

ARMY SENIOR LEADER CALENDAR REQUEST For use of this form, see _____ ; the proponent agency is AASA.		1. OFFICE OF PRIMARY RESPONSIBILITY (OPR)	2. DATE (YYYYMMDD)
3. FOR <input type="checkbox"/> SA <input type="checkbox"/> CSA <input type="checkbox"/> USA <input type="checkbox"/> VCSA <input type="checkbox"/> DAS <input type="checkbox"/> SMA <input type="checkbox"/> OTHER _____			
4. SUBJECT			
5. TYPE <input type="checkbox"/> DECISION <input type="checkbox"/> INFORMATION <input type="checkbox"/> SEE ME <input type="checkbox"/> OFFICE CALL <input type="checkbox"/> PREBRIEF			
6. LENGTH			
7a. PREFERRED DATE(s) _____ _____ _____		7b. PREFERRED TIME(s) _____ _____ _____	
8. WHY IS THIS MEETING BEING REQUESTED?			
9. BRIEFLY EXPLAIN THE IMPACT IF THE MEETING <u>DOES NOT</u> TAKE PLACE AT THE REQUESTED DATE/TIME			
10. LOCATION <input type="checkbox"/> SA OFC <input type="checkbox"/> CSA OFC <input type="checkbox"/> USA OFC <input type="checkbox"/> VCSA OFC <input type="checkbox"/> DAS OFC <input type="checkbox"/> ARMY CONFRM <input type="checkbox"/> SMA OFC <input type="checkbox"/> OTHER _____			
11. PRESENTATION MEDIA <input type="checkbox"/> DESK SIDE/PAPER <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> VTC INVOLVED			
12. CLASSIFICATION OF SUBJECT MATTER <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED			
13. KEY AREAS IMPACTED <input type="checkbox"/> FUNDING <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> PERSONNEL <input type="checkbox"/> TRAINING <input type="checkbox"/> POLICY <input type="checkbox"/> CONGRESSIONAL <input type="checkbox"/> LEGAL <input type="checkbox"/> OTHER _____			
14. BRIEFING TOPICS			
15. BRIEFER(s)			
16. PRINCIPAL ATTENDEES			
17. INTENT			
18. ARMY'S INTEREST			
19. DESIRED OUTCOME			
20. RECOMMENDED ALTERNATIVES <input type="checkbox"/> PAPER BRIEF <input type="checkbox"/> INFO PAPER <input type="checkbox"/> DEFER BRIEF TO _____ <input type="checkbox"/> OTHER _____			
21a. BRIEFING POC			21b. TELEPHONE EXT.
22a. REQUESTING AGENCY'S PRINCIPAL XO/MA PRINTED NAME		22b. SIGNATURE	22c. DATE (YYYYMMDD)
23a. ECC POC	23b. EMAIL		23c. TELEPHONE EXT.
24. COMMENTS			