

EMPLOYEE RECORD

NAME: LEE HARVEY OSWALD

EXCEPTIONS: 1

ADDRESS: Dr. Gynther's Place

TELEPHONE: _____

S. S. AGENCY No. 533-54-337 CLASS No. _____

DATE BORN: _____ DATE EMPLOYED: _____ POSITION: Office Boy PER DAY _____ PER WEEK _____

MARRIED

SINGLE

PROBATION: _____

DATE OF PAY: _____ DATE _____

DATE TERMINATED: _____

Wk	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
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Year 19 _____

REG. TIME _____ OVERTIME _____

REG. RATE _____ OVERTIME RATE _____

REG. AMOUNT _____ OVERTIME AMOUNT _____

REG. DEDUCTIONS _____ OVERTIME DEDUCTIONS _____

REG. NET EARNINGS _____ OVERTIME NET EARNINGS _____

REG. TOTAL _____ OVERTIME TOTAL _____

REG. AMOUNT PAID _____ OVERTIME AMOUNT PAID _____

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1956

EMPLOYEE RECORD

NAME: LEE HARVEY OSWALD

ADDRESS: 76 Exchange Blaine

S. S. ACCT NO. 333-54 397 CASE NO. 397

DATE HIRE: 10/25/54 DATE EMPLOYED: 10/25/54 POSITION: Office Boy

DATE TERMINATED: 8/10/56 DATE: 8/10/56

REGISTRATION BY QUARTERS

QUARTER	REG.	REG.	REG.	REG.
1st				
2nd				
3rd				
4th				

Pay Period	REGULAR TIME				OVERTIME		EARNINGS			DEDUCTIONS			NET EARNINGS		
	Mo.	Da.	Mo.	Da.	Mo.	Da.	Reg. Rate	Overtime	Other	Ret. O. A.	Med. O. A.	Unemp. Ins.	Total	Amount	Pay
10/25/54	10/25	10/31	3 1/2	10/31	3 1/2		6.75	23.63				172	7.90		
11/1/54	11/1	11/7	6 1/2	11/7	6 1/2		4.50	29.25				23	1.00		
11/8/54	11/8	11/14	6 1/2	11/14	6 1/2		4.50	29.25				23	1.00		
TOTAL 1954 1955 1956															

FORM 10-53 (REV. 5-54)

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