

SECRET
Classification

REPORTS INVENTORY						CONTROL NO. DDS/OF-149	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) CIARDS Projection (Feeder)						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual			6. DISTRIBUTION (No. of components not number of copies) 7		
7. FORMAT (memorandum, form computer print-out, etc) Tabular		8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT Program Call		
10. PREPARING COMPONENT (include lowest level contributing information to report) Office of Personnel				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
This information is reported by brief telephone message, and is a by-product of reports prepared by the Office of Personnel for other than Office of Finance purposes. No cost.							
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Information is required in order to properly prepare mathematical projections of the cost of CIARDS.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

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