NEW PR ASSIGNMENT

PR NUMBER _____

AWARDEE NAME _____

ROUTING	INITIALS	DATE	TIME
1. POLICY TEAM - PADS DESK	_____	_____	_____
2. DIRECTOR, OPERATIONS	_____	_____	_____
3. TEAM LEADER, ACQ	_____	_____	_____
SPECIALIST ASSIGNED _____	(RETURN THIS FORM TO PADS)		
4. POLICY TEAM - PADS DESK	_____	_____	_____

NEW PR ASSIGNMENTS SHALL BE MADE WITHIN 48 HOURS AFTER RECEIPT

DO NOT HOLD