

SECRET

39,418

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

**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>  <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify) _____	EFFECTIVE DATE: _____
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED (HHB 20-7)
SUBMIT FORM 3254 <u>Army</u> W-2 TO BE ISSUED. (HHB 20-11)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	EAA: CATEGORY I _____ CATEGORY II _____
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
EAA, CATEGORY I _____ CATEGORY II _____	SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.
SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD	DO NOT WRITE IN THIS BLOCK - 1
REMARKS AND/OR COVER HISTORY SUBJECT 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/D/TFB
  - COPY 5 - CCS-FILE

*[Signature]* VBR  
 CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF