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SECTION  
2207

SECTION 2207

ASSIGNING OF RECONCILIATION SERVICE

(STATE HEADQUARTERS)

1. The State Director will offer assistance to the returnee in obtaining Reconciliation Service. He should be prepared to counsel the returnee regarding Reconciliation Service, explaining the 30-day time limit after he enrolls and to offer him the name, address, telephone number, and names of personnel officers of employers who have jobs available. He should offer assistance by telephoning for appointments and/or arranging interviews.

2. Upon being notified by telephone that a returnee has reported to an office of the Selective Service System and has been processed in accordance with the provisions of Section 2203 of this manual, the State Director will establish control records pertaining to the returnee by utilization of Alternate Service Control Card (SSS Form 397) and 1-W Control Card (SSS Form 398). See Appendix 1 of this manual for the preparation of these forms.

a. The SSS Form 397 will be utilized to provide suspense control over the date that the returnee should be assigned to a job. A suspense date should be established approximately 18 days after the date that the returnee reports to an office of the Selective Service System, so that a Referral for Reconciliation Service Employment (SSS Form RS-1) can be issued on the 21st day, in the event the returnee does not submit an acceptable job to the State Director.



3. The State Director will retain custody of the Assignment Folder during the period that the returnee is assigned and working under his jurisdiction.

4. The Conscientious Objector Skills Questionnaire (SSS Form 152), prepared by the returnee, should be reviewed to determine if the man has any special skills or talents which may be utilized as an aid in job placement. This information, if available, should be entered on the SSS Form 397. The State Director should give consideration to a job which will utilize a returnee's talents and skills. The assignment of a returnee should not be delayed, however, because there may not be a job available immediately which will enable him to fully utilize his talents and skills.

5. If a returnee submits a proposed job for review a decision must be made promptly by the State Director as to whether the job and the proposed employer meet the criteria for an appropriate assignment. A statement from the employer must be obtained, that the job offering meets the criteria of Section 2205.1(b). If the job and employer are approved by the State Director, the returnee should be immediately assigned to that job by issuance of a Referral for Reconciliation Service Employment, allowing reasonable travel time by the most expeditious and economical means.

6. If the State Director determines that the job does not meet the criteria for Reconciliation Service, the returnee shall be notified immediately by a telephone call confirmed by the return of the SSS Form 156 or a letter.

7. A returnee may submit a job for review with an organization which has not been previously investigated and approved as a participating employer. If the State Director determines that the proposed job may have merit but that the organization must be investigated before a determination can be made, he should notify the returnee by telephone that any delay in reporting to a work assignment beyond the 30 day assignment date, will not constitute creditable time towards the returnee's obligated period of service. During that telephone conversation, agreement should be reached with the returnee on how his assignment will proceed. A memorandum for the record should be prepared and placed in his file. Mail should be used when the returnee cannot be reached by telephone.

8. A returnee will be allowed a period of 20 days, from the date on which he enrolled at a Selective Service Office, to submit a job of his own choosing to the State Director for a review and approval.

9. If the returnee does not submit an approvable job to the State Director within the 20 day period the State Director will select an appropriate job for him and issue a Referral for Reconciliation Service Employment. At the same time he shall be mailed a letter outlining his responsibilities and requirements while assigned to Reconciliation Service. (See Sample Letter Responsibilities of Returnee, Appendix 1, Paragraph 3, Part 3.)

10. A returnee should be assigned to an appropriate job within 30 days following the date he enrolled in the Reconciliation Service Program.



11. If the returnee submits a job for consideration after he has been issued a Referral for Reconciliation Service Employment (SSS Form RS-1), the State Director may approve the job which he submitted, and issue a new Referral which will assign the returnee to the job proposed. Consideration must be given, however, as to whether a firm commitment for assignment has been made with the first employer. A cancellation of a returnee's assignment to an employer, could, in some instances, result in that employer discontinuing his participation in the program. If the State Director determines that a job assignment should be changed, the first employer should be notified as quickly as possible that the returnee will not be reporting to his organization.

12. Two days after the date the returnee was scheduled to report for Reconciliation Service, the employer should be contacted by telephone to verify whether or not the returnee reported for employment.

13. After a completed copy of the Referral for Reconciliation Service Employment (SSS Form RS-1) is returned by the employer indicating that the returnee reported to the job, the appropriate information (date work commenced, release date, employer, etc.) will be entered on the I-W Control Card (SSS Form 398). In addition, Alternate Service Employer (SSS Form 399) will be prepared and filed in alphabetical order, by name of employer (See Appendix 1).

