

JFHQ-OH STAFF ACTION MEMORANDUM

URGENT ROUTINE

1. SUBJECT _____ 2. SUSPENSE DATE (YYYYMMDD) _____

3. OFFICE SYMBOL _____ 4. TODAY'S DATE (YYYYMMDD) _____

5. ACTION REQUIRED
 APPROVE SIGNATURE INFORMATION DECISION OTHER _____

6. BACKGROUND (Describe the origin of the action, background, and the requirement. (7 line maximum))

7. SUMMARY OF ACTION (Executive Summary - Include impact statements, metric, trends, etc. (5 line maximum))

8. ADMINISTRATIVE REVIEW (Concur if administratively correct; Non-concur if corrections are required. Provide notes in block 13 of page 2)

CONCUR	NONCONCUR	NAME	SEE NOTES	OFFICE	DATE (YYYYMMDD)
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

Check for additional Coordination on PG.2

9. SENIOR LEADER & STAFF COORDINATION AND RECOMMENDED ACTION BY APPROVING OFFICIAL, IF APPLICABLE (If no approval or disapproval is required, Acknowledge that you have reviewed the enclosed correspondence. (Provide applicable notes in block 14 of page 2))

NAME	RECOMMENDED ACTION				OFFICE	INITIALS	DATE (YYYYMMDD)
	APPROVE	DISAPPROVE	ACKNOWLEDGED	SEE NOTES			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

10. APPROVAL DECISION - IF REQUIRED (If no approval action is required, please acknowledge receipt)

NAME & TITLE	INITIALS	DATE (YYYYMMDD)	OFFICE	APPROVED	DISAPPROVED	NOTE CHANGES	ACKNOWLEDGED
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. ACTION OFFICER NAME _____ 12. PHONE NUMBER _____

13. NOTES: ADMINISTRATIVE PERSONNEL (from block 8 of page 1)

Empty space for notes regarding administrative personnel.

14. NOTES: SENIOR LEADER & STAFF (from block 9 of page 1)

Empty space for notes regarding senior leader & staff.

15. SENIOR LEADER & STAFF COORDINATION AND RECOMMENDATION (Continued from block 9 of page 1)

NAME	APPROVE	DISAPPROVE	ACKNOWLEDGED	SEE NOTES	OFFICE	INITIALS	DATE (YYYYMMDD)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			