

# BRIEFING SHEET

	ROUTING		
	ORDER	INITIALS	DATE
Chief of Staff	___	___	___
Executive Director for Strategy	___	___	___
Flag Secretary	___	___	___
CMC	___	___	___
Protocol	___	___	___
Speech Writer	___	___	___
Flag Supply	___	___	___
Flag Aide	___	___	___
Flag Writer	___	___	___
SJA	___	___	___
OGC	___	___	___
Administrative Officer	___	___	___
Director, Special Events	___	___	___
Diversity Office	___	___	___
PAO	___	___	___
SAPR PM	___	___	___
Personnel Officer	___	___	___
Command Evaluation	___	___	___
Alumni Hall Manager	___	___	___
Director, Institutional Research	___	___	___
Architect of the Naval Academy	___	___	___
Command Climate Specialist	___	___	___
Commandant of Midshipmen	___	___	___
Deputy Commandant	___	___	___
Director, Professional Dev	___	___	___
Dir, Character Develop & Training	___	___	___
Dir, Leadership Ed & Development	___	___	___
Senior Chaplain	___	___	___
Midshipman Supply Officer	___	___	___
Brigade Ops	___	___	___
Music Director	___	___	___
Academic Dean and Provost	___	___	___
Vice Academic Dean	___	___	___
Assoc. Dean for Fin & Mil Affairs	___	___	___
Associate Dean Academic Affairs	___	___	___
Director, Research	___	___	___
ExecAsst, AD&P	___	___	___
Dir, International Programs Office	___	___	___
Dir, Div of Engineering and Wpns	___	___	___
Dir, Div of Humanities / Social Sci	___	___	___
Dir, Div of Math & Science	___	___	___
Librarian	___	___	___
Archivist	___	___	___
Registrar	___	___	___
Dir, USNA Museum	___	___	___
Center for Regional Studies	___	___	___
Center for Cyber Security Studies	___	___	___
Deputy for Finance & CFO	___	___	___
Comptroller	___	___	___
Dir, USNA Business Services Div	___	___	___
Dir, Human Resources Division	___	___	___
Dir of Athletics	___	___	___
Dean of Admissions	___	___	___
Director of Admissions	___	___	___
Nominations & Appointments	___	___	___
Candidate Guidance Officer	___	___	___
Dir, VADM James B. Stockdale	___	___	___
Center for Ethical Leadership	___	___	___
Deputy for IT and CIO	___	___	___
CO Naval Support Activity	___	___	___
CO Naval Health Clinic	___	___	___
Public Works Officer	___	___	___

NAME & PHONE NUMBER OF ORIGINATOR:		ADDRESSEE(S):
OFFICE:	SSIC:	
SUBJECT:		
BRIEFING: Provide background, discussion, and recommendation.		
Reference USNAINST 5216.1 for Additional Instructions		

Originating Office	Date