

OCMO STAFF SUMMARY SHEET

	TO	ACTION	SIGNATURE AND DATE		TO	ACTION	SIGNATURE AND DATE
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			
13. ACTION OFFICER			14. OFFICE SYMBOL		15. TELEPHONE		16. CONTROL NUMBER
17. SUBJECT						18. DATE	

19. SUMMARY

INSTRUCTIONS

In Section 19, please address the following, adding an additional page if necessary.

- (1) Background/Discussion: Briefly describe "why" your action is being submitted, to include any significant details. Your background should contain enough information so that the principle can make a decision.
- (2) Coordination: If necessary, describe any internal/external coordination of significance, or how opposing viewpoints were resolved.
- (3) Recommendations: State specifically what you want signatories to do, for example; Sign the memo at TAB X; Review the incoming report; Coordinate by signing the Form 1, etc.
- (4) Add, and select one of the following:

Approve:

☐

Disapprove:

☐

Other:

Inset Electronic Signature