

**STAFF SUMMARY SHEET**

	TO	ACTION	SIGNATURE (Surname), GRADE AND DATE		TO	ACTION	SIGNATURE (Surname), GRADE AND DATE
1	19 FSS/ FSMC	Coord		6	19 AW/ CCE	Coord	
2	19 MSG/CCE	Coord		7	19 AW/ CCC	Coord	
3	19 MSG/CCC	Coord		8	19 AW/ CV	Coord	
4	19 MSG/ CD	Coord		9	19 AW/ CC	Sign	
5	19 MSG/ CC	Coord		10	19 FSS/ FSMC	Action	

SURNAME OF ACTION OFFICER AND GRADE	SYMBOL	PHONE	TYPIST'S INITIALS	SUSPENSE DATE
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SUBJECT	DATE
Type of Award/Employee Name	

SUMMARY

1. PURPOSE: To obtain 19 AW/CC approval of the "award type"

2. BACKGROUND: \_\_\_\_\_ Commander, 19 "Squadron Name", 19 "Group Name", 19th Airlift Wing, Little Rock Air Force Base, Arkansas has recommended the "award type" be awarded to (NAME OF EMPLOYEE). The nomination is submitted for approval.

3. This award recognizes an individual or group for clearly outstanding service supporting a command mission for..."based on specifics of award".

4. I verify that the official records of (EMPLOYEE NAME) during the inclusive dates of the proposed award, do not contain any disciplinary or adverse action information nor is any action pending that reflects unfavorably on the exemplary performance deserving recognition.

5. Other Data:

Last 4 of Social Security Number:  
Present Position Title, Series and Grade:  
Inclusive Dates of the Award:  
Previous Award Recognition and Dates:

6. Justification: See Tab 2

7. Citation: See Tab 1

8. RECOMMENDATION: 19 AW/CC review/approve award.

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Commander

- Tabs
1. Award Citation
  2. Award Justification
  3. AFI 36-1004