14. Information will be supplied to the Computer Service Center through the use of existing OCR forms modified for the following stages of processing:

a. Notification that the returnee reported to the Selective Service System for Reconciliation Service. (SSS Form 7) Processing Card.

b. Notification that the returnee has been assigned to, and commenced Reconciliation Service. (SSS Form 252) Order to Report for Induction.

c. Notification that the returnee has begun Reconciliation Service job after initial assignment and reassignment following receipt of certification. (SSS Form 220) Record of Results of Armed Forces Examination.

d. Notification that the returnee left his assigned employment. (SSS Form 204-A) Notice of Decision of Local Board Not to Reopen Classification.

e. Notification that the returnee has been assigned for the continuation of his Reconciliation Service after having terminated employment. (SSS Form 253) Notice of Re-Scheduled Induction Reporting Date.

f. Notification that the returnee completed his Reconciliation Service. (SSS Form 255) Notice of Cancellation. Facimilies of these forms and their procedural directives may be found in Appendix 1.

15. Prior to assigning a returnee to a job outside his state of residence, the proposed job assignment will be coordinated with the State Director of the state where the work will be performed. The Assignment Folder will be forwarded to the receiving State Director after verification is received that the returnee reported for Reconciliation Service.



SECTION  
2208



SELECTIVE SERVICE SYSTEM

RECONCILIATION SERVICE



SECTION 2208

TRAVEL PROVISIONS



SECTION 2208

TRAVEL PROVISIONS

1. The Director of Selective Service or the State Director of Selective Service will provide transportation and meal and lodging requests to the returnee for his travel (1) from the place of enrollment to the exact location of the employment, (2) for his return travel from such place to his residence or to any other place whenever the cost of such travel would not exceed the cost of travel to his residence, upon his satisfactory completion of his prescribed period of Reconciliation Service, and (3) for his travel from one place of employment to another when his employment is transferred under the provisions of Section 2209 of this processing manual.

2. Claims for reimbursement for travel expenses incurred by the returnee in the pursuit of a job of his own choice will not be honored by the Selective Service System.

3. At his option, he may decline such Government provided travel arrangements and elect to make and pay for his own travel arrangements provided that it does not result in a delay in his reporting for Reconciliation Service.



SECTION  
2209

SELECTIVE SERVICE SYSTEM

RECONCILIATION SERVICE



SECTION 2209

ADMINISTRATION OF RECONCILIATION

SERVICE



Section 2209

ADMINISTRATION OF RECONCILIATION SERVICE

1. Employers Supervisory Responsibilities

a. The employer should maintain daily time and attendance records on returnees assigned to Reconciliation Service in the same fashion he would for any other employee. The records should be sufficient to establish that the man is reporting regularly to his job and working on a full-time schedule and should be available for audit by Selective Service personnel.

b. The returnee must be assigned to work on a minimum schedule of 40 hours per week or its full-time equivalent.

c. The returnee must be assigned to work specific days and shift hours in advance at the location or locations where the employer normally conducts his operations. The returnee is not permitted to work on an "on-call" or "personal convenience" basis.

d. The employer will be expected to provide daily supervision over the returnee's job in the same fashion as any other employee of his staff is supervised.

e. The employer should be requested to notify the State Director within five days if an assigned returnee leaves his job or is terminated for any reason. The notification should state the last date that the returnee was on the job and when applicable, the reason that he was dismissed.



f. The State Director should also be notified within five days, by the employer, if a returnee's work schedule is reduced to less than a full-time basis or if the employer finds it necessary to place a returnee on a leave of absence or release him due to lack of work.

2. Monitoring of Work Assignments.

a. The Reconciliation Service Program will be monitored to assure that the returnee is on the job and performing satisfactorily.

b. Supervisory reviews will be conducted at three month intervals to verify that the requirements of the program are being met. Selective Service personnel who perform the reviews should utilize an evaluation check list to record information developed during the interviews with employer and assigned returnee. (See SSS Form RS-3, Appendix 1) An on-the-job supervisory review should be scheduled with the employer soon after the date the returnee reports for Reconciliation Service. Whenever possible the quarterly reviews should be conducted on the job.

c. During the supervisory reviews, the employer should be assisted in resolving any problems he may be encountering in supervising the assigned returnee's work and in answering any questions which he may have. Whenever possible, the assigned returnee should be interviewed on the job. A record of on-the-job reviews will be maintained on an Employer Development Contact Record, (SSS Form 394). (See Appendix 1)

3. Failure of a returnee to enter upon or complete

Reconciliation Service.

a. The State Director will normally investigate and consider the circumstances surrounding the situation whenever a returnee:

(1) Fails to report to his work assignment;

