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| **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:**

Examiner Recommendation:

Supervisor Concurrence:

**APPROVAL/DENIAL RECOMMENDATIONS**

**Analyst Comments:**

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| **APPROVE** |  | **DISAPPROVE** |  |

Supervision Analyst \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPROVE** |  | **DISAPPROVE** |  |

Director of Supervision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPROVE** |  | **DISAPPROVE** |  |

Associate Regional Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPROVE** |  | **DISAPPROVE** |  |

Regional Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_