

MATERIAL REVIEWED AT CI'S HEADQUARTERS BY
 HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: TARASOFF, ANNA
OFFICIAL PERSONNEL FILE

INCLUSIVE DATES: _____

CUSTODIAL UNIT/LOCATION: C/LAD

ROOM: _____

DELETIONS, IF ANY: _____

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
<i>2/2/68</i>		DAN HARDWAY	<i>Dan Hardway</i>

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE.

SECRET

26 March 1971

MEMORANDUM FOR : Office of Finance/C&TD

SUBJECT : Verification of Contract Service for
[redacted] (P), Terminated Contract Employee

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

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

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

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

3. Action Required:

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

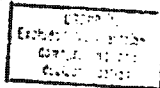
(b) DDP/WH/Contracts: For your information.

/s/ [redacted]
Chief
Contract Personnel Division

Distribution:

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

SECRET

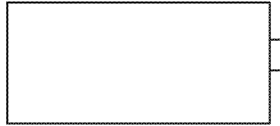


11 MAR 1971

MEMORANDUM FOR: Chief, Contract Personnel Division

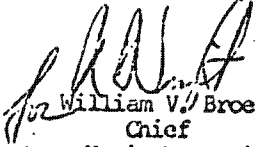
SUBJECT : Civil Service Retirement Credit

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



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

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


for William V. Broe
Chief
Western Hemisphere Division

SECRET

SECRET

23 March 1971

MEMORANDUM FOR: Contract Personnel Division

SUBJECT :

Following are the total number of hours for each year worked by under contract. The informa-

tion was provided this office by Payroll.

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

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

From the number of hours worked I feel we can make a determination that she during the full period she worked ~~2224~~ in a part-time basis on a prearranged reg. sch. tour of duty. If you concur, I will write a std. type memo to C/Finance.

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

Paul,
23 Mar 71

OK - DK

SECRET

Contract Service - [redacted] (P)

Date	Action	Compensation	Equivalent
8 Apr 57	CIA Staff Employee service		
8 Sep 63			
15 Jul 64	Contract Employee with Social Security. No LPAs or PSIs.	\$2.59 p.h.	
24 Aug 64	Pay increase	2.72	
10 Oct 65	Pay increase	2.80	
	Authorized future LPAs.	2.82	
3 Jul 66	LPI	2.90	
7 Sep 67	Contract terminated	2.90	
8 Sep 67	Contract Employee with Social Civil Service Retirement, and LPAs. No PSIs.	2.90	
8 Oct 67	LPI	3.03	
14 Jul 68	LPI	3.12	GS-05/5
13 Jul 69	LPI	3.37	GS-05/5
28 Dec 69	LPI	3.57	GS-05/5
19 Oct 70	Contract terminated	3.57	"

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

1. LAST NAME TARASOFF		APPOINTMENT DATA Type of job A FT PT X 7/5/67			3. TOTAL SERVICE FOR LEAVE (as of date of separation)			
4. DATE AND NATURE OF SEPARATION Contract terminated 10/19/70		Subject to Sec 553(d), 1951 Leave Act Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Ceased to be subject to Sec 203(d) on _____ Annual Leave Bal _____			Years _____ Months _____ Days _____ <input type="checkbox"/> More than 15 years			
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)				SUMMARY OF HOME LEAVE (DAYS)			REMARKS SCD 7/15/64	
5. Balance from prior leave year ended 1/10 19 70		ANNUAL	SICK	18. Date arrival abroad for HL purposes NONE				
6. Current leave year accrual through 10/17 19 70		275	256	15. Current balance as of _____ 19 _____				
7. Total		89	56	16. 12-month accrual rate _____				
8. Reduction in credits, if any (current year)		364	312	17. Dates leave used prior 24 months _____				
9. Total leave taken		0	0	18. Monthly accrual date _____				
10. Balance		364	312	19. Calendar days credit for next accrual date _____				
11. Total hours paid in lump sum 360hrs 2 holidays					20. Date basic service period completed _____			
12. Salary rate(s) \$3.57 p/h					MILITARY LEAVE			
13. Lump sum leave dates From 0800 10/17 to 1700 12/22/70 0 (Hours)					21. Dates during current calendar yr. _____ to _____			
14. Cert. of (underlying) _____ (Signature) Auth cert. officer (Title)					22. Dates during preceding calendar yr. _____ to _____			
					ABSENCE WITHOUT PAY			
					23. During leave year in which separated _____			
					24. During step-increase waiting period which began on 8/14/64			
					25. During 12-month HL accrual period (dates) _____			
					LWOP or AWOL or Furlough/Suspension (Hours) 0 0 0 0			

Standard Form 1140
November 1965
1150-106

RECORD OF LEAVE DATA TRANSFERRED

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

SECRET
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 013175		2 NAME (LAST-FIRST-MIDDLE) [REDACTED]		PREPARED: 07/1/77	
3 NATURE OF PERSONNEL ACTION CONTRACT TERMINATION (1B)(H)(L)(1)			4 EFFECTIVE DATE MO DA YR 12 1 70		5 CATEGORY OF EMPLOYMENT CONTRACT-TYPE A (S)
6 FUNDS V TO V CF TO V		7 V TO CF CF TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 1185-C970	
9 ORGANIZATION DESIGNATION WESTERN HEMISPHERE DIV			10 LOCATION OF OFFICIAL STATION [REDACTED]		
11 POSITION TITLE TRANSLATOR			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) (PART TIME) GS		15 OCCUPATIONAL SERIES 1045.01	16 GRADE AND STEP 00 5		17 SALARY OR RATE ORG: 071564 S.76 LEI: 071564
<p>18 STATUS INFORMATION</p> <p> 19 OPERATING DATES: 23 SEX: F MARITAL ST: MAR NO. DEPENDENTS: 00 CITIZENSHIP: CS/BIRTH: LONGEVITY COMP: 071564- FEE SERVICE COMP: TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES PREV. GOVT SERV: 5 SAL. TASK LIMIT: PAY BASIS: H A/L IND: 3 S/L IND: 3 </p> <p>----- CONTRACT INFORMATION -----</p> <p> EFF DATE: 090877 EXPIRATION DATE: 090777 DATE ORIG CONTRACT: 071564 REFERRING OFFICER: WH ADMIN REFR ORG: WH PHONE: 4-60 </p> <p>----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----</p> <p> TAX STAFF: Y FLD EXMP: STATE EXMP: STATE: TRAVEL: NNN OPS EXPNSE: N HOUSING: A POST/EQUAL: N HOME LEAVE: 0 DIFFERENTIAL: N OFFSET CLAUSE: N STD GOVT: N LEGISL PAY: Y PREMIUM PAY: N ALLOWANCE COMM: N EDUCATION: N STEP INCRS: N GTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION: N </p>					
NOTE: ITEMS PRECEDED BY AN ASTERICK * REFLECT CHANGED DATA					
SIGNATURE OR OTHER AUTHENTICATION					

