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| <b>ARMY STAFFING FORM</b><br>For use of this form, see AR 25-50;<br>the proponent agency is AASA.  |  |                   |      | 1. TRACKING NUMBER | 2. TODAY'S DATE<br>(YYYYMMDD) | 3. SUSPENSE DATE<br>(YYYYMMDD) |  |
| 4. OFFICE SYMBOL   |  |                   |      | 5. SUBJECT         |                               |                                |  |
| 6. ROUTING:  |  | Initial           | Date | POC _____          | (Rank, Name, Phone)           | DIR _____                      |  |
|  |  |                   |      | COMMENTS:          |                               |                                |  |
|  |  |                   |      |                    |                               |                                |  |
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|  |  |                   |      |                    |                               |                                |  |
| <b>7. EXECUTIVE SUMMARY / ACTION MEMORANDUM</b>  |  |                   |      |                    |                               |                                |  |
| <div style="border: 1px solid black; padding: 10px;"> <p style="text-align: right;"><u>Key Points</u></p> <ul style="list-style-type: none"> <li>■</li> <li>■</li> <li>■</li> </ul> </div> |  |                   |      |                    |                               |                                |  |
| <b>Ref:</b>  |  |                   |      |                    |                               |                                |  |
| <b>Encl:</b> TAB A:  |  |                   |      |                    |                               |                                |  |
| TAB B:   |  |                   |      |                    |                               |                                |  |
| <b>1. Purpose:</b>   |  |                   |      |                    |                               |                                |  |
| <b>2. Discussion:</b>  |  |                   |      |                    |                               |                                |  |
| <b>3. Recommendation:</b>  |  |                   |      |                    |                               |                                |  |
| APPROVED _____   |  | DISAPPROVED _____ |      | NOTED _____        |                               | SEE ME _____ COMMENT _____     |  |

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| 8. LEAD AGENCY STAFF COORDINATION | TRACKING NUMBER: |
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| TITLE   | INITIAL | TYPE OR PRINT NAME | DATE<br><small>(YYYYMMDD)</small> |
|---|---------|--------------------|-----------------------------------|
|   |         |                    |                                   |
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|   |         |                    |                                   |
|   |         |                    |                                   |
| PRINCIPAL   |         |                    |                                   |
| ACTION OFFICER<br><small>(Name/Title/Phone Number/E-mail)</small> |         |                    |                                   |
| FILE LOCATION:  |         |                    |                                   |
| SACO's NAME<br><small>(Name/Title/Phone Number/E-mail)</small>    |         |                    |                                   |
| RECOMMENDATION FOR STAFF PRINCIPAL:                               |         |                    |                                   |

9. STAFF COORDINATION

| CONCUR                   | NON-<br>CONCUR           | AGENCY | NAME (TITLE, LAST NAME) | PHONE | DATE<br><small>(YYYYMMDD)</small> | REMARKS |
|--------------------------|--------------------------|--------|-------------------------|-------|-----------------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> |        |                         |       |                                   |         |
| <input type="checkbox"/> | <input type="checkbox"/> |        |                         |       |                                   |         |
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| <input type="checkbox"/> | <input type="checkbox"/> |        |                         |       |                                   |         |
| <input type="checkbox"/> | <input type="checkbox"/> |        |                         |       |                                   |         |

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| 10. REMARKS: <input style="float: left; margin-right: 10px;" type="checkbox"/> RETURNED REQUESTING ADDITIONAL INFORMATION/CLARIFICATION |
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**PRIVACY ACT STATEMENT**  
DATA REQUIRED BY THE PRIVACY ACT STATEMENT OF 1974

**AUTHORITY:** AR 25-50

**PRINCIPAL PURPOSE(S):** DA Form 5 (Army Staffing Form) is a departmental form that, when completed, provides pertinent information about the action that is being staffed for coordination and/or submitted for approval and/or signature.

**ROUTINE USE(S):** Information furnished will not be disclosed to agencies outside of DOD.

**DISCLOSURE:** Disclosure of personally identifiable information is voluntary. However, this form cannot be processed without coordination and point of contact information.

**INSTRUCTIONS**

**PARENTHESES AT TOP OF FORM:**

Fill in classification (UNCLASSIFIED, FOUO, etc.)

