

Reclamation Manual Routing Slip

ORIGINATING OFFICE (include name and mail code)			PHONE (author)	
TYPE OF RECLAMATION MANUAL RELEASE (check one)			DATE	
<input type="checkbox"/> Delegations of Authority <input type="checkbox"/> Policy <input type="checkbox"/> Directives and Standards <input type="checkbox"/> Temporary Release				
SUBJECT				
ROUTING SEQUENCE	MAIL CODE	REVIEW AND COMMENT	NAME/DATE	
			NAME	
			DATE	
			NAME	
			DATE	
			NAME	
			DATE	
			NAME	
			DATE	
			NAME	
			DATE	
	84-52000	ENSURE RECLAMATION MANUAL REQUIREMENTS MET	NAME	
			DATE	
	84-25500	FOR DETERMINATION OF NEED FOR UNION CONCURRENCE	NAME	
		<input type="checkbox"/> NO <input type="checkbox"/> YES (send to Union representative)	DATE	
		SIGNATURE OF UNION REPRESENTATIVE	NAME	
		<input type="checkbox"/> CLEARED <input type="checkbox"/> NOT CLEARED	DATE	
		FOR APPROVAL SIGNATURE	NAME	
			DATE	
	84-52000	ASSIGN RM CODE, DISTRIBUTE, AND OFFICIAL FILE	NAME	
			DATE	

Hand carry package to next office.