

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
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17. SUBJECT	18. DATE
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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 principal 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: _____

Insert Electronic Signature

Enter Full Name

Title: e.g., Assistant Chief of Staff

Office: e.g., Operations Directorate