

Reclamation Manual

Directives and Standard

TEMPORARY RELEASE
(Expires 03/22/2017)

Funding Source:	
<input type="checkbox"/> Appropriated Funds	<input type="checkbox"/> Non-Appropriated Funds
Requesting Signature	
_____ Name/Signature of Requesting Official	_____ Date Signed
Recommending Signature	
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
_____ Name/Signature of Regional IT Manager or IMT Supervisor	_____ Date Signed
<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
_____ Name/Signature of Director, Regional Director or Assistant/Deputy Regional Director (Senior Management)	_____ Date Signed
Approval Signature	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
_____ Name/Signature of Associate Chief Information Officer	_____ Date Signed