisor.	RATING NO. 3	SPECIFIC DUTY NO. 6	RATING NO.			

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.	
<ul style="list-style-type: none"> 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. 	RATING NO. 3

SECTION D DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING
						1 2 3 4 5
GETS THINGS DONE						X
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES						X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT						X
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X
WRITES EFFECTIVELY				X		
SECURITY CONSCIOUS						X
THINKS CLEARLY						X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						
OTHER (Specify):						

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for recommending future personnel actions.

This employee is a conscientious worker and willingly carries out all of her assignments within a reasonable length of time. Her transliteration work is accurate and fairly productive.

During the absence of the Supervisor, this employee has taken over some of the supervisory duties in an acceptable manner. However, it is believed that she requires more training in this field.

This employee is scheduled to take the Agency Basic Supervision course on 2 May 1960.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 25 April 1960

SIGNATURE OF EMPLOYEE [Signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

Approximately 2 years

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

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE 25 April 1960

OFFICIAL TITLE OF SUPERVISOR Intelligence Assistant

TYPED OR PRINTED NAME AND SIGNATURE Alice T. O'Connell

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 25 April 1960

OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, CI-Project

TYPED OR PRINTED NAME AND SIGNATURE T. K. Chalmers [Signature]

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER								
				125935								
SECTION A			GENERAL									
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE							
TARASOFF, Anna		5 May 1923		F	GS-05							
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT									
SD/DS	Intelligence Clerk		DDP/GI/SID - Projects									
8. CAREER STAFF STATUS			9. TYPE OF REPORT									
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR								
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE								
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)								
30 April 1959		From 22 Oct 58 thru Apr 59										
SECTION B												
EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES												
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).												
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding												
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.							
Checks transliteration material of Junior Analysts.		3										
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.							
Transliterates Russian material into English.		4										
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.							
Operates Verifax machine.		4										
SECTION C												
EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION												
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.												
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: auto;">3</div>							
SECTION D												
DESCRIPTION OF THE EMPLOYEE												
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee												
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree				
CHARACTERISTICS						NOT APPLICABLE	NOT OBSERVED	RATING				
								1	2	3	4	5
GETS THINGS DONE												X
RESOURCEFUL										X		
ACCEPTS RESPONSIBILITIES										X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES										X		
DOES HIS JOB WITHOUT STRONG SUPPORT											X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE										X		
WRITES EFFECTIVELY						X						
SECURITY CONSCIOUS											X	
THINKS CLEARLY										X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X						
OTHER (Specify):												
SEE SECTION "E" ON REVERSE SIDE												

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.</p> <p>This employee is a steady, diligent, and conscientious worker. Her transliteration work is accurate and productive. She has a native language ability in Russian which is a definite aid in her transliteration work.</p> <p>Although this employee's work is productive, her rate of production generally remains at a fixed level, with no substantial increase or decrease. This is probably due to the fact that there are no other girls with whom she can compete because of other duties being assigned to them, or this employee may be of a non-competitive type.</p> <p>This employee, although she does not meet the Agency qualifications in typing, has taken the Agency's Refresher Course in Typing. However, this course was too advanced for her and she will probably require additional training and more practice before she can become a qualified typist.</p> <p>Employee's husband is employed within the Agency in the Foreign Documents Division.</p> <p>It is believed that this employee has first line supervisory potential insofar as her ability to get along with people and her unwavering interest in her work are concerned. However, she will require the necessary training along this line before she would be capable of undertaking such supervisory duties.</p>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
9 April 1959	<i>Alice T. O'Connell</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
10		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
9 April 1959	Intelligence Assistant	<i>Alice T. O'Connell</i> Alice T. O'Connell
3. BY REVIEWING OFFICIAL		
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
9 April 1959	Chief, CI-Project	T. K. Chalmers <i>T.K. Chalmers</i>

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report. FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials.

SECTION A. GENERAL
1. NAME (Last) (First) (Middle) Tarasoff, Anna
2. DATE OF BIRTH 5/5/23
3. SEX F
4. SERVICE DESIGNATION SD:DS
5. OFFICE DIVISION BRANCH OF ASSIGNMENT DDP/CI Staff/SID Proj.
6. OFFICIAL POSITION TITLE Intel Clk
7. GRADE GS-4
8. DATE REPORT DUE IN OP
9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 23 June 1958-22 October 1958
10. TYPE OF REPORT (Check one) INITIAL REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE SPECIAL (Specify) Possible promotion

SECTION B. CERTIFICATION
1. FOR THE RATER: THIS REPORT [X] HAS [] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:
A. CHECK (X) APPROPRIATE STATEMENTS:
[X] THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.
[X] THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.
[X] I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.
IF INDIVIDUAL IS RATED "I" IN C1 OR D, A WARNING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):

B. THIS DATE 21 October 1958
C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR Alice T. O'Connell
D. SUPERVISOR'S OFFICIAL TITLE Intelligence Asst.

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.
[] CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.
A. THIS DATE 21 October 1958
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL T.K. Chalmers
C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, C/I Project

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES
DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.
1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.
4
INSERT RATING NUMBER

COMMENTS:
BY DATE 29 OCT 1958
Performance

SECRET

(When Filled In)

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty. Do not rate as supervisors those who supervise a secretary only.
- c. For supervisors, ability to supervise will always be rated as a specific duty.
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

OFFICE OF PERSONNEL
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- | | |
|---|--|
| 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
| 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
| 3 - PERFORMS THIS DUTY ACCEPTABLY | |
| 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | |
| 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | |

SPECIFIC DUTY NO. 1 Transliterates Russian material into English.	RATING NUMBER 4	SPECIFIC DUTY NO. 4	RATING NUMBER
SPECIFIC DUTY NO. 2 Reproduces material on verifax machine.	RATING NUMBER 4	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Employee's work is productive and her accuracy has improved steadily. She is cooperative and conscientious and is willing to learn additional duties which may be assigned to her.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF YES, EXPLAIN FULLY:

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the OI no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

Form with fields for Name (Last, First, Middle), Date of Birth, Sex, Service Designation, Office/Division/Branch of Assignment, Official Position Title, Grade, Date Report Due in Of, Period Covered by this Report, Type of Report (Check one), Initial, Reassignment - Supervisor, Reassignment - Employee, Special (Specify).

SECTION F.

CERTIFICATION

Form with fields for Supervisor Certification (Date, Name, Signature, Title) and Reviewing Official Certification (Date, Name, Signature, Title).

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES. DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

Form with a grid for rating potential to assume greater responsibilities, including a list of 7 descriptive levels and a rating number of 6.

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? [X] Yes [] No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns for Descriptive Rating Number, Actual, and Potential, and rows for various supervisory situations (e.g., First line supervisor, Second line supervisors, Executive level).

SECRET

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE WAIVED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
 5 Months

4. COMMENTS CONCERNING POTENTIAL
 Have no opinion concerning employee's potential at this time.

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 MAIL ROOM

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
 On-the-job training is all that is necessary for this employee at this time.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS
 Employee is a conscientious and diligent individual. She readily carries out the various duties assigned to her and shows a willingness to take on any additional assignments.

