

SECRET

05 3948

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 1 SEP 71
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION	FILE NUMBER 3643
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 061365
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) <b>FB</b>	ID CARD NUMBER
ATTN: SUPPORT STAFF, CHIEF		OFFICIAL COVER
REF: FORM 1322 dtd 1 JUL 71		<input checked="" type="checkbox"/> BACKSTOP ESTABLISHED
SUBJECT: <b>MXE</b> MORALES, David S.		<input type="checkbox"/> DISCONTINUED
UNIT: <b>US ARMY</b>		<b>STAFF GROUP M</b>

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)	<input type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____	DATE
B. CONTINUING AS OF <b>DOB</b>	
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)
<input checked="" type="checkbox"/> ASCERTAIN THAT <b>ARMY</b> W-2 BEING ISSUED. (HRB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2e)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2e)	
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	

## REMARKS AND/OR COVER HISTORY

DEC 54 - NOV 55 - HQS - DAC  
 MAY 56 - OCT 56 - CUBA - **STATE INT 32**  
 MAY 56 - MAY 56 - FLORIDA - **NOO 32**  
 JUN 56 - FEB 57 - PERU - **AID INT 32**  
 JUN 56 - JUL 56 - LAOS - **AID INT 32**  
 OCT 56 - JUL 71 - VIETNAM - DAC  
 AUG 71 - NOV - DAC

DISTRIBUTION: COPY 1 - CG  
 COPY 2 - OPERATING COMPONENT  
 COPY 3 - S/OB  
 COPY 4 - OL/TELEVC  
 COPY 5 - OF  
 COPY 6 - CCS - FILE

*James H. Franklin*  
 CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

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