

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	UNIT U.S. ARMY	
SUBJECT GONZALES, DAVID S.				

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)		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 (Specify)		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED (HNB 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	
SUBMIT FORM 3254 <u>Army</u> W-2 TO BE ISSUED. (HNB 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 - 1	
SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD			
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]
 CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF