

NOTIFICATION OF PERSONNEL ACTION

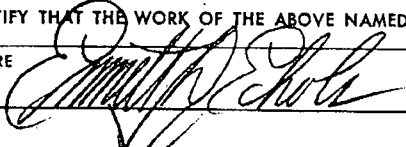
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
		BOND BERTHA H	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
RETIREMENT DISABILITY CSC		MO. DA. YR. 08 01 69	
		5. CATEGORY OF EMPLOYMENT	
		REGULAR	
6. FUNDS		7. Financial Analysis No. Chargeable	
9. ORGANIZATIONAL DESIGNATIONS		8. CSC OR OTHER LEGAL AUTHORITY	
DDS/OFFICE OF PERSONNEL OFFICE OF THE DIRECTOR OF PERSONNEL EXECUTIVE STAFF			
		10. LOCATION OF OFFICIAL STATION	
		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	
PERSONNEL OF EXEC			
		13. SERVICE DESIGNATION	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	
GS			
		16. GRADE AND STEP	
		16 4	
		17. SALARY OR RATE	
		27549	
18. REMARKS			

1. LAST NAME		FIRST NAME		INITIAL(S)		2. APPOINTMENT DATA			3. TOTAL SERVICE FOR LEAVE (as of date of separation)			
BOND		BERTHA		H		Entered on duty 11/5/51 F/T P/T X			Years Months Days			
4. DATE AND NATURE OF SEPARATION						Subject to Sec. 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/> More than 15 years			
RETIREMENT DISABILITY CSC 8/1/69						Ceased to be subject to Sec. 203(d) on _____ Annual Leave Bal. _____						
SUMMARY OF ANNUAL AND SICK LEAVE						SUMMARY OF HOME LEAVE						REMARKS
(HOURS)						(DAYS)						
5. Balance from prior leave year ended 1/11 19 69			ANNUAL	SICK	14. Date arrival abroad for HL purposes			15. Current balance as of 19			SCD: 8/13/42	
6. Current leave year accrual through 7/26 19 69			247	956	16. 12-month accrual rate			17. Dates leave used, prior 24 months				
7. Total			112	56	18. Monthly accrual date			19. Calendar days credit for next accrual date				
8. Reduction in credits, if any (current year)			359	1012	20. Date basic service period completed			21. Dates during current calendar yr. to				
9. Total leave taken			0	0	22. Dates during preceding calendar yr. to			23. During leave year in which separated				
10. Balance			100	1012	24. During step-increase waiting period which began on 2/11/69			24. During step-increase waiting period which began on 2/11/69				
11. Total hours paid in lump sum 247 & 1 HOL			259	0	25. During 12-month HL accrual period (dates):			25. During 12-month HL accrual period (dates):				
12. Salary rate(s) \$27,549.00						MILITARY LEAVE			ABSENCE WITHOUT PAY			
13. Lump sum leave dates: From 0830 8/4/69 to 9/16/69 1600 (Hours)									LWOP or Furlough (Hours) AWOL or Suspension (Hours)			
									0 0			
									0 0			
FOR CHIEF PAYROLL			8/21/69 (Date)									
(Title)			143-2711 (Telephone)									

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL. 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL ORGN. FUNDS GR-STEP	NEW SALARY
BGND BERTHA H	<input type="text"/>	\$27,549

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
		BOND BERTHA H.							
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 16	3	22444 22380	02/12/67	GS 16	4	22444 23079	02/11/68		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE 							DATE 7 Dec 1967		
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITI.				INITIATED BY					
FORM 7-66 560 E Use previous editions						(4-51)			

COMPENSATION
 TAX DIVISION

WVDE

31

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BOND BERTHA H				GS 16 3	\$21,415	\$22,380

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD. SALARY	NEW SALARY
BOND BERTHA H				GS 15 5	\$19,415	\$19,978

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
		BOND BERTHA H									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
PROMOTION				MO. DA. YR. 02 12 67		REGULAR					
6. FUNDS		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY						
					50 USC 403 J						
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
DDS OFFICE OF PERSONNEL OFFICE OF THE DIRECTOR OF PERSONNEL				WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION					
PERSONNEL OF EXEC											
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS					16 3		21415				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
		NUMERIC ALPHABETIC					MO. DA. YR. 12 16 21		MO. DA. YR. 02 12 67	MO. DA. YR. 02 12 67	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX
MO. DA. YR.		1 - CSC 3 - FICA 5 - NONE		CODE		TYPE MO. DA. YR.		EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		MO. DA. YR.		MO. DA. YR.		CAR. RESV. PROV. TEMP.		CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.)						FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO			FORM EXECUTED CODE NO. TAX EXEMP. STATE CODE 1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION											
										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">ROBTED</p> </div>	

20 APR 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
		BOND BERTHA H	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT		MO. DA. YR. 04 01 66	REGULAR
6. FUNDS		7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
			50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDS/OFFICE OF PERSONNEL OFFICE OF THE DIRECTOR OF PERSONNEL		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
PERSONNEL OF EXEC			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS		15 5	19415
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Empl. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH			26. DATE OF GRADE			27. DATE OF LEI		
		NUMERIC ALPHABETIC					MO. DA. YR. 12 16 21			MO. DA. YR.			MO. DA. YR.		
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.		34. SEX		
MO. DA. YR.				1 - CSC 3 - FICA 5 - NONE				TYPE MO. DA. YR.			EOD DATA				
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.				
CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		MO. DA. YR.		MO. DA. YR.		CAR. RESV. PROV. TEMP.		CODE CODE CODE 0 - WAIVER 1 - YES			HEALTH INS. CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA						
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.)						FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO			FORM EXECUTED CODE NO. TAX EXEMP. STATE CODE 1 - YES 2 - NO						

SIGNATURE OR OTHER AUTHENTICATION

POSTED
4/20/66

1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

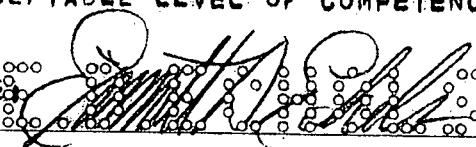
(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BOND BERTHA H				GS 15 5	\$18,740	\$19,415

27

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
		BOND BERTHA H		V						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 15	4	\$18,170	05/12/63	GS 15	5	\$18,740	05/09/65			
8. Remarks and Authentication										
<p> <input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <input type="text"/> AUDITED BY <input type="text"/> </p> <p> I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. </p> <p> SIGNATURE:  DATE: 6 April '65 </p>										
PAY CHANGE NOTIFICATION										

MAY 12 4 23 PM '65

COMPTON & TAX DIV.

Form 9-61 560

Obsolete Previous Edition

(4-51)

107201

19 FEB 64

~~SECRET~~
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
	BOND BERTHA H

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	MO. DA. YR. 02 19 64	REGULAR

6. FUNDS	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
		50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDS OFFICE OF PERSONNEL OFFICE OF THE DIRECTOR OF PERSONNEL	WASH., D. C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
PER-OF-EXEC-ASST		

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS		15 4	17210

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ. Code	21. OFFICE CODING	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
						MO. DA. YR. 12 16 21	MO. DA. YR.	MO. DA. YR.
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.	34. SEX	EOD DATA	
MO. DA. YR.		1 - CSC 3 - FICA 5 - NONE		TYPE MO. DA. YR.				
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	NO. DA. YR.	MO. DA. YR.	CAR. RESV. PROV. TEMP.	CODE CODE 0 - WAIVER 1 - YES	HEALTH INS. CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA				
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.)		FORM EXECUTED	CODE NO. TAX EXEMPTIONS	FORM EXECUTED	CODE NO. TAX EXEMP.	STATE CODE		
		1 - YES 2 - NO		1 - YES 2 - NO				

SIGNATURE OR OTHER AUTHENTICATION

103

2/20/64

FORM 11-62 1150

Use Previous Edition

~~SECRET~~

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1956; SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN FUNDS	GR-ST	OLD SALARY	NEW SALARY
BOND BERTHA H			GS 15 4	\$16,005	\$17,210

\$

10 MAY 63

NOTIFICATION OF PERSONNEL ACTION

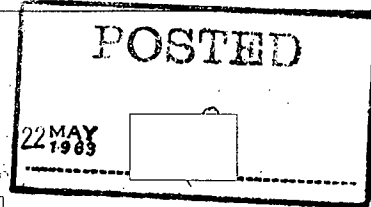
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
		BOND BERTHA H	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
PROMOTION		MO. DA. YR. 05 12 63	REGULAR
6. FUNDS		7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
			50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDS OFFICE OF PERSONNEL OFFICE OF THE DIRECTOR OF PERSONNEL		WASH., D. C.	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
PERS OF D EXEC			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS		15 4	16005

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Empl. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH			26. DATE OF GRADE			27. DATE OF LEI			
		NUMERIC	ALPHABETIC				MO.	DA.	YR.	MO.	DA.	YR.	MO.	DA.	YR.	
								12	16	21	05	12	63	05	12	63
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.	34. SEX						
MO. DA. YR.			1 - CSC	CODE		TYPE	MO.	DA.	YR.							
			3 - FICA													
			5 - NONE													
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.						
CODE	0 - NONE	MO.	DA.	YR.	MO.	DA.	YR.	CAR. RESV.	CODE	CODE	0 - WAIVER					
	1 - 5 PT.							PROV. TEMP.			1 - YES					
	2 - 10 PT.										HEALTH INS. CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA									
CODE	0 - NO PREVIOUS SERVICE			FORM EXECUTED	CODE	NO. TAX EXEMPTIONS		FORM EXECUTED	CODE	NO. TAX EXEMP.	STATE CODE					
	1 - NO BREAK IN SERVICE			1 - YES				1 - YES								
	2 - BREAK IN SERVICE (LESS THAN 3 YRS.)			2 - NO				2 - NO								
	3 - BREAK IN SERVICE (MORE THAN 3 YRS.)															

SIGNATURE OR OTHER AUTHENTICATION



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

NAME	SERIAL	ORGN.	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
BOND BERTHA H				14 6	\$13510	14 6	\$14970

[Empty box]

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
[Empty box]		BOND, BERTHA H		[Empty box]		[Empty box]				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 14	5	\$13,250	10/30/60	GS 14	6	\$13,510	04/29/62			
8. Remarks and Authentication										
<p style="text-align: center;"> <input type="checkbox"/> / <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> / <input type="checkbox"/> EXCESS LWOP <input type="checkbox"/> / <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> / <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD </p> <p> 29 APR 2 1962 HONORABLE PATROLL BRANCH CLERKS INITIALS AUDITED BY [Empty box] </p>										
PAY CHANGE NOTIFICATION										

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~~SECRET~~
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT		
		BOND BERTHA H			DDS/PERS /						
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
GS 14	4	\$12,990	05	03	59	GS 14	5	\$13,250	10	30	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS					
14. AUTHENTICATION											
03. NOV 03 1960 COMMUNICATIONS											
PAY CHANGE NOTIFICATION											

FORM 2-59

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a. AND 560b.

~~SECRET~~

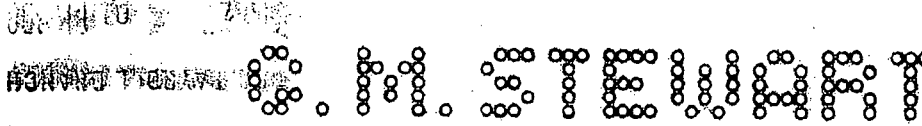
OFFICIAL PERSONNEL FOLDER

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

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
	BOND BERTHA H			GS-14 4	\$12,075	\$12,990

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGAN.		4. FUNDS	5. ALLOTMENT		
		BOND BERTHA H				DDS/PERS 1					
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
GS 14	3	\$11,835	11	03	57	GS 14	4	\$12,075	05	03	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. IN					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						11. AUDITED BY					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO.	DA.	YR.						
14. AUTHENTICATION											
											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560b
1 MAR. 56

SECRET

PERSONNEL FOLDER

(4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME BOND BERTHA H	3. ASSIGNED ORGAN. DDS/PERS /	4. FUNDS	5. ALLOTMENT
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6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
14	2	\$10,535	05	06	56	14	3	\$10,750	11	03	57

REMARKS

CERTIFICATION

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

TYPED OR PRINTED NAME OF SUPERVISOR	DATE 30 Sept 57
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PERIODIC STEP INCREA

FORM NO. 560
1 MAR. 58

SECRET

PERSONNEL FOLDER (4)

~~S E C R E T~~

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

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
BOND BERTHA H	<input type="text"/>	GS-14-3	\$10,750	\$11,835

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

~~S E C R E T~~

STEP INCREASE CERTIFICATION

CONFIDENTIAL
(When Filled In)

☆ U. S. GOVERNMENT PRINTING OFFICE: 1954-820080

1. Name and organizational designations		2. Payroll period	3. Block No.	4. Slip No.
name (and social security account number when appropriate)		6. Grade and salary		
BOND, Bertha H.		GS-14 \$10320		

PAYROLL CHANGE DATA

BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.			NET P.

11. Appropriation(s) PERS 1	12. Prepared by 6 March 56
13. Audited by	

step-increase Pay adjustment Other step-increase

15. Date last equivalent increase 7 Nov 54	16. Old salary rate \$10,320	17. New salary rate \$10,535	18. Remarks SERVICE AND CONDUCT ARE SATISFACTORY
--	--	--	--

19. (Fill in appropriate spaces covering LWOP following periods)

20. (Check applicable box in case of excess LWOP)

In pay status at end of waiting period.

In LWOP status at end of waiting period.

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME) Miss Bertha H. Bond		2. DATE OF BIRTH 16 Dec 1921	3. JOURNAL OR ACTION NO.	4. DATE 1 July 1955
This is to notify you of the following employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 3 July 1955	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
Pers. Res. Off. <input type="checkbox"/> Office of Personnel Planning and Analysis Staff Plans Branch		8. POSITION TITLE Personnel Officer	9. SERVICE, SERIES, GRADE, SALARY GS- <input type="checkbox"/> \$10,320.00 per annum	
10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS Washington, D. C.		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION <input checked="" type="checkbox"/>		
NONE	WWII	OTHER	S-PT.	10-POINT
<input checked="" type="checkbox"/>				DISAB. OTHER
15. SEX F	16. RACE W	17. APPROPRIATION FROM: <input type="checkbox"/> TO: <input type="checkbox"/>		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes
		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: K18	
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
JUL 11 1955 <input type="checkbox"/> 7/5/55				
ENTRANCE PERFORMANCE RATING: Director of Personnel		22. SIGNATURE OR OTHER AUTHENTICATION		

4. PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIALS), AND SURNAME) MISS BERTHA H. BOND	2. DATE OF BIRTH 16 Dec 1921	3. JOURNAL OR ACTION NO.	4. DATE 29 Oct. 1954
--	--	--------------------------	--------------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) PROMOTION	6. EFFECTIVE DATE 7 Nov. 1954	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 J
--	---	---

FROM		TO	
GS <input type="checkbox"/> \$8560.00 per annum	8. POSITION TITLE Pers. Res. Off.	GS <input type="checkbox"/> \$9600.00 per annum	9. SERVICE, SERIES, GRADE, SALARY
	10. ORGANIZATIONAL DESIGNATIONS Office of Personnel Planning and Analysis Staff Plans Branch		
	11. HEADQUARTERS Washington, D. C.		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL

13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE	WWII	OTHER	5-PT.	NEW	VICE	I. A.	REAL.
<input checked="" type="checkbox"/>			DISAB. OTHER				
15. SEX F	16. RACE W	17. APPROPRIATION FROM: <input type="checkbox"/> TO: Same		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Fla.	

21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.

EXEMPTED FOR OBJECTIVE
 DELETED 22. 1955
 MARK RECORDED TO 410, 320

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE~~

POSTED
 2 Nov 54

PERFORMANCE RATING: 1 2 3 4 5 6 7 8 9 10

Assistant Director for Personnel

22. SIGNATURE OR OTHER AUTHENTICATION

4. PERSONNEL FOLDER COPY 10-2954

1. Agency and organizational designations _____

2. Pay roll p _____ 3. Block No. _____ 4. Slip No. _____

5. Employee's name (and social security account number when appropriate)
BOND, Bertha H.

6. Grade and salary
GS-13 \$8360.00

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.		NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										

10. Remarks: **PURSUANT TO DCI DIRECTIVE EFFECTIVE 18 MAR. 1955 SALARY ADJUSTED TO: _____**

11. Appropriation(s) _____

12. Prepared by **24 Aug. 54**

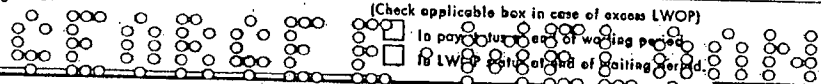
13. Audited by _____

Periodic step-increase Pay adjustment Other step-increase

14. Effective date **10 Oct. 54** 15. Date last equivalent increase **12 Apr. 53** 16. Old salary rate **\$8360.00** 17. New salary rate **\$8560.00**

18. Performance rating is satisfactory or better. _____

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):

Period(s): 

(Check applicable box in case of excess LWOP)

No excess LWOP. Total excess LWOP _____

In pay status at end of waiting period.

In LWOP status at end of waiting period.

