Print Form

Marine Corps Installations West-Marine Corps Base, Camp Pendleton Routing Sheet

Date:

File No:

OPERATION CODE	
X - Originating or Office Affixing Routing Sheet	G - Information
A - Appropriate Action	H - Initial
B - Guidance	I - Disposition
C - Signature	J - Decision
D - Comment	K - Retention
E - Recommendation	L - Other
F - Concurrence	R - Review

RETURN TO:

ROUTING (Use numbers to show order of routing)

SUBJECT

RTG	OPR CODE	ADDRESSES	DATE IN	DATE OUT	INITIALS CONCUR	INITIALS NON-CONCUR
		COMMANDING GENERAL				
		DEPUTY COMMANDER				
		CHIEF OF STAFF				
		SERGEANT MAJOR				
		STAFF SECRETARY				
		AIDE DE CAMP				
		STAFF				
		AC/S G-1				
		ADJUTANT				
		AC/S G-3/5				
		AC/S G-4				
		AC/S G-6				
		AC/S G-7				
		AC/S G-8				
		AC/S G-F				
		SPECIAL STAFF				
		SJA				
		INSPECTOR				
		BPO				
		CHRO				
		RCO				
		SAFETY				
		CHAPLAIN				
		ENVIRONMENTAL				
		MCCS				
		CPAO				
		WACO				
		EOA				
		EEO				
		NCIS				
		OICC				
		CO, RSU				
		CO, SCTYBN				
		CO, HQSPTBN				
		CO, MCAS CAMPEN				
		CO, NAVAL HOSPITAL				
		CO, NAVAL DENTAL				

	NATURE OF ACTION REQ	ORIGINATOR'S INITIALS	DUE DATE (If Any)
ROUTINE			
URGENT			

POINT OF CONTACT (GRADE, FULL NAME, TELEPHONE)

PURPOSE: (Identify what needs to be done):

BACKGROUND: (Provide brief background explanation):

REMARKS: (If additional space is necessary, use additional sheet):

ENCLOSURES:

NOTE: All correspondence for CG's signature/action requires MCIWEST-MCB CAMPEN Adjutant review prior to delivery to the command deck.