SECRET

DUPLICATE

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL		DATE		
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE		25 January 1971		
PERSONAL DATA				
NAME (Last, First, Middle - true or pseudonym)		OFFICE AND BRANCH OF ASSIGNMENT		
[Redacted] (P)		DOP/MI/1		
LOCAL ADDRESS		PERMANENT ADDRESS		
Mexico City, Mexico		Cleveland, Ohio		
PERMANENT STATION OR BASE		POSITION OR FUNCTIONAL TITLE		
Mexico City, Mexico		Contract Employee, Type B		
CONTRACT DATA				
DATE CONTRACT EFFECTIVE	DATE CONTRACT LAST RENEWED	DATE CONTRACT EXPIRES	DATE OF CONTRACT TERMINATION	
15 July 1964	8 September 1970	7 September 1971	19 October 1970	
REASON FOR CONTRACT TERMINATION				
Retirement of husband.				
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)				
COMPONENT	CLEARED BY	DATE	REMARKS	
FINANCE				
LOGISTICS				
SECURITY				
Security				
CONTRACT APPROVING OFFICER		CLEARED BY (Signature)	DATE	
		W.S. Benehan, C/MI/Contracts		
SCHEDULE OF INTERVIEWING OFFICES				
(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)				
OFFICE	SCHEDULE			INTERVIEWING OFFICIAL
	DATE	TIME	LOCATION	
CENTRAL COVER STAFF				CLEARED BY (Signature)
				DATE
OFFICE OF SECURITY PSD			OS #131 751 13 July 64	CLEARED BY (Signature)
				DATE
OFFICE OF PERSONNEL CPD				CLEARED BY (Signature)
				DATE
REMARKS (Please initial)				
Duplicate - advance copy to OF/C6TD/CEAS 30 October 1970.				
REVIEWED: [Signature] /B/ [Redacted]				
Special Contracting Officer				
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT		SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER		
C/H/1		[Signature]		
DATE		DATE		

HIGH 3 BASED ON LAST 3 YEARS HIS CONTRACT

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

$$\$14428.89 \div 3 = \$4809.63$$

HIGH 3 RENTABLE

$$1\frac{1}{2}\% \times 4809.63 \times 5 = \$360.70$$

$$1\frac{3}{4}\% \times 4809.63 \times 5 = 420.85$$

$$2\% \times 4809.63 \times 2.5 = \underline{240.48}$$

$$\underline{\$1022.03 \text{ ANNUITY}}$$

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

JUN 62 - JUN 63	\$5545	6 3/4
JUN 61 - JUN 62	5160	6/3
JAN 61 - JAN 61	2497	6/2
JUN 60 - DEC 60	<u>3255</u>	5/2

$$\$15457 \div 3 = \$5152.33$$

HIGHER ANNUITY

$$1\frac{1}{2}\% \times \$5152.33 \times 5 = \$396.45$$

$$1\frac{3}{4}\% \times \$5152.33 \times 5 = 450.85$$

$$2\% \times \$5152.33 \times 2.5 = \underline{257.63}$$

$$\underline{\underline{\$1094.93 \text{ ANNUITY}}}$$

July

[Redacted]

(P) TARASOFF

8 FEB

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

10

STAFF (CSR) Apr 57 - Jun 63 - Nov 63

→ CONTRACT (SS) Jul 64 - Sept 67

" (CSR) Sept 67 - Oct 70

Loss
participation

No. Refund of Retirement deductions has been made, either from Staff or Contract employment.

form 2802

Resignation effective } \$1781.83
7 Sept 1963

57-63
67-70

CS Deductions while a Staffer \$1781.83
" " Contract 961.24
TOTAL \$2743.07

Sept 2.90
9 Oct 67 \$3.03
14 Jul 3.12
same

Oct 70

Sept 57

13 1/2 MONTHS
514233

3(15457.00
1236
1510

9/67 \$609 Dec 67
68 \$4549.34
69 4935.06
Oct 70 4335.47

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

SECRET

TERMINATION SECURITY OATH

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

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

Rec'd 30 OCT 1970

SECRET

mg OS/ID

SECRET

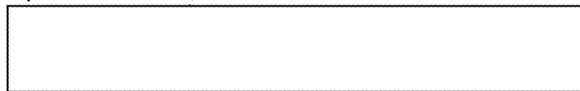
Page 2

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

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

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

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



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

Grace H. Fournier
SECRET

SECRET

SECRET

Miss [redacted]

Dear Miss [redacted]

You are hereby notified that your services under a contract with the United States Government, effective 8 September 1967, are to be terminated at the convenience of the United States Government pursuant to paragraph 4 of said contract, and that the 30 days' notice required by the contract begins 19 September 1970.

You are reminded of the contents of paragraph 4 of said contract which read as follows:

"4. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the United States Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under applicable laws and regulations."

Your signature in the space provided below is acknowledgment of the contents hereto.

UNITED STATES GOVERNMENT

By [Signature]
Field Contracting Officer

Acknowledged:

[redacted]

Witness:

[Signature]

Reviewed:

Contract Approving Officer

SECRET

*See if via HMMT-14578
30 Oct 70
being routed with
term. sheet (1487)*

SECRET

NON-STAFF PERSONNEL DATA SHEET						DATE
INSTRUCTIONS: 1. SUBMIT FOR: A. CONTRACT EMPLOYEES (TYPE A, B AND CAREER) B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR NOC (US CITIZENS OR RESIDENT ALIENS ONLY) 2. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS 3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CSFS/AGENT BRANCH (1 COPY ONLY)						12 Oct 70
NAME (LAST, FIRST, MIDDLE)				SEX	DATE OF BIRTH	
(P)				Female	5 May 23	
MARITAL STATUS	NO. DEPENDENTS	YEAR(S) OF BIRTH		NATIONALITY	LAST MEDICAL EXAM	
Married	2	1945, 49		U.S.A	Unknown	
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL			JOB TITLE	COMPONENT		
Type B, 13 July 1964			Transcriber	DDP/AH/1		
CONTRACT CATEGORY	EFFECTIVE DATE	EXPIRATION DATE	SALARY	GRADE EQUIVALENT	PROJECT OR PAR #	
Type B	15 July 64	7 Sep 71	\$3.67	GS-5/6	SUPPORT	
BENEFITS				YES	NO	
SOCIAL SECURITY				X	X	
FECA DEATH AND DISABILITY				X		
ANNUAL AND SICK LEAVE				X		
CIVIL SERVICE RETIREMENT				X		
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY					X	
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE				X		
CONTRACT LIFE AND HEALTH INSURANCE					X	
MISSING PERSONS BENEFITS				X		
OTHER (EXPLAIN)						

NON-CIA EDUCATION

High School Graduate

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

CIA TRAINING

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

SECRET

FACTORS AFFECTING SUBJECT (PUBLIC EMPLOYEE - PALES, PADMIN, TV); KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES.