(Signature or other authentication) _____

Initials of Clerk _____

STANDARD FORM NO. 1126d—Revised
 Form prescribed by Comp. Gen., U. S.
 Nov. 8, 1950, General Regulations No. 102

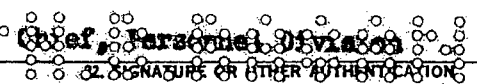
PAY ROLL CHANGE SLIP—PERSONNEL COPY

NOTIFICATION OF PERSONNEL ACTION


1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME) MISS BERTHA H. BOND		2. DATE OF BIRTH 16 Dec. 1921	3. JOURNAL OR ACTION NO.	4. DATE 4 June 1954
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT		6. EFFECTIVE DATE 6 June 1954	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USGA 403 j	
FROM		TO		
8. POSITION TITLE DDA Personnel Office Plans, Research & Development Staff		9. SERVICE, SERIES, GRADE, SALARY Para. Res. Off GS- [] \$8360.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS Office of Personnel Planning and Analysis Staff Plans Branch Washington, D. C.		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE	WWII	OTHER	5-PT.	10-POINT
<input checked="" type="checkbox"/>				DISAB. OTHER
15. SEX F		16. RACE N	17. APPROPRIATION FROM: [] TO: Same	
18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Florida
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
ENTRANCE PERFORMANCE RATING: Deputy Assistant Director for Personnel				

6-1654
 4. PERSONNEL FOLDER COPY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME) Miss Bertha H. Bond		2. DATE OF BIRTH 12-16-21	3. JOURNAL OR ACTION NO.	4. DATE
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Promotion		6. EFFECTIVE DATE 4-12-53	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-6.116 (b)	
FROM		TO		
Personnel Management Technician		8. POSITION TITLE	Personnel Management Technician	
GS [] \$7040.00 per annum		9. SERVICE, SERIES, GRADE, SALARY	GS [] \$8360.00 per annum	
		10. ORGANIZATIONAL DESIGNATIONS	Deputy Director for Administration Personnel Office Research and Planning Staff	
		11. HEADQUARTERS	Washington, D. C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE	WWII	OTHER	5-PT.	10-POINT
				DISAB. OTHER
<input checked="" type="checkbox"/>				
15. SEX	16. RACE	17. APPROPRIATION		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)
F	W	FROM:	TO:	Yes
				19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
				20. LEGAL RESIDENCE
				<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div>				
ENTRANCE PERFORMANCE RATING:				

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME) Miss Bertha H. Bond		2. DATE OF BIRTH 12/16/21	3. JOURNAL OR ACTION NO.	4. DATE
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 10/26/52	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-6.116(b)	
FROM		TO		
8. POSITION TITLE Personnel Officer		8. POSITION TITLE Personnel Management Technician		
9. SERVICE, SERIES, GRADE, SALARY GS [] \$7040.00 per annum		9. SERVICE, SERIES, GRADE, SALARY GS [] \$7040.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS Office of the Personnel Director Personnel Studies & Procedures Staff		10. ORGANIZATIONAL DESIGNATIONS Deputy Director for Administration Personnel Office Research and Planning Staff		
11. HEADQUARTERS Washington, D. C.		11. HEADQUARTERS Washington, D. C.		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE				
NONE	WWII	OTHER	5-PT.	10-POINT
				DISAB. OTHER
<input checked="" type="checkbox"/>				
14. POSITION CLASSIFICATION ACTION				
NEW	VICE	I. A.	REAL.	
				[]
15. SEX F	16. RACE W	17. APPROPRIATION FROM: [] TO: []		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes
				19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
				20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Florida
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> <p style="text-align: right; margin-right: 50px;">Chief, Personnel Division</p>				
ENTRANCE PERFORMANCE RATING:				

M L C 11/20/52

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.--MISS--MRS.-----ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Miss Bertha H. Bond		12/16/21		1/4/52
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		1/6/52	Schedule A-6.116(b)	
FROM		TO		
Training Officer GS-11 GS- [] \$6140.00 per annum Deputy Director for Administration Personnel Office Personnel Procurement Division Office of the Chief Washington, D. C.		8. POSITION TITLE 9. SERVICE, SERIES, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPT'L	Personnel Officer GS-12 GS- [] \$7040.00 per annum Office of the Personnel Director Personnel Studies & Procedures Staff	
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE			14. POSITION CLASSIFICATION ACTION	
NONE	WWII	OTHER	5-PT.	10-POINT
<input checked="" type="checkbox"/>				DISAB. OTHER
15. SEX	16. RACE	17. APPROPRIATION		
F	W	FROM: []		
		TO: []		
18. SUBJECT TO C. S. RETIREMENT ACT (YES--NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE
Yes		11/27/50		<input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
STATE: Florida				
21. REMARKS: THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES, AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.				
[]				
ENTRANCE EFFICIENCY RATING:				22. SIGNATURE OR OTHER AUTHENTICATION
				[] Chief, Personnel Division -18-52

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

10/26/51

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME) Miss Bertha H. Bond	2. DATE OF BIRTH 12/16/21	3. JOURNAL OR ACTION NO.	4. DATE 11/5/51
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This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Exempted Appointment	6. EFFECTIVE DATE 11/5/51	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule #A-6.116(b)
---	-------------------------------------	--

FROM		TO	
8. POSITION TITLE Training Officer GS-11		9. SERVICE, SERIES, GRADE, SALARY GS- [] \$5940.00 per annum	
10. ORGANIZATIONAL DESIGNATIONS Deputy Director for Administration Personnel Office Personnel Procurement Division Office of the Chief		11. HEADQUARTERS Washington, D.C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL

13. VETERAN'S PREFERENCE					14. POSITION CLASSIFICATION ACTION			
NONE	WWII	OTHER	5-PT.	10-POINT	NEW	VICE	I.A.	REAL
<input checked="" type="checkbox"/>				DISAB. OTHER				
					8/2/51			

15. SEX F	16. RACE W	17. APPROPRIATION FROM: [] TO: []	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) 11/5/51	20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Florida
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21. REMARKS: THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES, AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.

This appointment is subject to the satisfactory completion of a physical examination.

~~This appointment is subject to the satisfactory completion of a physical examination.~~

Standard Form 51 executed.

Status Employee	[]	- 04/12/53	[]
		11/05/51	
		03/01/48	

ENTRANCE EFFICIENCY RATING: []

[]
Chief, Personnel Division

22. SIGNATURE OR OTHER AUTHENTICATION

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MISS, MRS., ONE GIVEN NAME, INITIAL(S), AND SURNAME) Miss Bertha H. Bond		2. DATE OF BIRTH 12/16/21	3. JOURNAL OR ACTION NO.	4. DATE 10/3/51
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Resignation*		6. EFFECTIVE DATE 8/31/51 cob	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule #A-6.116(b)	
FROM		TO		
Personnel Officer GS-11 GS <input type="checkbox"/> \$5100.00 per annum Deputy Director for Administration Personnel Office Office of Personnel Director Personnel Studies and Procedures Staff Washington, D.C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		8. POSITION TITLE		
		9. SERVICE, SERIES, GRADE, SALARY		
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE	WWII	OTHER	5-PT.	10-POINT
				DISAB. OTHER
<input checked="" type="checkbox"/>				
15. SEX P	16. RACE W	17. APPROPRIATION FROM: <input type="checkbox"/> TO: <input type="checkbox"/>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) 5/12/51
			20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED STATE: Florida	
21. REMARKS: THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES, AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.				
*Personal Reasons.				
<input type="checkbox"/> 6/21/51 S/L: 379 hrs. 6/22/51 thru 3 hrs. 8/29/51 A/L: 21 hrs. 11:30 am 8/29/51 thru cob 8/31/51 ISL: 520 hrs. 9/3/51 thru 12/5/51 and 3 holidays, 9/3/51, 11/12/51, 11/22/51.				
ENTRANCE EFFICIENCY RATING:		Chief, Personnel Division 22. SIGNATURE OR OTHER AUTHENTICATION		

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Miss Bertha H. Bond		12/16/21		5/12/51
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Transfer and Reassignment		5/13/51	Schedule A-6.116 (b)	
FROM		TO		
Psychologist GS-11 (Personnel Selection & Evaluation)		8. POSITION TITLE	Personnel Officer GS-11	
GS-11 \$5400.00 per annum		9. SERVICE, SERIES, GRADE, SALARY	GS- [] \$5400.00 per annum	
Administrative Staff Personnel Division Testing and Standards Branch		10. ORGANIZATIONAL DESIGNATIONS	Deputy Director for Administration Personnel Office Office of Personnel Director Personnel Studies & Procedures Staff	
Washington, D. C.		11. HEADQUARTERS	Washington, D. C.	
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE			14. POSITION CLASSIFICATION ACTION	
NONE	WWII	OTHER	5-PT.	10-POINT DISAB. OTHER
<input checked="" type="checkbox"/>				
15. SEX			16. RACE	17. APPROPRIATION
F			W	FRO [] TO: []
19. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)			18. DATE OF APPOINTMENT OF AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
Yes			5/12/51	<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Florida
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
[]				
ENTRANCE EFFICIENCY RATING: []				
[] Chief, Personnel Division				

5/29/51

1. Agency and organizational designations
CENTRAL INTELLIGENCE AGENCY DD. Pers. Off.-Pers.Proc.Division

2. Period

3. Block No.

4. Slip No.

5. Employee's name
Miss Bertha H. Bond

6. Grade and salary
GS-11 \$5940.00

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	TAX	RET.	BOND	NET PAY
Previous normal							
New normal							
Pay this period							

Remarks:

11. Appropriation(s)

12. Prepared by

13. Audited by

Periodic step-increase. Pay adjustment.

15. Date last equivalent increase 4/26/50	16. Old salary rate \$5940.00	17. New salary rate \$6140.00	18. (a) Efficiency conduct req. (b)	19. Suspense date 12/7/51
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date (Fill in appropriate spaces covering LWOP during following periods):

(Check applicable box in case of excess LWOP)

In pay status at end of waiting period.

In LWOP status at end of waiting period.

Initials of Clerk

Excess LWOP. Total excess LWOP **NONE**

FD FORM NO. 1126d
 Prescribed by Comp. Gen., U. S.
 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

★ U. S. GOVERNMENT PRINTING OFFICE

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION


1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Miss Bertha H. Bond		12/16/1921		12/20/49
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Periodic Pay Increase FROM		10/30/49	P. L. 429 and DCI Let. of 10/28/49 TO	
8. POSITION TITLE		9. SERVICE, SERIES, GRADE, SALARY		
Testing Technician GS-9 GS-9 \$4300.00 per annum		Testing Technician GS-9 GS-9 \$4725.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
Administrative Staff Personnel Division Procurement & Placement Branch Testing & Evaluating Section		Administrative Staff Personnel Division Procurement & Placement Branch Testing & Evaluating Section		
12. FIELD OR DEPT'L		13. VETERAN'S PREFERENCE		
Washington, D. C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		NONE WWII OTHER S-PT. 10-POINT DISAB. OTHER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
14. POSITION CLASSIFICATION ACTION		15. SEX		
NEW VICE I. A. REAL <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12/4/49		F W		
16. RACE		17. APPROPRIATION		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)
W		FROM: TO:		Yes
19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE		
		<input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Florida		
21. REMARKS: THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES, AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.				
*Last Salary Increase 10/31/48				
Efficiency Rating - Excellent Approved 8/15/49				
Conduct Report - Satisfactory Dated 10/23/49				
22. SIGNATURE OR OTHER AUTHENTICATION				
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;">12/21/49</div> </div> <p style="text-align: center;">Acting Chief, Personnel Division</p>				
ENTRANCE EFFICIENCY RATING:				

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) Miss Martha H. Bond		2. DATE OF BIRTH 12/16/1921	3. JOURNAL OR ACTION NO.	4. DATE 10-28-49	
This is to notify you of the following action affecting your employment:					
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Conversion-Class. Act of 1949		6. EFFECTIVE DATE 10-30-49	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Letter - DCI - 10-28-49		
FROM		TO			
Testing Technician <input type="checkbox"/> \$4479.60 per annum Administrative Staff Personnel Division Procurement & Placement Branch Testing & Evaluating Section Washington, D. C.		8. POSITION TITLE 9. SERVICE, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	Testing Technician GS-9 GS-9 \$4600.00 per annum Administrative Staff Personnel Division Procurement & Placement Branch Testing & Evaluating Section Washington, D. C.		
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	
13. REMARKS					
<div style="border: 1px solid black; width: 300px; height: 40px; margin: 0 auto;"></div> <p>Acting Chief, Personnel Division</p>					
14. SIGNATURE OR OTHER AUTHENTICATION					
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION			
NONE	5 PT.	10 POINT	WWII	WWI	OTHER
		DISAB. WIFE WIDOW			
<input checked="" type="checkbox"/>					
NEW	VICE	I. A.	REAL		
17. SEX P	18. RACE W	19. APPROPRIATION FROM: <input type="checkbox"/> TO: <input type="checkbox"/>		20. SUBJECT TO C.S. RETIREMENT ACT (YES—NO) Yes	21. DATE OF OATH (ACCESSIONS ONLY) 12/14/49
					22. LEGAL RESIDENCE Florida


CENTRAL INTELLIGENCE AGENCY
NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) Miss Bertha H. Bond		2. DATE OF BIRTH 12/16/1921	3. JOURNAL OR ACTION NO.	4. DATE 29 Oct 1948				
<i>This is to notify you of the following action affecting your employment:</i>								
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Promotion		6. EFFECTIVE DATE 31 Oct 1948	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-45					
FROM		TO						
8. POSITION TITLE Testing Technician <input type="checkbox"/> \$3978.00 per annum Executive for Admin & Management Personnel Procurement & Placement Testing & Evaluation Washington, D.C.		9. SERVICE GRADE, SALARY <input type="checkbox"/>	8. POSITION TITLE Testing Technician <input type="checkbox"/> \$4479.60 per annum Executive for Admin & Management Personnel Branch Procurement & Placement Division Testing & Evaluation Section Washington, D.C.					
10. ORGANIZATIONAL DESIGNATIONS <input type="checkbox"/>		10. ORGANIZATIONAL DESIGNATIONS <input type="checkbox"/>						
11. HEADQUARTERS <input type="checkbox"/>		11. HEADQUARTERS <input type="checkbox"/>						
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL						
13. REMARKS								
 WILLIAM J. KELLY Chief, Personnel Branch								
14. SIGNATURE OR OTHER AUTHENTICATION <input type="checkbox"/> 11-10								
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION					
NONE	5 PT.	10 POINT	NEW	VICE	I. A.	REAL	Bu.#1707 CSC#1725 12/4/47	
<input checked="" type="checkbox"/>		DISAB. WIFE WIDOW		<input checked="" type="checkbox"/>				
17. SEX F	18. RACE W	19. APPROPRIATION FROM: <input type="checkbox"/>		20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes		21. DATE OF OATH (ACCESSIONS ONLY)		22. LEGAL RESIDENCE Florida

PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY
 NOTIFICATION OF PERSONNEL ACTION


1/29/48

1. NAME (MR.--MISS--MRS.--FIRST--MIDDLE INITIAL--LAST) Miss Bertha H. Bond		2. DATE OF BIRTH 12/16/1921	3. JOURNAL OR ACTION NO.	4. DATE 1/29/48	
This is to notify you of the following action affecting your employment:					
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Administrative*		6. EFFECTIVE DATE 1/29/48	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-45		
FROM		TO			
		8. POSITION TITLE Testing Technician			
		9. SERVICE GRADE, SALARY \$3522.60 per annum			
		10. ORGANIZATIONAL DESIGNATIONS Executive for Admin. & Management Personnel Procurement and Placement Testing and Evaluation			
		11. HEADQUARTERS Washington, D.C.			
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	
13. REMARKS *This action removes employee from temporary indefinite status.					
 WILLIAM J. KELLY Chief, Personnel Branch 14. SIGNATURE OR OTHER AUTHENTICATION					
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION		
NONE <input checked="" type="checkbox"/>	5 PT.	10 POINT DISAB. WIFE WIDOW	WWII	WWI OTHER	
			NEW	VICE I. A. REAL	
				<input checked="" type="checkbox"/>	
			9/26/47		
17. SEX F	18. RACE W	19. APPROPRIATION FROM: TO:	20. SUBJECT TO C. S. RETIREMENT ACT (YES--NO) Yes	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE Florida

4. PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE ~~AGENCY~~ AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) Miss Bertha H. Bond		2. DATE OF BIRTH 12/16/1921	3. JOURNAL OR ACTION NO.	4. DATE 2 February 1948			
<i>This is to notify you of the following action affecting your employment:</i>							
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Excepted Appointment (Correction)*		6. EFFECTIVE DATE 12/29/1947	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-45				
FROM		TO					
8. POSITION TITLE Testing Technician		9. SERVICE GRADE, SALARY \$3522.60 per annum					
10. ORGANIZATIONAL DESIGNATIONS Executive for Admin. & Management Personnel Procurement and Placement Testing and Evaluation		11. HEADQUARTERS Washington, D. C.					
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL			
13. REMARKS <p>*Correction of Action dated 23 January 1948 to show correct Nature of Action as employee was not eligible for promotion and change of position. Six months had not elapsed from date of conversion. Previously shown as Appointment by Transfer.</p> <p>No-Strike Affidavit has been properly executed.</p>							
			 WILLIAM J. KELLY Acting Chief, Personnel Branch				
14. SIGNATURE OR OTHER AUTHENTICATION							
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION					
NONE	5 PT.	10 POINT-	WWII	WWI	OTHER		
<input checked="" type="checkbox"/>		DISAB WIFE WIDOW					
			NEW	VICE	I. A.	REAL	
					<input checked="" type="checkbox"/>		
17. SEX F		18. RACE W	19. APPROPRIATION FROM: TO:		20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes	21. DATE OF OATH (ACCESSIONS ONLY) 29 Dec. 1947	22. LEGAL RESIDENCE Florida

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) Miss Bertha H. Bond		2. DATE OF BIRTH 12/16/1921	3. JOURNAL OR ACTION NO.	4. DATE 23 January 1948
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Appointment by Transfer (Correction)*		6. EFFECTIVE DATE 12/29/47	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A-45 C.S. Reg. 8.103	
FROM		TO		
8. POSITION TITLE Placement Assistant 9. SERVICE GRADE, SALARY \$3522.60 per annum		8. POSITION TITLE Testing Technician 9. SERVICE GRADE, SALARY \$3522.60 per annum		
10. ORGANIZATIONAL DESIGNATIONS Washington, D. C.		10. ORGANIZATIONAL DESIGNATIONS Executive for Admin. & Management Personnel Procurement and Placement Testing and Evaluation		
11. HEADQUARTERS Washington, D. C.		11. HEADQUARTERS Washington, D. C.		
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS <p>No-Strike Affidavit has been properly executed</p> <p>*Correction of Action dated 29 December 1947 to show correct Salary. Previously shown as \$3397.20 per annum.</p> <p>Temporary indefinite.</p> <p style="text-align: right;"><i>[Handwritten Signature]</i> WILLIAM J. KELLY Acting Chief, Personnel Branch 14. SIGNATURE OR OTHER AUTHENTICATION</p>				
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION	
NONE <input checked="" type="checkbox"/>	5 PT. <input type="checkbox"/>	10 POINT DISAB <input type="checkbox"/> WIFE <input type="checkbox"/> WIDOW <input type="checkbox"/>	WWII <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/>	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input checked="" type="checkbox"/> REAL <input type="checkbox"/>
17. SEX F			18. RACE W	
19. APPROPRIATION FROM: <input type="checkbox"/> TO: <input type="checkbox"/>			20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes	21. DATE OF OATH (ACCESSIONS ONLY) 29 Dec. 1947
			22. LEGAL RESIDENCE Florida	

4. PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE ~~AGENCY~~ AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) Miss Bertha H. Bond		2. DATE OF BIRTH 12/16/1921	3. JOURNAL OR ACTION NO.	4. DATE 29 December 1947
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Appointment by Transfer*		6. EFFECTIVE DATE 12/29/47	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY U.S. Reg. 8.103	
FROM		TO		
8. POSITION TITLE Placement Assistant		8. POSITION TITLE Testing Technician		
9. SERVICE, GRADE, SALARY \$3397.20 per annum		9. SERVICE, GRADE, SALARY \$3397.20 per annum		
10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS Washington, D. C.		10. ORGANIZATIONAL DESIGNATIONS Executive for Admin. & Management Personnel Procurement and Placement Testing and Evaluation 11. HEADQUARTERS Washington, D. C.		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
12. FIELD OR DEPT'L				
13. REMARKS No-Strike Affidavit has been properly executed. *Temporary indefinite.				
15. VETERAN'S PREFERENCE NONE <input checked="" type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> WWII <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> DISAB. <input type="checkbox"/> WIFE <input type="checkbox"/> WIDOW <input type="checkbox"/>				
16. POSITION CLASSIFICATION ACTION				
NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input checked="" type="checkbox"/> REAL <input type="checkbox"/> 9/26/47				
17. SEX F	18. RACE W	19. APPROPRIATION FROM: <input type="checkbox"/> TO: <input type="checkbox"/>		20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes
		21. DATE OF OATH (ACCESSIONS ONLY) 29 December 1947		22. LEGAL RESIDENCE Florida

[Handwritten Signature]
 WILLIAM J. KELLY
 Acting Chief, Personnel Branch
 11/22/47

FITNESS REPORT					EMPLOYEE SERIAL NUMBER		
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD	
BOND Bertha H.		16 Dec 1921		Female	GS-16		
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Executive Officer			DDS/OD/Personnel		Washington, D. C.		
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	<input checked="" type="checkbox"/>	REASSIGNMENT SUPERVISOR
	CAREER-PROVISIONAL (See Instructions - Section C)				ANNUAL		REASSIGNMENT EMPLOYEE
	SPECIAL (Specify):				SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)				
			1 April 1967 - 26 January 1968				
SECTION B PERFORMANCE EVALUATION							
<p>W - <u>Weak</u> 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 - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> 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	
See attached memorandum.							
SPECIFIC DUTY NO. 2						RATING LETTER	
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	
						O	

~~SECRET~~

DD/S

26 JAN 1968

MEMORANDUM FOR THE RECORD

SUBJECT: Fitness Report - Bertha H. Bond - 1 April 1967-26 January 1968

1. This report, occasioned by my reassignment, represents not only my evaluation of Miss Bond's performance during the specific reporting period but also reflects the accumulation of observations made during an association of ten years--the last eight as her immediate supervisor.