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
3	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
3	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
3	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. BORES WELL UNDER PRESSURE
3	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	3	25. DISPLAYS JUDGMENT
3	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
3	7. CAN GET ALONG WITH PEOPLE	3	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
3	8. HAS MEMORY FOR FACTS	3	18. IS OBSERVANT	3	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	3	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
3	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any portion. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8. of Section A below.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
TARASOFF, Anna	5 May 1923	F	DS
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
DDP/FI/D/PB		Clerk	
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-4		14 July 1957 - 31 December 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT-EMPLOYEE	

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:
Individual not required

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "IN CL OR D," A WRITING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE: 31 Dec. 1957
C. TYPED OR PRINTED NAME AND SIGNATURE OF RATER: Mary Phyllis G. Ohlandt
SUPERVISOR'S OFFICIAL TITLE: Sec. Officer, FI/D/PB

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

DATE	JAN 1958
Reviewed by	[Signature]

 CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE: 31 Jan 1958
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL: M.D. PHILIPPE
C. OFFICIAL TITLE OF REVIEWING OFFICIAL: Sec. Officer, FI/D/PB

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 4.
- INSERT RATING NUMBER
- DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC TRAINING OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

Performance

SECRET

(When Filled In)

OFFICE OF PERSONNEL

2. RATINGS IN PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this duty (do not rate as "supervisor" those who supervise a secretary only).
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as "supervisor" those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

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f. Be specific. Examples of the kind of duties that might be rated are:

- ORAL BRIEFING
- GIVING LECTURES
- CONDUCTING SEMINARS
- WRITING TECHNICAL REPORTS
- CONDUCTING EXTERNAL LIAISON
- TYPING
- TAKING DICTATION
- SUPERVISING
- HAS AND USES AREA KNOWLEDGE
- DEVELOPS NEW PROGRAMS
- ANALYZES INDUSTRIAL REPORTS
- MANAGES FILES
- OPERATES RADIO
- COORDINATES WITH OTHER OFFICES
- WRITES REGULATIONS
- PREPARES CORRESPONDENCE
- CONDUCTS INTERROGATIONS
- PREPARES SUMMARIES
- TRANSLATES GERMAN
- DEFERREES SOURCES
- KEEPS INDEX
- DRIVES TRUCK
- MAINTAINS AIR CONDITIONING
- EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	3 - PERFORMS THIS DUTY ACCEPTABLY	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
---------------------------	---	---	-----------------------------------	--	---	--	--

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
Logging Intelligence Material	5.		
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER
Filing	5.		
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER
Related Clerical Duties	4.		

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Individual very alert and she performs all her duties in an accurate, competent and thorough manner. She is a definite asset to the office.

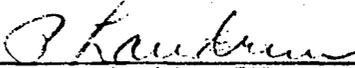
SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF YES, EXPLAIN FULLY:

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees' Group Life Insurance Act

1. FULL NAME OF EMPLOYEE (Last) (First) (Middle) Farasoff Anna		2. DATE OF BIRTH (MONTH, DAY, YEAR) May 5, 1923
3. CHECK THE REASON FOR TERMINATING INSURANCE		
(a) <input checked="" type="checkbox"/> SEPARATED	(c) <input type="checkbox"/> DIED	(e) <input type="checkbox"/> OTHER (Specify)
(b) <input type="checkbox"/> RETIRED	WAS EMPLOYEE AT TIME OF DEATH AN APPLICANT FOR CIVIL SERVICE RETIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	(d) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS
4. CHECK APPROPRIATE BOX CONCERNING S. F. 54, DESIGNATION OF BENEFICIARY		
(a) <input type="checkbox"/> CURRENT S. F. 54 ATTACHED	(b) <input checked="" type="checkbox"/> A CURRENT S. F. 54 IS NOT ON FILE WITH THIS AGENCY	(c) <input type="checkbox"/> A CURRENT S. F. 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN FREE LIFE INSURANCE, ATTACH CURRENT S. F. 54, IF ANY, TO ORIGINAL S. F. 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF S. F. 56; IF NO CURRENT S. F. 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT S. F. 54 IS ON FILE BY CHECKING BOX 4 (c) OR (c). A CURRENT S. F. 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.		
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) September 8, 1963	6. ANNUAL COMPENSATION RATE - NOT AMOUNT OF INSURANCE - (CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE) ON DATE IN ITEM 5. \$5,545.00 PER ANNUM	7. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) October 2, 1963
8. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. (SIGN ORIGINAL ONLY)		
(Personal signature of authorized agency official)  P. Landrum (Type name of authorized agency official)		(Date) 2 OCT 1963
(Name of agency) P. O. Box 3521, Central Station, Arlington, Va 22203		(Title)

Contract with Central Government

SEE OTHER SIDE
 FOR
 INSTRUCTIONS TO EMPLOYING AGENCY

Standard Form No. 2809
CHAPTER 135 FPMR,
6 (CAC) (Rev. 1-5-59)

HEALTH BENEFITS REGISTRATION FORM
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959
(Read the instructions on back of this page. Use only November or February 1960.)

CAREER CONTROL NO. **092790**

PART A
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) **TARASOFF ANNA**

2. DATE OF BIRTH (Month, Day, Year) **5 5 23**

3. Are you now married? YES NO

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE) **2619 Gainsville St., S.E. Washington 20, D.C.**

5. SEX MALE FEMALE

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES NO

7. Place an "X" in proper box to show your annual basic salary range.
 UNDER \$4,000 \$4,000 TO \$5,999 \$6,000 TO \$9,999 \$10,000 OR OVER

PART B
FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER

2. In space below list all eligible family members without exception, but your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	1		6
	2		7
	3		8
	4		9
	5		10

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES NO

PART C
FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.

1. I elect not to enroll in any plan under the Health Benefits Act.

2. I elect to cancel my present enrollment under the Health Benefits Act.

3. The reason for my election is (Place an "X" in proper box):
 (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband.
 (b) I am covered by a health insurance plan which is not under the Health Benefits Act.
 (c) Any other reason.

PART D
FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

I elect to change my enrollment as shown by the enrollment number and other information in Part B.

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

13 June 1960

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

PART F
TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE

2. DATE RECEIVED IN EMPLOYING OFFICE **6/12/60**

3. EFFECTIVE DATE OF ELECTION **7/1/60**

4. PAYROLL OFFICE NO.

5. PAYROLL ACTIVITY (INITIALS AND DATE)

REMARKS
FOR USE ONLY BY ANNUITANTS AND AGENCY. **CT**

123935

11269

STANDARD FORM 61
REVISED MARCH 1956
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 41

APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

Washington, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

I, Anna Tarasoff, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

8 Apr 1957

(Date of entrance on duty)

Anna Tarasoff

(Signature of appointee)

Subscribed and sworn before me this 8th day of April A. D. 1957,

at Washington, D.C.

(City)

(State)

[SEAL]

Compton

(Signature of officer)

Appointment Clerk

(Title)

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

DECLARATION OF APPOINTEE

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

1. PRESENT ADDRESS (street and number, city and State)
3819 GAINESVILLE ST. S.E. WASH. D.C.

2. (A) DATE OF BIRTH 5-5-33 (B) PLACE OF BIRTH (city and State or city and foreign country)
CLEVELAND OHIO

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY B. RUS D. THARSCOFF (B) RELATIONSHIP HUSBAND (C) STREET AND NUMBER, CITY AND STATE 3819 GAINESVILLE ST. SE (D) TELEPHONE NO. 4-1380

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITHIN THE PAST 24 MONTHS? YES NO
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE
<u>B. RUS D. THARSCOFF</u>	<u>3819 GAINESVILLE ST. SE</u>	<u>1. 1st Lt. ST.</u>	<u>HUSBAND</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

ITEM NO.	ITEM NO.

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

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

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

PART I—EMPLOYEE'S STATEMENT							PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE			
1. NAME (Last, first, middle initial)				2. DATE OF BIRTH			9. RETENTION GROUP			
TARASOFF Anna				5-5-23			10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT			
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
NONE										
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.							12. TOTAL SERVICE			
TYPE IF KNOWN (LWOP, Part, Susp, AWOL, Mar Mar)	FROM—			TO—			TOTAL			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)							13. NONCREDITABLE SERVICE (Leave purposes only):			
							14. NONCREDITABLE SERVICE (RIF purposes only):			
7. ARE YOU:							15. REEMPLOYMENT RIGHTS			
A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO							<input type="checkbox"/> YES <input type="checkbox"/> NO			
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO							16. RETENTION RIGHTS			
C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO							<input type="checkbox"/> YES <input type="checkbox"/> NO			
17. EXPIRATION DATE OF RETENTION RIGHTS										
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										
April 8, 1957 (DATE)				Anna Tarasoff (SIGNATURE)						
Subscribed and sworn to before me on this _____ day of _____ 19____ at _____ (CITY) _____ (STATE)										
SEAL										
Linda Force										
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.										
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.										

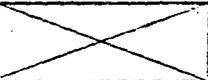
Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 57.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

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

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COMPUTATION DATE (Leave Purposes)
Years						5/1
Months						
Days						3

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

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

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

REMARKS:

SECRET
(When Filled In)

APR

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
6 MAY 1958		
INSTRUCTIONS		
This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.		
SECTION I GENERAL		
1. FULL NAME (Last-First-Middle) TARASCOFF ANNA		
2. CURRENT ADDRESS (No., Street, City, Zone, State) 2819 GAINESVILLE ST. S.E., WASH. DC D.C.		3. PERMANENT ADDRESS (No., Street, City, Zone, State) 2819 GAINESVILLE ST. S.E., WASH. DC D.C.
4. HOME TELEPHONE NUMBER	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE	
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. TARASCOFF BOB'S DIMITRY		2. RELATIONSHIP HUSBAND
3. HOME ADDRESS (No., Street, City, Zone, State, Country) 2819 GAINESVILLE ST. S.E. WASH. DC D.C.		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE 2930 E. ST. N.W. WASH. D.C.		
5. HOME TELEPHONE NUMBER LU 4-1380	6. BUSINESS TELEPHONE NUMBER 913-4115 EX. 581	7. BUSINESS TELEPHONE EXTENSION
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. MR. & MRS. T. ADAMOVIC 13816 DENVER AVE CLEVELAND 5 OHIO		
SECTION III MARITAL STATUS		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
SPOUSE: If you have been married more than once, including annulments, use a separate sheet for form; wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.		
3. NAME (First) (Middle) (Maiden) (Last) BOB'S DIMITRY TARASCOFF		
4. DATE OF MARRIAGE 3-10-45	5. PLACE OF MARRIAGE (City, State, Country) CLEVELAND OHIO	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) 620 W. 141 ST. NEW YORK, N.Y.		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH	9. CAUSE OF DEATH
10. CURRENT ADDRESS (Give last address, if deceased) 2819 GAINESVILLE ST. S.E. WASH. DC D.C.		
11. DATE OF BIRTH 2 NOV 1908	12. PLACE OF BIRTH (City, State, Country) KATERINOSLAV RUSSIA	
13. IF BORN OUTSIDE U.S., DATE OF ENTRY OCT. 1923	14. PLACE OF ENTRY NEW YORK, N.Y.	
15. CITIZENSHIP (Country) U.S.A.	16. DATE ACQUIRED JUNE 25, 1936	17. WHERE ACQUIRED (City, State, Country) LONG ISLAND, N.Y. U.S.A.
18. OCCUPATION FOREIGN DOCUMENTS OFFICER C.I.A. BLUE TRIANGLE CLUB (YWCA)		
19. PRESENT EMPLOYER (Also list former employer, or if spouse is deceased or unemployed, list two employers) 20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) 2930 E. ST. N.W. WASH. D.C.		

Return to
1604 Curie
Q A B

CODED

FOR
QUALIFICATIONS
DATE 28 AUG 1958

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR
FEB. 3 1941 — OCT. 20 1945

22. BRANCH OF SERVICE
U.S. ARMY

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
U.S.A.

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN
ENTERED ON DUTY WITH CIA FEB. 20, 1956

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)		
2. RELATIONSHIP		
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)		
6. FREQUENCY OF CONTACT		
7. DATE OF LAST CONTACT		
1. FULL NAME (Last-First-Middle)		
2. RELATIONSHIP		
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)		
6. FREQUENCY OF CONTACT		
7. DATE OF LAST CONTACT		
1. FULL NAME (Last-First-Middle)		
2. RELATIONSHIP		
3. AGE		
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)		
6. FREQUENCY OF CONTACT		
7. DATE OF LAST CONTACT		

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? YES NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? YES NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

SECTION V CONTINUED TO PAGE 3

SECRET

SECRET
(When Filled In)

SECTION V CONTINUED FROM PAGE 2							
6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS							
NAME OF INSTITUTION			ADDRESS (City, State, Country)				
<i>ANKOSTIA NAIR BANK OF WASHINGTON</i>			<i>WASHINGTON 20, D.C.</i>				
7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?			YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>		
8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)							
SECTION VI CITIZENSHIP							
1. COUNTRY OF CURRENT CITIZENSHIP		2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:					
		<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):					
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP?		4. GIVE PARTICULARS					
YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>					
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)							
SECTION VII EDUCATION							
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE			OVER TWO YEARS OF COLLEGE - NO DEGREE				
<input checked="" type="checkbox"/> HIGH SCHOOL GRADUATE			BACHELOR'S DEGREE				
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE			GRADUATE STUDY LEADING TO HIGHER DEGREE				
TWO YEARS COLLEGE OR LESS			MASTER'S DEGREE		DOCTOR'S DEGREE		
2. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/GRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED			TOTAL HOURS		
		FROM	TO	TOTAL			
4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)							
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED			TOTAL WEEKS		
		FROM	TO	TOTAL			
5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE							

SECRET
(When Filled In)

SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
6-27-57 2-28-58	GS 9	EE/D/PB/TPE
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		
URGENT FILING OF INTELLIGENCE MATERIAL & VARIETY OF CLERICAL DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
3-3-58	GS 9	CE/SID/PROTECT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		
TRANSLITERATING RECORDS INFORMATION IN ACCORDANCE WITH INTEL REQUIREMENTS		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

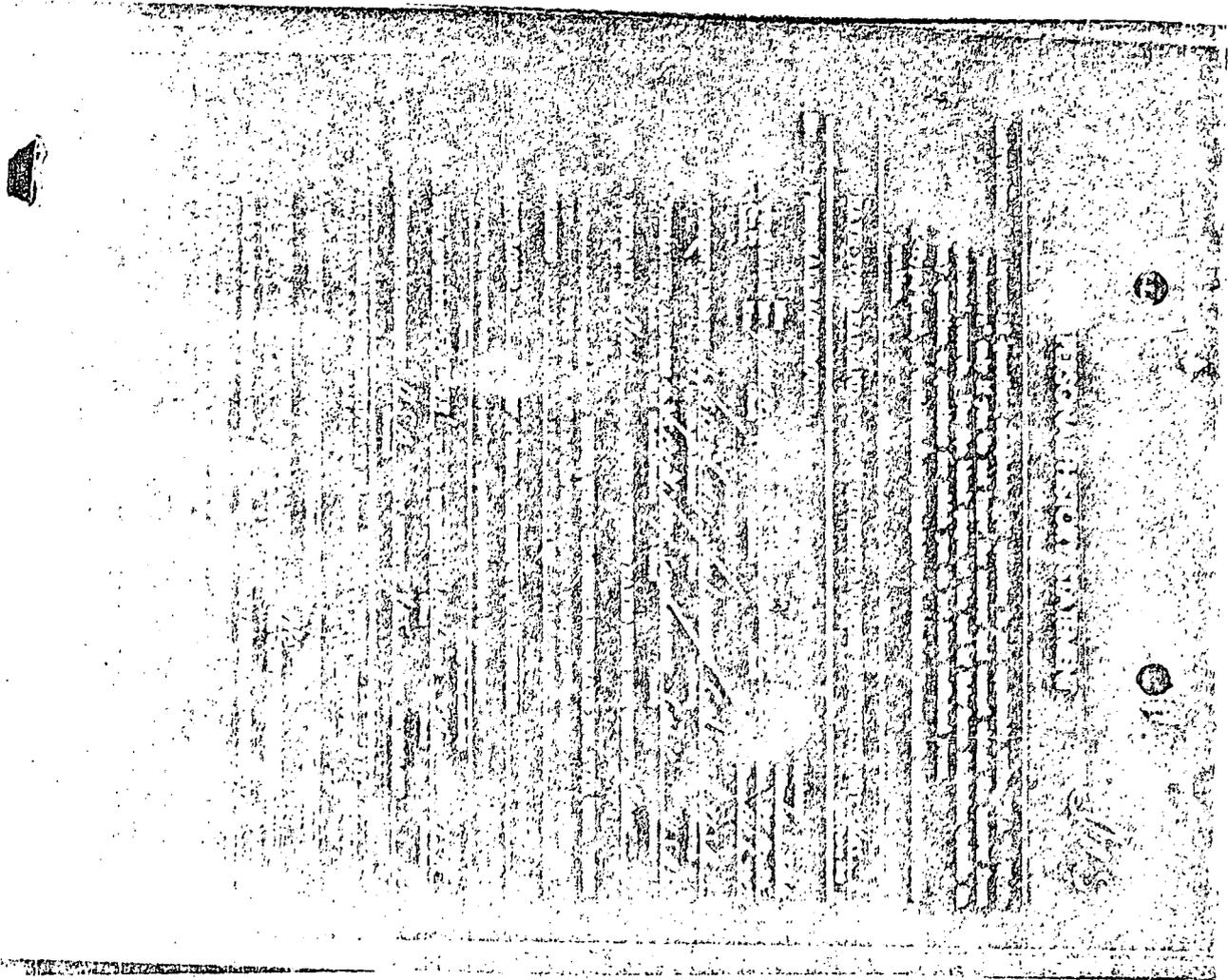
(Use additional pages if required)

