

DEPARTMENT OF ATTENTION MANAGEMENT (DAM)

Serving the Public with Procedural Integrity Since 1974

Document No.: FORM-S-1
Classification: PUBLIC DISCLOSURE – LEVEL 3
Effective Date: August 13, 2025
Revision: 1.0

SCHEDULE PROPOSAL AND TIME ALLOCATION REQUEST

Form S-1 (Rev. 2024)

SEQUENTIAL REQUIREMENT: This form may only be submitted after approval of the corresponding consultation request (Form C-1).

I. AUTHORIZATION REFERENCE

1.1 Approved Consultation Request ID:

1.2 Date of Consultation Approval:

1.3 Approved Duration:

II. PROPOSED SCHEDULE OPTIONS

2.1 Primary Proposed Time:

Date: _____ Start Time: _____ End Time: _____ Time Zone: _____

2.2 Alternative Proposed Time #1:

Date: _____ Start Time: _____ End Time: _____ Time Zone: _____

2.3 Alternative Proposed Time #2:

Date: _____ Start Time: _____ End Time: _____ Time Zone: _____

III. SCHEDULING CONSTRAINTS

3.1 Absolute Unavailability Periods:

3.2 Preferred Days/Times for Future Reference:

3.3 Special Accommodations Required:

IV. COMMITMENT DECLARATIONS

4.1 ☐ I certify that I will be available and prepared at the proposed times.

4.2 ☐ I understand that once a time is confirmed, cancellation requires 24-hour advance notice.

4.3 ☐ I agree to provide all required pre-meeting documentation upon schedule confirmation.

V. EXECUTION

Petitioner Signature:

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ADMINISTRATIVE DECISION (FOR ADMINISTRATIVE USE ONLY)

Selected Time:

Administrator Signature:

Date:

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