2. There is nothing that I can add save repetition to what I have said of Miss Bond over the years. As Executive Officer of the Office of Personnel she has served as my personal staff assistant, as office manager, and as senior staff officer. She is a professional in the personnel field and a competent and gifted staff officer with an unusual talent for handling both verbal and numerical material with equal facility. The extra jobs and assignments which she has performed are without number and reflect the integrity and devotion to duty which has been characteristic of her attitude toward her job and the Agency.

3. In her supervisory responsibilities, Miss Bond has been effective and she has the respect and affection of her subordinates. Miss Bond is cost-conscious.

4. It is necessary to record that Miss Bond's performance suffered considerably during a part of the latter half of the reporting period due to health problems. I discussed this matter with her and she placed herself under medical supervision. The time and effort she has expended in regaining her health has reduced that which she otherwise has given unstintingly to her work for many years on end, but she has continued to donate substantial amounts of her personal time to her job at the sacrifice of her personal life. I have observed striking improvement in her work since she has been under medical care and am confident that she will shortly return fully to her previous level of performance. I have made note of this situation only to place in proper perspective any deficiencies in her performance during the period involved which may have been noticed by others.

5. With due allowance for the above circumstance, I again rate Miss Bond's performance as Outstanding.*

Emmett D. Echols

Emmett D. Echols
Director of Personnel

I certify that I have seen this report.

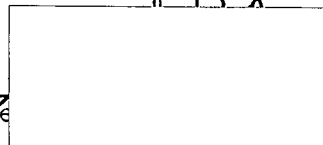
B. H. Bond

B. H. Bond

26 APR 1968

Date

REVIEWING OFFICIAL:

me 

Report

6 May 1968

Date

* No special recognition is contemplated at this time.

~~SECRET~~

Excluded from automatic
downgrading and
declassification



FITNESS REPORT	EMPLOYEE SERIAL NUMBER
-----------------------	---------------------------------------

SECTION A GENERAL							
1. NAME	(Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
	BOND	Bertha	H.	16 Dec 1921	Female	GS-16	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Executive Officer				DDS/OD/Personnel		Washington, D. C.	
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	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From- to-)			
30 April 1967				1 April 1966 - 31 March 1967			

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	RATING LETTER
	-
SPECIFIC DUTY NO. 2	RATING LETTER
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER
05 OCT 1967	

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
	O

~~SECRET~~

8 SEP 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Fitness Report - Bertha H. Bond - 1 April 1966-31 March 1967

1. During the period reported, Miss Bond has continued to serve as Executive Officer for the Office of Personnel with a broad range of staff and managerial responsibilities.

2. During a year characterized by a variety of "flaps" and frequent high-priority requirements beyond our past experience, Miss Bond has continued to perform her duties effectively. While noting that she has sometimes been tardy in performing routine tasks, I attribute this to a high volume of priority tasks rather than to a lessening of effort.

3. Miss Bond has successfully delegated to the Assistant Executive Officer many of the routine tasks which she previously performed and has assisted in his development toward the assumption of greater responsibilities. Her supervisory relationships with the "front office" secretarial staff and with the Administrative Staff have continued to be excellent. She is cost-conscious.

4. In sum, I would again describe Miss Bond's performance for the period covered by this report as outstanding. In view of her promotion to the GS-16 level, no additional recognition is contemplated.

Emmett D. Echols

Emmett D. Echols
Director of Personnel

I certify that I have seen this report.

B. H. Bond
B. H. Bond

11 SEP 1967

Date

REVIEWING OFFICIAL:

[Redacted Signature Box]

Deputy Director
for Support

27 Sept. 67
Date

~~SECRET~~

Stamp: Excluded from automatic downgrading and declassification

~~SECRET~~
13 MAY 1965

MEMORANDUM FOR THE RECORD

SUBJECT: Fitness Report - Bertha H. Bond - 1 April 1964-31 March 1965

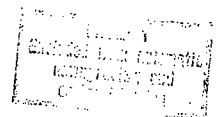
1. During this reporting period, Miss Bond has continued to serve as Executive Assistant to the Director of Personnel, a position which embraces the functions of an Executive Officer and of personal staff assistant to the Director of Personnel. In addition, she serves as Executive Secretary of the Public Service Aid Society and as Vice-Chairman of the NWFCU Credit Committee.

2. While not in the command line, Miss Bond has been delegated broad authority to act on behalf of the Director of Personnel in many matters. Her real authority lies, however, not in her position or technical authorities but in the recognition of her competence and ability by her associates and her widespread reputation in the Agency for expertise, common sense, and discretion. Miss Bond handles a tremendous workload ranging from matters of the most routine nature to those of critical importance and urgency. She shows unusual judgment and sensitivity in differentiating degrees of priority and in identifying potential "flap" cases requiring special handling. I have complete confidence in her ability to distinguish those matters which require my personal attention from those which are properly referred to other elements of the Office or handled directly by herself.

3. No report of Miss Bond's service during the past year would be complete without mention of her participation in the Agency's efforts to obtain and, now, to implement its early retirement legislation. She has served as the senior Personnel staff officer in this effort and is now guiding the work of the newly-established CIA Retirement Staff. She also serves as Technical Adviser to the CIA Retirement Board. No single officer in the Agency can claim the CIA Retirement Act as his individual accomplishment; however, there is in my opinion no other officer in the Agency whose personal contribution was greater than Miss Bond's.

4. Miss Bond is a person of unusual professional competence and has an understanding of the concept of "completed staff work" which is unfortunately shared by all too few. She has a highly developed talent for written communication of any kind. The one area in which she should continue her efforts to improve is in oral communication. On a person-to-person basis, she is an effective, logical, and persuasive speaker, but she needs to overcome her excessive timidity in a group situation.

~~SECRET~~



EMPLOYEE SERIAL NUMBER

FITNESS REPORT

SECTION A					GENERAL				
1. NAME (Last) (First) (Middle) BOND Bertha H.			2. DATE OF BIRTH 16 Dec 1921	3. SEX Female	4. GRADE GS-15	5. SD			
6. OFFICIAL POSITION TITLE Personnel Officer Executive Assistant				7. OFF/DIV/BR OF ASSIGNMENT DDS/OD/Personnel	8. CURRENT STATION Washington, D. C.				
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.					12. REPORTING PERIOD (From- to-) 1 April 1964 - 31 March 1965				

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.	RATING LETTER
1 See attached memorandum.	
2	
3	
4	
5	
6	

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.

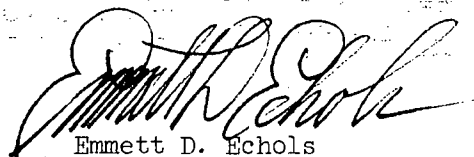
2 MAY 1965

RATING LETTER

O

5. Miss Bond has full supervisory responsibility for the Administrative Staff and for the secretarial staff of the office of the Director of Personnel. As previously reported, she discharges these responsibilities effectively. She is highly cost conscious-- indeed, is inclined to be penurious to the point of resisting the innovation of worthwhile employee services.

6. In sum, Miss Bond has sustained the high level of performance which has characterized her past service. She performs in a demanding position with a degree of excellence which fully merits an overall rating of OUTSTANDING.



Emmett D. Echols
Director of Personnel

I certify that I have seen this report.

Bertha H. Bond
Bertha H. Bond

13 May 1965
Date

REVIEWING OFFICIAL:


Deputy Director for Support

18 May 65
Date

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL						
1. NAME (Last) (First) (Middle) BOND Bertha H.			2. DATE OF BIRTH 16 Dec 1921	3. SEX Female	4. GRADE GS-15	5. SD
6. OFFICIAL POSITION TITLE Personnel Officer Executive Assistant			7. OFF/DIV/BR OF ASSIGNMENT DDS/OD/Personnel	8. CURRENT STATION Washington, D. C.		
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	<input type="checkbox"/>
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):		<input type="checkbox"/>	SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 30 April 1964			12. REPORTING PERIOD (From- to-) 1 April 1963 - 31 March 1964			
SECTION B PERFORMANCE EVALUATION						
<p>W - <u>Weak</u> 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 - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> 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).						RATING LETTER
SPECIFIC DUTY NO. 1 See attached memorandum.						
SPECIFIC DUTY NO. 2						RATING LETTER
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. Based on your knowledge of employee's overall performance during the rating period, place the letter in the box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER
5 MAR 1964						O

~~SECRET~~

MEMORANDUM FOR THE RECORD

28 APR 1964


SUBJECT: Fitness Report - Bertha H. Bond

1. During the period covered by this report, Miss Bond has continued to serve as Executive Assistant to the Director of Personnel.

2. There is nothing I can add to my previous observations about the quality of Miss Bond's work. Her part in our legislative proposal for an Agency retirement program illustrates and typifies the performance which can be expected of her. With all due regard to the participation of the Legislative Counsel in the legislative drafting and the joint effort of our offices in developing the framework within which it was presented, Miss Bond personally did most of the staff work of research, writing, creating the form of the formal presentation, and preparing for the Deputy Director of Central Intelligence the briefing materials which he used in justifying this proposal before the Congressional committee concerned. On her own initiative she developed comparative texts of the three pieces of legislation involved--the Civil Service Retirement Act, the Foreign Service Retirement Act, and the proposed Agency Retirement Act which became one of the most useful tools of the legislative analysts in their work on this bill. She attended the Congressional hearings as a back-up witness and was extremely helpful in supplying notes for the use of the principals as specific questions were raised. During this period of peak effort, she continued to perform the continuing functions of her regular job. I frankly do not know how many hours of voluntary and uncompensated overtime went into this project. I do know that she worked through the night on more than one occasion to meet a deadline. Through it all, she maintained her balance and good disposition and inspired unusual effort and productivity on the part of supporting personnel typing and reproducing the volume of material involved.

3. As stated before, Miss Bond is an excellent supervisor and manager. She is acutely cost-conscious.

4. In sum, I would continue to characterize Miss Bond's performance as Outstanding.


Emmett D. Echols
Director of Personnel

I certify that I have seen this report.



Bertha H. Bond

29 APR 1964

Date

REVIEWING OFFICIAL:



Acting Deputy Director for Support

1 May 64

Date

~~SECRET~~

GROUP 1
Excluded from automatic
downgrading and
declassification

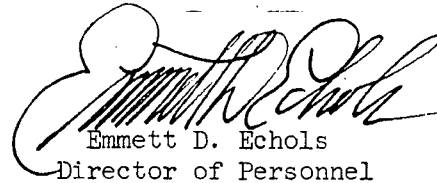
~~SECRET~~

28 APR 1964

MEMORANDUM FOR THE RECORD

SUBJECT: Additional Recognition - Bertha H. Bond

Miss Bond was promoted to GS-15 during the year in recognition of her past outstanding performance. In view of her position, I do not consider any additional formal recognition appropriate at this time.


Emmett D. Echols
Director of Personnel

~~SECRET~~

GROUP 1
Excluded from automatic
downgrading and
declassification

FITNESS REPORT				EMPLOYEE SERIAL NUMBER ✓	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
BOND Bertha H.		16 Dec. 21	Female	GS-14	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Personnel Officer			DDS/OD/Personnel		Washington, D. C.
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
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
30 April 1963			11 July 1962 - 31 March 1963		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> 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 - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> 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
See attached memorandum.					
SPECIFIC DUTY NO. 2					RATING LETTER
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
10 MAY					

~~SECRET~~

30 APR 1963

MEMORANDUM FOR THE RECORD


SUBJECT: Fitness Report - Bertha H. Bond

1. As Executive Assistant to the Director of Personnel, Miss Bond fills a multiple role as general staff officer, as officer manager, and as my personal staff assistant. In addition, she serves as Executive Secretary of the Public Service Aid Society.

2. After reviewing Miss Bond's previous Fitness Reports, it is difficult for me to find any new words to describe the high caliber of her performance. She is a person of unusual competence and versatility and her dedication and devotion to duty are complete. She has maintained over the years a scope and level of performance which required a gifted mind, disciplined work habits, and a high level of energy and stamina. Her continuing contributions to the steady improvement of the Agency's personnel program and to the effective functioning of the Office of Personnel have been substantial.

3. Miss Bond is effective as a supervisor of the secretarial staff and administrative unit. She has high standards of accomplishment and inspires her subordinates to meet them. She is thoughtful, understanding, and responsive in her relationships with her subordinates and patient and constructive in instructing them. She has their affection and their respect.

4. I regard Miss Bond as irreplaceable, if not indispensable, and characterize her overall job performance as outstanding.


Emmett D. Echols
Director of Personnel

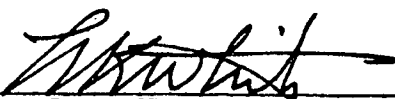
I certify that I have seen this report.



Bertha H. Bond

30 April 1963
Date

REVIEWING OFFICIAL:



L. K. White
Deputy Director
(Support)

30 Apr. 63
Date

~~SECRET~~

GROUP 1
Excluded from automatic
downgrading and
declassification

10 MAY



~~SECRET~~

AUG 1962

10 JUL 1962

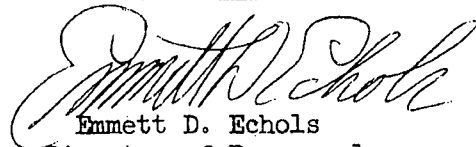
MEMORANDUM FOR THE FILE

SUBJECT: Fitness Report for Miss Bertha H. Bond

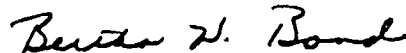
1. This rating covers an extended period during which the rating officer had the opportunity to thoroughly observe Miss Bond's performance as Deputy Executive Officer, Office of Personnel.

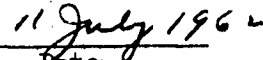
2. There is no individual in the field of CIA personnel activity who has demonstrated such a vast range of skills as a staff officer, who has greater depth of historic and professional knowledge, or who has performed with greater objectivity, discretion, and dedication. Indeed, Miss Bond's vast range of competence, total recollection and sheer effort can only lead to her rating as a truly outstanding employee.

3. In terms of generally accepted principles of organization and division of duties, Miss Bond should make a conscious effort to reduce her workload and resist the acceptance of assignments which more properly should be given to others.

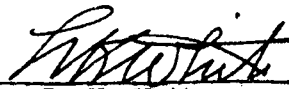

Emmett D. Echols
Director of Personnel

I certify that I have seen this report.