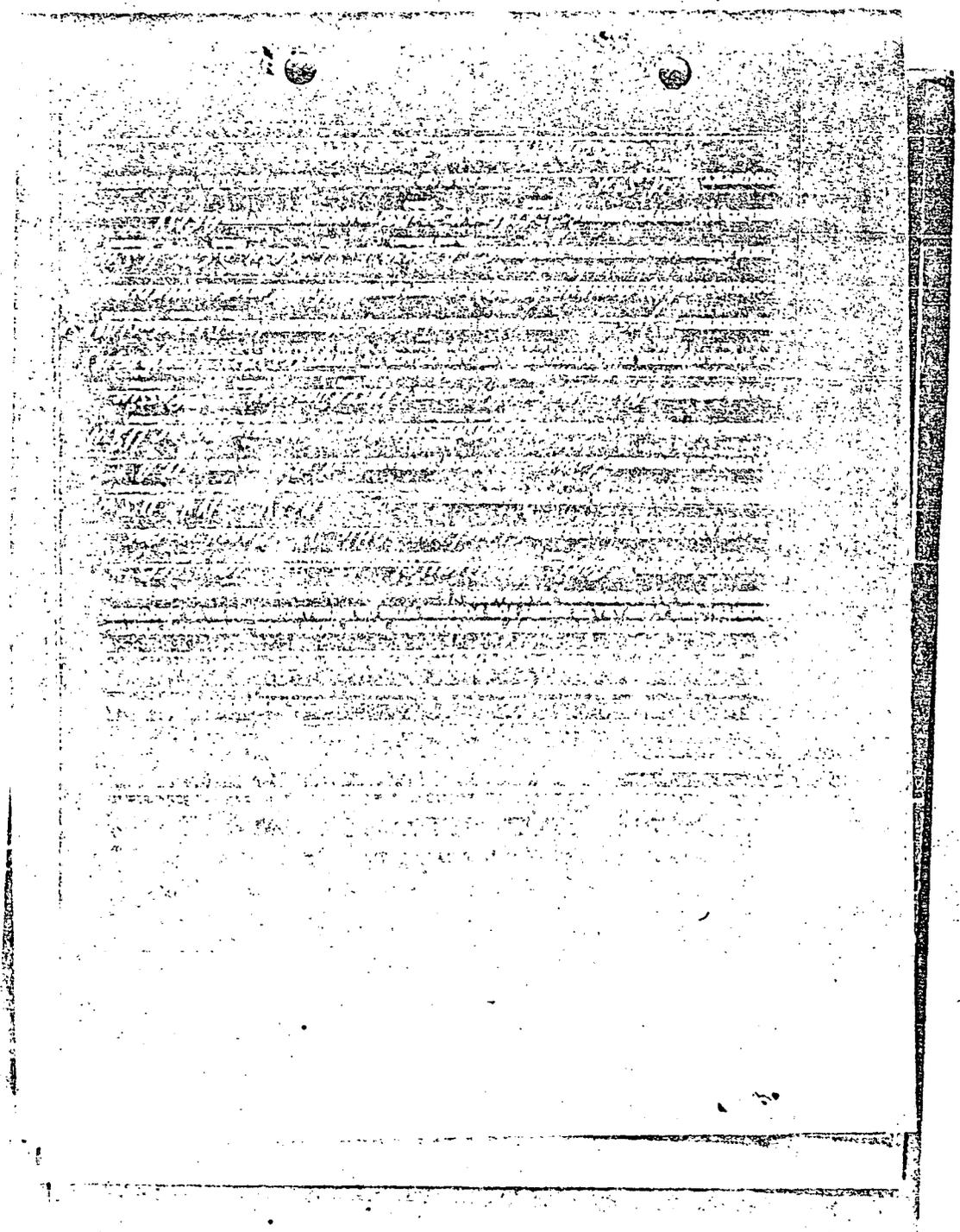
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SECRET

(When Filled In)

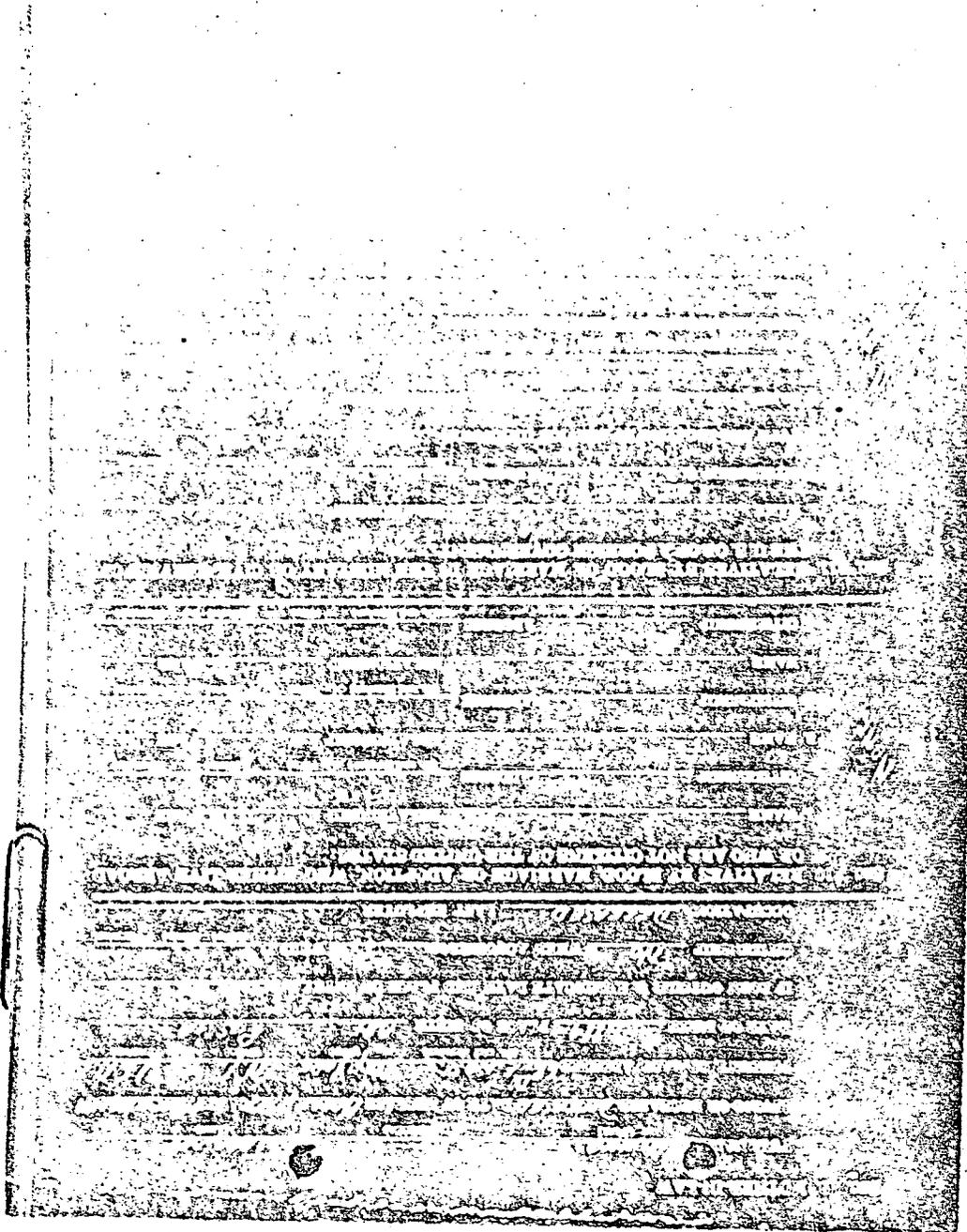
SECTION XII CHILDREN AND OTHER DEPENDENTS						
1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.			2		3	
2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.						
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS						
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
BARBARA TARASOFF	DAUGHTER	21-12-45		✓	YES	WASH. D. C. 28 MAGNOLIAVILLE ST, S.E.
RAYMOND TARASOFF	SON	20-3-49	✓		YES	"
ARIS J. TARASOFF	HUSBAND	2-11-1908	✓		YES	"
ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS						
DATE COMPLETED			SIGNATURE OF EMPLOYEE			

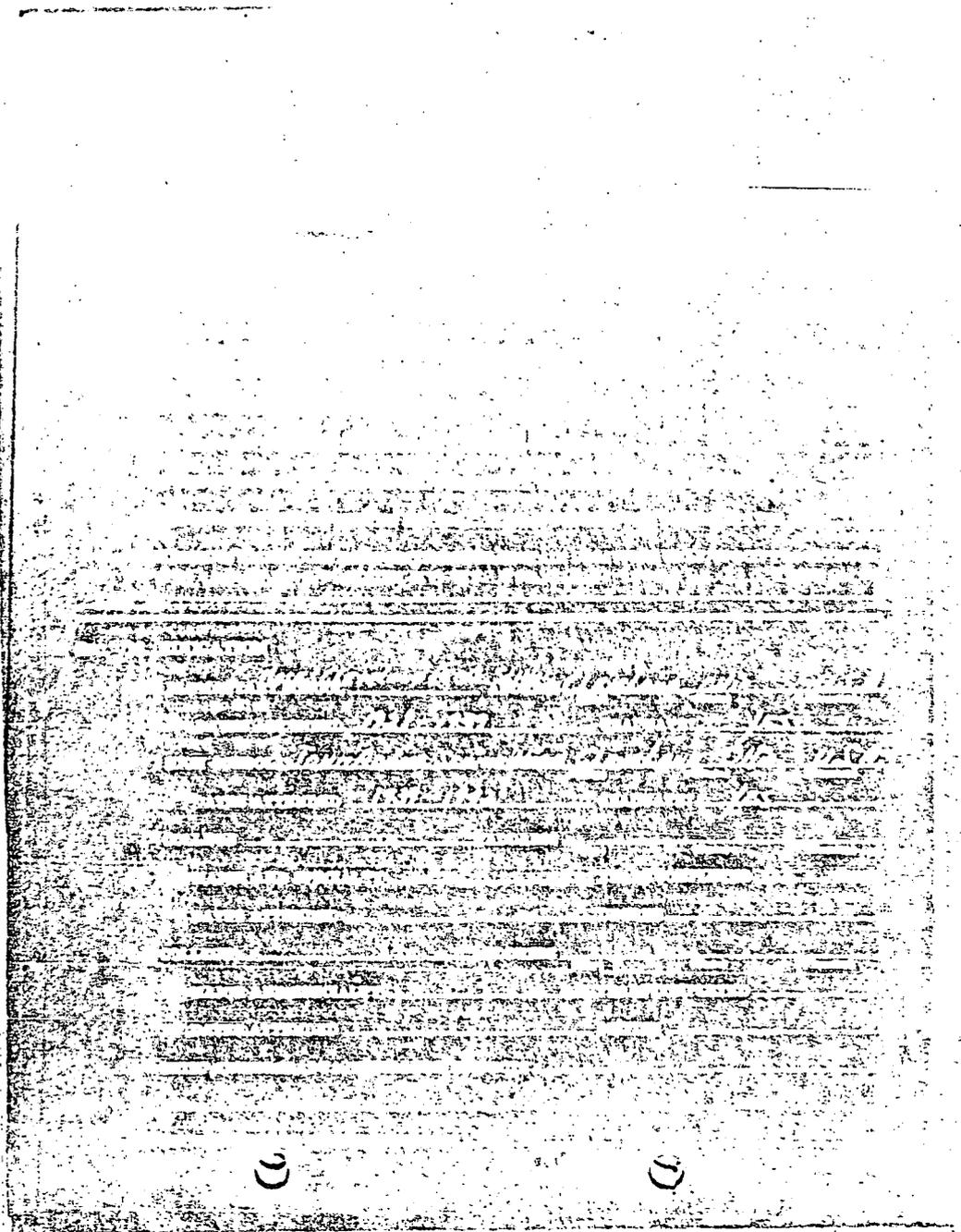




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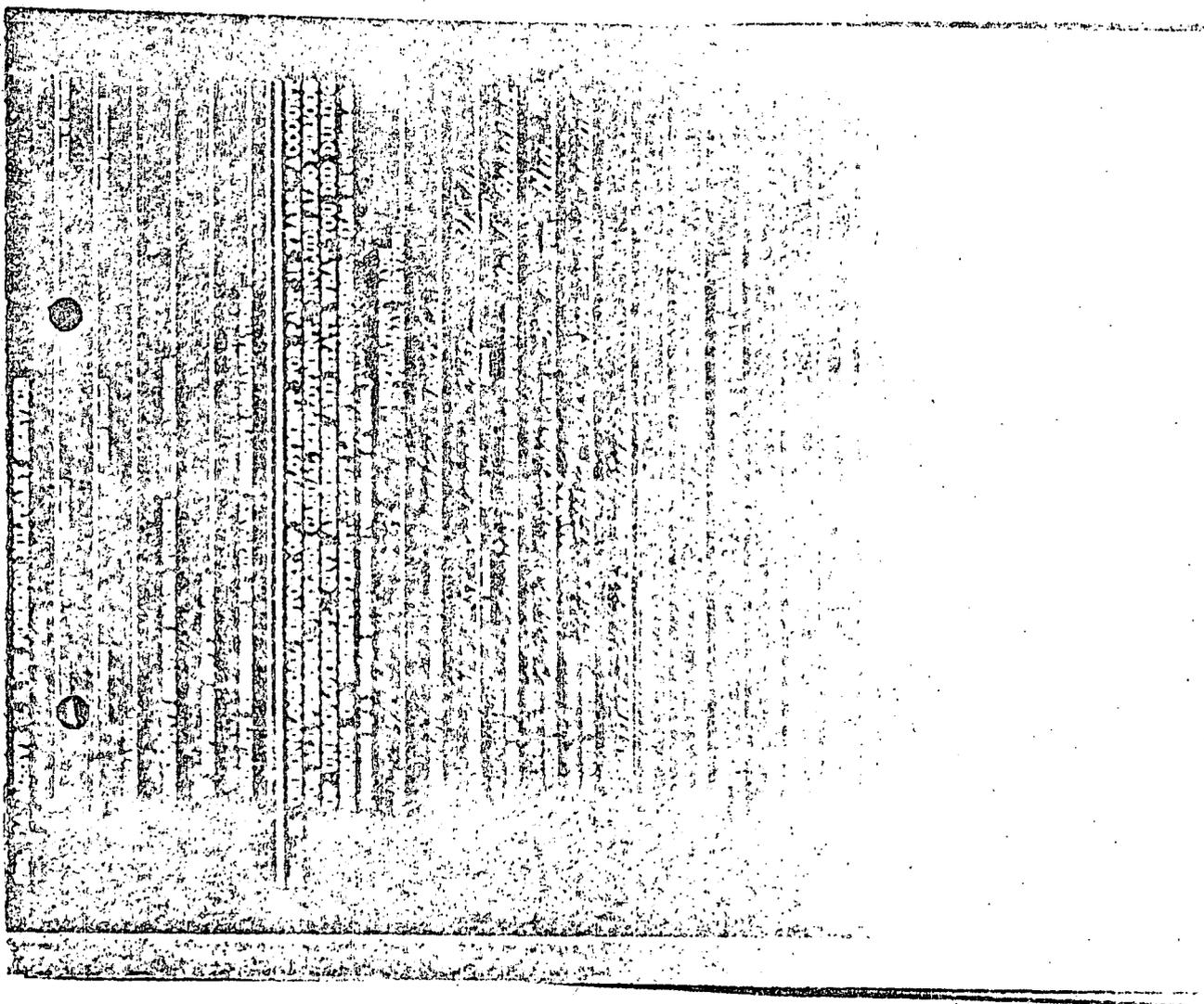
[The page contains several lines of extremely faint, illegible text, possibly bleed-through from the reverse side. The text is mostly obscured by noise and grain. A paperclip is visible on the left edge, and two punch holes are at the top.]

