ACTION ACTION ACTION

COMPTROLLER STAFFING SHEET

DATE:_____

SUBJECT:_____

REFERENCE:_____

ACTION ASSIGNED TO:_____ DATE TO ADMIN_____

COORDINATE WITH:_____

DIRECTOR / DEPUTY DIRECTOR COMMENTS AND/OR INSTRUCTIONS:

_____

_____

ACTION OFFICER COMMENTS:

_____

INSTRUCTIONS

UPON COMPLETION OF ACTION, RETURN THIS SHEET WITH THE APPROPRIATE DOCUMENTS TO THE ADMINISTRATIVE OFFICE. YOUR COMMENTS WILL BE REVIEWED BY THE DEPUTY AND FORWARDED FOR THE CONCURRENCE OF THE DIRECTOR. USE THE FOLDERS PROVIDED FOR SUBMITTING CORRESPONDENCE TO THE DIRECTOR AND DEPUTY. ATTACH THIS SHEET TO THE TOP AND ENCLOSE SUPPORTING DOCUMENTS FOR THE ACTIONS TAKEN, RECOMMENDED, OR COMPLETED.

MCAGCC29P -7042/2 (10-03)

ACTION ACTION ACTION