Bertha H. Bond


Date

REVIEWING OFFICIAL:


L. K. White
Deputy Director
(Support)


Date

~~SECRET~~

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER						
SECTION A GENERAL												
1. NAME (Last) (First) (Middle) BOND BERTHA H.			2. DATE OF BIRTH 16 Dec. 1921		3. SEX F		4. GRADE GS-14					
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE Personnel Officer				7. OFF/DIV/BR OF ASSIGNMENT DDS/OP/EXEC Office						
8. CAREER STAFF STATUS						9. TYPE OF REPORT						
NOT ELIGIBLE		MEMBER		DEFERRED		INITIAL		REASSIGNMENT/SUPERVISOR				
PENDING		DECLINED		DENIED		ANNUAL		REASSIGNMENT/EMPLOYEE				
10. DATE REPORT DUE IN O.P. 30 April 1959			11. REPORTING PERIOD From Nov. 1957 To March 1959		SPECIAL (Specify)							
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES												
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).												
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent		5 - Excellent		6 - Superior	7 - Outstanding	
SPECIFIC DUTY NO. 1 Assisting in general administration of the Office of Personnel				RATING NO. 7	SPECIFIC DUTY NO. 4 Supervising administrative staff of the Director of Personnel				RATING NO. 6			
SPECIFIC DUTY NO. 2 Formulation of personnel policies, procedures and standards				RATING NO. 7	SPECIFIC DUTY NO. 5				RATING NO.			
SPECIFIC DUTY NO. 3 Reviewing for technical accuracy & sufficiency correspondence for signature of D/Pers and other material prepared for dispatch to various components of the Agency.				RATING NO. 6	SPECIFIC DUTY NO. 6				RATING NO.			
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION												
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.												
<ul style="list-style-type: none"> 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. 										<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">RATING NO. 6</div>		
SECTION D DESCRIPTION OF THE EMPLOYEE												
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee												
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree				
CHARACTERISTICS						NOT APPLI- CABLE	NOT OB- SERVED	RATING				
								1	2	3	4	5
GETS THINGS DONE												X
RESOURCEFUL												X
ACCEPTS RESPONSIBILITIES											X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES												X
DOES HIS JOB WITHOUT STRONG SUPPORT												X
FACILITATES SMOOTH OPERATION OF HIS OFFICE												X
WRITES EFFECTIVELY												X
SECURITY CONSCIOUS												X
THINKS CLEARLY												X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS											X	
OTHER (Specify):												
SEE SECTION "B" ON REVERSE SIDE												

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

During the period under review, Miss Bond's performance has fully sustained the level of excellence recorded in prior reports. Miss Bond exercises the key role in regulating and keeping under administrative control the considerable volume of operating activity which gravitates to the Office of the Director of Personnel. The uniformly smooth and efficient operation of her responsibilities reflects an exceptional balance of judgement, resourcefulness and zeal. Her contributions in the formulation of Agency personnel management policy are and have been of uncommon significance; in this area, her real flair for developing ideas is fortified by an expert knowledge of Government and Agency personnel philosophy and experience.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 8 May 59	SIGNATURE OF EMPLOYEE <i>Bertha N. Bond</i>
------------------	--

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 15	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
---	---

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
---	---------------------------------

DATE 8 May 1959	OFFICIAL TITLE OF SUPERVISOR Executive Officer, OP	TYPE
--------------------	---	------

3. BY REVIEWING OFFICIAL

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

COMMENTS OF REVIEWING OFFICIAL

DATE 8 May 1959	OFFICIAL TITLE OF REVIEWING OFFICIAL Director of Personnel	TYPED OR PRINTED NAME AND SIGNATURE <i>Gordon M. Stewart</i> Gordon M. Stewart
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EMPLOYEE SERIAL NUMBER

12 OCT 1960	FITNESS REPORT	[]
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SECTION A				GENERAL			
1. NAME (Last) (First) (Middle) BOND Bertha H.			2. DATE OF BIRTH 16 December 1921		3. SEX Female	4. GRADE GS-14	
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE Personnel Officer			7. OFF/DIV/BR OF ASSIGNMENT DDS/OD/Pers		
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE		<input checked="" type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL	
10. DATE REPORT DUE IN O.P.				11. REPORTING PERIOD From 1 Apr 59 - To 30 Sept 60		SPECIAL (Specify)	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Assisting in general administration of the Office of Personnel.		RATING NO. 7	SPECIFIC DUTY NO. 4 Supervising staff of the Office of the Director of Personnel including Admin Unit and Regs Unit.		RATING NO. 6	
SPECIFIC DUTY NO. 2 Formulation of personnel policies, procedures and standards.		RATING NO. 7	SPECIFIC DUTY NO. 5		RATING NO.	
SPECIFIC DUTY NO. 3 Reviewing for technical accuracy & sufficiency correspondence for signature of D/Pers and other material prepared for dispatch to various components of the Agency.		RATING NO. 7	SPECIFIC DUTY NO. 6		RATING NO.	

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

<ul style="list-style-type: none"> 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. 	<table border="1" style="width:100%; height: 40px;"> <tr><td style="text-align: center;">RATING NO.</td></tr> <tr><td style="text-align: center; font-size: 24px;">6</td></tr> </table>	RATING NO.	6
RATING NO.			
6			

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS				
GETS THINGS DONE				X
RESOURCEFUL				X
ACCEPTS RESPONSIBILITIES				X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				X
DOES HIS JOB WITHOUT STRONG SUPPORT				X
FACILITATES SMOOTH OPERATION OF HIS OFFICE				X
WRITES EFFECTIVELY				X
SECURITY CONSCIOUS				X
THINKS CLEARLY				X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			X	
OTHER (Specify):				

SEE SECTION "E" ON REVERSE SIDE

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Miss Bond's performance has that rare, almost unique, quality of excellence which merits appraisal at the highest point of the evaluation scale. Through selflessness, wholehearted identification with program goals, and an alert and intuitive grasp of incipient problem situations which call for new solutions, Miss Bond's role in advising and assisting the Director of Personnel and members of his Staff represents a contribution of inestimable value for the functioning of the Agency's personnel management program. In addition to the responsibilities reflected in the preceding sections of this report, Miss Bond serves as Secretary to the Public Service Aid Society. Blending a compassionate understanding for the difficulties of employees who experience acute personal problems with an objective apprehension of the remedial courses which are appropriate to these cases, she has handled this work with exceptional effectiveness.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 7 Oct 60	SIGNATURE OF EMPLOYEE <i>B. N. Bond</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
	IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON	
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE 7 OCT 1960	OFFICIAL TITLE OF SUPERVISOR Executive Officer, OP	TYPED OR PRINTED NAME AND SIGNATURE
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE 10 Oct 1960	OFFICIAL TITLE OF REVIEWING OFFICIAL Director of Personnel	TYPED OR PRINTED NAME AND SIGNATURE <i>Emmett D. Echols</i> Emmett D. Echols

SECRET

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

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

SECTION A.		GENERAL			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION	
BOND, BERTHA H.		12/16/21	F		
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION TITLE		
DDS/OP, OFFICE OF THE DIR. OF PERSO., EXEC. OFFICE			PERSONNEL OFFICER		
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)			
GS-14	26 NOVEMBER 1957	5 NOVEMBER 1956 - 5 NOVEMBER 1957			
10. TYPE OF REPORT (Check one)		INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)	
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		ANNUAL	REASSIGNMENT-EMPLOYEE		

SECTION B.		CERTIFICATION	
1. FOR THE RATER: THIS REPORT <input checked="" type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY			
C NOT:			

A. CHECK (X) APPROPRIATE STATEMENTS:

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

B. THIS DATE <i>10 Jan 58</i>	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR <i>[Signature]</i>	D. SUPERVISOR'S OFFICIAL TITLE OF PERSONNEL
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2. FOR THE REVIEWING OFFICIAL: TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL
[Signature]

3. OFFICIAL TITLE OF REVIEWING OFFICIAL
DIRECTOR OF PERSONNEL

4. FORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE <i>26 Jan 58</i>	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL GORDON M. STEWART	C. OFFICIAL TITLE OF REVIEWING OFFICIAL DIRECTOR OF PERSONNEL
----------------------------------	---	--

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

- | | |
|---|--|
| <div style="border: 1px solid black; padding: 5px; width: 30px; text-align: center; margin: 0 auto;">6</div> INSERT RATING NUMBER | 1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. |
| | 2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
| | 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. |
| | 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. |
| | 5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. |
| | 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR. |

COMMENTS:

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

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

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

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
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SPECIFIC DUTY NO. 1 Assisting in general administration of Office of Personnel	RATING NUMBER 6	XXXXXXXXXXXXXXXX material prepared for dispatch to various components of the Agency.	RATING NUMBER 6
SPECIFIC DUTY NO. 2 Formulation of personnel policies, procedures and standards.	RATING NUMBER 5	SPECIFIC DUTY NO. 4 Supervising administrative staff of the D/Pers.	RATING NUMBER 5
SPECIFIC DUTY NO. 3 Reviewing for technical accuracy and sufficiency correspondence for signature of D/Pers and other	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Miss Bond acts as a senior staff assistant on matters of Agency personnel policy and procedure, and in the handling or coordination of daily personnel operations which, because of their nature, sensitivity, or general interest, must be staffed wholly or in part in the Office of the Director of Personnel. In preparation for this duty she keeps herself well informed on personnel matters generally as well as important cases of current interest. Her devotion to duty, dependability, thoughtfulness and good judgement are qualities of great value to the entire Office of Personnel. Discretion and loyalty to her supervisors is the more notable when considered in the light of her ready willingness to assist others in the Office of Personnel and in other components of the Agency.

~~In the capacity of Assistant Executive Officer, Miss Bond directs and supervises~~

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

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

<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">6</div> RATING NUMBER	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION
---	--

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

3. Narrative Description of Manner of Job Performance (continued)

the Administrative Services of the Office of Personnel (preparation of the budget, obligation accounts, office security, space maintenance, and a host of related duties). She performs these duties in a consistently fine manner.

Miss Bond is a prodigious worker which, when considered with other qualities cited above, makes hers a truly outstanding performance.

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

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

SECTION E.

GENERAL

1. NAME (Last) BOND, (First) BERTHA (Middle) H.	2. DATE OF BIRTH 12/16/21	3. SEX F	4. SERVICE DESIGNATION <input type="checkbox"/>
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDS/OP, OFFICE OF THE DIR. OF PERS., EXEC. OFFICE		6. OFFICIAL POSITION TITLE PERSONNEL OFFICER	
7. GRADE 14	8. DATE REPORT DUE IN OF 26 NOVEMBER 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 5 NOVEMBER 1956 - 5 NOVEMBER 1957	
10. TYPE OF REPORT (Check one)	<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE	<input type="checkbox"/> SPECIAL (Specify)

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE 10 Jan 58	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR 	C. SUPERVISOR'S OFFICIAL TITLE DIRECTOR OF PERSONNEL
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2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED MY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE 26 Jan 58	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL GORDON M. STEWART	C. OFFICIAL TITLE OF REVIEWING OFFICIAL DIRECTOR OF PERSONNEL
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SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

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

6

RATING
NUMBER

- 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
- 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
- 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
- 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
- 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

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

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
		A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
		WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
		OTHER (Specify)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

24 months

4. COMMENTS CONCERNING POTENTIAL

I believe Miss Bond is ideally situated in her present position and that her value to the Office and the Agency will continue to increase in her present capacity.

SECTION H. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Agency and external training in accordance with established OP training program.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I. DESCRIPTION OF INDIVIDUAL

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

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

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

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

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

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

SECTION A.

GENERAL

1. NAME (Last) BOND, (First) Bertha (Middle) H.			2. DATE OF BIRTH 16 December 21	3. SEX F	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDS/OP, DD/PERS/P&D, EXECUTIVE OFFICE			6. OFFICIAL POSITION TITLE PERSONNEL OFFICER		
7. GRADE GS-14	8. DATE REPORT DUE IN OP 26 November 1956	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 5 November 1955 - 5 November 1956			
10. TYPE OF REPORT (Check one)		INITIAL <input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT-SUPERVISOR <input type="checkbox"/>	SPECIAL (Specify)	

SECTION B.

CERTIFICATION

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

A. CHECK (X) APPROPRIATE STATEMENTS:

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

B. THIS DATE 6 December 1956	SIGNATURE OF SUPERVISOR Les W. Claxon	D. SUPERVISOR'S OFFICIAL TITLE Executive Officer, Ofc Pers.
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2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

I am in complete concurrence with the rating reviewing officials. - Assistant Secretary Dir. Pers.

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

A. THIS DATE 6 Dec 56	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL [Signature]	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Director of Personnel
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SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

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

- | | |
|----------|---|
| 6 | <ul style="list-style-type: none"> 1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. 2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR. |
|----------|---|

COMMENTS:

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

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

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

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
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SPECIFIC DUTY NO. 1 Assisting in General Administration of Office of Personnel	RATING NUMBER 7	SPECIFIC DUTY NO. 4 Office of Personnel Budget Officer	RATING NUMBER 7
SPECIFIC DUTY NO. 2 Formulation of Personnel Policies, Procedures and Standards	RATING NUMBER 7	SPECIFIC DUTY NO. 5 Various Board and Committee Assignments	RATING NUMBER 7
SPECIFIC DUTY NO. 3 Executive Review of Policies, Procedures and Standards	RATING NUMBER 7	SPECIFIC DUTY NO. 6 [Faint text]	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Miss Bond ranks high among the group of truly dedicated people in the Agency. Long hours, tedious and distasteful assignments mean nothing to her in relation to her repeatedly demonstrated desire and capability to get the job done. Her excellent judgment and versatility in the field of personnel and general administration place her in a Superior category in all phases of her performance.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

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

<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">7</div> RATING NUMBER	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION
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IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF YES, EXPLAIN FULLY:

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

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

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. SERVICE DESIGNATION
BOND, Bertha H. 16 December 21 F
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE
DLS, OP, DD/PERS/P&D, EXECUTIVE OFFICE PERSONNEL OFFICER
7. GRADE 8. DATE REPORT DUE IN OP 9. PERIOD COVERED BY THIS REPORT (Inclusive)
GS-11 26 November 1956 5 November 1955 - 5 November 1956
10. TYPE OF REPORT (Check one) INITIAL ANNUAL REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE SPECIAL (Specify)

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT I AM THE SUPERVISOR OF THE INDIVIDUAL BEING RATED
A. THIS DATE 6 December 1956
C. SUPERVISOR'S OFFICIAL TITLE Executive Officer, Ofc Personnel
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE 6 Dec 56
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL
C. OFFICIAL TITLE OF REVIEWING OFFICIAL Director of Personnel

SECTION G.

ESTIMATE OF POTENTIAL

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

1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES
RATING NUMBER 6

2. SUPERVISORY POTENTIAL

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

Table with columns: ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Rows describe supervisory levels from basic job to executive level.

SECRET
(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

m/ 48

4. COMMENTS CONCERNING POTENTIAL

Miss Bond has the capability of performing creditably the duties of most Office of Personnel Division or Staff Chiefs, as well as those of the Executive Officer and a Deputy Director of Personnel.

SECTION H. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Operational and special formal training will be provided as time will permit. Rotation to other positions will depend upon the needs of the Career Service. There is no plan at present to reassign her.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I. DESCRIPTION OF INDIVIDUAL

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

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

- CATEGORY NUMBER
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
 - 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
 - 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
 - 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
 - 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

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

FITNESS REPORT

The Fitness Report is an important factor in agency personnel management. It seeks to provide:
1. The agency selection board with information of value when considering the application of an individual for membership in the career service; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current administrative instructions regarding the initiation and transmittal of this report.

TO THE SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

CODED

A (Next due date- 5Nov56)

BY _____ DATE 31 OCT 1955
Posted Post Control _____
Reviewed by _____ 2 OCT 55
SHOWN TO THE PERSON _____

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON

SECTION I (To be filled in by Administrative Officer)

1. NAME (Last) (First) (Middle) BOND, Bertha M.	2. DATE OF BIRTH 16 Dec 21	3. SEX F	4. CAREER DESIGNATION
5. DATE OF ENTRANCE ON DUTY 5 Nov 51	6. OFFICE ASSIGNED TO Personnel	7. DIVISION The Executive Office	8. BRANCH
9. NATURE OF ASSIGNMENT <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD	10. IF FIELD, SPECIFY STATION	11. GRADE GS-14	
12. DATE THAT THIS REPORT IS DUE 5 Nov 55	13. PERIOD COVERED BY THIS REPORT (Inclusive dates) 5 Nov 54-5 Nov 55		

SECTION II (To be filled in by Supervisor)

1. CURRENT POSITION
Personnel Officer

2. DATE ASSUMED RESPONSIBILITY FOR POSITION

3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM DURING THE PAST THREE TO SIX MONTHS (List in order of frequency):

Since 15 June 1955 has served as Asst. Executive Officer, Office of Personnel. Responsible, with the Executive Officer, for general supervision of administrative and procedural practices of the Office of Personnel, and for supervision of the administrative staff of the Director of Personnel.

Reviews, for technical accuracy and sufficiency, all correspondence prepared for signature or concurrence of the D/Pers, DD/Pers, or Executive Officer.

Prepares assigned correspondence or documents of highly sensitive or critical nature.

Presides over the Planning Panel of the Personnel Career Board.

Budget Officer for OP (for entire period).

Prior to this assignment, served remainder of period reported on as Chief, Plans Staff, OP.

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of my evaluation of his performance is consistent with my evaluation of him as evidenced by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the memorandum notifying him of unsatisfactory performance.

This report has _____
 THIS DATE **27 OCT 1955** _____ e supervisor)
 Office of Personnel

I HAVE REVIEWED THIS REPORT (Comments, if any, are reflected by attached memorandum)
 THIS DATE **27 OCT 1955** NAME **Harrison G. Reynolds** (Official next higher in line of authority)
Harrison G. Reynolds, Director of Personnel

SECTION IV

OFFICE OF PERSONNEL

This section is provided as an aid in describing the individual. Your description is not to be favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive categories are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The scale within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Mark the statement on the left, then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

OCT 27 2:07 PM '55
MAIL ROOM

STATEMENTS	NOT OBSERVED	CATEGORIES				
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.			X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.						X
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.						X
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.						X
5. UNEMOTIONAL.				X		
6. ANALYTIC IN HIS THINKING.						X
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.					X	
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.					X	
9. HAS SENSE OF HUMOR.					X	
10. KNOWS WHEN TO SEEK ASSISTANCE.						X
11. CALM.				X		
12. CAN GET ALONG WITH PEOPLE.					X	
13. MEMORY FOR FACTS.						X
14. GETS THINGS DONE.						X
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.					X	
16. CAN COPE WITH EMERGENCIES.						X
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.						X
18. HAS STAMINA; CAN KEEP GOING A LONG TIME.					X	
19. HAS WIDE RANGE OF INFORMATION.						X
20. SHOWS ORIGINALITY.					X	
21. ACCEPTS RESPONSIBILITIES.						X
22. ADMITS HIS ERRORS.					X	
23. RESPONDS WELL TO SUPERVISION.						X
24. EVEN DISPOSITION.				X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.						X

26. CAN THINK ON HIS FEET.									X										
27. COMES UP WITH SOLUTIONS TO PROBLEMS.																			X
28. STIMULATING TO ASSOCIATES: A "SPARK PLUG".									X										
29. TOUGH MINDED.					X														
30. OBSERVANT.									X										
31. CAPABLE.																			X
32. CLEAR THINKING.																			X
33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.																			X
34. EVALUATES SELF REALISTICALLY.									X										
35. WELL INFORMED ABOUT CURRENT EVENTS.																			X
36. DELIBERATE.					X														
37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.									X										
38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.									X										
39. THOUGHTFUL OF OTHERS.									X										
40. WORKS WELL UNDER PRESSURE.																			X
41. DISPLAYS JUDGEMENT.																			X
42. GIVES CREDIT WHERE CREDIT IS DUE.																			X
43. HAS DRIVE.																			X
44. IS SECURITY CONSCIOUS.																			X
45. VERSATILE.																			X
46. HIS CRITICISM IS CONSTRUCTIVE.									X										
47. ABLE TO INFLUENCE OTHERS.									X										
48. FACILITATES SMOOTH OPERATION OF HIS OFFICE.																			X
49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.																			X
50. A GOOD SUPERVISOR.																			X

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

Her absolute dedication to her job, her unquestionable loyalty to her official superiors and the organization, and her complete dependability in any or all situations requiring her talents and skills.

B. WHAT ARE HIS OUTSTANDING WEAKNESSES?

None. "Weakness" in this context and the fitness of Miss Bond as an Agency asset are diametrically opposed.

