

Template: Regional Summary of DSA Regional Director Approval

REGIONAL SUMMARY Discretionary Supervisory Action
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Charter Number	
Credit Union Name	
Supervisor Name	
Examiner's Name	
CAMEL Rating / Effective Date	
Financial Data Date	
Total Assets	
Total net Worth	
Net Worth Ratio	
Net Worth Category	

FOM Description

Action Requested

Reason and Support for Request

(Include background of events leading to the need of a DSA. Include a discussion of how the DSA will achieve the desired effect and increase net worth.)

Assessment of Management

(Discuss management's capability and cooperation with the actions.)

Problem Areas and Current Issues

Prompt Corrective Action

(Discuss current NWRP/RBP, MSAs, and actions of the credit union.)

Alternatives

(Discuss alternatives and adverse effects on the credit union and net worth.)

Other Pertinent Information

SSA Concurrence (if applicable)

EXAMINER AND SUPERVISOR RECOMMENDATIONS AND COMMENTS:
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Examiner Recommendation:

Supervisor Concurrence:

APPROVAL/DENIAL RECOMMENDATIONS
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Analyst Comments:

APPROVE ☐

DISAPPROVE ☐

Supervision Analyst _____ Date_____

APPROVE ☐

DISAPPROVE ☐

Director of Supervision _____ Date_____

APPROVE ☐

DISAPPROVE ☐

Associate Regional Director _____ Date_____

APPROVE ☐

DISAPPROVE ☐

Regional Director _____ Date_____