

Reclamation Manual

Directives and Standards

7-2531 (01-17)
Bureau of Reclamation



MAIL MANAGEMENT OVERSIGHT

IDENTIFICATION	
Printed Name: _____	Signature: _____
Designated Receiving Official <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Acknowledgement (Signature): _____
MAIL TYPE	
Check one that applies: <input type="checkbox"/> Letter <input type="checkbox"/> Flat <input type="checkbox"/> Parcel/Package Size: _____	
Explanation of Opening:	
Date & Time Opened: _____ : _____ <small>(MM/DD/YY) <input type="checkbox"/> AM <input type="checkbox"/> PM</small>	Opened for Security Screening <input type="checkbox"/> Yes <input type="checkbox"/> No
RECIPIENT	
Check Appropriate: <input type="checkbox"/> Human Resources (Privacy Act) <input type="checkbox"/> Equal Employment Office (Privacy Act) <input type="checkbox"/> Non-Administrative Law Enforcement Employee <input type="checkbox"/> Acquisitions (Sealed Bid) Solicitation Number: _____ <small>Contract Officer: Re-Seal the Envelope: Document with this form Reference FAR 14-402 (B)</small> <input type="checkbox"/> Recipient Not Identified	