APR 1 1954
SECRET
BY: [illegible]

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER OPERATIONS:
Not applicable

OFFICE OF PERSONNEL

OCT 27 2 07 PM '55

MAIL ROOM

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? NO YES. IF YES, WHY?

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?
Substantive intelligence indoctrination such as the first part of the Basic Operations Course. Do not consider the Operations Support portion required.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A,B,C,&D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.

2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.

3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.

4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.

5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.

6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? NO YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the agency.

1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE AGENCY AT THE FIRST OPPORTUNITY.

2. HAS STRONG NEGATIVE ATTITUDE TOWARD AGENCY... IRKED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.

3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE AGENCY... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.

4. HIS ATTITUDE TOWARD THE AGENCY IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.

5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD AGENCY... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR AGENCY... THINKS IN TERMS OF A CAREER IN THE AGENCY.

6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE AGENCY... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE AGENCY.

7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE AGENCY... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE AGENCY.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.

2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.

3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.

4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.

5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.

6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.

2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.

3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.

4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE AGENCY.

5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.

6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE AGENCY.

7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE AGENCY.

FITNESS REPORT

The Fitness Report is an important factor in agency personnel management. It seeks to provide:
1. The agency selection board with information of value when considering the application of an individual for membership in the career service; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

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TO THE SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that you know the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

Posted Pos. Control []
Reviewed by PUD []

A - next due date (5 Nov 55)

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

SECTION I (To be filled in by Administrative Officer)

1. NAME (Last) (First) (Middle) BOND, Bertha H.		2. DATE OF BIRTH 16 Dec 1921	3. SEX F	4. CAREER DESIGNATION
5. DATE OF ENTRANCE ON DUTY 5 Nov 1951	6. OFFICE ASSIGNED TO O/Personnel	7. DIVISION P & A Staff		8. BRANCH Plans
9. NATURE OF ASSIGNMENT <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD		10. IF FIELD, SPECIFY STATION:		11. GRADE GS-13
12. DATE THAT THIS REPORT IS DUE 5 Nov 1954		13. PERIOD COVERED BY THIS REPORT (Inclusive dates) 5 Nov 1953 - 5 Nov 1954		

SECTION II (To be filled in by Supervisor)

1. CURRENT POSITION Chief, Plans Branch, Planning and Analysis Staff	2. DATE ASSUMED RESPONSIBILITY FOR POSITION 23 November 1953
3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM DURING THE PAST THREE TO SIX MONTHS (List in order of frequency): Identifies problem areas and initiates studies to formulate appropriate Agency personnel policy recommendations. Recommends Office of Personnel position concerning Agency legislation. Reviews proposed Agency regulatory issuances of a non-personnel nature and recommends Office of Personnel position. Supervises preparation of internal Office of Personnel instructions and directives. Supervises Office of Personnel records management and forms control program.	

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of my evaluation of his performance is consistent with my evaluation of him as evidenced by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the memorandum notifying him of unsatisfactory performance.

This report has been shown to the individual rated.

THIS DATE 22 November 1954	
I HAVE REVIEWED THIS REPORT (Comments, if any, are reflected by attached memorandum)	
THIS DATE 29 Nov 54	SIGNATURE OF REVIEWING OFFICIAL (Official next higher in line of authority) George E. Nelson

SECTION IV

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply to some degree to most people. On the right hand side of the page are four major categories of descriptions. The scale within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

Nov 29 3 05 PM '55
MAIL ROOM

STATEMENTS		CATEGORIES					
		NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES			X			
B. PRACTICAL.						X	
1. A GOOD REPORTER OF EVENTS.						X	
2. CAN MADE DECISIONS ON HIS OWN WHEN NEED ARISES.						X	
3. CAUTIOUS IN ACTION.					X		
4. HAS INITIATIVE.							X
5. UNEMOTIONAL.					X		
6. ANALYTIC IN HIS THINKING.							X
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.						X	
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.					X		
9. HAS SENSE OF HUMOR.						X	
10. KNOWS WHEN TO SEEK ASSISTANCE.						X	
11. CALM.					X		
12. CAN GET ALONG WITH PEOPLE.						X	
13. MEMORY FOR FACTS.							X
14. GETS THINGS DONE.							X
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.							X
16. CAN COPE WITH EMERGENCIES.							X
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.							X
18. HAS STAMINA; CAN KEEP GOING A LONG TIME.							X
19. HAS WIDE RANGE OF INFORMATION.							X
20. SHOWS ORIGINALITY.							X
21. ACCEPTS RESPONSIBILITIES.							X
22. ADMITS HIS ERRORS.							X
23. RESPONDS WELL TO SUPERVISION.							X
24. EVEN DISPOSITION.					X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.							X

26. CAN THINK ON HIS FEET.										X											
27. COMES UP WITH SOLUTIONS TO PROBLEMS.																					X
28. STIMULATING TO ASSOCIATES; A "SPARK PLUG".																					X
29. TOUGH MINDED.	X																				
30. OBSERVANT.																					X
31. CAPABLE.																					X
32. CLEAR THINKING.																					X
33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.																					X
34. EVALUATES SELF REALISTICALLY.	X																				
35. WELL INFORMED ABOUT CURRENT EVENTS.											X										
36. DELIBERATE.										X											
37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.																					X
38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.																					X
39. THOUGHTFUL OF OTHERS.											X										
40. WORKS WELL UNDER PRESSURE.																					X
41. DISPLAYS JUDGEMENT.																					X
42. GIVES CREDIT WHERE CREDIT IS DUE.																					X
43. HAS DRIVE.																					X
44. IS SECURITY CONSCIOUS.																					X
45. VERSATILE.																					X
46. HIS CRITICISM IS CONSTRUCTIVE.																					X
47. ABLE TO INFLUENCE OTHERS.																					X
48. FACILITATES SMOOTH OPERATION OF HIS OFFICE.																					X
49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.																					X
50. A GOOD SUPERVISOR.																					X

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

1. Knowledge of the subject and function for which she is responsible.
2. Ability to produce.

B. WHAT ARE HIS OUTSTANDING WEAKNESSES?

NONE.

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS:

NONE.

OFFICE OF PERSONNEL

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? NO YES.

Nov 29 3 05 PM '54

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

MAIL ROOM

NONE.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

No comments.

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A,B,C,&D

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

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

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? NO YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the agency.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE AGENCY AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD AGENCY... IRKED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE AGENCY... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE AGENCY IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD AGENCY... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR AGENCY... THINKS IN TERMS OF A CAREER IN THE AGENCY.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE AGENCY... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE AGENCY.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE AGENCY... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE AGENCY.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

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

PERSONNEL EVALUATION REPORT

CODED

Items 1 through 6 will be completed by Administrative or Personnel Officer

1. NAME (Last) (First) (Middle)		2. GRADE	3. POSITION TITLE	
Bond, Bertha H.		GS-13	Personnel Management Technician	
4. OFFICE	STAFF OR DIVISION	BRANCH	<input checked="" type="checkbox"/> DEPT'L.	IF FIELD, SPECIFY STATION
Personnel	Plans, Research & Development Staff		<input type="checkbox"/> FIELD	
5. PERIOD COVERED BY REPORT From 5 Nov 52 To 4 Nov 53		6. TYPE OF REPORT		
		<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Special
		<input type="checkbox"/> Reassignment	<input type="checkbox"/> Reassignment of Supervisor	

Items 7 through 10 will be completed by the person evaluated

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

As Chief, Program Section, supervise and work with senior personnel management technician engaged in the development of recommendations concerning Agency personnel policies and standards, including necessary research as to applicable statutory and regulatory requirements, practices of other agencies and organizations, etc.; analysis and recommendations pertaining to proposed legislation and proposed Agency regulatory issuances; evaluation of Employee Suggestions relating to personnel matters. Also serve as Budget Officer and as Evaluation Officer for Personnel Office. (Prior to 1 Aug 53 served as Special Assistant, Research and Planning Staff, performing special assignments; assisting in planning, administering and supervising the Staff's activities.)

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

Name of Course	Location	Length of Course	Date Completed
NONE			

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

Personnel management.

IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).

10.

30 October 1953

DATE

Bertha H. Bond

SIGNATURE

Items 11 through 18 will be completed by Supervisor

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

Miss Bond has performed her duties in a highly commendable manner.

FILES SECTION

OCT 30 1953

OFFICE OF PERSONNEL & RECORDS

~~SECRET~~
SECURITY INFORMATION

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING? *She has demonstrated an outstanding ability to apply herself with industry and thoroughness to a wide range of problems requiring a comprehensive and detailed knowledge of technical personnel matters; to analyze separate problems in relation to pertinent program objectives; and to produce accurate work under the pressure of deadlines.*

13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?
There are no noteworthy aspects of her performance which require effort toward self-improvement.

14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.
Since early November 1953, she has served as Deputy Chief of the Plans Branch. As such, she is effectively handling responsibilities covering the full scope of Branch activities.

15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)
No. Her present assignment is well suited to her qualifications.

16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?
It would be desirable, although not essential, that she attend an abbreviated intelligence course when the work situation permits.

17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.

18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. A COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.

Concur

20 Jan. 1954
DATE

19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in item 20.)

8 Feb 1954
DATE

Rudyard Boulton
SIGNATURE OF REVIEWING OFFICIAL

20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)

Subject's performance is outstanding. Concur in 16 above but consider it essential. Subject's high developed sense of responsibility drives her to too long and confining working hours. RB. Her work as Dir of Personnel Budget Officer and Evaluation Officer has been of the same high caliber.

8 FEB 1954

EXECUTIVE OFFICER

~~SECRET~~

PERSONNEL EVALUATION REPORT

Items 1 through 6 will be completed by Administrative or Personnel Officer

1. NAME (Last)	(First)	(Middle)	2. GRADE	3. POSITION TITLE
BOND	Bertha	H.	GS-12	Pers. Mgmt. Tech.
4. OFFICE	STAFF OR DIVISION	BRANCH	<input checked="" type="checkbox"/> DEPT'L.	IF FIELD, SPECIFY STATION
DD/A Personnel	Research and Planning Staff		<input type="checkbox"/> FIELD	
5. PERIOD COVERED BY REPORT		6. TYPE OF REPORT		
From 11/5/51 To 11/4/52		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor		

Items 7 through 10 will be completed by the person evaluated

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

Serve as special assistant to chief of Research and Planning Staff and as Evaluations Officer for the Personnel Office.

- a. Assist in planning and conducting work activities of the Staff and in supervising and training of Personnel Management Technicians; review completed work for technical accuracy and soundness and editorial presentation.
- b. Have special responsibility for budgetary matters within the Personnel Office, for review and appropriate recommendations relating to proposed legislation.

7. continued

Comptroller General's decisions, etc., and for performing special studies and preparing special reports on a variety of topics.

(Since 3 November 1952, have been on special assignment to assist in development of Agency Personnel Manual.)

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

Personnel Management

IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).

10.

2 February 1953

DATE

Bertha H. Bond

SIGNATURE

Items 11 through 18 will be completed by Supervisor

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

Miss Bond has performed her duties in a most efficient and conscientious manner. She has demonstrated a willingness to give to the job all that is required, voluntarily working overtime, if necessary to assure expeditious completion of her assignments. The breadth of her experience in the administrative field, and particularly in the field of personnel administration, has made her an indispensable part of the Research and Planning Staff.

~~SECRET~~
SECURITY INFORMATION

<p>12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?</p> <p>Epecially outstanding is Miss Bond's resourcefulness in dealing with or proposing solutions to new or unusual problems or situations.</p>
<p>13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?</p> <p>Attention invited to notation that Miss Bond is currently on a special assignment outside of RPS.</p>
<p>14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.</p> <p>Although it is believed that Miss Bond can make her best contribution as a member of the Research and Planning Staff, she possesses the ability to undertake assignments of even greater complexity and challenge.</p>
<p>15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)</p> <p>No</p>
<p>16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?</p> <p>None</p>
<p>17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.</p>
<p>18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8-AND-9, ARE SHOWN BELOW UNDER ITEM 20.</p> <div style="text-align: right; margin-top: 20px;"><p>9 FEB 1953 DATE</p><div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div></div>
<p>19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"><div style="text-align: center;"><p>6 FEB 1953 DATE</p></div><div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div><div style="text-align: right; margin-top: 10px;"><p><i>Chief RPS</i> OFFICIAL</p></div></div>
<p>20. COMMENTS: (if necessary, may be continued on reverse side of cover sheet.)</p>

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees Group Life Insurance Program

1. NAME (Last) (First) (Middle)	2(a). DATE OF BIRTH (Month, Day, Year)	2(b). SOCIAL SECURITY NUMBER
BOND, Bertha H. 8-1-69	16 Dec. 1921	

3. CHECK THE REASON FOR TERMINATING INSURANCE

(a) SEPARATED (c) DIED

(b) RETIRED

(d) 12 MONTHS NON-PAY STATUS

(e) OTHER (Specify)

HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY?
 YES NO

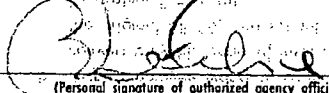
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY

(a) CURRENT SF 54 ATTACHED (b) A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY (c) A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)

NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.

5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR)	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECE-WORK, ETC. RATE TO ANNUAL RATE.	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? (YES) IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T)	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)
1 August 1969	\$27,549 PER ANNUM		

9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.

 (Personal signature of authorized agency official)	8 August 1969 (Date)
B. DeFelice (Typed name of authorized agency official)	Insurance Officer (Title)
Central Intelligence Agency (Name of agency)	Washington, D. C. 20505 (Mailing address, including ZIP Code of agency)

SEE OTHER SIDE FOR INSTRUCTIONS TO EMPLOYING AGENCY

**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—

~~SECRET~~

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
BOND	BERTHA	HEETH	Dec 16 1921	
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)

Bertha H Bond

DATE

12 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

~~SECRET~~
OFFICE OF PERSONNEL
BENEFITS & COUNSELING
FEB 14 2 35 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

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

14 APR 1967

MEMORANDUM FOR: Miss Bertha H. Bond

SUBJECT : Delegation of Authority

In addition to certain authorities vested in you as Executive Officer of the Office of Personnel, you are hereby designated to act in the capacity of, and to approve or disapprove all personnel actions, other documents or papers, or other matters normally approved or disapproved by the Director of Personnel or his Deputy during the temporary absence of these officials or when they are otherwise not available to take timely action.

/s/ Emmett D. Echols

Emmett D. Echols
Director of Personnel

Distribution:

- 0 - Addressee
- 1 - Subj's OFF
- 1 - D/Pers Subject
- 1 - D/Pers Chrono
- 1 - CMO/OP

OD/Pers (11 Apr 67)

~~CONFIDENTIAL~~

27 FEB 1968

MEMORANDUM FOR: Director of Security

SUBJECT : Designation of Area Security Officer and
Assistant Security Officer -- Office of
Personnel

REFERENCE :

1. The Office of Personnel wishes to nominate Miss Bertha H. Bond, Executive Officer, as Area Security Officer vice reassigned.

2. Mr. Assistant Executive Officer, is nominated as Assistant Security Officer.

Vs/ Robert S. Wattles

Robert S. Wattles
Director of Personnel

Concur:

SIGNED

Director of Security

2/29/68
Date

Distribution:

- 0 - Return to D/Pers
- 2 - Office of Security
- X - OFF/Bond
- 1 - OFF/Kennedy
- 1 - D/Pers Chrono w/hold
- 1 - D/Pers Subj File (O&M 8-2)

OD/Pers, 26 Feb 68)

~~CONFIDENTIAL~~

GROUP 1
Excluded from automatic
downgrading and
declassification

25 SEP 1967

Director of Personnel

[Redacted]

6825

MEMORANDUM FOR: Director of Personnel

Deputy Director of
Personnel for
Operations

[Redacted]

1967 Annual Awards Ceremony

I am very pleased to forward to you the attached memoranda from the Director and from Mr. Bannerman expressing their appreciation for your services in connection with the 20th Anniversary Awards Ceremony.

✓ Executive Officer, OP

[Redacted]

Chief, Benefits and
Services Division

[Redacted]

As you know, I am well aware of the circumstances which required "a lot of flexibility and good judgment" and personally appreciate the way that each of you handled your particular responsibility. This

/s/ Emmett D. Echols

Emmett D. Echols
Director of Personnel

Att.

for support

✓ cc: Each Addressee's OFF

DD/S


19 SEP 1967

MEMORANDUM FOR: Director of Personnel

SUBJECT : 1967 Annual Awards Ceremony

1. Attached is a copy of a note from the Director expressing his pleasure over the manner in which the Annual Awards Ceremony was planned and conducted. Many people contributed to this success. It is my pleasure to request that you express my sincere appreciation to all those who participated in the preparation and conduct of the 1967 Annual Awards Ceremony.

2. As you know, it was necessary to make many changes in the schedule. In this absence of a clear and definitive program, there was a requirement for a lot of flexibility and good judgment. This requirement was well satisfied.


R. L. Bannerman
Deputy Director
for Support

Att

Memo dtd 18 Sept 67 for DD/S fr the
Director, re above subj

X
COPY



CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D. C. 20505

OFFICE OF THE DIRECTOR

18 September 1967

MEMORANDUM FOR: Deputy Director for Support

Bob:

I was very pleased with our Annual Awards Ceremony today in which the Vice President participated. I know that the necessity for avoiding advance publicity about the details of the ceremony made it extremely difficult to complete all of the administrative arrangements. I am also sure that the many last-minute changes made it virtually impossible to carry out the plans originally made.

The fact that it was a highly successful ceremony is a tribute to the responsiveness and flexibility of all those who participated in the preparation and execution of the program. Please convey to them my commendation and sincere appreciation.

Rich

Richard Helms
Director

~~CONFIDENTIAL~~

DD/S

25 MAR 1968

MEMORANDUM FOR: Director of Personnel

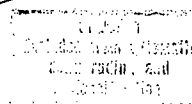
The preparation for the ceremony held on 21 March to dedicate the sculpture to Mr. Dulles was extremely well done and is a credit to all those who participated. Arrangements were made hurriedly because Mr. Dulles' schedule would not permit a great deal of advance notice. Nevertheless all concerned were impressed with the smooth working of the entire program. The Director and Executive Director each expressed appreciation for the arrangements which assured the success of the occasion.

I know that a number of your people worked hard to make this program a highly creditable performance and I ask that you convey to them my sincere appreciation. Those who came to my attention included:

Bertha H. Bond


R. L. Bannerman

~~CONFIDENTIAL~~



June 19, 1968

Dear Mr. Helms:

I want to put on the record our appreciation of the support services the National Security Council staff receives from your personnel office.

Recently I learned that Emmet Echols had been shifted to another office. Even though late, I want you to know that we are indebted to him for his cooperation and understanding of our exacting personnel requirements.

