

Approved For Release 2006/09/25 : CIA-RDP75-00399R000100120093-2

DDS/OL/SD 35

PREPARE IN DUPLICATE

XXXXXXXXXX

1. TITLE OF REPORT (if a fill-in report include Form No.)

Daily Operations Report

2. TYPE OF REPORT	<input checked="" type="checkbox"/>	STATISTICAL
	<input type="checkbox"/>	NARRATIVE
	<input type="checkbox"/>	MACHINE-NAME LISTING

3. FUNCTIONAL AREA	<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING
	<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY
	<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE
	<input type="checkbox"/>		<input type="checkbox"/>	

ADMIN. GENERAL
OTHER (specify)

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Daily

6. DISTRIBUTION (No. of components not number of copies)

7. FORMAT (memorandum, form computer print-out, etc)

Form

8. ADP PROCESSING

<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.
<input checked="" type="checkbox"/>	NO	

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level contributing information to report)

Packing & Crating

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

N/A

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
WS-8	\$5.00	30 min.		\$2.50	253		\$632.50

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$632.50

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Internal form reflecting total line items received and total line items packed.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

RETAIN AS IS OTHER (explain)
 CHANGE
 DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS	DOLLARS
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16. DATE OF INVENTORY

22 September

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

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18. EXTENSION