

SECRETARY OF DEFENSE CORRESPONDENCE ACTION REPORT

Complete this form and forward to WHS/ESD/Correspondence Management Division,
 Attention: Suspense Desk, Pentagon Room 3C843, Phone (703) 697-9287,
 E-mail: whs.pentagon.esd.mbx.suspense-desk@mail.mil
 Classified E-mail: whs.pentagon.esd.mbx.suspense-desk@mail.smil.mil

TASKED AGENCY

SUSPENSE DATE
 (MMDDYYYY)

1. REQUESTED ACTION

- a. **ACTION COMPLETED** COPY ATTACHED and/or SEE JUSTIFICATION BELOW
- b. **REQUEST EXTENSION OF SUSPENSE DATE (MMDDYYYY) TO** _____ (Justify below)
- c. **INTERIM REPLY SENT (Attach copy); EXTEND SUSPENSE DATE (MMDDYYYY) TO** _____ (Justify below)
- d. **REQUEST CANCELLATION (Justify below)**
- e. **REQUEST TRANSFER TO** _____ (Justify below, include POC name and telephone number)
- f. **REQUEST DOWNGRADE TO** _____ (Justify below)

2. JUSTIFICATION

3. TASKED AGENCY

a. AGENCY NAME	b. ACTION OFFICER NAME	c. TELEPHONE NUMBER
d. DATE (MMDDYYYY)	e. AGENCY APPROVING AUTHORITY SIGNATURE (Service Secretary/Under Secretary/ASD Military/Executive Assistant Level)	

4. ACTION TAKEN (For ExecSec/Executive Support Office and Correspondence Management Division Use Only)

- a. **ACTION COMPLETED** APPROVED DISAPPROVED
- b. **EXTENSION** APPROVED DISAPPROVED
- c. **CANCELLATION** APPROVED DISAPPROVED
- d. **TRANSFER** APPROVED DISAPPROVED
- e. **DOWNGRADE** APPROVED DISAPPROVED
- f. **OTHER (Specify below)** APPROVED DISAPPROVED

5. OSD CONTROL NUMBER

g. DATE SIGNED (MMDDYYYY)	h. SIGNATURE
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