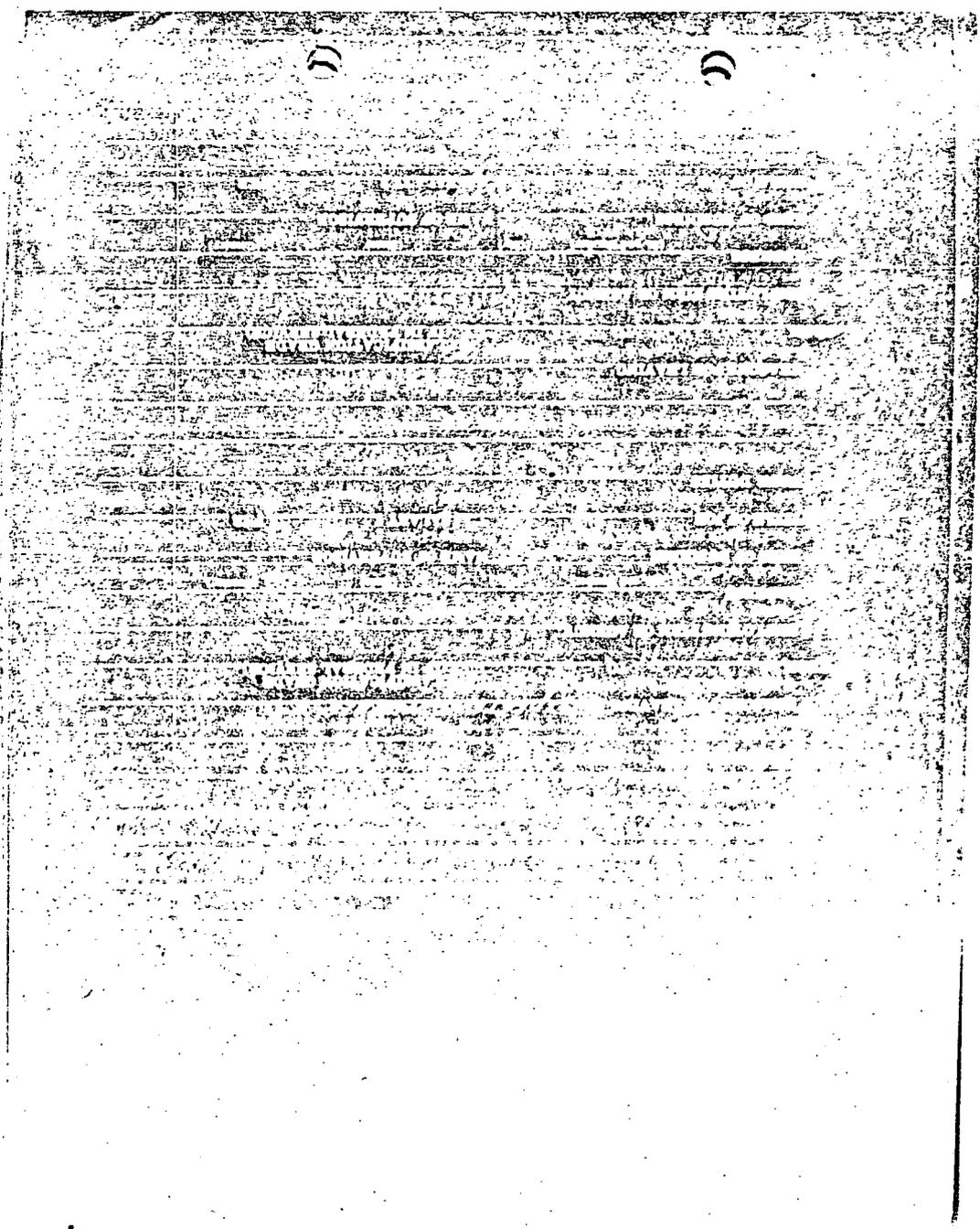


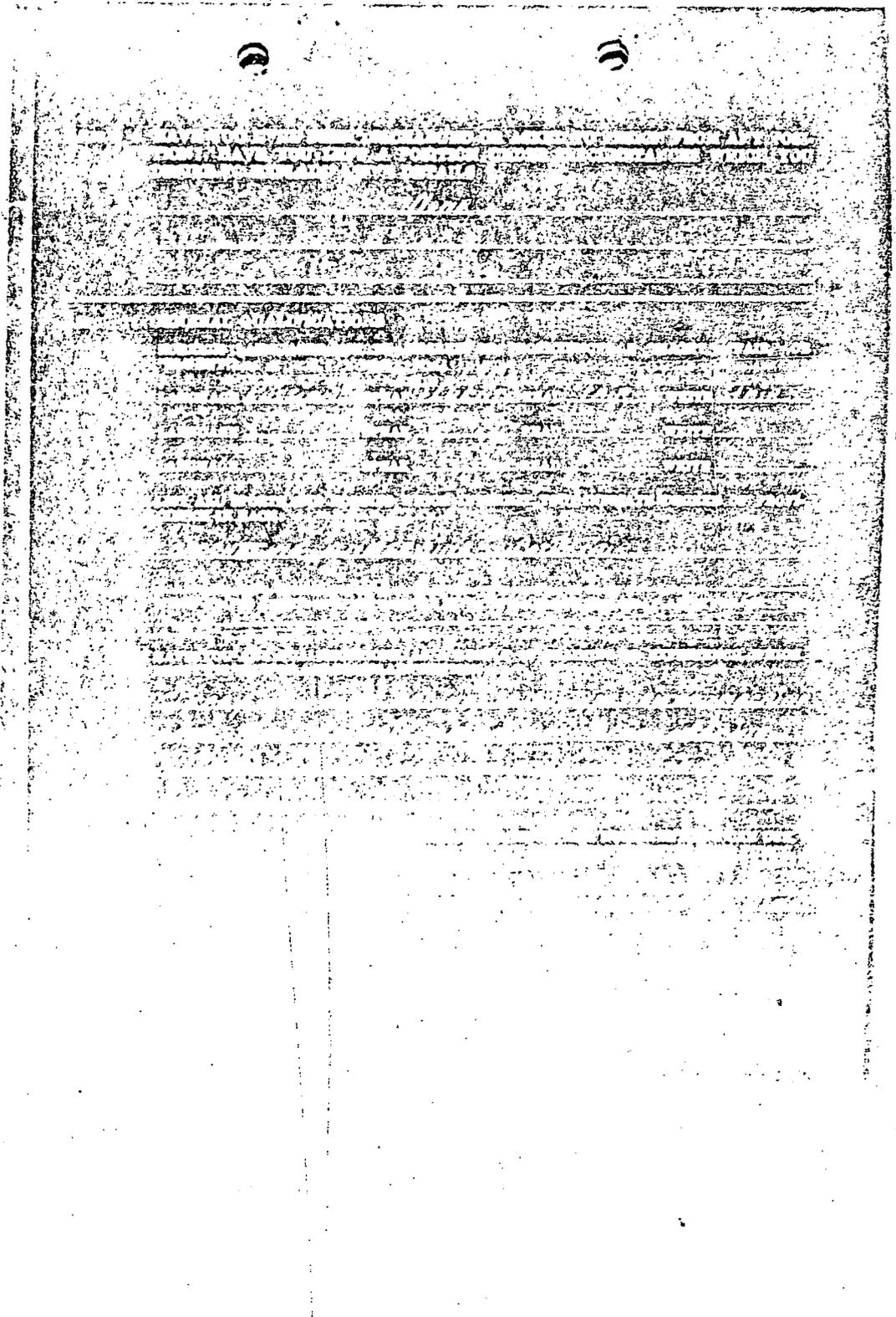


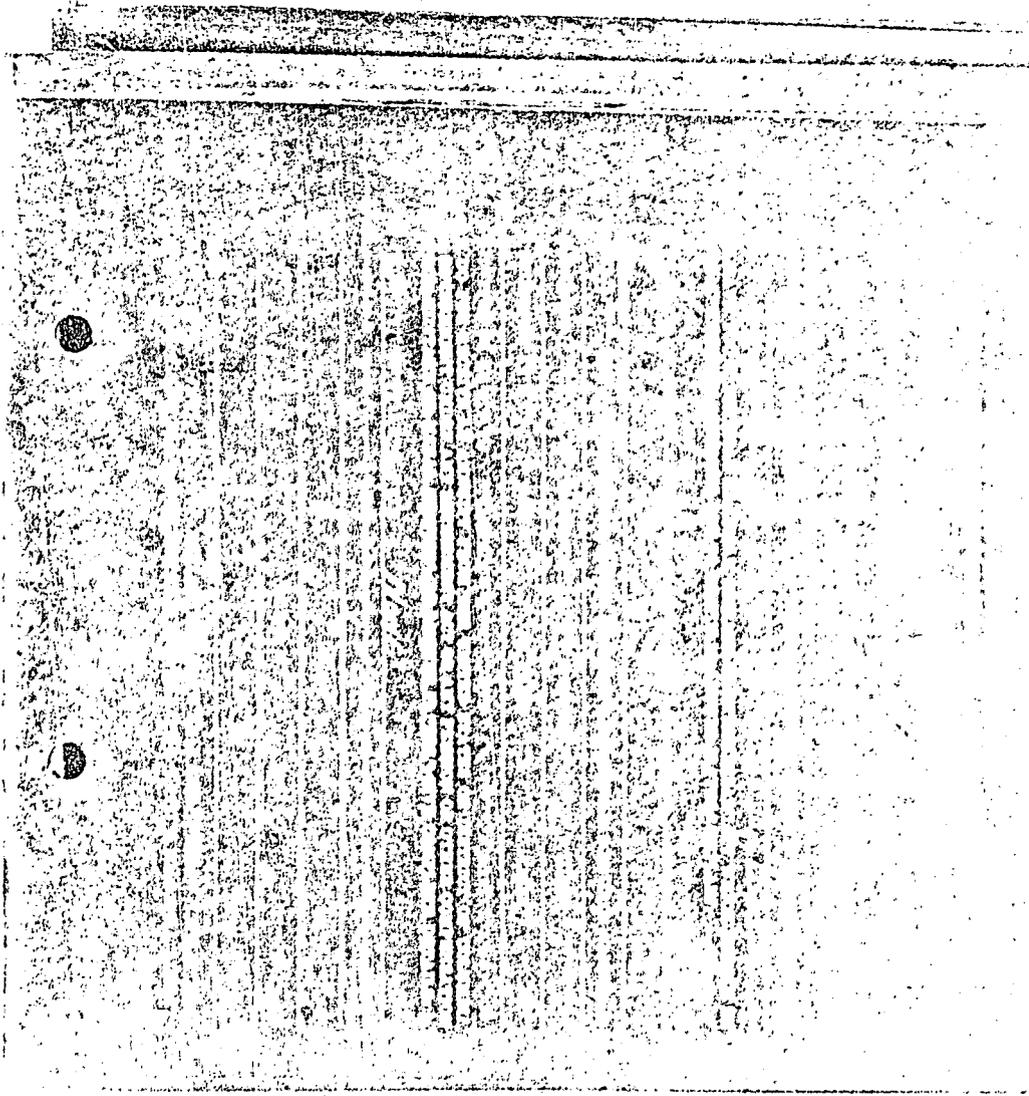
