DA&M/WHS STAFF SUMMARY SHEET

	TO	ACTION	SIGNATURE AND DATE	TO	ACTION	SIGNATURE AND DATE
1		Coord		CCS	LOG IN	
2	O&MP	Coord		CCS	LOG OUT	
3	IMD	Coord		CORR	REV	
4	WHS GC	Coord		7. DISPOSITION		
5	DPCLO	Coord				
6	PFPA	Coord				

8. ACTION OFFICER	9. OFFICE SYMBOL	10. TELEPHONE	11. CONTROL NUMBER
[first and last name]	[of AO]	[of AO]	[leave blank]

12. SUBJECT
Internal Coordination of [insert type of issuance action, i.e., "Proposed New" - or - "Reissuance of" - or - "Change [#] to" - or - "Cancellation of"] [insert type of issuance and #], "Complete Title"

13. DATE
[signed]

14. SUMMARY

1. The proposed [issuance # - or - change to issuance #] (TAB A) is forwarded for your review and coordination. It assigns responsibilities and sets forth procedures for . . . . [- or - "It updates the existing issuance # to . . . ." Insert one or two sentences on issuance purpose or on purpose of change to issuance].

2. Concur by signing and dating in the appropriate routing block above. If concurring with comments or nonconcurring, provide comments and justification using SD Form 818 (TAB B).

3. Coordinations must be signed by your Director, Deputy Director, or approved coordination authority and received by [enter suspense date - customary suspense is a minimum of 10 workdays from the date of the coordination request].

[Name of the Director, ESD]
Director
Executive Services Directorate

Attachments:
As stated