COVER

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

Satisfactory

EVALUATION OF PERFORMANCE:

Satisfactory

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

No problem.

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

MOBILITY

INDICATE LIMITING FACTORS BOTH PERSONAL AND OPERATIONAL

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

None

MESSAGE FORM
TOTAL COPIES: 21

READING ROOM INITIALS - SEEN BY	
1	5
2	6
3	7
4	8

TO: CCS/CTS
6697
12 October 1970

SECRET

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

INFO FILE NO. WH8, 66C2, 073, 0P3

SECRET

13 OCT 70 21 47z

CITE DIRECTOR

077.157

MEXICO CITY
JBCENT/ADMIN

1. PLEASE ADVISE DOUGLAS J. FEINGLASS AND [REDACTED] THAT THE FLAT RATE TAX HAS INCREASED TO 18.4 PER CENT EFFECTIVE WITH PAY PERIOD ENDING 20 SEPTEMBER 1970.

2. STATION SHOULD START WITHHOLDING TAX AT HIGHER RATE IMMEDIATELY. DISPATCH FOLLOWS.

END OF MESSAGE

COORD:

[Handwritten signature]
WH/CON

[Handwritten signature]
WH/A/NGC *Keyler Shating*

[Handwritten signature]
C/WH/SS

[Handwritten signature]
C/CCS/CTS

14 OCT

RELEASING OFFICER

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

SECRET

Miss [redacted]

Dear Miss [redacted]

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

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

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

UNITED STATES GOVERNMENT

By [Signature]
Contracting Officer

Accepted:

[redacted]

Witness:

[Signature]

Approved:

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

REVIEWED:

[redacted]

Special Contracting Officer

SECRET

DISPATCH

SECRET

Chief of Station, Mexico City

Chief, WH Division
ADMIN/CONTRACTS

[redacted] Contract Provisions

Reference: HMMT-9892

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

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

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

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

Hugh E. WESTBY

Distribution: 2-COS, Mexico City

1-WH/1 1-WH/Contracts 1-WH/Registry	CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMMS-6559	DATE 23 SEP 1969
		CLASSIFICATION SECRET	POS FILE NUMBER
	OFFICE WH/Contracts	OFFICER'S NAME Wrennahan	EXT (17 Sept 69) 4460
	OFFICE SYMBOL C/WH/I	OFFICER'S NAME	
	OFFICE SYMBOL C/WH/SS	OFFICER'S NAME George R. Thompson	

UNCLASSIFIED INTERNAL ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)
Anna A. Tarasoff

FROM: RID/D&P/INCOMING
 GB-12

EXTENSION: X7737

NO: *Harriet 9892*

DATE: 10 SEP 1969

TO: (Officer designation, room number, and building)

DATE RECEIVED FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.	DATE		OFFICER'S INITIALS	COMMENTS
	RECEIVED	FORWARDED		
Chief/WH/Reg.	11 SEP 1969		<i>[Signature]</i>	<p>Your comments please. Subject's contract already provides for sick and annual leave effective 15 July 64, and she is considered a part-time contract employee on a regularly scheduled tour of duty. Subject's contract does not provide for overtime and holiday time. Her contract would have to be amended to include this provision.</p> <p>6-8 <i>[Signature]</i> Pls advise that under terms of contract cannot approve Part 3 request.</p> <p><i>[Signature]</i></p>
<i>WH/SS</i>			<i>[Signature]</i>	
<i>WH/contract</i>	13 Sep 1969	13 Sep 1969	<i>[Signature]</i>	
C/WH/1				
WH/Contracts				

DISPATCH		CLASSIFICATION SECRET	PROCESSING ACTION
TO	Chief, WI Division		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	ADMIN/CONTRACTS		
ACTION	[redacted] (C/E) (132830) - Contract Entitlements		
<p>References: A. Book Dispatch - 6495 B. Book Dispatch - 6144</p> <p>1. Subject is a contract employee who is required to perform her duties during various hours of the day (including a varying number of hours) in order to meet operational deadlines.</p> <p>2. Even though [redacted] contract allows her annual and sick leave benefits, she has not been reimbursed for any leave during the period 8 September 1967 to the present. In addition, the Station has not reimbursed her for any holidays, WOLADY or local, while other contract employees whose contracts call for a regularly scheduled tour of duty, have received compensation.</p> <p>3. Since subject has worked an average of 30 hours per week, with Headquarters concurrence, it is recommended that she be reimbursed six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967, the effective date of her present contract.</p> <p style="text-align: center;"><i>John M. Loggeman</i> for John A. ROBERT</p> <p>Distribution: 4 - C/WHD</p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMBT - 9892	DATE 3 September 1969	
	CLASSIFICATION SECRET	HQS FILE NUMBER	

SECRET

MEMORANDUM FOR : Office of Finance

FROM : Contract Personnel Division

SUBJECT : Contract Extension for
[Redacted]

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

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

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

SECRET

(Group 1) Excluded from automatic downgrading and declassification

RB/DA
5 Sept 69

211
27

SECRET

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

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

Zarant, Anna C
[Redacted]

Through 7 September 1970

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

SECRET

SECRET

DATE:

CTC No. _____

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

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

<u>Tax Assessment Rate</u>	<u>Effective Date</u>
seventeen and three-tenths (17.3) per cent	14 December 1957

2. This is a new assessment a revised assessment .

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

CONTACT APPROVAL:
 /s/
 Chief, C.P.D.

APPROVED:

 Executive Secretary, Covert Tax Board

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

SECRET

SECRET

Chief of Station, Mexico City

Chief, WOGAMT

ADM/JBCENT - [redacted] (p) - Revision of Tax Assessment Rate

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

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

2. This assessment revision is incorporated by reference as an amendment to [redacted] Letter of Tax Instruction.

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

VICTOR D. UNITSKY

Attachment: As Noted

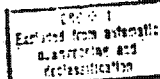
Distribution:

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

HAMS-6524

11 August 1969

SECRET



NOTE FOR FILE:

husband's retirement
date extended to Nov. 70.

25 JUN 1969

eth

DISPATCH

CLASSIFICATION
SECRET/

PROCESSING

TO Chief, WH Division

XX

NO INDEXING REQUIRED

INFO. Chief, SB Division

ONLY QUALIFIED PERSONNEL CAN JUDGE INDEXING

FROM Chief of Station, Mexico City

MICROFILM

SUBJECT Annual Fitness Report -

ACTION REQUIRED - REFERENCES

1. Attached are copies of an Annual Fitness Report on

[Redacted]

2. [Redacted] and her husband make a good and efficient

team on the duties assigned to them.

Willard C. Curtis
Willard C. CURTIS

Attachment: herewith

Distribution:

- (2) - C/WH Division w/att.
- 1 - C/SB Division w/o att.

orig routed to:
 WH/EXB 11 Feb 69
 DC/WH/D 11 Feb 69
 WH/1 ?
 WH/contracts 18 Feb 69
 CPD 19 FEB 1969

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER
HMINT-9523

DATE
29 January 1969

CLASSIFICATION

SECRET/

W-25 FILE NUMBER

SECRET

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

SECRET
(When Filled In)

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

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
28 January 1969	(signed in pseudo on Field Transmittal)		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969		(signed in pseudo on Field Paul L. Dillon Transmittal)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969	Chief of Station	(signed in pseudo on Field Winston M. Scott Transmittal.)	

SECRET

DISPATCH

CLASSIFICATION

SECRET

PROCESSING ACTION

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

ACTION REQUIRED REFERENCES

ACTION REQUIRED: Information Only

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

Francis J. COIGNE

Humphrey K. FEADSHIP

Douglas J. FEINGLASS

Henry H. LANGDON

Keith R. LEVENDERIS

Wanda G. PANKPINTO

Clarice F. PARDECK

Cora B. RAUSKIND

Joseph F. TRECANTI

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

for/Willard C. CURTIS

DISTRIBUTION:

- 2 - Chief, WOHOLD
- 2 - Chief, WH Division

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	HMMT-8919	9 April 1968
	CLASSIFICATION	HQS FILE NUMBER
	SECRET	

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

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate" carefully before you fill in the form.
 - Fill in BOTH COPIES of the form. Type or use ink.
 - Do not detach any part.

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
			1923	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

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

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

(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

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

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

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

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

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

(C)

WAIVER OF LIFE INSURANCE COVERAGE

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

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

SIGNATURE (do not print)

[Signature line]

14 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

MAR 5 1968

CONT. DIV.

See Table of Effective Dates on back of Original

DUPLICATE COPY—For Agency Use

3

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

121101
68

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

Approved B01 50-RO 385

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

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

DISPATCH

CLASSIFICATION
S E C R E T

PROCESSING ACTION

TO
Chief of Station, Mexico City

MARKED FOR INDEXING

INFO.

NO INDEXING REQUIRED

FROM
Chief, Western Hemisphere Division

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

SUBJECT
[Redacted]

MICROFILM

ACTION REQUIRED - REFERENCES

Please forward a completed form 89 on
[Redacted] for review by the Medical
Staff.

Hugh E. WESTBY

Distribution:
2-COS, Mexico City

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMMS-5708	DATE
--------------------	--	------

CLASSIFICATION S E C R E T	ROS FILE NUMBER
--------------------------------------	-----------------

1 - WH/Pers 1 - WH/Reg 1 - WH/1	ORIG-ATING	
	OFFICE SYMBOL C/WH/Pers	OFFICER'S NAME /lvr #6 Feb. 68

COORDINATING		
OFFICE SYMBOL C/WH/1	DATE	OFFICER'S NAME

RELEASING		
OFFICE SYMBOL C/WH/SS	DATE	OFFICER'S SIGNATURE George R. Thompson

SECRET
(When Filled In)

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

SECRET
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
28 January 1969	[Redacted] (signed in pseudo on Field Transmittal)		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969		(signed in pseudo on Field Paul L. Dillon Transmittal)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
28 January 1969	Chief of Station	(signed in pseudo on Field Winston M. Scott Transmittal.)	

SECRET

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

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

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

FORM 4-62 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

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

REF: HBSX-8732, 15 December 1967

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

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

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

VICTOR D. UNITSKY

Distribution:

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

Attachment (USC)

Victor D. Unitsky
[Signature]

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

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

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE <i>16 FEB. 68</i>	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In _____)
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE <i>16 Feb-1968</i>	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) <i>Francis J. COIGNE Francis J. Coigne</i>	
DATE <i>16 Feb-1968</i>	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) <i>Willard C. CURTIS Willard C. Curtis</i>	
SPECIAL NOTE Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose, or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.		

FORM 9-68 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

141

SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SS	
	<i>5 May 23</i>	<i>F</i>			
6. OFFICIAL POSITION TITLE <i>Contract Employee</i>	7. OFF/DIV/BR OF ASSIGNMENT <i>DDP/WH</i>	8. CURRENT STATION <i>Mexico City</i>			
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 type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input checked="" type="checkbox"/> SPECIAL (Specify): <i>Contract Employee</i>			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-) <i>1 January 1967 - 31 December 1967</i>		
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	Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.				RATING LETTER S
SPECIFIC DUTY NO. 2	Handling administrative matters for her husband.				RATING LETTER S
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Subject continues to complement her husband as a part of an efficient team. Her expeditious processing of transcript materials (so that they come to the Station ready for filing) saves the Station a great deal of work and time. Her language and analytical abilities are utilized to pre-edit material and cut out the superfluous. She continues to show interest in her work at which she is very efficient.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 16 Feb 63	SIGN	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 29	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 16 Feb 63	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE /s/ Francis J. COIGNE
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL The Reviewing Officer concurs in this Report. This employee and her husband form an efficient and valuable team.		
DATE 16 Feb 1968	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE /s/ Willard C. CURTIS

SECRET

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

Standard Form No. 1009 U.S. Civil Service Commission FPM Supplement 890-1 June 1967		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM <small>(Read instructions on back of last page. Use only typewriter or ballpoint pen.)</small>		New Carrier's Control No. 11252435 Old Carrier's Control No.	
TO EMPLOYING OFFICE. SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.					
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) Tarasoff, Anna A.		2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR		3. ARE YOU NOW MARRIED? YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)			5. SEX MALE <input type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2	
IMPORTANT!					
IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE FEDERAL EMPLOYMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITANT YOU MUST REGISTER NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. HOWEVER, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CAN NOT ELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT.					
PART B FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.	I elect to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from both pages of brochure of the plan you select.)				
	NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER		
If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2. IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried child under age 22, including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 22 who became disabled before age 22 and who, because of the disability, is unable to obtain or support himself. Attach a doctor's certificate for a disabled child age 22 or over, if one is not already on file. DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.				
	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	
Wife or Husband	1			5	
	2			7	
	3			8	
	4			9	
	5			10	
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR 2, WHICHEVER APPLIES.				
	1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM.		2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW.		
Covered on husband's policy		Present Enrollment Code Number			
PART D FILL IN THIS PART AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.	ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.				
	1. ENROLLMENT CODE NUMBER OF PRESENT PLAN	2. NUMBER OF EVENT WHICH PERMITS CHANGE. (See table on back of duplicate for proper number.)	3. DATE OF EVENT WHICH PERMITS CHANGE. MONTH DAY YEAR		
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	[Signature] for Anna A. Tarasoff <i>AT</i> (YOUR SIGNATURE—DO NOT PRINT)		12-28-67 (DATE)		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.)
	1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE		2. DATE RECEIVED IN EMPLOYING OFFICE	3. EFFECTIVE DATE OF ELECTION	
PART F TO BE COMPLETED BY AGENCY.	[Signature] HEALTH BENEFITS OFFICER (AGENCY)		12-28-67	12-31-67	
			4. PATROLL OFFICE NO.	5. SF 2011 REPORT NO.	
(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)					
REMARKS FOR USE ONLY BY AGENCY.	Contract Emp. 9-3-67 WFI		5132830		