(2) Is refused employment by an employer who had originally agreed to hire him. (To determine if the returnee purposely made himself unemployable);

(3) Reports to his assigned job but refuses to accept the work offered to him;

(4) Leaves his assigned job without first receiving permission from the State Director;

(5) Is terminated by his assigned employer for any reason.

b. The State Director's investigation of the circumstances surrounding the returnee's failure to report, refusal, termination or premature departure of Reconciliation Service should be based on facts obtained by telephone or personal contact with the employer and the returnee.

c. The returnee's creditable time will stop on the date that his employment terminates and will not again resume until the date he reports to another work assignment.

d. If the State Director, after completing an investigation, finds no failure on the part of the returnee to perform satisfactorily, will reassign the returnee to another job and will give him credit for the time between jobs.



e. If after conducting an investigation, the State Director determines that the returnee is at fault but also finds possible mitigating circumstances which would indicate that the returnee should have another opportunity to complete his Reconciliation Service, he may reassign him to the same or another job. The returnee will not receive credit for time lost between jobs.

f. In situations where a returnee refused to perform Reconciliation Service or has repeatedly been terminated from work assignments apparently through his own fault, the State Director will conduct an investigation of the returnee's failure to satisfactorily perform Reconciliation Service before reporting the case to the Director of Selective Service. This investigation may include the following steps: Obtain a statement from the former employer describing the circumstances of the returnee's failure to perform service; furnish a copy of such statement to the returnee; obtain a statement from the returnee, if he wishes to make one; compile any other evidence the State Director feels is relevant.

g. If, after completing the investigation, the State Director determines that the returnee was at fault, the returnee should not be reassigned to another job. The State Director will forward the report of investigation with returnee's Assignment Folder to the Director of Selective Service.

#### 4. Reassignment of Returnees.

a. A returnee performing Reconciliation Service does not have the right to demand a transfer of job assignment. The State Director may reassign a returnee if he requests a transfer,



but such a request does not require automatic approval by the State Director. The State Director must take into consideration the burden that a transfer of assignment may entail on the current employer who has been cooperative in providing employment to the returnee. Participating employers are entitled to expect a reasonable degree of stability in retention of assigned returnees after investing time and money in their processing, indoctrination and training.

b. A returnee performing Reconciliation Service may submit a written request to the State Director requesting an assignment to another job. The State Director will review all of the facts regarding the proposed reassignment and determine whether it should be approved.

(1) The request should include justification for the transfer.

(2) The returnee should submit a statement from the proposed employer which confirms a job offer, describes the job, and details the terms of employment.

(3) If the returnee's request is disapproved, he should be notified in writing. In addition, the organization offering employment to a returnee should be notified.



c. If the State Director determines a returnee's original work assignment ceases to meet the criteria for acceptable employment, or if there are other good reasons for reassignment, he will assign the returnee to a new job.

d. If after completing an investigation as outlined in part 3 of this section, the State Director determines that a returnee should be reassigned to another job, even though he may have been at fault for having abandoned his job or having been terminated for cause, the State Director will initiate a reassignment to a new job.

e. All reassignments will be accomplished by utilizing the Referral for Reconciliation Service Employment (SSS Form RS-1).

5. Creditable Time.

a. Creditable time for Reconciliation Service will not start until a returnee begins working in response to a Referral for Reconciliation Service Employment issued by the State Director. The 30-day period during which a returnee may look for a job does not count as creditable time.

b. Creditable time will start to be accumulated on the first day following the 30-day period if through no fault of the returnee a job assignment has not been made to which the returnee could report.

c. If a returnee abandons his job or was terminated for cause by his employer and the State Director decides to place him on another job, and the returnee was determined to be at fault, creditable time will not be accumulated between the period of his last day of work and the date that he reports to a new work assignment.

d. If the State Director determines that a returnee was terminated due to no fault of his own, the returnee will be reassigned to a new work assignment and the time between work assignments will count as creditable time.

e. A returnee will not receive credit towards his Reconciliation Service obligation for work performed on less than a full-time schedule.

f. Creditable time will not be granted for work performed by a returnee prior to his enrollment in the Reconciliation Service Program.



SECTION  
2210

SELECTIVE SERVICE SYSTEM

RECONCILIATION SERVICE



SECTION 2210

TERMINATION OF PRESCRIBED SERVICE



Section 2210

TERMINATION OF PRESCRIBED SERVICE

1. Whenever a returnee ceases to satisfactorily perform the prescribed Reconciliation Service to which he has been assigned, and after the State Director has conducted the investigation and made the determination as outlined in Section 2209, the State Director will forward the individual's Assignment Folder to the Director of Selective Service. The Director of Selective Service will report such information together with his recommendations to the referring authority, and shall furnish a copy of the report to the returnee.

