

SECRET

39,418

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE 18 Sep 75	FILE NO. 3043
TO: <i>(Check)</i>	CHIEF, CONTROL DIVISION, OP		SS NUMBER 525-20-4565	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 063385	
	CHIEF, <u>LA</u> (OPERATING COMPONENT FOR ACTION) ATTN: <u>SUPPORT STAFF</u>		ID CARD NUMBER	
REF. <u>Contract</u>			OFFICIAL COVER <input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> CANCELLED	UNIT <u>U.S. ARMY</u>
STATUS	STAFF	CONTRACT		
SUBJECT <u>GRALES, DAVID S.</u>			27	

## KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)		<input type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>		EFFECTIVE DATE: _____	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER <i>(Specify)</i>		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED (HHB 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)	
SUBMIT FORM 3254 <u>Army</u> W-2 TO BE ISSUED. (HHB 20-11)		EAA: CATEGORY I _____ CATEGORY II _____	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)		SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.	
EAA, CATEGORY I _____ CATEGORY II _____		DO NOT WRITE IN THIS BLOCK - I	
SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD			

REMARKS AND/OR COVER HISTORY

PROJECT WILL BE DENIED FOR ENTIRE PERIOD OF EMPLOYMENT EXCEPT FOR U.S. GOVERNMENT EMPLOYMENT APPLICATIONS.

- DISTRIBUTION:
- COPY 1 - CD OR CPD
  - COPY 2 - OPERATING COMPONENT
  - COPY 3 - OS ERD
  - COPY 4 - OS-D/DTFB
  - COPY 5 - CCS-FILE

*G. A. Carter, Jr.*  
CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

LBR