5009-109

Triplicate—For Official Personnel Folder

SECRET

DATE 22 November 1967

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

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

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

[Redacted Signature]

Chief
Contract Personnel Division

SECRET

Group 1 - Excluded from automatic downgrading and
declassification

S E C R E T

Chief of Station, Mexico City

X

Chief, Western Hemisphere Division

[redacted] Contract

Action Required: As Noted

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

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

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

STATION ACTION:

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

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

(continued)

Attachment:
As stated

Distribution:
2-COS, Mexico City, w/att, h/v

HGIS - 5679

S E C R E T

WH/Contracts [redacted] gms (17 Nov 67) 4460

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

C/WH/1

S E C R E T

HMMS - 5679

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

STATION ACTION:

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

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

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

Hugh E. WESTBY

8 Sep 67

[Redacted]

Dear [Redacted]

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

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

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

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

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

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

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

SECRET

4. This agreement is effective as of 8 September 1951 and shall continue thereafter for two (2) years unless sooner terminated as set forth in your previous contract. If this agreement becomes effective during an overseas assignment nothing contained herein shall be construed as extending that assignment beyond its originally contemplated duration or invalidating your entitlement to return travel expenses (if applicable) upon completion of that assignment.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

WITNESS:

APPROVED:

DISPATCH

SECRET

Chief of Station, Mexico City

MAILED FOR AIR MAIL

NO INDEXING REQUIRED

ONLY QUALIFIED DESK

CAN JUDGE INDEXING

MICROFILM

Chief, ~~SECRET~~

ADM/SECRET - [redacted]

Tax Billing

ACTION REQUIRED - REFERENCES

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

VICTOR D. GARDNER

Distributions:

- Orig. & 1 - COS (w/att)
- 1 - HQ/Contracts (w/att)

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

888-5711

6 December 1967

14766

CLASSIFICATION

FILE NUMBER

SECRET

Letter of Tax Instruction for

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

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

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

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

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

A. You will be provided with the

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

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

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

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

8. We appreciate your cooperation in arranging these details.

VICTOR D. UNITSKY
Secretary
Covert Tax Committee

Acknowledged:

Date _____

SENDER WILL CHECK		CLASSIFICATION TOP AND BOTTOM		
UNCLASSIFIED		CONFIDENTIAL	SECRET	
OFFICIAL ROUTING SLIP				
TO	NAME AND ADDRESS	DATE	INITIALS	
1	<i>Rosen</i>			
2				
3		<i>1/17</i> <i>2:30</i>		
4				
5				
6				
ACTION		DIRECT REPLY	PREPARE REPLY	
APPROVAL		DISPATCH	RECOMMENDATION	
COMMENT		FILE	RETURN	
CONCURRENCE		INFORMATION	SIGNATURE	
Remarks:				
<p><i>Mr. Kaufman reviewed and declined to coordinate, feeling that time was no longer appropriate for this message.</i></p> <p style="text-align: right;"><i>file as is</i></p>				
FOLD HERE TO RETURN TO SENDER				
FROM: NAME, ADDRESS AND PHONE NO.		DATE		
<i>J. Fisher</i>				
UNCLASSIFIED		CONFIDENTIAL	SECRET	

FORM 12 USE PREVIOUS EDITIONS

1. MESSAGES ARE CONSIDERED ROUTINE UNLESS A HIGH PRECEDENCE IS INDICATED IN THE ADDRESS LINE.
2. PRINT NORMAL AND YELLOW COPY TO CABLE SECRETARIAT. SUPPORTING DOCUMENTS.
3. DO NOT RESTART AND CONTINUE TYPING. DO NOT EXCEED 100 CHARACTERS PER LINE.
INCLUDING SPACES. END TEXT LINES WITHIN THE RIGHT MARGIN GUIDE. APPROPRIATE FOR YOUR TYPEWRITER.

MESSAGE FORM
TOTAL COPIES:

SECRET

ORIG: []
UNIT: WH/Contracts
EXT: 4460
DATE: 12 September 1967

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

CABLE SECRETARIAT DISSEMINATION

INDEX DESTROY RETURN TO _____ BRANCH FILE RID

BY _____ PER _____ @ _____

NO INDEX FILE IN CS FILE NO.

CONF: RID COPY

INFO: _____
FILE _____ VE _____

(classification)

(date and time filed)

(elite)
(reference number)

(pico)

SECRET

CITE DIRECTOR

TO MEXICO CITY

REF: DIRECTOR 34619

IN DISCUSSING REF WITH [] PLEASE EXPRESS OUR SYMPATHY
DEATH OF [] MOTHER.

END OF MESSAGE

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

C/WH/1 _____

WILLIAM V. BROE
C/WH/D

[]
C/WH/CONTRACTS

RELEASING OFFICER

COORDINATING OFFICERS

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

AUTHENTICATING
OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX: YES NO

CLASSIFY TO FILE NO.

FILE RID RET. TO BRANCH

DESTROY SIG.

CLASSIFIED MESSAGE **E**

TOTAL COPIES **2**

SECRET

REPRODUCTION PROHIBITED

PERSON/UNIT NOTIFIED

FROM

ACTION

ADVANCE COPY

RID COPY

ISSUED

SLOTTED

TUBED

INFO

FILE, OR, 588, CCSS, CPS, OP2, D/MS2

SECRET 072355Z CITE MEXICO CITY 2718

DIRECTOR

REDCOAT

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

2. ALSO INCOMPLETE IS CONTRACT REVIEW FOR NEW BENEFITS PER BOOK DISPATCH 6144. STATION SUGGESTS THIS BE ACCOMPLISHED AT HQS DURING [] CONSULTATION 31 OCT.