I am also appreciative of the superior service given us by the Personnel Director's staff assistants -- Miss Bertha Bond,

They understand thoroughly our special requirements and cooperate to the fullest with the NSC administrative office in selecting and assigning Agency personnel of the highest caliber to work in the NSC area.

Would you be good enough to convey my personal thanks to each for a consistently high standard of performance in support of the National Security Council.

Sincerely,

151

Bromley Smith
Executive Secretary

Honorable Richard Helms
Director
Central Intelligence Agency

BKS:ksb
cc: Mrs. Moock

FITNESS REPORT				EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle) BOND, Bertha H.		2. DATE OF BIRTH 12/16/21	3. SEX F	4. GRADE GS-16	5. SD <div style="border: 1px solid black; width: 30px; height: 15px;"></div>
6. OFFICIAL POSITION TITLE Personnel Of Exec			7. OFF/DIV/BR OF ASSIGNMENT OD/Personnel	8. CURRENT STATION Headquarters	
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
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/>	ANNUAL	
<input type="checkbox"/>	SPECIAL (Specify):		<input type="checkbox"/>	SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P. 30 April 1969			12. REPORTING PERIOD (From- to-) 28 January 1968 - 1 August 1969		
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
SPECIFIC DUTY NO. 2					RATING LETTER
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.					Y

~~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.

OCT 29 2 36 PM '69

MAIL ROOM

Miss Bond was on extended sick and annual leave pending disability retirement, which was effective 1 August 1969.

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	
	<i>Not available</i>	
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
2 OCT 1969		
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

~~SECRET~~

FITNESS REPORT					EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
SECTION A			GENERAL			
1. NAME (Last) (First) (Middle) BOND, Bertha H.			2. DATE OF BIRTH 12/16/21	3. SEX F	4. GRADE GS-16	5. SD <div style="border: 1px solid black; width: 30px; height: 15px;"></div>
6. OFFICIAL POSITION TITLE Personnel Of Exec			7. OFF/DIV/BR OF ASSIGNMENT OD/Personnel		8. CURRENT STATION Headquarters	
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
	CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	REASSIGNMENT SUPERVISOR
	SPECIAL (Specify):				SPECIAL (Specify):	REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P. 30 April 1969			12. REPORTING PERIOD (From- to-) 28 January 1968 - 1 August 1969			
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
SPECIFIC DUTY NO. 2						RATING LETTER
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
						Y

SECRET
(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position. Keep 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.

OCT 29 2 36 PM '69

MAIL ROOM

Miss Bond was on extended sick and annual leave pending disability retirement, which was effective 1 August 1969.

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	
	<i>Not available</i>	
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
29 OCT 1969		<i>David Pers</i>
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET


DD/S

21 JUN 1968

MEMORANDUM FOR: Director of Personnel

Bob:

It is a pleasure to forward this complimentary letter, dated June 19, 1968, from Bromley Smith to Mr. Helms. I have sent a note with a copy of the letter to Emmett Echols. Will you please convey my compliments and appreciation to the other individuals named and have a copy of Mr. Smith's letter placed in each of their files.


R. L. Bannerman
Deputy Director
for Support

Att.



MEMORANDUM FOR: **Bertha H. Bond**

SUBJECT : Recent Emergency Action

1. Attached is a copy of a note which Mr. John W. Coffey sent to us thanking those individuals who responded effectively and generously to the extraordinary requirements imposed after the death of Dr. King on 4 April 1968.

2. I would like to add my sincere thanks to you and all others in the Office of Personnel who helped meet these requirements. It is very gratifying to me to know that so many of our personnel people willingly and without hesitation "pitched in" to meet this situation in such a timely and effective manner.

3. A copy of my note to you and Mr. Coffey's note will be placed in your official personnel folder.

Robert S. Wattles
Director of Personnel

Attachment


DD/S

10 April 1968

MEMORANDUM FOR: Director of Security
Director of Personnel
Director of Logistics

SUBJECT : Emergency Actions

Please accept, for yourself and each member of your Offices directly concerned, sincere appreciation for the generous and effective response to the extraordinary requirements imposed subsequent to the death of Dr. Martin Luther King, Jr. As always, your Offices and staff members conducted themselves in an outstanding manner.


John W. Coffey
Acting Deputy Director
for Support

RECEIVED

OFFICE OF THE DIRECTOR

100

100

100

28 July 1966

MEMORANDUM FOR: Miss Bertha H. Bond

Bertha:

As you know, Chairman Philbin was most complimentary of our presentation at the hearing this morning to consider our proposed amendments to the CIA Act of 1949 and the CIA Retirement Act of 1964 for Certain Employees.

I am very mindful of the extensive research and preparation undertaken by you and others in the Office of Personnel in the drafting of this legislation. I also realize that a great deal of time and effort was spent in arranging my presentation so that it could be made with clarity and a minimum of effort on my part. It was indeed a job well done.

I should appreciate your accepting my personal thanks and conveying them to those of your associates who joined in this effort.



L. K. White

SECRET

6 April 1965

**MEMORANDUM FOR: Deputy Director for Plans
Deputy Director for Support**

**SUBJECT: Commendation--Casualties Resulting from Bombing
of the U.S. Embassy in Saigon**

1. The bombing of the U.S. Embassy in Saigon by Viet Cong terrorists on 30 March 1965 killed one of our employees and wounded twenty-five others, some of them very seriously indeed. Eleven required evacuation to the Clark Air Force Base hospital, and nine of these were subsequently evacuated to the United States for hospitalization and treatment.

2. I have been deeply impressed with reports I have received concerning the esprit, dedication, and performance of our personnel at the Saigon station under these most trying circumstances. I am also very proud of the exemplary performance of those personnel involved in all aspects of the orderly and efficient evacuation and hospitalization of our casualties and the compassionate consideration shown their families.

3. I should like you to convey my commendation to all personnel who participated in this task and particularly to the Offices of Medical Services, Personnel, and Security of the Support Directorate and the Far East Division and Central Cover Staff of the Plans Directorate.

(Signed) Marshall S. Carter

**Marshall S. Carter
Lieutenant General, USA
Acting Director**

1st Ind.

7 APR 1965

TO: Director of Personnel

It is a real pleasure to forward this well-deserved commendation and to add my own appreciation for a job well done. Please express my gratitude to those people in your office who participated in this effort and place copies of the Acting Director's commendation in the appropriate individual personnel folders.

**L. K. White
Deputy Director
for Support**

HERO

HERO

~~CONFIDENTIAL~~

12 MAY 1960

MEMORANDUM FOR: Director of Security

SUBJECT: Office of Personnel Designee for the Safety Committee

In accordance with Regulation (Safety Program), I have designated Miss Bertha H. Bond, Deputy Executive Officer as the Office of Personnel Member of the Agency Safety Committee, and Mr. Area Security and Safety Officer as the alternate member.

/s/ Gordon M. Stewart

Gordon M. Stewart
Director of Personnel

Distribution:

- 0 & 1 - Addressee
- ✓ 1 - OPF Bond
- 1 - OPF
- 1 - D/Pers Reader Chrono
- 1 - OP Security File

~~CONFIDENTIAL~~

23 October 1958

MEMORANDUM TO: Director of Personnel

SUBJECT : Employee Services

1. During my recent illness, diagnosed in August and resulting in surgery in September, I found that the Agency has inter alia certain benefits which are of considerable convenience to an employee. With the customary good offices and assistance of Bertha Bond, I found that the Benefits and Casualty Division, with the employee's cooperation, maintains what from all appearances, is an excellent employee service. Ben DeFelice, its Chief, assisted me in preparation of my own file therein and any weaknesses in that file would be due only to evidences which I am not quickly able to provide. I certainly think Mr. DeFelice's help and program is excellent.

2. Similarly, after surgery, when I found that I was required to replace blood provided by transfusion - I learned that Mrs. [redacted] (who called me) managed a program which assists an employee (up to 100 pints) in replenishing the blood bank from which they have drawn.

3. These two instances of employee services are not all inclusive - for example, Dr. [redacted] of the Medical Staff, and Dr. [redacted] both gave me advice and Dr. [redacted] called on me in the hospital, checked my chart, and was certainly at hand to assist, if necessary.

4. I have spoken of these instances among my associates here in the Agency and feel that a written expression of appreciation directed to you might be in order. One never is certain when such programs will affect them personally, but it is definitely a comfort and convenience to know of their existence and when necessary, to plan accordingly.

[redacted]
PB/DCI

927. Mr. A
ESTD
OCT 51 11 45 AM '58
OFFICE OF PERSONNEL

~~INTERNAL USE ONLY~~

8 AUG 1958

Miss Bertha Bond

[Redacted]

Dear Miss Bond:

I am pleased to take this opportunity to express my appreciation to you for the helpful service you rendered the Suggestion Awards Committee during your membership in FY 1958.

The Program has benefited by your counsel, and we believe it has achieved many of the objectives described at the start of your term.

Briefly, the Agency paid out [Redacted] representing nearly [Redacted] in tangible savings and many intangible benefits. We received a total of 635 suggestions and closed out 598.

We venture to hope that you will encourage suggesters in your area, and that by your continued interest the Agency will realize even greater and more far-reaching benefits.

A copy of this letter is being forwarded to your Official Personnel File.

Sincerely yours,

[Redacted]

Chairman
Suggestion Awards Committee

cc: Office of Personnel

MAIL ROOM

AUG 12 3 12 PM '58

OFFICE OF PERSONNEL

~~INTERNAL USE ONLY~~

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for *leave purposes* and retention credits for *reduction in force*. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT							PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE			
1. NAME (Last, first, middle initial)				2. DATE OF BIRTH			9. RETENTION GROUP			
BOND, Bertha H.				16 Dec 1921						
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service.)							10. CSC STATUS (For permanent employees only)			
							<input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
U S Engrs, Jacksonville, Fla, District	1942	6	8	1943	3	29	WSIndef			
U S Engrs, Recife, Brazil, District	1943	3	30	1944	9	5	Excepted*			
Selective Service System, LB#1, Sarasota, Florida	1943	9	20	1943	11	15	WSTemp			
U S Engrs, Army Map Serv, DC	1944	4	26	1947	12	26	WSI & Perm. CS			
CIA, Washington, D. C.	1947	12	29	1951	8	31	Excepted			
CIA, Washington, D. C.	1951	11	5	Present			Excepted			
4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."							12. TOTAL SERVICE			
NONE										
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.							13. NONCREDITABLE SERVICE (Leave purposes only):			
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)							14. NONCREDITABLE SERVICE (RIF purposes only):			
U S Engineers, Army Map Service (14 Dec 1947)										
7. ARE YOU:							15. REEMPLOYMENT RIGHTS			
A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							<input type="checkbox"/> YES <input type="checkbox"/> NO			
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							<input type="checkbox"/> YES <input type="checkbox"/> NO			
C. THE UNREMARIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							17. EXPIRATION DATE OF RETENTION RIGHTS			
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.										

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

 (DATE) Bertha H Bond
 (SIGNATURE)

Subscribed and sworn to before me on this _____ day of _____ 1952 at _____ (CITY) _____ (STATE)

SEAL

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

14 June 1956

Miss Bertha H. Bond
[Redacted]

Dear Bertha:

It is getting to be a habit for me to compliment you in the highest terms I can muster for the superior job you do each year for us as our Budget Officer. Your untiring patience and devotion to all of your tasks, and particularly to this one, must not go unnoticed.

Please accept my sincere thanks for your absolutely top performance.

Sincerely,

SIGNED

Harrison G. Reynolds
Director of Personnel

OP/[Redacted] (14 June 56)

Distribution:

- Orig - Addressee
- 1 - Subject's file ✓
- 1 - D/Pers chrono



CENTRAL INTELLIGENCE AGENCY

WASHINGTON 25, D. C.

OFFICE OF THE DIRECTOR

27 APR 1955

MEMORANDUM FOR: Bertha H. Bond

SUBJECT: Notification of Membership in the Career Staff

1. On behalf of the Director of Central Intelligence, it gives me pleasure to inform you that your application for membership in the Career Staff has been accepted by the CIA Selection Board. The effective date of your membership is 1 July 1954.

2. Please indicate that you have received this notification by signing in the space provided below and return it to the Head of your Career Service. He will forward it to the Executive Director of the CIA Selection Board.

3. Because your membership in the Career Staff is classified information, it is necessary that this notification be conveyed to you in this manner. The application for membership which you signed has been endorsed on behalf of the Director of Central Intelligence by the Executive Director of the CIA Selection Board and placed in your permanent Official Personnel Folder.

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE

A handwritten signature in cursive script that reads "Harrison G. Reynolds".

Harrison G. Reynolds
Chairman, CIA Selection Board

Noted:

A handwritten signature in cursive script that reads "Bertha H. Bond".

Date: 28 APR 1955

Career Service Staff
Office of Personnel

1 JUN 1955

INSTRUCTIONS.—Answer every question be sure to answer fully and completely. Typewrite or print in INK. If you are applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. Mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1031

Bond
BH

1. Name of examination, or kind of position applied for:

2. Optional subject (if mentioned in examination announcement):

3. Place of employment applied for:

4. (First name) (Middle) (Maiden, if any) (Last)
Miss Bertha Heeth Bond

5. Street and number or R. D. number:

City or post office (including postal zone), and State:

6. Legal or voting residence (State): Florida 7. Office phone No.: Home phone:

8. Place of birth (city and State; if born outside U. S., name city and country): Florida
Boy, year: 10. Age last birthday: 25 11. Male Female

12. Married Single 13. Height without shoes: 5 feet 4 inches Weight: 112 pounds

14. Have you ever been employed by the Federal Government? Yes No
If now employed by the Federal Government, give present grade and date of last change in grade:
CAF-7 24 February 1946

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

<input type="checkbox"/> Appor.	<input type="checkbox"/> Submitted	Entered register:		
<input type="checkbox"/> Non-appor.	<input type="checkbox"/> Returned			
Notations:		App. Review:		
Approved:				
OPTION	GRADE	EARNED RATING	PREFER- FENCE	AUGM. RATING
			<input type="checkbox"/> 5 points (tent.)	
			<input type="checkbox"/> 10 points	
			<input type="checkbox"/> Wife or Widow	
			<input type="checkbox"/> Disal.	
			<input type="checkbox"/> Being investi- gated	
INITIALS AND DATE				

Indicate "Yes" or "No" answer by placing X in proper column	YES	NO	15. (c) If you will accept appointment in certain locations ONLY, give acceptable locations: Prefer Washington, D. C.
18. (a) Would you accept short-term appointment, if offered, for—			
1 to 3 months?.....		X	
3 to 6 months?.....		X	
6 to 12 months?.....		X	
(b) Would you accept appointment, if offered—			(d) What is the lowest entrance salary you will accept: \$3397.20 per year. You will not be considered for positions paying less.
in Washington, D. C.?.....	X		(e) If you are willing to travel, specify: <input type="checkbox"/> Occasionally <input checked="" type="checkbox"/> Frequently <input type="checkbox"/> Constantly
anywhere in the United States?.....		X	
outside the United States?.....	X		

16. EXPERIENCE.—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to determine your qualifications for the position for which you are applying. In the spaces provided below describe EVERY position you have held. Use a separate block for EACH position. You may also include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).
(a) If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for each position, the name used.
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION		
Dates of employment: (Month, year) From: January 1945 To present time	Exact title of your present position: Placement Assistant (Head, Placement and Training Unit)	Salary or earnings: Starting, \$2300 per an. Present, \$3522 per an.
Place of employment (city and State): Washington, D.C.	Description of your work: Conduct an in-service placement program collaborating with operating officials to insure effective use of assigned personnel; anticipate personnel requirements and plan and conduct the employment program to insure recruitment and selection of the best qualified eligibles; determine training needs and plan and conduct training program; plan and guide employee utilization and evaluation program; plan and conduct other activities necessary to effective placement including reduction in force; act as Asst. Head of Employee Utilization Section and as special assistant to Exec. Sec'y, Bd. of C.S. Examiners.	
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: War-Engineers, Army Map Service, 6500 Brooks Lane		
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): Military Map Production		
Number and kind of employees supervised by you: 14 - CAF-2 to CAF-7		
Name and title of immediate supervisor: H. P. Dunning, Admin. Assist.		
Reason for desiring to change employment: Reduction in Force		

23. REFERENCES.—List three persons living in the United States who can vouch for the applicant's qualifications.

16. CONTINUED

Dates of employment: (Month, year) From: <u>April 1944</u> To: <u>January 1945</u> Place of employment (city and State): <u>Washington, D. C.</u>	Exact title of your position: <u>Employee Relations Assistant</u>	Salary or earnings: Starting \$ <u>1800</u> per an Final \$ <u>2000</u> per an
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: <u>Same as above.</u>	Description of your work: <u>Perform activities in all branches of employee relations program; advise Chief of Personnel and operating officials on measures to be taken for improvement of morale; cooperate in the planning and operation of orientation programs; conduct personal interviews with employees concerning on- and off-the-job problems, counseling them on personal matters such as budgeting, financial emergencies, medical and health services, care of dependents, housing and related subjects. Organized and executed special drives such as War Bonds, Community Chest, Red Cross, hospitalization insurance, etc.</u>	
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): <u>DCI</u>		
Number and kind of employees supervised by you: _____		
Name and title of immediate supervisor: <u>P. F. Burbank, Chief, Personnel</u>		
Reason for leaving: <u>Promotion to above position.</u>		
Dates of employment: (Month, year) From: <u>December 1943</u> To: <u>April 1944</u> Place of employment (city and State): _____	Exact title of your position: _____	Salary or earnings: Starting \$ _____ per Final \$ _____ per
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: _____	Description of your work: _____ <u>UNEMPLOYED.</u>	
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): _____	ADDRESS: 	
Number and kind of employees supervised by you: _____		
Name and title of immediate supervisor: _____		
Reason for leaving: _____		
Dates of employment: (Month, year) From: <u>September 1943</u> To: <u>December 1943</u> Place of employment (city and State): <u>Sarasota, Florida</u>	Exact title of your position: <u>Clerk (Emerg. Temp. Appt)</u>	Salary or earnings: Starting \$ <u>1260</u> per an Final \$ <u>same</u> per
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: <u>Selective Service System Local Draft Board</u>	Description of your work: <u>On own responsibility, compiled and prepared analysis of annual registrant inventory; reviewed files to determine current occupational status of registrants and eligibility for deferment composed pertinent correspondence. (NOTE: Had previously served as Registrar for area during two registrations and as Volunteer Clerk for several months.)</u>	
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): _____		
Number and kind of employees supervised by you: <u>None</u>		
Name and title of immediate supervisor: <u>Mary H. Gunster, Chief Clerk</u>		
Reason for leaving: <u>Leaving the city</u>		
Dates of employment: (Month, year) From: <u>June 1943</u> To: <u>Sept 1943</u> Place of employment (city and State): <u>Recife, Pa., Brasil, S. A.</u>	Exact title of your position: <u>Clerk, Ungraded</u>	Salary or earnings: Starting \$ <u>2300</u> per an Final \$ <u>2300</u> per an
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: <u>War-Engrs., Recife District</u>	Description of your work: <u>Under general supervision, responsible for transfers of personnel to and within District, appointments of local personnel, and certain confidential G-2 reports regarding personnel. Composed and dictated necessary correspondence. Planned and conducted orientation and induction program; performed miscellaneous related duties as required.</u>	
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): <u>Army Engineers (Construction)</u>		
Number and kind of employees supervised by you: <u>1 Clerk-Steno. (part-time)</u>		
Name and title of immediate supervisor: <u>K. R. Cornish, Chief, Civ. Pars.</u>		
Reason for leaving: <u>Ill health - return to U. S.</u>		