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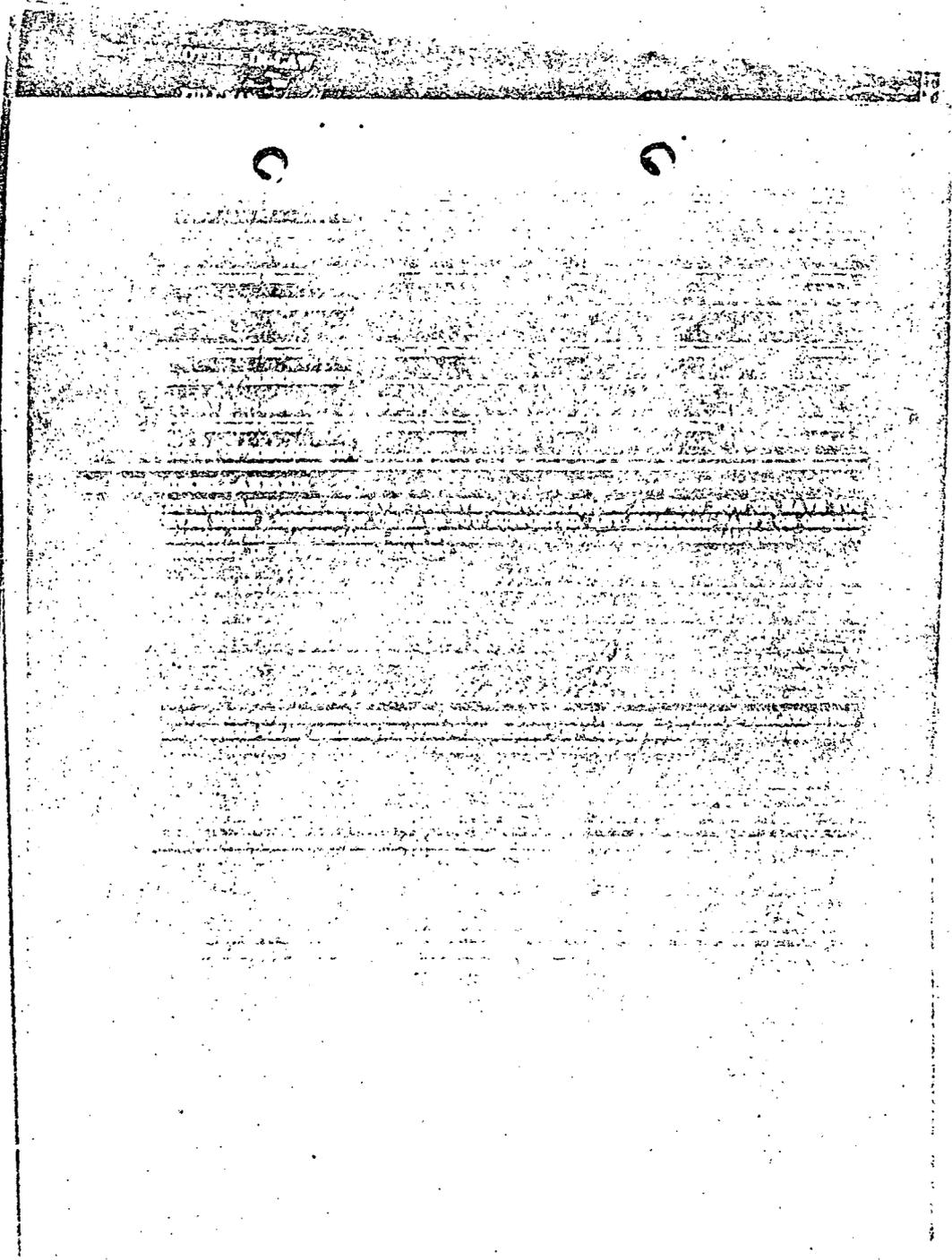


