

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 526-20-4565	
	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"/> CONTINUED <input type="checkbox"/> CANCELLED
STATUS	STAFF	CONTRACT	UNIT	
SUBJECT GONALES, DAVID S.			U.S. ARMY <b>STAFF GROUP</b>	

**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 <u>EOO</u>		EFFECTIVE DATE: _____	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TOY _____ 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 240-2*)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2*)		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 SRB  
 COPY 4 - JC-D/D/TFB  
 COPY 5 - CGS-FILE

*J. A. [Signature]*  
 CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF