

FITNESS REPORT					EMPLOYEE SERIAL NUMBER				
<b>SECTION A GENERAL</b>									
1. NAME (Last) (First) (Middle) Collins Charles P.			2. DATE OF BIRTH 12/28/16	3. SEX M	4. GRADE GS-16	5. SD			
6. OFFICIAL POSITION TITLE IO General Ch				7. OFF/DIV/BR OF ASSIGNMENT DD/S&T/O/DD/S&T		8. CURRENT STATION Hqs			
9. CHECK (X) TYPE OF APPOINTMENT					10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	INITIAL		REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)					<input checked="" type="checkbox"/>	ANNUAL		REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):					SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P. 30 April 1968					12. REPORTING PERIOD (From- to-) 1 April 1967 - 31 March 1968				
<b>SECTION B PERFORMANCE EVALUATION</b>									
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>									
<b>SPECIFIC DUTIES</b>									
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	
Directs the SIGINT Staff								S	
SPECIFIC DUTY NO. 2								RATING LETTER	
Provides Staff Support to CIA [ ] Officer and other Senior Agency Officials.								S	
SPECIFIC DUTY NO. 3								RATING LETTER	
SPECIFIC DUTY NO. 4								RATING LETTER	
SPECIFIC DUTY NO. 5								RATING LETTER	
								APPROVED FOR RELEASE DATE: DEC 2007	
SPECIFIC DUTY NO. 6								RATING LETTER	
3 DEC 1968 [ ]									
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>									
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	

**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 best 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.

DEC 3 8 50 AM '68

This experienced officer continues to give a good account of himself. He has earned the rating given overleaf.

**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

DATE

OFFICIAL TITLE OF SUPERVISOR

CIA  Officer

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

No appropriate reviewing official.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE