

REQUEST FOR APPROVAL OF NEW OR REVISED REPORTING REQUIREMENT				DATE OF REQUEST	
TO:					
THROUGH:					
1. PERSON TO CONTACT REGARDING REPORT		NAME	ROOM NO.	BUILDING	PHONE
2. TITLE OF REPORT AND REPORTS CONTROL SYMBOL IF ONE HAS BEEN ASSIGNED					
3. TYPE OF REPORTING REQUIREMENT		4. IF REVISED, STATE NATURE OF REVISION			
NEW					
REVISED					
5. LIST ANY REPORTS TO BE SUPERSEDED BY THIS NEW OR REVISED REPORTING REQUIREMENT				6. PROPOSED DURATION OF REPORT	
				INDEFINITE	
				TEMPORARY (<i>Indicate period</i>)	
7. CITE DIRECTIVES, AUTHORITIES OR INSTRUCTIONS ORIGINATED BY YOUR IMMEDIATE ORGANIZATIONAL ELEMENT WHICH REQUIRE THIS REPORT					
8. CITE OTHER CURRENT DIRECTIVES, AUTHORITIES OR INSTRUCTIONS AFFECTING THE REPORT					
9. REPORT FORMAT (<i>Form no., memo, machine tabulation, etc.</i>)		10. REPORTING FREQUENCY (<i>Daily, weekly, monthly, as situations occur, etc.</i>)		11. DATE REPORT IS DUE IN YOUR OFFICE	
12. DESCRIBE SUPPORTING MATERIAL TO BE SUBMITTED WITH REPORT					
13. ACTIVITIES OR COMPONENTS REQUIRED TO SUBMIT THIS REPORT					
14. DISTRIBUTION OF REPORT					
ORIGINAL					
COPIES					
MORI/CDF					

15. DETAILED NEED FOR AND USE OF THIS REPORT (Include a statement of how your program of operations would be affected if the information you desire was not furnished.)

CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEFS OF COMPONENTS

RECOMMENDATIONS

CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
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RECOMMENDATIONS

CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
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	RETURNED APPROVED	REPORTS CONTROL SYMBOL ASSIGNED	DATE
	RETURNED DISAPPROVED	TITLE	SIGNATURE
	COMMENTS ARE ATTACHED		