Control Cover Sheet

NWS Policy Directive (PD)

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| **NUMBER AND TITLE** | **NWSPD X-XX - Directive Title** |
| **DESCRIPTION AND****RECOMMENDATION** | *(Type a brief description of the directive and the update work being done, plus any recommendations to reviewers).* |
| **ACTION REQUIRED** | *(Annotate the action being required from reviewers).* Ex: Please review and concur/sign or provide comments.  |
| **Coordination/CONCURREnce** |
| **Routing Code, Name, and Signature/Date** | **Routing Code, Name, and Signature/Date** |
| W/OPR – | W/ |
| W/ |  W/ |
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|  W/ | W/ |
| *(Add lines/reviewees above, if necessary)* |
| **REVIEW/CLEARANCE** |
| **GCWSR –** |  **W/OCFO –**  |
|  **W/CFO2 –**  |  **W/OPPSD –**  |
|  **NWSEO (Union) –** | **W/OCOO –**  |
| **FINAL CLEARANCES/APPROVAL** |
| **W/COS –**  | **Wx11/AA –**  |
| **Wx1/DAA –**  |
| **Drafted by:** Name of Preparer/OPR**Telephone:** Preparer/OPR Phone#*W/OCOS: After approval signature, please**return to OCAO/MOD (E. DaSilva – T: 301-427-9026). Thank you.* |