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RECORDS SERIES TITLE	Cal's Univ President - Correspondence
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LEAVE THIS SPACE BLANK		UNIVERSITY OF CALIFORNIA PERSONNEL OFFICE
1. NAME Robert J. Buettner		JOB DESCRIPTION CARD
2. PAY ROLL TITLE Senior Administrator		
3. DEPARTMENT OR OFFICE Atomic Energy Project		4. CAMPUS UCLA
5. DEPARTMENTAL OR WORKING TITLE Senior Administrator		
6. HOURS OF WORK EACH DAY 12		7. TOTAL HOURS PER WEEK 72
8. RATE OF PAY \$ 540 per month 720.00 none		VALUE OTHER THAN CASH RECEIVED
9. SUPERVISION RECEIVED		
Names of supervisors Dr. Stafford L. Warren		Pay roll titles of supervisors Director
10. STATEMENT OF DUTIES This is the most important item on the form. List your regular and most important tasks first. If more space is needed, use reverse side		
PER CENT OF TIME	TASKS	
45	Formulates all administrative procedures and supervises the operation of all administrative departments to assure conformance with established policies.	
20	Assists with the formulation and supervision of the specific research and training programs pertinent to the Project.	
10	Locates, requisitions and expedites procurement of all government scientific equipment required for the operation of specific research programs.	
10	Surveys the research projects and training centers in this country and interviews scientific and technical personnel who can be used to advantage on this project.	
10	Assists the Director of the project (who also functions in capacity of Medical Advisor to the U. S. Atomic Energy Commission) with special problems, e.g. Nationwide health-physics programs, medico-legal cases, Japanese program, Bikini program and Almgordo program, etc.	
5	Supervises the security program of this project in accordance with the dictates of the U. S. Atomic Energy Commission.	
11. SUPERVISION OVER OTHERS		
Names of those supervised All administrative departments		Pay roll titles of those supervised
12. HOW LONG HAVE YOUR DUTIES AND THE DISTRIBUTION OF TIME BEEN SUBSTANTIALLY AS ABOVE? 3 months		
13. CERTIFICATE OF EMPLOYEE		
I hereby certify that the foregoing information supplied by me is correct and complete as to fact, that it is expressed in my own words, and that it describes my job as I understand it.		
Date	May 7, 1947	[SIGNED] Robert J. Buettner
		(OVER)

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14. CERTIFICATE OF IMMEDIATE SUPERVISOR

I HEREBY CERTIFY, That I have carefully considered the answers of this employee to the foregoing questions and that to the best of my knowledge they are correct and complete as to the facts within my knowledge, with the following exceptions:

Date May 7, 1947 [SIGNED] Stafford L. Warren, M.D. Title Director

15. CERTIFICATE OF DEPARTMENT HEAD OR DESIGNATED REPRESENTATIVE

I HEREBY CERTIFY, That the answers given by this employee and his immediate supervisor to the foregoing questions on this form are correct and complete as to the facts within my knowledge, with the following exceptions:

Date May 7, 1947 [SIGNED] Stafford L. Warren, M.D. Title Director

Use this space if needed

Original from [unclear]
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 Subject [unclear]
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