ROUTING SLIP For use of this form, see AR 25-50; the proponent agency is AASA.	*NEVER USE FOR APPROVALS, DISAPPROVALS, CONCURRENCES, OR SIMILAR ACTIONS*

	TO	INITIALS	DATE *(YYYYMMDD)*

CHECK ACTION DESIRED

	INFORMATION		NECESSARY ACTION
	SIGNATURE		SEE ME
	NOTE AND RETURN		
	CIRCULATE		

FROM	DATE *(YYYYMMDD)*
TELEPHONE	FAX
E-MAIL	
ORGANIZATION	

DA FORM 1222, MAY 2013 APD PE v1.00

PREVIOUS EDITIONS ARE OBSOLETE