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SECRET

39,418

|  |   |          |   |                                    |
|--|---|----------|---|------------------------------------|
| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP |   |          | DATE<br>18 Sep 75                               | FILE NO.<br>3043                   |
| TO:<br>(Check)   | CHIEF, CONTROL DIVISION, OP                                       |          | SS NUMBER<br>525-20-4565                        |                                    |
|  | CHIEF, CONTRACT PERSONNEL DIVISION, OP                            |          | EMPLOYEE NUMBER<br>063385                       |                                    |
|  | CHIEF, LA (OPERATING COMPONENT FOR ACTION)<br>ATTN: SUPPORT STAFF |          | ID CARD NUMBER                                  |                                    |
| REF.   | OFFICIAL COVER  |          | <input checked="" type="checkbox"/> ESTABLISHED | <input type="checkbox"/> CANCELLED |
| STATUS   | STAFF   | CONTRACT | UNIT<br>U.S. ARMY                               |                                    |
| SUBJECT<br>SALES, DAVID S.   |   |          | 37  |                                    |

### KEEP ON TOP OF FILE WHILE COVER IN EFFECT

|  |   |
|--|---|
| <input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)  | <input type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)       |
| <input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>  | EFFECTIVE DATE:   |
| <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TDY</u> OTHER (Specify)   | SUBMIT FORM 3254 <u>Army</u> W-2 TO BE ISSUED (HHB 20-7)                        |
| SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY  | SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY |
| SUBMIT FORM 3254 <u>Army</u> W-2 TO BE ISSUED. (HHB 20-11)   | EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>   |
| SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)  | RETURN ALL OFFICIAL DOCUMENTATION TO CCS  |
| SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)  | SUBMIT FORM 2688 FOR HOSPITALIZATION CARD                                       |
| EAA, CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>  | DO NOT WRITE IN THIS BLOCK - 1  |
| SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD   |   |
| REMARKS AND/OR COVER HISTORY<br>SUBJECT WILL BE DENIED FOR ENTIRE PERIOD OF EMPLOYMENT EXCEPT FOR U.S. GOVERNMENT EMPLOYMENT APPLICATIONS. |   |

DISTRIBUTION:  
 COPY 1 - CD OR CPD  
 COPY 2 - OPERATING COMPONENT  
 COPY 3 - OS SRD  
 COPY 4 - JC-D/D/TFB  
 COPY 5 - CCS-FILE

*J. A. ...*  
 VBR  
 CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF