

REPORTS INVENTORY

CONTROL NO.

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Annual Report

2. TYPE
OF
REPORT

STATISTICAL

☒ NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

☒

PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

4

5. FREQUENCY (weekly, monthly, quarterly, etc.)

annually

6. DISTRIBUTION (No. of components not
number of copies)

1

7. FORMAT (memorandum, form,
computer print-out, etc)

8. ADP PROCESSING

☒ YES

IF YES GIVE ADP PROCESSING NO.

☒ NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Deputy Director for Support

10. PREPARING COMPONENT (include lowest level
contributing information to report)

Plans Staff

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	☒ HOURS PER REPORT	☒ COST PER REPORT	☒ TIMES PREPARED	☒ COST PER YEAR
GS-14	11.33	12	135.96	1	135.96
GS-04	2.81	8	22.48	1	22.48
					158.44

B. COSTS OF COMPUTER PRODUCED REPORTS

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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.Used as basis for preparation of OP Annual Report to the DDS and to inform members
of OD/Pers concerning detailed activities within OP during the year.

14. FUTURE GOALS

15. PREPARED BY COMPONENT FOR THIS REPORT

☒ DETAILS AS IS☐ OTHER (explain)

CHARGE

SIGNATURE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

16. DATE OF SUBMISSION
1 October 1970

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

Chief, Plans Staff

18. EXTENSION

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