2. Approximately 30 days prior to the completion of a returnee's prescribed period of Reconciliation Service, the State Director having jurisdiction over the returnee shall notify him in writing of his pending completion of Reconciliation Service. At the same time, the returnee's employer shall also be notified by letter. (See Appendix 1, paragraph 3, part 3, sample letter "Release Notice to Employer")

3. When the returnee satisfactorily completes the prescribed Reconciliation Service to which he has been assigned, the State Director will forward the individual's Assignment Folder to the Director of Selective Service who will issue a Certificate of Completion (SSS Form RS-2) to the returnee and furnish a copy to the referring authority. (See Appendix 1)





SELECTIVE SERVICE SYSTEM

RECONCILIATION SERVICE



APPENDIX





FACT SHEET

RECONCILIATION SERVICE

INSTRUCTIONS TO RETURNEES



In accordance with your agreement or pledge with the referring authority to participate in Reconciliation Service the following information is provided:

1. On the day you report in person to a Selective Service official you will be required to indicate a place of residence. The State Director of the state in which you designate your residence will have primary responsibility for your placement in Reconciliation Service.
2. The next day will be the start of a 30-day time period relating to your Reconciliation Service. During this 30-day period you are encouraged to seek your own job which must qualify under the guidelines of paragraph 3. At the end of that 30-day period you will be expected to report to a job. This may either be a job which you found or a job which the State Director secured for you. If you find a job you should notify the responsible State Director a minimum of 10 days before the end of the 30-day period so that he will have time to determine whether it is acceptable and to properly process the assignment. You may contact the State Director and he will assist you in finding a job.
3. The guidelines for appropriate employment are, that the employment must promote national health, safety or interest, must be with a non-profit organization and must not interfere with the competitive labor market.

4. Documents will be provided at your initial contact with the Selective Service System to assist in job placement.
  
5. The State Director of Selective Service has the responsibility for assuring that you satisfactorily perform Reconciliation Service employment. Consequently, any inquiries or correspondence concerning your status while performing your Service should be mailed to the appropriate State Director.
  
6. Your responsibilities while assigned Reconciliation Service are as follows:
  - a. To work at your assigned job for the prescribed time period.
  - b. To adhere to the employer's standards for his work force.
  - c. To work a minimum of 40 hours per week.
  
7. Upon completion of your prescribed period of Reconciliation Service you and the referring authority will be furnished a Certificate of Completion by the Director of Selective Service.
  
8. The address and telephone number of the local State Director is:

The address and telephone number of the State Director of your State of Residence is:

All contact with Selective Service after your initial contact should be made with a State Headquarters rather than an area administrative office.

RECONCILIATION SERVICE MANUAL

APPENDIX 1

CURRENT FORMS CHECKLIST AND INDEX

1. INTRODUCTION

The following list sets forth all forms and form letters necessary in the Reconciliation Service Processing System. This appendix is divided into three parts. Part One (1) contains Procedural Directives and sample forms for current SSS forms which are modified for use in the Reconciliation Service Processing System. Part Two (2) contains the Procedural Directive and sample forms for special SSS Forms Reconciliation Service. Part Three (3) contains sample form letters.

2. RUBBER STAMPS

Each State Headquarters and each Area Administrative Office has been furnished special rubber stamps which are required in the implementation of this program. When these rubber stamps are used, they should be applied by using red ink. This will permit the utilization of current SSS forms without extensive modifications.

3. FORMS LISTING

PART 1.

<u>SSS FORM NO.</u>	<u>TITLE</u>
1	Enrollment Card
7	Processing Card
101	Assignment File Folder



RECONCILIATION SERVICE

LIST OF FORM LETTERS AND THEIR USE

<u>SSS FORM NO.</u>	<u>TITLE</u>
152	Conscientious Objector Skills Questionnaire
156	Employers Statement of Availability of Job as Alternate Service
204-A	Notice of Decision of Local Board Not to Reopen Classification
220	Record of Results of Armed Forces Examination
252	Order to Report for Induction
253	Notice of Rescheduled Induction Reporting Date
255	Notice of Cancellation
394	Employer Development Contact Record
397	Alternate Service Control Card
398	1-W Control Card
399	Alternate Service Employer
721	Transcript of Military Record

PART 2.

<u>SPECIAL SSS FORM NO.</u>	<u>TITLE</u>
RS-1	Referral for Reconciliation Service Employment
RS-2	Certificate of Completion
RS-3	Reconciliation Service Management Form

PART 3.