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18. CONTINUED

Dates of employment: (Month, year) From: March 1943 To: June 1943		Exact title of your position: Clerk, Ungraded		Salary or earnings: Starting \$ 2300 per an Final \$ 2300 per an	
Place of employment (city and State): Miami, Florida		Description of your work: Asst. Section Head. Organized and managed office for recruitment and processing of large numbers of skilled workers for duty at various stations in Recife District; responsible for complete and proper functioning of program; set up office procedures, established work flows, etc. Replaced section head for final month of duty and proceeded to Recife upon completion of major portion of assignment.			
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: War-Engrs., Recife District. APO 675, c/o PM, Miami, Fla.					
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): Army Engineers - Construction					
Number and kind of employees supervised by you: 10-15 Clerks, Stenos., etc.					
Name and title of immediate supervisor: H. E. Eubanks, Admin. Asst.					
Reason for leaving: Complete transfer					
Dates of employment: (Month, year) From: June 1942 To: March 1943		Exact title of your position: Clerk-Typist		Salary or earnings: Starting \$ 1440 per an Final \$ same per	
Place of employment (city and State): Jacksonville, Florida		Description of your work: Head of unit processing and auditing appointment papers, preparing necessary personnel reports, etc.; conducted placement program for transfers within area offices as work load varied through the District; composed and dictated pertinent correspondence. Handled recruitment of unskilled labor for certain overseas assignments.			
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division: War-Engineers, Jacksonville District, 575 Riverside Ave.					
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.): Army Engineers					
Number and kind of employees supervised by you: 8-10 Clerk-Typists, Stenos.					
Name and title of immediate supervisor: H. E. Eubanks, Admin. Asst.					
Reason for leaving: Transfer for foreign duty					
Dates of employment: (Month, year) From: To:		Exact title of your position:		Salary or earnings: Starting \$ per Final \$ per	
Place of employment (city and State):		Description of your work:			
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:		Various part-time jobs: clerical, student teacher, dental assistant, etc. from 1937 to 1942 while attending high school and college. Interne Teacher from February 1942 to April 1942 at Central Elementary School, Sarasota, Florida.			
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.):					
Number and kind of employees supervised by you:					
Name and title of immediate supervisor:					
Reason for leaving:					
Dates of employment: (Month, year) From: To:		Exact title of your position:		Salary or earnings: Starting \$ per Final \$ per	
Place of employment (city and State):		Description of your work:			
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:					
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.):					
Number and kind of employees supervised by you:					
Name and title of immediate supervisor:					
Reason for leaving:					

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

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APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS.—Answer every question below clearly and completely. Typewrite or print in INK. If you are applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. Mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

PROCUREMENT
DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPLICATION No. _____
ANNOUNCEMENT _____
SELECTION No. _____

1. Name of examination, or kind of position applied for:			
2. Optional subject (if mentioned in examination announcement):			
3. Place of employment applied for:			
4. Mr. (First name)		(Middle)	(Maiden, if any)
Mrs.		(Last)	
5. Street and number or R. D. number:			
City or post office (including postal zone), and State:			
6. Legal or voting residence (State):		7. Office phone No.:	Home phone:
8. Place of birth (city and State; if born outside U. S., name city and country):			
9. Date of birth (month, day, year):		10. Age last birthday:	11. <input type="checkbox"/> Male <input type="checkbox"/> Female
12. <input type="checkbox"/> Married <input type="checkbox"/> Single	13. Height without shoes: _____ feet _____ inches		Weight: _____ pounds
14. Have you ever been employed by the Federal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No If now employed by the Federal Government, give present grade and date of last change in grade:			

<input type="checkbox"/> Appor.		<input type="checkbox"/> Submitted		Enlisted register:	
<input type="checkbox"/> Non-appor.		<input type="checkbox"/> Returned			
Notations:			App. Review:		
Approved:					
OPTION	GRADE	EARNED RATING	PREFER-ENCE	AUGM. RATING	
			<input type="checkbox"/> 5 points (tent.)		
			<input type="checkbox"/> 10 points		
			<input type="checkbox"/> Wife or Widow		
			<input type="checkbox"/> Disal.		
			<input type="checkbox"/> Being investi-gated		
INITIALS AND DATE					

Indicate "Yes" or "No" answer by placing X in proper column		YES	NO	18. (c) If you will accept appointment in certain locations ONLY, give acceptable locations:
18. (a) Would you accept short-term appointment, if offered, for—				
1 to 3 months?				
3 to 6 months?				
6 to 12 months?				
(b) Would you accept appointment, if offered—				(d) What is the lowest entrance salary you will accept: \$ _____ per year. You will not be considered for positions paying less.
in Washington, D. C.?				
anywhere in the United States?				
outside the United States?				(e) If you are willing to travel, specify: <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly

18. EXPERIENCE.—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to determine your qualifications for the position for which you are applying. In the spaces provided below describe EVERY position you have held. Use a separate block for EACH position. You may also include any pertinent religious, civic, welfare or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).
(a) If you were ever employed in any position under a name different from that shown in Item 4 of this application, give under "Description of your work" for each position, the name used.
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION		
Dates of employment: (Month, year)	Exact title of your present position:	Salary or earnings:
From: _____ To present time		Starting, \$ _____ per
Place of employment (city and State): _____		Present, \$ _____ per
Name and address of employer (firm, organization, or person). If Federal, name department, bureau or establishment, and division:	Description of your work: _____	
Kind of business or organization (e. g., wholesale silk, insurance agency, mfg. of locks, etc.):	_____	
Number and kind of employees supervised by you:	_____	
Name and title of immediate supervisor:	_____	
Reason for desiring to change employment:	_____	

MILITARY EXPERIENCE.—In order to make the proper placements of war veterans, detailed information is required of the training and experience they have acquired in the Armed Services. Fill in the details for each service school you have attended. If you attended no special or technical schools while in the service, write in Item (a) "No attendance at service schools" and indicate in Item (c) all important changes in duty assignment, showing dates of such assignment.

(a) First Special Service School attended: **NONE**

Location: _____

Dates attended (months, years): _____

From: _____ To: _____

Rating received at end of this training: _____

(b) What were you taught in First Special Service School? _____

(c) Duty assignment or rating after this training (give all important changes in duty assignment whether or not you attended a Service School): _____

Dates of duty assignment (months, years): _____

From: _____ To: _____

(d) What did you do during this duty assignment? _____

(e) Second Special Service School attended: _____

Location: _____

Dates attended (months, years): _____

From: _____ To: _____

Rating received at end of this training: _____

(f) What were you taught in Second Special Service School? _____

(g) Duty assignment after this training: _____

Dates of duty assignment (months, years): _____

From: _____ To: _____

(h) What did you do during this duty assignment? _____

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

18. EDUCATION.—Circle highest grade completed:
 1 2 3 4 5 6 7 8 9 10 11 (12)

Mark (x) the appropriate box to indicate satisfactory completion of:

Elementary School Junior High School Senior High School

(a) Give name and location of last high school attended: **Sarasota High School, Sarasota, Florida**

(b) Subjects studied in high school which apply to position desired: **General college prep. - English, Math, Science**

(a) Name and Location of College or University	Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit
		From—	To—	Day	Night	Title	Date	
Florida State College for Women Tallahassee, Florida	Educa.	9/38	5/42	4 1/2 (1 S.S.)		B.A.	5/42	App. 150

(d) List Your Chief Undergraduate College Subjects	Semester Hours	List Your Chief Graduate College Subjects	Semester Hours
Education	30		
Social Studies and Psychology (including statistics)	30		
English and Journalism	37		

(e) Other training, such as vocational, business, study courses given through the Armed Forces Institute (show name and location of school), or "in-service training" in a Federal agency:

Test Technician Orientation, Office, Chief of Engineers, Washington, D. C. (Anticipated installing testing program at AMS.)

Subjects Studied	Dates Attended		Years Completed	
	From—	To—	Day	Night

19. Indicate your knowledge of foreign languages:

Language	READING			SPEAKING			UNDERSTNG		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
French		X				X			X
Portugese			X			X			X

21. Are you now or have you ever been a licensed or certified member of any trade or profession (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)

Yes No Give kind of license and State:
 First license or certificate (year): **Grad. State Certif.-Teacher- 1942**
 Latest license or certificate (year): **Florida. Valid 1947**

(a) How was your knowledge of foreign languages acquired?
Travel and study

(b) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e. g., business, education, recreation):
Brazil-1943-4 mos.-business

22. Give any special qualifications not covered elsewhere in your application such as:
 (a) your more important publications (do NOT submit copies unless requested)
 (b) your patents or inventions
 (c) public speaking and public relations experience
 (d) membership in professional or scientific societies, etc.

(c) **As College Government officer, officer various clubs, etc.; member editorial staff college publications; planned and broadcast several radio programs.**

20. List any special skills you possess and machines and equipment you can use, such as operation of short-wave radio, multilith, computer, key-punch, turret lathe, scientific or professional devices:

Approximate number of words per minute in typing **55** shorthand **70**

(d) **Kappa Delta Pi, National Education Honorary**

23. REFERENCES.—List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME

BUSINESS

25. Are you a citizen of the United States? YES NO

26. Do you advocate or have you ever advocated, or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? YES NO
If your answer is "Yes," give complete details in Item 38.

27. Within the past 12 months, have you habitually used intoxicating beverages to excess? YES NO

28. Since your 16th birthday, have you ever been convicted, or fined, or imprisoned, or placed on probation, or have you ever been ordered to deposit bail, for the violation of any law, police regulation or ordinance (excluding minor traffic violations for which a fine of \$25 or less was imposed)? YES NO
If your answer is "Yes," list all such cases under Item 38 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken.

29. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position? YES NO
If your answer is "Yes," give in Item 38 the name and address of employer, date, and reason in each case.

30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act or any pension or other compensation for military or naval service? YES NO
If your answer is "Yes," give in Item 38 reason for retirement, that is, age, optional, disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating if retired from military or naval service.

31. Are you an official or employee of any State, Territory, county, or municipality? YES NO
If your answer is "Yes," give details in Item 38.

32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months? YES NO
If your answer is "Yes," show in Item 38 for EACH such relative: (1) full name; (2) present address; (3) relationship; (4) department, or agency by whom employed, and (5) kind of appointment.

33. Have you ever had a nervous break-down? YES NO
If your answer is "Yes," give complete details in Item 38.

34. Have you ever had tuberculosis? YES NO
If your answer is "Yes," give complete details in Item 38.

38. Space for detailed answers to other questions (indicate item numbers to which answers apply).

ITEM No.

35. Myopia - corrected to 20/20

ITEM No.

Civil Service Exams:

Training Specialist, CAF-7, 1947 - 75

Junior Administrative Technician, 1947, 81, 65

Personnel Assistant, CAF-6 to CAF-9, 80 - 75.

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 80). I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date: 23 Sept 1947

Signature of applicant: Miss Paula H. Bond
(Sign your name in INK (one given name, if female, and surname). If female, prefix Miss or Mrs. and if married use your own given name.)

Indicate "Yes" or "No" answer by placing X in proper column.

YES NO

35. Have you any physical defect or disability whatsoever? YES NO
If your answer is "Yes," give complete details in Item 38.

36. (a) Were you ever in the United States Military or Naval Service during time of War? YES NO

(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?

(c) Was service performed on an active full-time basis, with full military pay and allowances?

(d)

Date of entry or entries into service:	Date of separation or separations:
Branch of service (Army, Navy, M. C., C. G., etc.):	Serial No. (If none, give grade or rating at time of separation.):

IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE WILL BE CREDITED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICER, PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.

Indicate "Yes" or "No" answer by placing X in proper column.

YES NO

37. (a) If you served in the U. S. Military or Naval Service during peacetime ONLY, did you participate in a campaign or expedition and receive a campaign badge or service ribbon? YES NO

(b) Are you a disabled veteran?

(c) Are you the unmarried widow of a veteran?

(d) Are you the wife of a veteran who has service-connected disability?

IF YOUR ANSWER TO QUESTION 37 (a), (b), (c), OR (d) IS "YES," AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.

THIS SPACE FOR USE OF APPOINTING OFFICE ONLY

The information contained in the answers to Question 36 above has been verified by comparison with the discharge certificate on _____ 19_____

Agency:

Title:

(When Filled In)

SECTION VII		MILITARY SERVICE	
CURRENT DRAFT STATUS			
1. ARE YOU REGISTERED FOR THE DRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO.		2. SELECTIVE SERVICE CLASSIFICATION	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		4. IF DEFERRED, GIVE REASON	
MILITARY SERVICE RECORD (Active Duty Only)			
1. MILITARY ORGANIZATION (Army, Navy, etc. - specify)	2. BRANCH OR CORPS	3. DATES OF SERVICE (extended active duty) FROM -- TO --	
4. STATUS (Regular, Reserve, etc. - specify)	5. RANK, GRADE OR RATE (at separation if past service)		6. SERIAL, SERVICE OR FILE NUMBER
7. CHECK TYPE OF SEPARATION <input type="checkbox"/> HONORABLE DISCHARGE <input type="checkbox"/> RETIREMENT FOR SERVICE <input type="checkbox"/> UNDUE HARDSHIPS <input type="checkbox"/> RELEASE TO INACTIVE DUTY <input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RETIREMENT FOR AGE <input type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY			
8. BRIEF DESCRIPTION OF MILITARY DUTIES (record the duties and skills which best describe your work or function in the military service).			
MILITARY RESERVE, NATIONAL GUARD STATUS			
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD			
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK	3. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED			
5. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (record the duties and skills which best describe your work or function in the military service).			
6. IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT, IDENTIFY THE UNIT AND ITS ADDRESS.			
MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian)			
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	
1.			RESIDENT CORRESPONDENCE AGENCY-SPONSORED
2.			RESIDENT CORRESPONDENCE AGENCY-SPONSORED
3.			RESIDENT CORRESPONDENCE AGENCY-SPONSORED
4.			RESIDENT CORRESPONDENCE AGENCY-SPONSORED
5.			RESIDENT CORRESPONDENCE AGENCY-SPONSORED

SECTION VIII			AGENCY EMPLOYMENT HISTORY		
1. INCLUSIVE DATES (From-To-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE-OFFICE OR DIVISION, BRANCH			
4. TITLE OF JOB		5. GRADES HELD IN JOB			
6. DESCRIPTION OF DUTIES					
1. INCLUSIVE DATES (From-To-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE-OFFICE OR DIVISION, BRANCH			
4. TITLE OF JOB		5. GRADES HELD IN JOB			
6. DESCRIPTION OF DUTIES					
1. INCLUSIVE DATES (From-To-by month & year)	2. LOCATION (Country, City)	3. DIRECTORATE-OFFICE OR DIVISION, BRANCH			
4. TITLE OF JOB		5. GRADES HELD IN JOB			
6. DESCRIPTION OF DUTIES					

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY -- CHECK (X)			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT

SECTION V TYPING AND STENOGRAPHIC SKILLS

1. TYPING (WPM) 2. SHORTHAND (WPM) 3. INDICATE SHORTHAND SYSTEM USED -- CHECK (X) APPROPRIATE ITEM:
 GREGG SPEEDWRITING STENOTYPE OTHER-SPECIFY:

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comptometer, mimeograph, card punch, etc.)

SECTION VI SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS (indicate CW speed, sending & receiving) OFFSET PRESS, TURRET LATHE, EDP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.

3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC.? YES
 NO

4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registry number if known)

5. FIRST LICENSE/CERTIFICATE (year of issue)

6. LATEST LICENSE/CERTIFICATE (year of issue)

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

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

9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

(When Filled In)

SECTION IX				MARITAL STATUS			
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:							
2. NAME OF SPOUSE		(Last)	(First)	(Middle)	(Maiden)		
3. DATE OF BIRTH			4. PLACE OF BIRTH (City, State, Country)				
5. OCCUPATION			6. PRESENT EMPLOYER				
7. CITIZENSHIP			8. FORMER CITIZENSHIP(S) COUNTRY(IES)			9. DATE U. S. CITIZENSHIP ACQUIRED	

SECTION X					DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE				
NAME		RELATIONSHIP	DATE AND PLACE OF BIRTH		CITIZENSHIP	PERMANENT ADDRESS			

SECTION XI				PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS			
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)		DATE OF MEMBERSHIP			
				FROM	TO		

DATE		SIGNATURE OF EMPLOYEE					
------	--	-----------------------	--	--	--	--	--

SECTION III EDUCATION (Cont'd)

HIGH SCHOOL			
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM -- TO --	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM / QTR. HRS. (Specify)
	MAJOR	MINOR				
1.						
2.						
3.						
4.						

5. IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				
3.				

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				
3.				
4.				
5.				

AGENCY-SPONSORED EDUCATION				
<i>Specify which, if any, of the education shown in Section III was Agency sponsored.</i>				
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				
3.				
4.				
5.				

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I					BIOGRAPHIC AND POSITION DATA				
1. EMP. SER. NO.	2. NAME (Last-First-Middle)			3. SEX	4. DATE OF BIRTH	5. SCHEDULE/GRADE/STEP			
	BOND BERTHA H				12/16/21	GS - 16-03			
6. POSITION TITLE			8. OFFICE OF ASSIGNMENT		9. LOCATION (Country, City)				
PERSONNEL OF EXEC			PERS		WASH., D.C.				

SECTION II				AGENCY OVERSEAS SERVICE			
AREA		TYPE TOUR		FROM		TO	
NO OVERSEAS SERVICE							
<i>An sick leave - pending disability retirement Asker</i>							

SECTION III				EDUCATION			
DEGREE		MAJOR FIELD		COLLEGE		YEAR	
BAGH		EDUCATION AND/OR TRAINING, GENERAL		FLA ST UNIV		42	

OATH OF OFFICE, AFFIDAVIT, AND DECLARATION OF APPOINTEE

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D. C.

