FORM PROCESSING ACTION REQUEST

(Read Instructions on back and in DoD 7750.07-M before completing this form.)

1. DATE OF REQUEST *(YYYYMMDD)*
20120306

2. FROM *(DoD Component OPR Organization and complete mailing address)*
Marine Corps Community Services
ATTN: Mr. Watson
BOX 63002
MCBH Kaneohe Bay, HI 96863-3002

3. THRU *(DoD Component FMO Organization and complete mailing address)*
N/A

4. TO *(Organization and complete mailing address)*
Forms Management Officer
ATTN: Base Adjutant
BOX 63002
MCBH Kaneohe Bay, HI 96863-3002

5. FORM DESIGNATION AND NUMBER *(Leave blank if a new form)*

6. EDITION DATE *(Enter only if cancelling a form)*

7. FORM TITLE
MCB Hawaii MCCS Employee Information Card

8. ACTION TYPE *(Select one)*
New

9. FORM TYPE *(Select one)*
Prescribed

10. SUBJECT GROUP *(Leave blank if a new form)*

11. PRESCRIBING ISSUANCE(S)
MCBH MCCS 12000/2

12. FORM DISPOSITION *(List all forms to be replaced by proposed form)*

a. FORM NUMBER *(Enter "N/A" if none)*	b. EDITION DATE	c. DISPOSITION
N/A	N/A	

13. PROPOSED FORM DESIGN CONSIDERATIONS

a. DESIGN TYPE	b. SUGGESTED SIZE	c. PRINTING SPECIFICATIONS
Print and Fill	8.5x11	No
d. CLASSIFIED	**e. CONTROLLED FORM**	**f. DIGITAL SIGNATURE FIELD**
No	No	No

g. AVAILABILITY *(Select one)*
Physical Product - Stocked and issued by OPR

14. PURPOSE AND DESCRIPTION OF USE *(Attach continuation page if necessary.)*
MCCS Exchange emergency contact card.

15. INTERNAL COORDINATION AND CONCURRENCE

	(1) APPLICABLE? *(Yes/No)*	(2) REMARKS *(Enter applicable remarks related to coordination, and attach appropriate documentation.) (If space permits, enter coordinator email address here.)*	(3) COORDINATOR NAME	OFFICE SYMBOL	TELEPHONE NO. *(Incl. area code/DSN)*	INITIALS
a. PRIVACY ACT	Yes	NM05000-2	Ms. Amy Madsen	MP&A	808-257-8866	
b. POSTAL	No					
c. DATA ELEMENTS	No					
d. RECORDS MGMT	Yes	Destroy when 3 years old	Ms. Amy Madsen	MP&A	808-257-8866	
e. OTHER	No					
f. REPORTS						
RCS	No					
OMB	No					

16. EXTERNAL COORDINATION AND CONCURRENCE *(Not required for SD, DoD Component, or Command forms. Attach continuation page if necessary.)*

a. DOD COMPONENT	b. COORDINATOR NAME	OFFICE SYMBOL	TELEPHONE NO. *(Include area code/DSN)*	EMAIL ADDRESS	INITIALS

CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO
I hereby certify that all of the above coordinations have been completed as indicated.

17. DOD COMPONENT OPR AND/OR ACTION OFFICER

a. TYPED NAME AND TITLE	b. TELEPHONE NUMBER *(Include area code/DSN)*	c. SIGNATURE
Mr. Paul Watson	808-254-7684	Paul J. Wat

18. DOD COMPONENT APPROVING OFFICIAL

a. DATE SIGNED *(YYYYMMDD)*	b. TYPED NAME, TITLE, AND SIGNATURE

19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER

a. DATE SIGNED *(YYYYMMDD)*	b. TYPED NAME, TITLE, AND SIGNATURE

20. APPROVING FORMS MANAGEMENT OFFICER

a. TYPED NAME	b. DATE SIGNED *(YYYYMMDD)*	c. SIGNATURE
Ms. Amy Madsen	20120307	MADSEN.AMY.SUE.1076100256

Digitally signed by MADSEN.AMY.SUE.1076100256
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USMC, cn=MADSEN.AMY.SUE.1076100256
Date: 2012.03.07 08:13:51 -10'00'