SECRET

SECRET

BT

08 SEP 67 R 47516

A. Contreras
19/8/67

Ann T. Ross

*Physical as dependent will be taken at Hqs. 7375
359 cont 9/8/67
M. Foster will bring Subject DIR
Account to will contract 9/1/67
where she's husband arrive in 10/67
9/1/67*

TO: [redacted] /lvr
WH/Personnel
6815
18 August 1967

MESSAGE FORM TOTAL COPIES (13)
SECRET

1	2	3	4	5	6

FILE SECRETARIAT DISSEMINATION
3
 INDEX DESTROY RETURN TO _____ BRANCH FILE NO. _____
 NO INDEX FILE IN CS FILE NO. _____

INFO: [redacted] RID COPY INFO: FILE NO. VI [redacted]

SECRET

CITE DIRECTOR 29114

MEXICO CITY

19 22 00'Z

RYBAT

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

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

END OF MESSAGE

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

Ref B gave info on TDY replacement for [redacted]

JACOB D. ESTERLINE
AC/WHD

C/WH/1 [Signature]

[redacted]
AC/WH/PERS

ISSUING OFFICER

COORDINATING OFFICERS
SECRET

GROUP 1 Excluded from automatic downgrading and declassification

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX: YES NO

CLASSIFY TO FILE NO. _____

X-REF TO FILE NO. _____

FILE RID REV. TO BRANCH

DESTROY SIG. _____

CLASSIFIED MESSAGE

TOTAL COPIES **18**

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

REPRODUCTION PROHIBITED

PERSON/UNIT NOTIFIED

1	5
2	6
3	7
4	8

ACTION

D/MS 2

RID COPY

ADVANCE COPY

INDEXED

SLOTTED

TUBED

UNIT

TIME

BY

INFO

FILE *VR WH 8 CCS 3 - ps OP 2*

SECRET 261615Z CITE MEXICO 1893

DIRECTOR

26 JUN 67 IN 98383

HBDRAW

REF: MEXICO CITY 1888 (U) 97294

[] ILLNESS DIAGNOSED AS FLOATING KIDNEY.
RELEASED FROM HOSPITAL 24 JUNE 1967. NO OPERATION
PLANNED.

SECRET

~~SECRET~~

BT

[Handwritten signature]

INDEX YES NO

CLASSIFY TO FILE NO. _____

X-REF TO FILE NO. _____

FILE RID RET. TO BRANCH

DESTROY SIG. _____

CLASSIFIED MESSAGE

TOTAL COPIES 11

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

REPRODUCTION PROHIBITED

PERSON/UNIT NOTIFIED

1	5
2	6
3	7
4	8

ACTION

28

ADVANCE COPY

RID COPY

ISSUED

SLOTTED

PUNCHED

UNIT

TIME

BY

INFO

FILE, VR, WHT, CCS3, OPL

SECRET 240020Z CITE MEXICO CITY 1888

24 JUN 67 IN 97294

DIRECTOR

HBDRAW

[REDACTED] ADMITTED TO AMERICAN BRITISH
COWDRAY HOSPITAL 22 JUNE 1967 WITH SEVERE ABDOMINAL
PAIN. PRELIMINARY DIAGNOSED AS KIDNEY DISORDER. WILL
ADVISE FURTHER.

SECRET

SECRET

BT

*June 26
410*

SECRET
(When Filled In)

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

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

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

SECTION D

CERTIFICATION AND COMMENTS

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

SECRET

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

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

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 9 Feb 67	Y (if) [Signature]
---	------------------	-----------------------

2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS

DATE 9 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Jonathan L. WEENING
------------------	---

DATE 28 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Francis J. COIGNE
-------------------	---

SPECIAL NOTE

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

SECRET

Miss Anna A. Tarasoff

Dear Miss Tarasoff:

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

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

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

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

UNITED STATES GOVERNMENT

Contracting Officer

SECRET

Group 1 -- Excluded from automatic downgrading and declassification

SECRET

DATE: _____

CTC No. 3

MEMORANDUM FOR: Director of Finance

ATTENTION: Chief, Compensation and Tax Division

VIA: Chief, Contract Personnel Division

SUBJECT: Tax Assessment for _____

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

Tax Assessment Rate

Effective Date

100% of gross pay (including overtime) for base pay - 1/1/50

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

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

A flat rate covert tax assessment is required.

dkh
Approval Chief, CPD

[Signature]
Secretary, Covert Tax Committee

SECRET

4 June 1966

Anna A. Tarasoff

MRS. [REDACTED]

Dear Miss [REDACTED]

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

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

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

THE UNITED STATES GOVERNMENT

BY *William C. Curtis*

ACCEPTED:

[REDACTED]
WITNESSES: *Irving G. Cronley*

APPROVED:

W/ CONTRACT ADMINISTRATION OFFICER

SECRET

DISPATCH		CLASSIFICATION S E C R E T	PROCESSING ACTION
TO	Office of Finance		MARKEE FOR INDEXING
INFO	Chief, WH Division		NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Admin/Finance-Salary Increase [redacted] Employee Number 132830		
ACTION REQUIRED - REFERENCES			
<p>ACTION REQUIRED: Information only.</p> <p>REFERENCE: HPMS-4512, dated 6 January 1966</p> <p>Furnished herewith is a copy of a contract amendment for [redacted] covering the legislative salary increase as of 10 October 1965. The amendment was not prepared in time for [redacted] to sign it before going on home leave and consequently had to await her return.</p> <p style="text-align: right;">WILLARD C. CURTIS</p>			
Attachment: As Stated Above			
Distribution: 2 - Office of Finance, w/att 1 - Chief, WHD			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HPMT-6164	17 January 1966	
	CLASSIFICATION	HQS FILE NUMBER	

Chief of Station, Mexico City

Office of Finance

Salary Increase - [redacted] Employee Number 127220

The Office of Finance has not received a contract amendment for the 10 October 1965 salary increase which the Station has paid Subject as reflected on Station 7/68-66. Therefore, in the absence of a contract amendment, it would appear that [redacted] is being overpaid. Please advise.

SHIRLEY K. YERGAN

Distribution:
3 - C&D/Mexico City

HDG - 4512

6 January 1966

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

C&D/APP/CEAS/[redacted]/rkm

2296

2 - WH Division
3 - C&D/APP/CEAS
1 - RI/DP
1 - OF/Registry
X - CPD

WH/BF

WH/ES

CLASSIFIED MESSAGE TOTAL COPIES 1

CLASSIFY TO FILE NO. _____

REF TO FILE NO. _____

FILE RID RET. TO BRANCH

DESTROY SIG. _____

FROM MEXICO CITY

PERSON/UNIT NOTIFIED _____

REPRODUCTION PROHIBITED

1	5
2	6
3	7
4	8

ACTION W.H.R. RID COPY ISSUED SLOTTED TUBED

ADVANCE COPY _____

LINE _____ TIME _____ BY _____

INFO FILE, VR, OF 2, CO 3

SECRET 051945Z

DIR CITE MEXI 5550

8 Dec 65 10658

REF: DIR 60414

1. 1954 [] FOR BENADUM, LIMOTOR 19 (BARBARA C. HUFF), PINEINCH, SANDAMANIE BEING SENT BY HMNT 6018 IN DEC POUCH. NOT POUCHED EARLIER AS OVERLOOKED IN STATION ADMIN FILES.

