

DIRECTIVE CLEARANCE SHEET

ORIGINATOR'S SYMBOL	ORIGINATOR'S FAX NO.	DIRECTIVE IDENTIFICATION NO. OR OTHER DESIGNATION
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SUBJECT OF DIRECTIVE	NO. OF PAGES
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APPROVAL FOR CLEARANCE	HEAD OF ORIGINATING SERVICE OR STAFF OFFICE, AUTHORIZED DESIGNEE, OR REGIONAL COUNTERPART.	SIGNATURE AND TITLE	DATE
	FOR ADDITIONAL INFORMATION CONTACT	NAME AND TITLE	PHONE CODE & EXT.
			BLDG. & ROOM NO.

CLEARANCES OF OTHER OFFICES The originating office shall indicate in the blocks provided below all other services and staff offices directly concerned with concurrence in the subject matter of the proposed directive. All questions raised or recommendations received during clearance must be completely reconciled.

DEADLINE DATE **NOTE TO CLEARING OFFICES:** This deadline date has been established for return of all concurrences or comments. If not received by this date, your concurrence may be assumed unless an extension has been requested and approved.

CONCURRENCES

NOTE - Concurrence with the proposed directive applies only to the extent that it affects the functions and activities under the signer's direction. If the signer disagrees with any part of the attached document, indicate below and show the exact language of any suggested change, either on the draft copy, the reverse side of this form, or by accompanying letter - typed on 8-1/2 x 11 size paper.

CORRESPONDENCE SYMBOL	REVIEWING OFFICIAL OTHER THAN DESIGNATED CLEARANCE OFFICER OR ALTERNATE	EXCEPTION OR COMMENTS <i>(Check)</i>		CLEARANCE OFFICER <i>(or alternate)</i>		
		YES	NO	Print or Type Name and Sign	PHONE	DATE
<input type="checkbox"/>						
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ORIGINATING OFFICE CLEARANCE CERTIFICATION	THIS PROPOSED DIRECTIVE HAS BEEN CLEARED WITH ALL OFFICES DIRECTLY CONCERNED, AND ALL PERTINENT COMMENTS HAVE BEEN ADOPTED, RECONCILED, OR EXPLAINED IN AN ENCLOSURE.	SIGNATURE AND TITLE <i>(Division director or equivalent staff official)</i>	DATE
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