**Block 1. TRACKING NUMBER:**

If the action has been assigned a tracking number by the activity Staff Action Control Office (SACO), enter that number.

**Block 2. TODAY'S DATE:**

Enter today's date. The Army standard date format is YYYYMMDD. Example: 20131015.

**Block 3. SUSPENSE DATE:**

If the action is responding to an external suspense, enter the date of the assigned suspense. If the suspense date is established internally, enter that date.

**Block 4. OFFICE SYMBOL:**

Enter the office symbol of the agency responsible for the action. Example: (DAMO-FMP)

**Block 5. SUBJECT:**

Enter the primary subject line of the action.

**Block 6. ROUTING:**

The SGS will usually complete this block.

**Block 7. EXECUTIVE SUMMARY/ACTION MEMORANDUM:**

**Key Points:** The key points are the salient information that the CG and/or DCG needs to take away from the action and are written at the Senior Army Leaders' level. These are the key points your Principal or Deputy want to convey to the CG/DCG. Each key point area allows you essentially two lines to express your key point (164 spaces) with a maximum of three key points.

**Ref:** List all references, e.g., CSA tasker; meeting; e-mail; etc. If none, state N/A.

**Encl:** List all enclosures/TABs. Explain what is included within the packet. If none, state N/A (for example, Enclosures: TAB A: Memorandum for CG's signature. TAB B: CSA tasking, and so on).

**1. Purpose:** Provide a short and clear statement of purpose (e.g., to obtain the CG' signature on the memorandum at TAB A).

**2. Discussion:** Summarize the information and provide a current status if applicable. Why are you telling this to the CG/DCG? What should the CG/DCG know and discuss? Describe the task, origin of the action, issue and the requirement. Provide fact-filled background and comment. This discussion should tell the "story" on an action without "begging questions." The final approval authority should fully understand why this action is necessary.

**3. Recommendation:** Provide a brief statement defining the desired action by the final approval authority and explain why this is the best option (e.g., CG approve action and sign the memorandum at TAB A.) Block 7 allows the EOH member to approve, disapprove, or comment on the action.

**Block 8. LEAD AGENCY STAFF COORDINATION (Lead Agency Use Only):**

These blocks are designated for the internal approval chain within a Staff. Possible entries could include Branch Chief, Division Chief, Director, and Deputy. The appropriate releasing authority should electronically sign and date the action once they have released/approved for forwarding to the next appropriate office for disposition. The Command/Staff Principal will electronically sign and date. His or her electronic signature represents concurrence with the contents of the DA Form 5 and the final product to be submitted to SGS for CG/DCG review.

**ACTION OFFICER (Name/Title/Phone Number/E-Mail):**

Enter the responsible action officer's name, rank and/or position title, office phone number and email address. This information is especially important to ensure any questions related to the action can be quickly directed to the appropriate point of contact, avoiding delay in processing the action. Action Officer will electronically sign.

**FILE LOCATION:**

It is important to be able to retrieve a file for corrections and annotations in the event that the originating action officer is not available. Enter the file path to reflect where the correspondence was saved on the server in order that an alternate POC retrieve the file and make any necessary annotations. NOTE: This applies to unclassified documents only.

**SACO'S NAME (Name/Title/Phone Number/E-Mail) :**

Enter the responsible SACO's name, rank and/or position title, office phone number and email address. This information is especially important to ensure any questions related to the action can be quickly directed to the appropriate POC, avoiding delay in processing the action. SACO will electronically sign.

**RECOMMENDATION FOR STAFF PRINCIPAL:**

This block allows for recommendations to the Staff Principal (for example, DCS, G-3/5/7 approve the memorandum at TAB A by electronically initialing Block 8).

**Block 9. STAFF COORDINATION:**

When staffing an action for review and comment, include each office and POC information that the action is being staffed with and include instructions for the addressees to indicate their concurrence by checking the appropriate block and returning to the originator. If concurrence indicates "concur with comments," then include comments at appropriate tab.

**Block 10. REMARKS BY SGS:**

The SGS will complete this block.

**RETURNED REQUESTING ADDITIONAL INFORMATION/CLARIFICATION:**

The SGS will use this block to identify all actions being returned for additional information.