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# Assassination Records Review Board

## Final Determination Notification

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AGENCY : HSCA  
RECORD NUMBER : 180-10147-10267  
RECORD SERIES : STAFF PAYROLL RECORDS  
AGENCY FILE NUMBER :

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**December 8, 1995**

**Status of Document:** Postponed in Part

**Number of releases of previously postponed information: 5**

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

**Number of Postponements: 2**

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Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

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**Board Review Completed: 10/24/95**

JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : HSCA  
RECORD NUMBER : 180-10147-10267  
RECORDS SERIES : STAFF PAYROLL RECORDS  
AGENCY FILE NUMBER :

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DOCUMENT INFORMATION

ORIGINATOR : HSCA  
FROM :  
TO :  
TITLE :  
DATE : 10/25/77  
PAGES : 5  
SUBJECTS : WRASE, RICHARD C.

DOCUMENT TYPE : PRINTED FORM  
CLASSIFICATION : UNCLASSIFIED  
RESTRICTIONS : 3  
CURRENT STATUS : RELEASED WITH DELETIONS  
DATE OF LAST REVIEW : 10/26/95  
OPENING CRITERIA :  
COMMENTS : Box 3

WRASE, Richard

Name of Employee

Address

Address

Phone Number

Position Title

Position Number

Level

Step

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
PERSONAL LEAVE RECORD

1978

YEAR

DATE OF APPOINTMENT

10-25-77

ANNUAL LEAVE  
CATEGORY1.0 ☐1.5 ☐2.0 ☐

PRIOR FEDERAL SERVICE

Years Months

BALANCE BROUGHT  
FORWARD FROM  
PRECEDING YEAR

Annual Leave	Sick Leave
2	2

Month	DAY OF MONTH																															Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	EMP INIT	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
Jan.									A																							1	1					1	3		
Feb.																																1	1					0	4		
Mar.																							A									1	1					1	5		
Apr.										X																						1	1	2	6	1		1	6		
May																																1	1					2	7		
June												X																				1	1	3	8	1		2	8		
July												X	X	X																		1	1	3	9	3		0	9		
Aug.																																									
Sept.																																									
Oct.																																									
Nov.																																									
Dec.																																									

- ☐ = 0.5 day annual leave  
☐ = 1.0 day annual leave  
☐ = 0.5 day sick leave  
☐ or ☐ = 1.0 day sick leave  
☐ = 0.5 day administrative leave  
☐ or ☐ = 1.0 day administrative leave  
☐ = 0.5 day unauthorized absence  
☐ or ☐ = 1.0 day unauthorized absence  
☐ = 0.5 day leave without pay  
☐ = 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature

(If employee refuses to sign, state reason below.)

Date

Chief's Signature

Date

Approved:

Clerk of the House

Date

This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder.

EXHIBIT I



**PAYROLL AUTHORIZATION FORM**(Please Use Typewriter  
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**  
Washington, D.C. 20515(Any erasures, corrections, or changes  
on this form must be initialed by the  
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Richard C. Wrase	7/15/78
Employee Social Security Number	Type of Action
113-18-5784	<input type="checkbox"/> Appointment
Employing Office or Committee/Subcommittee	<input type="checkbox"/> Salary Adjustment
Assassinations	<input type="checkbox"/> Title Change
	<input type="checkbox"/> Termination (At close of business on effective date)
	<input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____ Specify Date _____)

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

\* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

- ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
- ☐ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
- ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date July 7, 19 78

(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

(Type or print name and title of above official)

LOUIS STOKES, CHAIRMAN  
(Signature of Authorizing Official)

(Type or print name of Authorizing Official)

(Title - If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:

Office Code \_\_\_\_\_

Monthly Annuity \$ \_\_\_\_\_ .00 as of \_\_\_\_\_

ID \_\_\_\_\_

Benefits \_\_\_\_\_

Payroll \_\_\_\_\_

Copy for Initiating Office or Committee

(Revised: August 1, 1977)



**PAYROLL AUTHORIZATION FORM**(Please Use Typewriter  
or Ballpoint Pen)**U.S. HOUSE OF REPRESENTATIVES**  
Washington, D.C. 20515(Any erasures, corrections, or changes  
on this form must be initialed by the  
authorizing official.)**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Richard C. Wrase	October 25, 1977
<b>Employee Social Security Number</b>	<b>Type of Action</b>
113-18-5784	<input checked="" type="checkbox"/> Appointment
<b>Employing Office or Committee</b>	<input type="checkbox"/> Salary Adjustment
Assassinations	<input type="checkbox"/> Termination (At close of business on effective date)

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<b>Position Title</b>	<b>Gross Annual Salary</b>
Staff Investigator	\$24,000

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date October 31, 19 77

(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title - If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:

Office Code \_\_\_\_\_

Monthly Annuity \$ \_\_\_\_\_ .00

**Copy for Initiating Office or Committee**

MEMORANDUM

TO: Mr. Blakey

FROM: Edward M. Evans *EME*  
Chief Investigator, MLK

DATE: October 21, 1977

SUBJECT: Richard C. Wrase, Investigator, Martin Luther King  
Task Force

Mr. Wrase has agreed to take a position with us as Staff Investigator assigned to the Martin Luther King, Jr. Task Force.

He will start October 25, 1977 at \$24,000.

EME:ek

*O.K.  
GB  
10-25-77*

MEMORANDUM

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

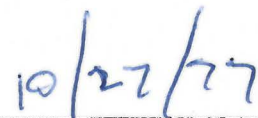
Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

☒ I am not related to any current (95th Congress) Member of Congress.

☐ I am related to a current (95th Congress) Member of Congress.  
(Please specify.) \_\_\_\_\_



Signature of Employee



Date