	<u>DESCRIPTION</u>
Fact Sheet	given to returnee when he initially contacts a Selective Service Office regarding Reconciliation Service. - note on SSS Form 119 or 101.
Employer Guidelines	sent to an employer outlining the requirements for this alternate service type employment. Use window envelope. - note on Alternate Service Employer (SSS Form 399)

FORM LETTERS

DESCRIPTION

Returnee Responsibilities

detailed fact sheet spelling out requirements for successfully performing Reconciliation Service to be mailed to returnee with Referral for Reconciliation Service (SSS Form RS-1). - note on (SSS Form 398)

Returnee Advance Completion Notice

mailed to returnee 30 days ahead of release date. - note on 1-W Control Card (SSS Form 398)

Employer Advance Completion Notice

mailed to employer 30 days ahead of release date. - note on 1-W Control Card (SSS Form 398)



PROCEDURAL DIRECTIVE  
ENROLLMENT CARD  
(REGISTRATION CARD SSS FORM 1)

(RECONCILIATION SERVICE)

1. PURPOSE:

To provide a record of a returnee who enrolls for Reconciliation Service under the provisions of the President's Reconciliation Service Program, and to be used as a source for completion of Processing Card (Status Card SSS Form 7).

2. PREPARATION:

a. An Enrollment Card (Registration Card SSS Form 1) shall be prepared whenever a returnee reports to a Selective Service Office to enroll in the Reconciliation Service Program.

"RECONCILIATION SERVICE" shall be stamped in red ink on the face of the card.

b. All entries except signatures shall be typed or clearly printed in ink. An entry shall be made in each item on the form; entries such as "N.A." (Not Applicable), "Unknown," or "None" shall be used when appropriate.

3. DISTRIBUTION:

The Enrollment Card shall be placed in the returnee's Assignment Folder.



(OCT 23, 1974)

4. COMPLETION INSTRUCTIONS:

Box No. 1. "NAME IN FULL." Insure that the last name is placed first, that the spelling is correct, and that the full middle name is used if available. Use NMN if there is no middle name. If a returnee has an initial only, enter IO in the parenthesis after the initial.

Box No. 2. "DATE OF REGISTRATION." This date must be the date the Enrollment Card is completed and signed. make sure that a three-letter abbreviation, not numbers, is used for the month.

Example: JAN

Box No. 3 "PLACE OF RESIDENCE." Assure that the street name and number or rural route are complete. Abbreviations may be used for words such as "St." or "Blvd." so that sufficient space is left for the returnee's telephone number, including the area code.

Box 4. "MAILING ADDRESS." This box should be completed if the address where the returnee will receive mail is different from the place of residence listed in Box 3. If the address is the same as in Box 3, "same as above" may be entered here. If the phone number at the returnee's mailing address is different from that listed in Box 3, be sure it is entered in this box and that it includes the area code.

Box No. 5. If the returnee is a female, enter "FEMALE"

Box No. 6. "DATE OF BIRTH." Assure that the date of birth given by the returnee is correct and is entered as the month (three-letter abbreviation), day and year. Example: APR 11, 1951.

Box No. 7. "SOCIAL SECURITY ACCOUNT NUMBER." The Social Security Account Number, if known, should be placed in the three boxes provided.

Box 8, 9, 10, 11, 12, 13, 14, and 15. Insert "NA" in each box.

Box No. 16. Line 1. Enter "Referral Agency" followed by the designation of the agency which referred the returnee; either "Justice," "Military," "Department of Transportation" (for Coast Guard), or "Clemency Board," whichever is appropriate.

Line 2. If the returnee was a "military" referral, or was "military" referred by the Clemency Board, enter the returnee's branch of service; either "ARMY," "NAVY," "AIR FORCE," "MARINES," or "COAST GUARD," whichever is appropriate.

Box No. 17. Enter on Line 1 "PREVIOUSLY REGISTERED" followed by "yes" or "no," whichever is appropriate. On Line 2 enter number of months of required service.





Box 18. "WRITTEN SIGNATURE OF RETURNEE." After the form has been completed by the compensated employee it shall be reviewed with the returnee for completeness and accuracy of information before requesting the returnee's signature. If the returnee is unable or refuses to sign the form, the compensated employee shall sign the returnee's name and indicate that he has done so by signing his own name, followed by the compensated employee's title beneath the name of the returnee.

"TO BE COMPLETED BY REGISTRAR ONLY" box. Complete the block entitled "To Be Completed by Registrar Only." The compensated employee shall certify the form by signing his name in the space provided. Then enter the name and address of the local board or other place where the signing took place.

