

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO. 2500
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER	
ATTN:		OFFICIAL COVER	ESTABLISHED
REF:			DISCONTINUED
SUBJECT DAVID ATRIEE PHILLIPS		UNIT	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	EFFECTIVE DATE: _____
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HBB 20-11)
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HBB 20-7)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HBB 20-7)
SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HBB 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
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY (CONTINUE)	
AUG 72-14 JUNE 73 _____	
15 JUNE 73-21 JULY 73-HQS-STATE/INTEGRATED	
22 JULY 73-24 MARCH 75-HQS-STATE/NOMINAL	
25 MARCH 75-HQS/OVERT	

DISTRIBUTION:
 COPY 1 - CD OR CPD
 COPY 2 - OPERATING COMPONENT
 COPY 3 - OS/SRACD
 COPY 4 - OC-DO/TFB
 COPY 5 - CCS-FILE

up
AP:HLR

G. L. Christon, Jr.
 CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

118R