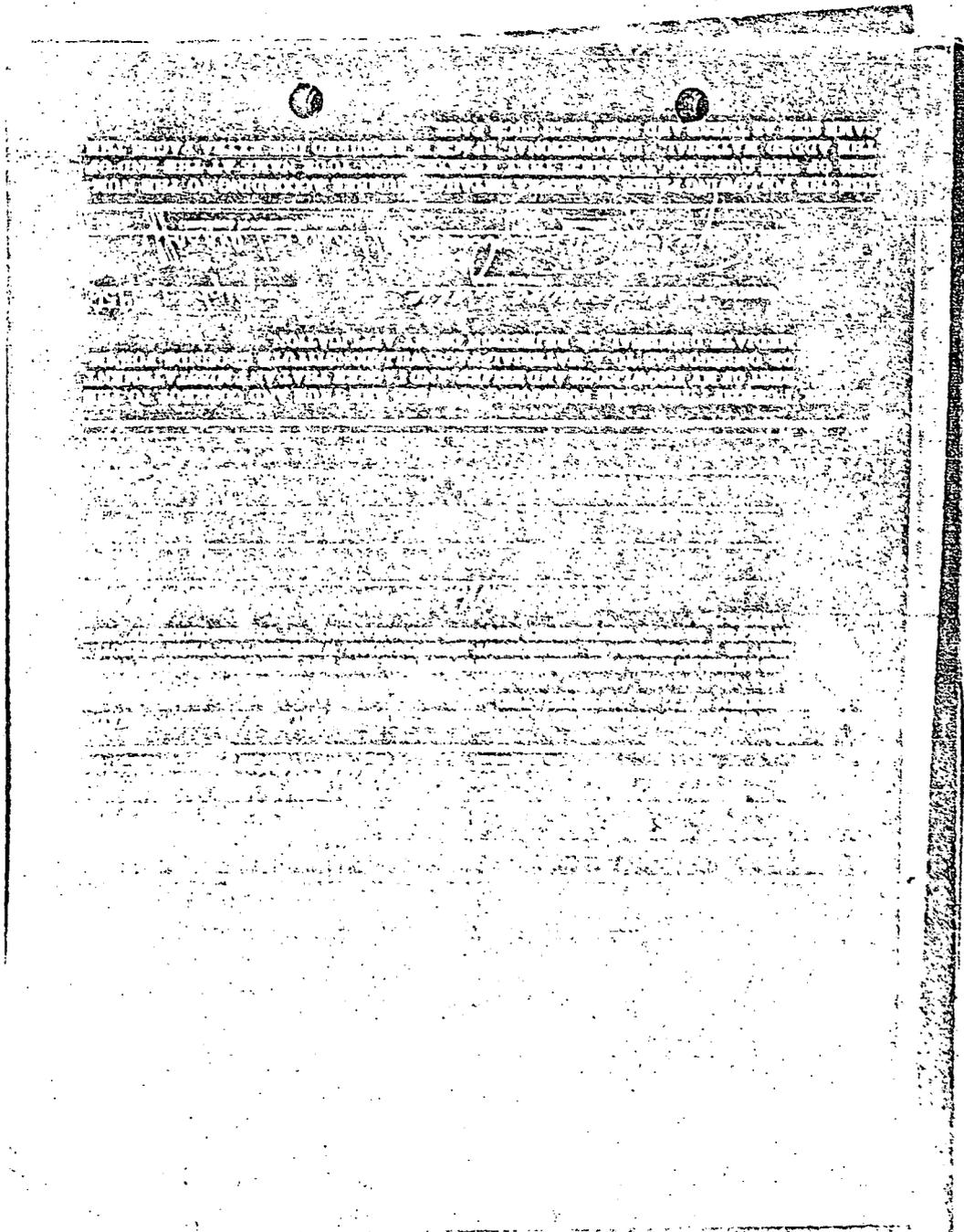


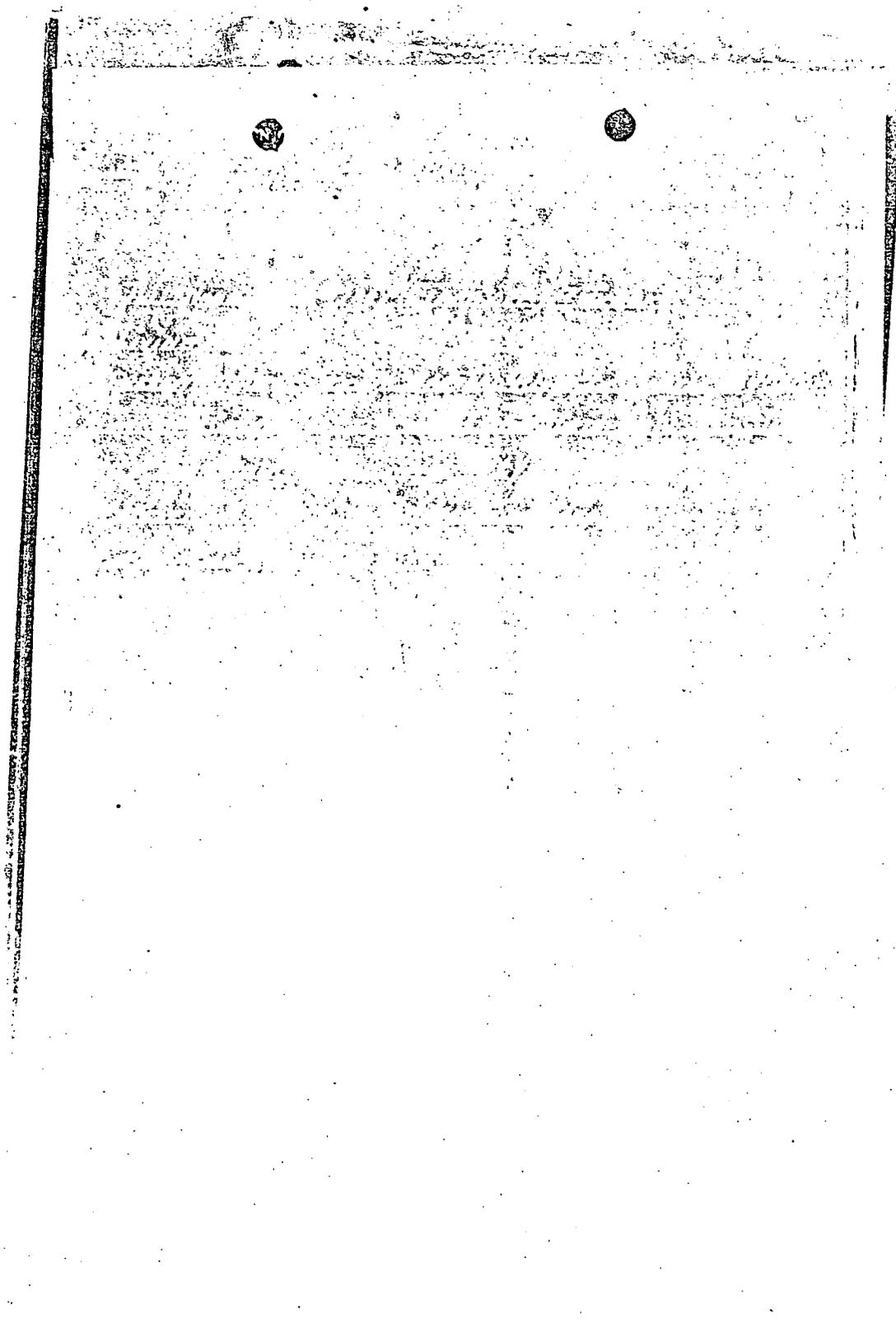


GROUP TORSON'S MILITARY SERVICE

[The following text is extremely faint and largely illegible due to heavy noise and low contrast in the scan. It appears to be a list or a series of entries, possibly names and dates, organized in a structured format. Some faint words like "GROUP", "TORSON", "MILITARY", and "SERVICE" are visible at the top, but the rest of the content is obscured.]







CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 29 May 1957

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: TARASOFF, Anna Adamoviez

Your Reference: C-8238 *IAS*

Case Number: 131751

- 1. This is to advise you of security action in the subject case as indicated below:
 - Security approval is granted the subject person for access to classified information.
 - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
 - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
- 2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
- 3. Subject is to be polygraphed as part of EOD procedures.

W. M. Knott
W. M. Knott
u

*See memo
6/7*

CONFIDENTIAL

CONFIDENTIAL
SECURITY INFORMATION
INTEROFFICE MEMORANDUM

Date: 19 March 1957

TO: Chief, Records and Services Division, CP
Personnel
FROM: Chief, Security Division, OS

SUBJECT: ~~TARASOFF~~, Anna - #191751

Request No. C-2238

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: Interim Assignment Section

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

W. H. Knott
W. H. KNOTT

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