"MEANS OF IDENTIFICATION" box. Enter "NA"

"SELECTIVE SERVICE NUMBER" box.

- (a) When the Selective Service Number of the returnee is known, enter the number.
- (b) If the returnee indicates that he was previously registered, and his Selective Service Number is not known, the compensated employee shall attempt to obtain from the returnee sufficient information to determine his Selective Service

Number. If his Selective Service Number cannot be determined locally the necessary information shall be telephoned to the State Director for determination. Upon receipt of the Selective Service Number it shall be entered in the "Selective Service Number" box. If the State Director is not successful in determining the returnee's Selective Service Number, he will so inform the compensated employee, and the returnee will be assigned a control number as follows: The first element will be the number of the state, territory, or possession; the second element will be the number "902"; the third element will be the last two digits in the returnee's year of birth, and the fourth element will be the number assigned to the returnee by the State Director.

- (c) If the returnee is not required to be registered, enter the control number obtained from the State Director.



**SELECTIVE SERVICE SYSTEM  
REGISTRATION CARD**

SELECTIVE SERVICE NUMBER			
(Selective Service Use Only)			

(To be typed or printed with ballpoint)

1. NAME IN FULL <i>Last</i> XXXON <i>First</i> HENRY <i>Middle</i> PAUL			2. DATE OF REGISTRATION		
3. PLACE OF RESIDENCE <i>Street and Number or RFD Route</i> 50 Gulf St.			<i>Tel. No. (include area code)</i> 919-755-4160		
<i>City, Town, or Village</i> Raleigh		<i>County</i> Dake	<i>State</i> North Carolina	<i>Zip Code or Country</i> 27611	
4. MAILING ADDRESS (if different than item 3) Same as above			<i>Tel. No. (include area code)</i>		
<i>City, Town, or Village</i> Same as above		<i>County</i>	<i>State</i>	<i>Zip Code or Country</i>	
5. PLACE OF BIRTH NA		6. DATE OF BIRTH - See "CAUTION" APR 11 1952		7. SOCIAL SECURITY ACCT. NO. 340-40-2400	
CAUTION - The date shown in box 6 will determine your lottery number. Be sure this date is correct.					
8. COLOR OF EYES NA		9. COLOR OF HAIR NA		10. HEIGHT (Approx.) NA ft. in.	
11. WEIGHT (Approx.) NA			12. ALIAS OR OTHER NAME(S) USED NA		
13. ARE YOU A MEMBER OF A RESERVE COMPONENT OF THE ARMED FORCES? NA <input type="checkbox"/> YES <input type="checkbox"/> NO			14. ALIENS ONLY NA		
ALIEN REGISTRATION NUMBER NA		DATE ENTERED U.S. NA		MEDICAL SPECIALTY (if any) NA	

SSS FORM 1 (Rev. Mar. 1973)

(Previous Editions will be used until Stocks are Exhausted)

(Complete both sides)

15. Name, address and telephone number of parents (guardian) Father: NA			
Mother: NA			
16. Name and address of two persons, other than a member of your immediate household, who will always know your address. Referral Agency - Military			
Branch of Service - Army			
17. Name and address of school or employer Previously Registered - No			
No. Months of Required Service - 18			
TO BE COMPLETED BY REGISTRAR ONLY I certify that the person registering has read or has had read to him his answers and that I have witnessed his signature or mark. <i>L. A. Lavin</i> (Signature of Registrar)		18. I affirm that I have verified the foregoing statements and that they are true. <i>Henry P. Xyxon</i> (Written Signature of Registrant)	
L. B. No. or Place Area Office No. 17		Street and Number 310 Bee Ave.	
City or County Raleigh		State or Country N.C.	
MEANS OF IDENTIFICATION OF REGISTRANT: NA			

PROCEDURAL DIRECTIVE

ENROLLMENT CARD

(Registration Card SSS Form 1)

(Issue Date NOV 73)

(RECONCILIATION SERVICE)

1. PURPOSE:

To provide a record of returnees referred to the Selective Service System for service under the provisions of the President's Reconciliation Service Program, and to be used as a source for completion of "Processing Card" (Status Card SSS Form 7).

2. PREPARATION:

(a) An "Enrollment Card" (Registration Card SSS Form 1) shall be prepared whenever a returnee reports to a Selective Service Office. "Reconciliation Service" shall be stamped in red ink on the face of the card.

(b) All entries except signatures shall be typed or clearly printed in ink. An entry shall be made in each item on the form; entries such as "N.A." (Not Applicable), "Unknown," or "None" shall be used when appropriate.