2. [] FOR [] SENT HMNT 5399 APR 23 (JOINT WITH [] FOR LIFUED 30, NOW RITA N. BLAZIK, SENT HMNT 5908, 25 OCT 65.

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

4. WILL REPORT ON TECHOPH SEPARATELY.

SECRET / *W.H.R. 1954*
TAX RECORDS REQUESTED
 CFN 5550 62414 1964 BENADUM LIMOTOR 19 BARBARA C HUFF IS PINEINCH

SANDAMANIE HMNT 6018 IS NOT POUCHED [] HMNT 5399 APR 23

[] LIFUED 30 RITA N BLAZIK HMNT 5908 23 65

LIHUFF 1 HQS

BT

SECRET

Dec 23
[Signature]
[Signature]

SECRET

ANNA H. TARNOFF

Dear Miss _____

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

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

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

OK
7 new rate \$ 2.72 P/hour

UNITED STATES GOVERNMENT

BY Millard C. Curtis
Contracting Officer

SECRET

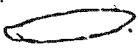
Group 1 - Excluded from automatic downgrading and declassification.

APPROVED:

REVIEWED:

/s/ []
Special Contracting Officer

DISPATCH



C/WH/SS
CPD
4659 Jan 19 - 11947
105 - Jan 19 - 5278
=

CONFIDENTIAL
(When Filled In)

CONTRACT TYPE B SECURITY APPROVAL

DATE : 15 July 1964

YOUR REFERENCE: Memorandum dated 13 July 1964

CASE NO. : 131751

TO : WH/PERS

SUBJECT : TARASOFF, Anna A.

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

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

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

4. As a part of this contracting process:

A polygraph interview must be arranged by your office.

A polygraph interview is not necessary.

W. A. Osborne
W. A. Osborne

CHIEF, PERSONNEL SECURITY DIVISION, OS

SECRET

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

DISPATCH

CLASSIFICATION

SECRET

PROCESSING ACTION

TO Chief, MI Division

INFO Chief, SR Division

FROM Chief of Station, Mexico City

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

MICROFILM

SUBJECT ADMINISTRATIVE/PERSONNEL
WAE Contract

ACTION REQUIRED - REFERENCES

REFERENCES: MEXI-9691

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

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

Willard C. Curtis
WILLARD. C. CURTIS

Attachment:
As stated above (USC) - 11

Distribution:
2 - SHD, w/att
1 - SHD, w/att

*Original of [redacted] - 17 July 64
C/wt/SS
wt/BTF
EPD 5669
EFD/2EAS 6-65*

CROSS REFERENCE TO

SECRET
Excluded from automatic
downgrading and
declassification

DISPATCH SYMBOL AND NUMBER

MEXI-4046

DATE

12 June 1964

CLASSIFICATION

SECRET

HQ'S FILE NUMBER

15 J 02
Mrs. Anna A. Thasroff

Dear Mrs. Thasroff:

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

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

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

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

(c) You will be entitled to continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U.S.C.A., Ann. 1001-1015).

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

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

4. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1943, as amended, and other applicable laws and regulations.

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

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

7. Term. This contract is effective as of 12/1/54 and shall continue thereafter for a period of two (2) years unless sooner terminated either:

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

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

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

UNITED STATES GOVERNMENT

BY Winston M. Scott
Contracting Officer

ACCEPTED:

Anna A. Tazarovff
Anna A. Tazarovff

WITNESS: Hubert M. Murrell

APPROVED:

REVIEWED:

Special Contracting Officer

CLASSIFIED MESSAGE

SECRET

ROUTING	
1	4
2	5
3	6

TO : DIRECTOR

FROM : [REDACTED]

ACTION: [REDACTED]

INFO : CI, CI/OPS, CI/PA, SR 7, VR

SECRET 020219Z

2 JUN 64 IN 95704

DIP CITE [REDACTED] 9621

REPCOAT

IMMEDIATE ACTION

REF: HMYS-0287, 11 JUNE 1963

1. PER DISCUSSIONS WITH WALLACE A. DEMOLAT, STATION WISHES EMPLOY WIFE OF [REDACTED] ASAP TO ASSUME PART OF LATTER'S LIENVOY TRANSLATION AND TRANSCRIPTION DUTIES. WOULD FREE HIM TO CONCENTRATE MORE ON PREPARATION ASSESSMENTS-CHARACTERIZATIONS OF SOV COMPLEMENT.

2. REQUEST WOS INITIATE CLEARANCE. FORWARDING FIELD CONTRACT WHICH WILL BE IN ACCORDANCE REF.

SECRET

*Recd July 9
4.11.
July 13
Clearance granted
Cable [unclear] [unclear]*

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

GROUP 1
Excluded from automatic
downgrading and
declassification

Copy No.

SECRET

Chief of Station, Mexico

XX

Chief, WHD

Wife of

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

END OF DISPATCH

Distribution:
2 Mexico City

HRMS-3145

23 September 1963

SECRET

WH/PERS

W.S. Renshan

ecm

7555

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

C/WH/3

DISPATCH

CLASSIFICATION
SECRET RYBAT

PROCESSING ACTION

TO Chief of Station, Mexico

INFO

FROM Chief, WHD

SUBJECT Wife of [redacted]

X

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK
CAN JUDGE INDEXING

MICROFILM

ACTION REQUIRED REFERENCES

1. The wife of [redacted] has asked that she be considered for employment in a contractual capacity. She was advised that biographic information would be forwarded and that whether or not her services were used would be up to the Station.

2. Subject has previously submitted her resignation from staff status and was processed out effective 7 June and placed on 90 days LWOP. In the event there is a requirement for her services within the 90 day period, she may be hired in a contract capacity without further clearances. Her contract should contain provision for Civil Service coverage; other benefits would be in accord with her contractual status as outlined in FHB 20-1000-1. At the time the contract is forwarded Headquarters, a functional description of her duties should also be forwarded.

3. Subject is scheduled to leave with her two children by train in 16 June. She and the children will enter on tourist cards. They have also applied for regular passports.