(Department or Establishment)

(Bureau or Division)

(Place of Employment)

A.
**OATH OF
OFFICE**

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

B.
AFFIDAVIT

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

C.
**DECLARATION
OF APPOINTEE**

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee; and [strike out either (3) or (4)]

(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;

(4) the answers contained in my Application for Federal Employment, Form No. _____, dated _____, 19____ filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date; except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

Bertha H. Bond

(Signature of Appointee)

Subscribed and sworn before me this 29th day of December A. D., 19 47

at Washington D. C.
(City) (State)

[SEAL]

Appointment Clerk (Signature of Officer)

Chapter 115, Title 17, Sec 901
(Title)

Act of June 21, 1943
(Date of Commission)

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

16-32804-2

29 December 1947
(Date of Entrance on Duty)

Testing Technician, P-2, \$3397.20
(Position to which appointed)

Dec 16, 1921
(Date of Birth)

DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address _____
(Street and Number) (City and State)

2. Who should be notified in case of emergency? _____

(City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? Yes If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relation-ship	Married or single	Age
		1. _____ 2. _____ 3. _____			
		1. _____ 2. _____ 3. _____			
		1. _____ 2. _____ 3. _____			

4. Place of birth Monticello Florida
(Town) (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	12. Space for detailed answers to other questions.																						
5. Are you a citizen of the United States? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ITEM NO.</th> <th style="width: 90%;">Write in left column numbers of items to which detailed answers apply</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	ITEM NO.	Write in left column numbers of items to which detailed answers apply																				
ITEM NO.	Write in left column numbers of items to which detailed answers apply																								
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? _____ (2) this agency in connection with this appointment? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you gained your citizenship? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>																							
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? _____ If so, state the place, position, and salary under Item 12. (b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>																							
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act? _____ If so, give details under Item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act; and rank, if retired from military or naval service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																							
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position? _____ If so, give under Item 12 where employed, name and address of employer and the reason for discharge in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																							
11. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant, or indicted for or convicted of any offense (felony or misdemeanor)? _____ If so, for each case give under Item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																							

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil-service rules, the War Service Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promise to observe provisions regarding political activity, and particularly for the following:

- (1) **Identity of appointee** with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.
- (2) **Age.**—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the range for appointment.
- (3) **Citizenship.**—The responsibility for provisions of appropriation acts prohibiting or restricting the employment zones lies with the appointing

officer. The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

- (4) **Members of Family.**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Minors do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, including all pertinent evidence, should be referred to the Civil Service Commission or its duly authorized representatives for decision. Under War Service Regulations, the membership provision does not apply to temporary appointments for one year or less.

AFFIDAVIT

STRIKING AGAINST THE FEDERAL GOVERNMENT

CENTRAL INTELLIGENCE AGENCY

(DEPT. OR ESTAB.)

(BUREAU OR OFFICE)

WASHINGTON, D. C.

(PLACE OF EMPLOYMENT)

I, BERTHA BOND, DO HEREBY SWEAR (OR AFFIRM)

THAT I AM NOT ENGAGED IN ANY STRIKE AGAINST THE GOVERNMENT OF THE UNITED STATES AND THAT I WILL NOT SO ENGAGE WHILE AN EMPLOYEE OF THE GOVERNMENT OF THE UNITED STATES; THAT I AM NOT A MEMBER OF AN ORGANIZATION OF GOVERNMENT EMPLOYEES THAT ASSERTS THE RIGHT TO STRIKE AGAINST THE GOVERNMENT OF THE UNITED STATES, AND THAT I WILL NOT WHILE A GOVERNMENT EMPLOYEE BECOME A MEMBER OF SUCH AN ORGANIZATION.

Bertha H. Bond

(SIGNATURE OF EMPLOYEE OR APPOINTEE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 29th DAY OF

December, 1947 AT Washington, STATE OF D. C.

Appointment Clerk

Computer 143, Title II, Sec. 206

Act of June 26, 1943

PHYSICAL QUALIFICATION RECORD

NAME BOND, BERTHA H.	NATURE OF ACTION EOD
TITLE OF POSITION Testing Technician	GRADE <input type="checkbox"/>
DEPARTMENT OR FIELD Departmental	

Subject was found physically fit unfit for duty with this organization in the above grade and position. 29 December 1947

RECOMMENDATIONS:

22 December 1948

DATE

SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER

APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, Bertha H. Bond, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

Subject to satisfactory completion of physical examination

5 November 1951

(Date of entrance on duty)

Bertha H. Bond

(Signature of appointee)

Subscribed and sworn before me this 5th day of November, A. D. 1951,

at Washington,
(City)

D. C.
(State)

Chapter 145, Title II, Sec. 206

Act of June 26, 1943

Appointment Clerk

(Title)

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

DECLARATION OF APPOINTEE

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

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

2. PLACE OF BIRTH (city or town and State or county) _____

16 Dec 1921 Monticello, Florida

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY _____ (B) RELATIONSHIP Father (C) STREET AND NUMBER, CITY AND STATE _____ (D) TELEPHONE NO. _____

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

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

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

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS	
			ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>		X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay; and under what retirement act; and rating, if retired from military or naval service.</i>		X		
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.</i>		X		
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$25 OR LESS, OR FORFEITED COLLATERAL OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>		X		

INSTRUCTIONS TO APPOINTING OFFICER

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

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

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

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

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

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

27 August 1953

MEMORANDUM FOR: Miss Bertha H. Bond
Budget Officer, Personnel Office

SUBJECT: Commendation.

1. I would like to commend you, in the highest terms I can muster, for the outstanding manner in which you prepared and compiled the Budget for the Personnel Office for the Fiscal Years 1954 and 1955. You worked long hours without complaint and the end product, I am told, is to serve as a model for the rest of the Agency.

2. Your devotion to duty in this matter is typical of the excellence of your overall performance. Your services to the Personnel Office approach the indispensable point.

CHARLES W. CLAXON
Acting Personnel Director

D:W:Claxon (27 August 1953)

Distribution:

- 0 & 1 - Addressee
- 1 - OPD Chrono
- 1 - OPD Reading
- 1 - Subject's File (BOND, Bertha H.)

PERSONNEL

JUN 29 3 34 PM '53

BRANCH

MAR 1 1954

MEMORANDUM FOR : Bertha Bond

SUBJECT : Letter of Commendation

1. As you know, the CIA Career Service Board reviewed the Final Report of the Panel on Career Service for Women at its meeting on 23 November 1953. The members of the Board were asked to study and comment on the Report, and as a result the Board has come to certain conclusions of which you have been advised.

2. Because of your fine accomplishment, the Board is happy to commend the Panel, both individually and as a group, for the quality of its work. The Report shows clearly that the Panel has produced a methodical and objective piece of research and has presented it in a manner worthy of its content. For these reasons, then, the Board desires to extend this commendation.

3. A copy of this memorandum will be placed in your official personnel folder.

/s/ Lyman Kirkpatrick

Lyman B. Kirkpatrick
Chairman
CIA Career Service Board

RBoulton, Rec'g Sec'y CSB

Distribution

Orig - Addressee

✓ 1 - Pers File

1 - RB

SEARCHED
MAR 4 11 30 AM '54
SERIALIZED

~~SECRET~~
Security Information

	Bond	Bertha	Heeth
Name:	Last,	First	Middle

TO: All C. I. A. Personnel

FROM: Personnel Director

SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

CODED
FOR
QUALIFICATIONS
DATE 31 MAR 1954

George E. Meloon
George E. Meloon
Personnel Director

~~SECRET~~
Security Information

~~SECRET~~
Security Information

PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry)	2. NAME: (last) (first) (middle)			3. Office
	BOND	Bertha	Heeth	Personnel
4. Date of Birth	5. Sex: <input type="checkbox"/> male (1) <input checked="" type="checkbox"/> female (2)	Martial Status <u>Single</u> Nr. Dependents <u>None</u>	6. CIA Entry Date:	
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth _____			

SEC. I. EDUCATION

1. Extent: (circle one)

- | | | |
|--|--|-------------------|
| 1. Less than high school | 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate | 5. Over two years, no degree | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | (6.) Bachelor degree | |
| | 7. Post-graduate study (minimum 8 sem. hrs.) | |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
Florida State University Tallahassee, Florida	Educ.	(Engl.) (Psych)	Sept 1938	June 1942	4		B.A.	June 1942	Approx. 132

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
NONE				

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
NONE				

SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

NONE

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
NONE	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

SEC. X. CIA TESTS

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken
Testing Technician	October 1947

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

Vision - myopia, astigmatism. Corrected to 20/20 by lenses.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour ___ (2) 4 year Tour ___ (3) Not interested <u>X</u> (at present)
--

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

Personnel administration and management.

SEC. II. WORK EXPERIENCE (CONT'D) N.A.

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- | | |
|--|--|
| 01 <input type="checkbox"/> U.S. Secret Service | 24 <input type="checkbox"/> Air Force A-2 |
| 02 <input type="checkbox"/> Civil Police | 25 <input type="checkbox"/> Foreign Economic Admin. |
| 03 <input type="checkbox"/> Military Police | 26 <input type="checkbox"/> Counter Intelligence Corps |
| 04 <input type="checkbox"/> U.S. Border Patrol | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U.S. Narcotics Squad | 28 <input type="checkbox"/> Strategic Services Unit |
| 06 <input type="checkbox"/> FBI | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div. | 30 <input type="checkbox"/> Central Intelligence Group |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information | 32 <input type="checkbox"/> Coordinator of Information |
| 23 <input type="checkbox"/> Army G-2 | 33 <input type="checkbox"/> Office of Facts & Figures |
| 20 <input type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare |
| | 35 <input type="checkbox"/> Federal Communications Comm. |

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE						HOW ACQUIRED				
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic	Study (Inc. CIA training)
French					X						X

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein _____

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. _____

~~SECRET~~

SEC. XIV. MILITARY STATUS

1. Present Draft Status
Have you registered under the Selective Service Act of 1948? Yes No.
If yes, indicate your present draft classification _____

2. Present Reserve or National Guard Status
Do you now have Reserve or National Guard Status Yes No.
If yes, complete the following.

1. National Guard
2. Air National Guard
3. Active Reserve Status (member of organized unit)
4. Inactive Reserve Status

Service _____ Grade _____ Location _____

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known _____

SEC. XV. CIA TRAINING

List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from) Dates (to)	Hours

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

DATE 17 February 58

SIGNATURE Bertha D. Bond

~~SECRET~~
Security Information

PERSONNEL QUALIFICATION QUESTIONNAIRE

1. Serial No. (no entry)	2. NAME: (last) (first) (middle)			3. Office
	BCND	Bertha	Heeth	Personnel
4. Date of Birth	5. Sex: <input type="checkbox"/> male (1) <input checked="" type="checkbox"/> female (2)	Martial Status <u>Single</u>	6. CIA Entry Date:	
		Nr. Dependents <u>None</u>		
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth _____			

SEC. I. EDUCATION

1. Extent: (circle one)

- | | | |
|--|--|-------------------|
| 1. Less than high school | 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate | 5. Over two years, no degree | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | (6.) Bachelor degree | |
| | 7. Post-graduate study (minimum 8 sem. hrs.) | |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
Florida State University Tallahassee, Florida	Educ.	(Engl.) (Psych)	Sept 1938	June 1942	4		B.A.	June 1942	Approx. 132

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
NONE				

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
NONE				

SEC. XIV. MILITARY STATUS

1. Present Draft Status
Have you registered under the Selective Service Act of 1948? Yes No.
If yes, indicate your present draft classification _____

2. Present Reserve or National Guard Status
Do you now have Reserve or National Guard Status Yes No.
If yes, complete the following.

1. National Guard
2. Air National Guard
3. Active Reserve Status (member of organized unit)
4. Inactive Reserve Status

Service _____ Grade _____ Location _____

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known _____

SEC. XV. CIA TRAINING

List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from) Dates	(to)	Hours

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

DATE 17 February 58

SIGNATURE Burton D. Bond

~~RESTRICTED~~
Security Information

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, Transactions & Records Branch

DATE: 28 April 1953

FROM : Bertha H. Bond

SUBJECT: Change of Emergency Addressee

In accordance with Section 3 of CIA Regulation [redacted] the following change of emergency addressee is submitted for inclusion in the appropriate personnel records:

[redacted]

Phones: Home -
Office

[redacted]

BHB
BERTHA H. BOND

~~RESTRICTED~~
Security Information

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT	THIS DATE 23 January 1957
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INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I GENERAL

1. FULL NAME (Last-First-Middle) BOND, Bertha Heeth	
2. CURRENT ADDRESS (No., Street, City, Zone, State) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	3. PERMANENT ADDRESS (No., Street, City, Zone, State) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4. HOME TELEPHONE NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE Florida

SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. Burnside, Mrs. Bruce H.	2. RELATIONSHIP Friend
3. HOME ADDRESS (No., Street, City, Zone, State, Country): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE: NA	
5. HOME TELEPHONE NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	6. BUSINESS TELEPHONE NUMBER NA
7. BUSINESS TELEPHONE EXTENSION NA	
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. Do not contact parents. If member of immediate family must be consulted, contact Mr. [redacted] (brother), [redacted]	

SECTION III MARITAL STATUS **Sarasota, Florida**

1. CHECK (X) ONE:	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> ANNULLED
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS NA (No change since last preparation of PHS)						

WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME (First) (Middle) (Maiden) (Last) NA		
4. DATE OF MARRIAGE	5. PLACE OF MARRIAGE (City, State, Country)	
6. IS (or Her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
7. CURRENT ADDRESS (Give last address, if deceased) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	8. DATE OF DEATH	9. CAUSE OF DEATH
10. DATE OF BIRTH	11. PLACE OF BIRTH (City, State, Country)	
12. IF BORN OUTSIDE U.S. - DATE OF ENTRY	13. PLACE OF ENTRY	
14. CITIZENSHIP (Country)	15. DATE ACQUIRED	16. WHERE ACQUIRED (City, State, Country)
17. OCCUPATION	18. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)	
19. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE (From To) BY MONTH AND YEAR	
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER SERVICE U.S. OR FOREIGN	

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

My sister, Eleanor Glover Bond, was employed in the Foreign Service, Department of State, from about 1945 to 1956. During this period, I saw her between foreign tours. In May 1956, she resigned from the Department and went to Australia where she married Nestor M. Elliott whom I have never met. We exchange letters every few months. I know practically nothing about him except that they became acquainted while she was assigned to Rangoon (approx. 1954-55) where he was with the Australian diplomatic service.

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

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

NA

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Riggs National Bank	17th & G Sts, NW, Washington, D. C.

SECTION V CONTINUED TO PAGE 3

SECRET

SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

NA

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

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

NA

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

SECTION VI CITIZENSHIP

1. PRESENT CITIZENSHIP (Country) U.S.

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:
 BIRTH MARRIAGE OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES NO

4. GIVE PARTICULARS NA

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)
NA

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECTION VIII FOREIGN LANGUAGE ABILITIES																				
LANGUAGE	COMPETENCE - IN ORDER LISTED												HOW ACQUIRED							
	EQUIVALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOWLEDGE		NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)		
	R - READ W - WRITE S - SPEAK																			
(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S					

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD

SECTION IX GEOGRAPHIC AREA KNOWLEDGE							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY				
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT	

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

SECTION X TYPING AND STENOGRAPHIC SKILLS				
1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
		GREGG	SPEEDWRITING	STENOTYPE
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)				

SECTION XI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH	
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK	
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.	
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN	
5. FIRST LICENSE OR CERTIFICATE (Year of issue)	6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

NA

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

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

NA

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

SECTION VI CITIZENSHIP

1. PRESENT CITIZENSHIP (Country) **U.S.**

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:
 BIRTH MARRIAGE OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES NO

4. GIVE PARTICULARS
NA

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)
NA

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECTION XI CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (*Do not submit copies unless requested*). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (*Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.*)
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED
9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

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

1	1. INCLUSIVE DATES (<i>From- and To-</i>) 1954 - 1956	2. GRADE GS-14	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Office of Director of Personnel
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Assistant Executive Officer	
	6. DESCRIPTION OF DUTIES		
2	1. INCLUSIVE DATES (<i>From- and To-</i>)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
3	1. INCLUSIVE DATES (<i>From- and To-</i>)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
4	1. INCLUSIVE DATES (<i>From- and To-</i>)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
	1. INCLUSIVE DATES (<i>From- and To-</i>)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECTION XIII

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING. ▶	2. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING. ▶
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3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

Address at time of EOD:

1948 - 1951:

1951 - Pres:

DATE COMPLETED

SIGNATURE OF EMPLOYEE

~~CONFIDENTIAL~~
SECURITY INFORMATION
SECURITY APPROVAL

8153
el

Date: 26 Oct. 1951

TO: Chief, Personnel Division
FROM: Chief, Security Division
SUBJECT: BOND, Bertha Heeth

Your Reference:

Case Number:

1. This is to advise you of security action in the subject case as indicated below:
 - Security approval is granted the subject person for access to classified information.
 - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
 - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 30 days from the above date, this approval becomes invalid.
3. Requested by Personnel Director.

Photo requested

F.C.

~~CONFIDENTIAL~~

on duty



~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

SECURITY OFFICE

~~CONFIDENTIAL~~

Investigation Report

Subject: BOND, Bertha H.

Date: 29 January 1948

To: Chief, Personnel Branch

Number: 33471

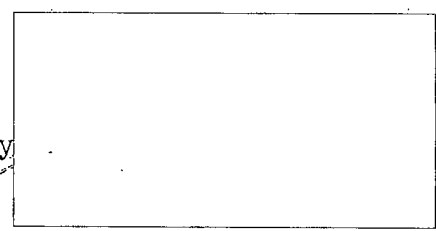
1. Investigation directed by: EPG
2. Sources of information:
3. Remarks: Subject is being considered for a position in Procurement and Placement Division as Test Technician as per your request for clearance dated 7 Nov. 1947.

4. Recommendation:

SECURITY APPROVAL RECOMMENDED, THOUGH SUBJECT TO THE RECEIPT OF DEROGATORY INFORMATION AT SOME FUTURE DATE. INTERVIEW WAIVED.
 60 UNLESS THE APPLICANT ENTERS UPON DUTY WITHIN 45 DAYS FROM ABOVE DATE, THIS APPROVAL BECOMES INVALID.

[Handwritten signature]
[Handwritten signature]

By



~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

(333)

rec. 2-2-48

~~CONFIDENTIAL~~

RECORD OF
PREVIOUS GOVERNMENT
SERVICE RETURNED TO
FEDERAL RECORDS CENTER IN
ST. LOUIS, MO.

DATE

November 1970