END OF DISPATCH

Attachment:
Biographic Profile, USC

Distribution:
3 Mexico City, w/att. USC

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMM-S-2980	DATE 11 June 1963
	CLASSIFICATION SECRET RYBAT	HQS FILE NUMBER

14 JUN 1963

Distribution:

1 - WH/200s

OFFICE		OFFICER		DATE	
WH/200s		W.S. [Signature]		5/11/63	
COORDINATING					
OFFICE SYMBOL	DATE	OFFICER'S NAME			
C/WH/200s	14 JUN 1963	[Signature]			
RELEASING					

SECRET/RYBAT

SEPARATE COVER ATTACHMENT

HMM-S-2980

DOB: 5 May 1923

POB: Cleveland, Ohio

HIGH SCHOOL GRADUATE: 1942

CHILDREN: Daughter - Barbara, 21 Dec 1945

Son - Raymond, 20 Mar 1949

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

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

8 Apr 1957 EOD KUBARK, Clerk, GS-4

14 Jul 1957 PBJointly, Clerk

9 Mar 1958 KUDESK, Intell Clerk

2 Nov 1958 Promotion, GS-5

8 Jan 1961 Promotion, GS-6

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

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

TRAINING: Basic Supervisors, 2-13 May 1960

TEST: Russian, Reading "E"

SECRET/RYBAT

MEMORANDUM RECEIPT

7 June 1963

DATE

TO: WH/Pers

FROM: Mrs. Anna Tarasoff

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

I hereby acknowledge receipt of the following:

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

Anna Tarasoff
Anna Tarasoff

SIGNATURE OF RECIPIENT

Please return _____ signed copy(ies) of this receipt

7 June 1963

DATE RECEIVED

To _____

FORM NO. 752 REPLACES FORM 30-00
1 AUG 53 WHICH MAY BE USED.

(22)

SECRET

7 June 1963

MEMORANDUM FOR: Personnel Security Division,
Office of Security

SUBJECT: Mrs. Anna Tarasoff, Contract
Employee Clearance

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

W. E. BROOKS
Chief, WH Support

SECRET
(When Filled In)

Paul James

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 5 Jun 1963	
1. SERIAL NUMBER 025935		2. NAME (Last-First-Middle) TANASOFF, ANNA			
3. NATURE OF PERSONNEL ACTION LWOP AND REEMPLOYMENT			4. EFFECTIVE DATE REQUESTED MO. DA. YR. 6 7 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 327-1770-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CI DEVELOPMENT COMPLIMENT			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE INTELL CLERK			12. POSITION NUMBER 017771		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0313.01		17. SALARY OR RATE 5,545. <i>hourly rate 2.67 254.6</i>	
16. GRADE AND STEP 6 6					
18. REMARKS FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/INTELL CLR/WASH., D.C/0151 Employee's last working day 7 June 1963. LWOP (HRB 10-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. cc to security and finance					
18a. SIGNATURE OF REQUESTING OFFICIAL <i>Byron R. Burnes</i>		DATE SIGNED 5 Jun 63		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. TIME SLS CODE
24. DATE OF BIRTH MO. DA. YR.		25. DATE OF DEATH MO. DA. YR.		26. DATE OF LEI MO. DA. YR.	
27. NEE EXPIRES MO. DA. YR.		28. SPECIAL REFERENCE		29. SEPARATION DATA CODE	
30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - WAFB		31. CORRECT TRANSFER/LOCATION DATA TYPE MO. DA. YR.		32. SECURITY REG. NO.	
33. VET. PREFERENCE 0 - NONE 1 - 5 YR. 2 - 10 YR.		34. SERV. COMP. DATE MO. DA. YR.		35. CARR. CAT. / HEALTH INSURANCE CARR. RES. PROVTEMP CODE CODE 0 - OTHER HEALTH INS. CODE 1 - YES	
36. SOCIAL SECURITY NO.		37. STATE TAX DATA		38. FEDERAL TAX DATA	
39. 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)		40. RELIEF CAT. CODE		41. FORM EMPLOYED 1 - YES 2 - NO	
42. FEDERAL TAX DATA		43. STATE TAX DATA		44. FORM EMPLOYED 1 - YES 2 - NO	
45. POSITION CONTROL CERTIFICATION				46. APPROVAL DATE APPROVED	

FORM 1152 OBSOLETE PREVIOUS EDITION AND FORM 1152a.

SECRET

GROUP 1
EXC. FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

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

LAST NAME OF PUPIL TARASOFF	FIRST NAME BARBARA	MIDDLE NAME	DATE OF ENTRY FROM 9.6.61	FROM Draper Jr.
PARENT OR GUARDIAN Boris Dmitri Tarasoff		OCCUPATION Analyst - U.S. GOVERNMENT	DATE OF WITHDRAWAL TO	
RESIDENCE 5109 - 45th Street, N.W.		TEL. EM 2-6990	DATE OF RE-ENTRY FROM	
PLACE OF BIRTH Ohio		DATE OF BIRTH 12.22.45	DATE OF WITHDRAWAL TO	
		DOB	DATE OF RE-ENTRY FROM	

MONTH GRADE	YEAR BEG.	SECTION					YEAR BEG.	SECTION	YEAR BEG.	SECTION								
		SUBJECT	TEACHER	SEM.	FINAL	UNIT				SUBJECT	TEACHER	SEM.	FINAL	UNIT	SUBJECT	TEACHER	SEM.	FINAL
English	9.6.61	English 2H	ALG	A	A	1	English 2H	ALG	R				English					
App. & hand. history		Mod. History					U.S. History											
9th Algebra 1 & 2		PL & Solid Geom.	ARG	C	B	1												
French		French 1H	AAF	A	A	1	French 2H	WHF	R				French					
Geo. 1 & 2		Latin 2H	AKS	A	A	1	Latin 4H	SWA	A				Latin					
Latin 1 & 2		Spanish					Spanish						Spanish					
Trigon.		Chemistry					Chemistry 1P	RAM	R				Chemistry					
Calc. Sequence		Biology					Physics R	JE	R									
Biology		CAROL H	ANW	B	B	1												
UNOFFICIAL																		
		U.S. History	SS			A												
		Physical Ed. 2nd	CCRD	B	B	1/2	Physical Ed. 3	CCR	A				Physical Ed.					
		Military Science					Military Science						Military Science					
UNOFFICIAL																		
TEST RECORD		SEM. I	SEM. II	SEM. I	SEM. II	SEM. I	SEM. II	SEM. I	SEM. II	SEM. I	SEM. II	SEM. I	SEM. II	SEM. I	SEM. II	SEM. I	SEM. II	
Department		R	H	R		R		Department		Department		Department		Department		Department		
Days Present		91 1/2	91	90 1/2		90 1/2		Days Present		Days Present		Days Present		Days Present		Days Present		
Days Abs. Ex.		1	1 1/2	2 1/2		2 1/2		Days Abs. Ex.		Days Abs. Ex.		Days Abs. Ex.		Days Abs. Ex.		Days Abs. Ex.		
Days Abs. Unexc.				0		0		Days Abs. Unexc.		Days Abs. Unexc.		Days Abs. Unexc.		Days Abs. Unexc.		Days Abs. Unexc.		
Times Tardy				0		0		Times Tardy		Times Tardy		Times Tardy		Times Tardy		Times Tardy		

Son Raymond