3. DISTRIBUTION:

The Enrollment Card shall be placed in the returnee's Assignment Folder.



(OCT 23, 1974)

4. COMPLETION INSTRUCTIONS:

Box No. 1. "NAME IN FULL." Insure that the last name is placed first, that the spelling is correct, and that the full middle name is used if available. Use NMN if there is no middle name. If a returnee has an initial only, enter IO in the parenthesis after the initial.

Box No. 2. "DATE OF BIRTH." Assure that the date of birth given by the returnee is correct and is entered as the month (three-letter abbreviation), day and year. Example: APR 11, 1951.

Box No. 3. "PLACE OF RESIDENCE." Assure that the street name and number or rural route are complete. Abbreviations may be used for words such as "St." or "Blvd." so that sufficient space is left for the returnee's telephone number, including the area code.

Box No. 4. "MAILING ADDRESS." This box should be completed if the address where the returnee will receive mail is different from the place of residence listed in Box 3. If the address is the same as in Box 3, "same as above" may be entered here. If the phone number at the returnee's mailing address is different from that listed in Box 3, be sure it is entered in this box and that it includes the area code.

Box No. 5. If the returnee is a female, enter "FEMALE," otherwise "NA."

Box No. 6. "SOCIAL SECURITY ACCOUNT NUMBER." The Social Security Account Number, if known, should be placed in the three boxes provided.

Box Nos. 7, 8, 9, 10 and 11. Insert "NA" in each box.

Box No. 12. Put an "X" in the appropriate box.

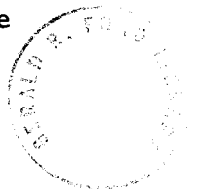
Box Nos. 13, 14, and 15. Insert "NA."

Box No. 16. Line 1. Enter "Referral Agency" followed by the designation of the agency which referred the returnee; either "Justice," "Military," "Department of Transportation" (for Coast Guard), or "Clemency Board," whichever is appropriate.

Line 2. If the returnee was a "military" referral, or was "military" referred by the Clemency Board, enter the returnee's branch of service; either "ARMY," "NAVY," "AIR FORCE," "MARINES," or "COAST GUARD," whichever is appropriate.

Box No. 17. Enter on Line 1 "PREVIOUSLY REGISTERED" followed by "yes" or "no," whichever is appropriate. On Line 2 enter number of months of required service.

Box No. 18. "TO BE COMPLETED BY REGISTRAR ONLY" box. Complete the block entitled "To Be Completed By Registrar Only." The compensated employee shall certify the form by signing his name in the space provided. Then enter in Box No. 20, the name and address of the local board or other place where the signing occurred.



"WRITTEN SIGNATURE OF REGISTRANT." After the form has been completed by the compensated employee, it shall be reviewed with the returnee for completeness and accuracy of information before requesting the returnee's signature. If the returnee is unable or refuses to sign the form, the compensated employee shall sign the returnee's name and indicate that he has done so by signing his own name, followed by the compensated employee's title beneath the name of the returnee.

"DATE SIGNED" Boxes. The date the registrar and the returnee signs the card shall be the date that is entered. The date the card is signed shall be the date of registration.

"SELECTIVE SERVICE NUMBER" Box.

- (a) When the Selective Service Number of the returnee is known, enter the number.
- (b) If the returnee indicates that he was previously registered, and his Selective Service Number is not known, the compensated employee shall attempt to obtain from the returnee sufficient information to determine his Selective Service Number. If his Selective Service Number cannot be determined locally, the necessary information shall be telephoned to the State Director for determination. Upon receipt of the Selective Service Number it shall be entered in the "Selective Service Number" box. If the State Director is not successful in determining the returnee's Selective Service Number, he will so inform the compensated employee,

and the returnee will be assigned a Reconciliation Service Control Number as follows: The first element will be the number of the state, territory, or possession; the second element will be the number "902"; the third element will be the last two digits in the returnee's year of birth; and the fourth element will be the number assigned to the returnee by the State Director.

- (c) If the returnee is not required to be registered, enter the Reconciliation Control Number obtained from the State Director.





SELECTIVE SERVICE SYSTEM  
REGISTRATION CARD

SELECTIVE SERVICE NUMBER			
(Selective Service Use Only)			

(To be typed or printed with ballpoint)

1. NAME IN FULL <b>XXXON HENRY PAUL</b> <small>Last First Middle</small>			2. DATE OF BIRTH -- See "CAUTION" <b>APR 11, 1952</b> <small>Month (abbrev.) Day Year</small>		
CAUTION The date shown in Block 2 will determine your lottery number. Be sure this date is correct. CAUTION					
3. PLACE OF RESIDENCE <b>70 Gulf Street</b> <small>(Street and Number or R.F.D. Address)</small>			<b>919-755-4160</b> <small>Tel. No. (include area code)</small>		
<b>Raleigh</b> <small>City, Town, or Village</small>		<b>Oake</b> <small>County</small>	<b>North Carolina</b> <small>State</small>	<b>27611</b> <small>Zip Code or Country</small>	
4. MAILING ADDRESS (If different than item 3) <b>Same as above</b> <small>(Street and Number or R.F.D. Address)</small>			<b>Same as above</b> <small>Tel. No. (include area code)</small>		
<b>Same as above</b> <small>City, Town, or Village</small>		<b>Same as above</b> <small>County</small>	<b>Same as above</b> <small>State</small>	<b>Same as above</b> <small>Zip Code or Country</small>	
5. PLACE OF BIRTH <b>NA</b> <small>City State or Country</small>		6. SOCIAL SECURITY ACCT. NO. <b>240-40-2400</b>		7. ALIAS OR OTHER NAME(S) USED <b>NA</b>	
8. COLOR OF EYES <b>NA</b>		9. COLOR OF HAIR <b>NA</b>		10. HEIGHT (Approx.) <b>NA</b>	
11. WEIGHT (Approx.) <b>NA</b>		12. HAVE YOU SERVED ON ACTIVE DUTY IN THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		13. ARE YOU A MEMBER OF A RESERVE COMPONENT OF THE ARMED FORCES? <b>NA</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. ALIENS ONLY <b>NA</b> <small>ALIEN REGISTRATION NUMBER</small>		<b>NA</b> <small>DATE ENTERED U.S.</small>		<b>NA</b> <small>MEDICAL SPECIALTY (if any)</small>	

SSS FORM 1 NOV 73 (Previous Editions will be used until Stocks are Exhausted) (Complete both sides)

15. Name, address and telephone number of parents (guardian) Father: <b>NA</b>	
Mother:	
16. Name and address of two persons, other than a member of your immediate household, who will always know your address. <b>Referral Agency - Military</b>	
<b>Branch of Service - Army</b>	
17. Name and address of school or employer <b>Previously Registered - No</b>	
<b>No. Months of Required Service - 18</b>	
18. TO BE COMPLETED BY REGISTRAR ONLY I certify that the person registering has read or has had read to him his answers and that I have witnessed his signature or mark. <b>L. A. Lawin</b> <b>Henry P. XXXon</b> <small>(Signature of Registrar) (Written Signature of Registrant)</small>	
DATE SIGNED <b>OCT 2, 1974</b>	
DATE SIGNED <b>OCT 2, 1974</b>	
20. L. B. No. or Place <b>Area Office No. 17 310 Bee Ave. Raleigh N.C.</b> <small>Street and Number City or County State or Country</small>	
MEANS OF IDENTIFICATION OF REGISTRANT: <b>NA</b>	

(OCT 23, 1974)

PROCEDURAL DIRECTIVE  
PROCESSING CARD  
(STATUS CARD SSS FORM 7)

ESTABLISHMENT OF RETURNEE IN RECONCILIATION PROGRAM

1. PURPOSE:

The Processing Card (SSS Form 7) is an OCR form which will be used to notify the Computer Service Center that a returnee has reported to the Selective Service System.

2. PREPARATION:

The Processing Card will be prepared following normal OCR procedures, except as provided in this Procedural Directive. Following completion of typing, the copies will be separated and will be over stamped, "RECONCILIATION SERVICE" in red ink as follows:

Copy 1 - Below block 3.

Copy 2 - Below the address

Copy 3 - Below block 3.

The person preparing the form will then print or type the information contained on copy 1, in block 1, Line 1, that has been omitted on copy 2 in the space above the fold mark on copy 2.

3. DISTRIBUTION:

Copy 1 - Following preparation, Copy 1 will be immediately mailed to the Computer Service Center. The envelope will be stamped in red with the "Reconciliation Service" stamp provided in the upper left hand corner immediately below the return address.



(OCT 23, 1974)

Copy 2 - Retain in a file marked Reconciliation Service, until State Headquarters acknowledges receipt of the returnee's Assignment Folder, and then destroy.

Copy 3 - Place in the returnee's Assignment Folder for forwarding to State Headquarters.

4. COMPLETION INSTRUCTIONS:

Block 1:

Line 1,

Box 1 - State of Return (State number of unit typing form).

Box 2 - Leave blank.

Box 3 - (Local Board of Record) If the returnee is a deserter and was referred by his Military Department or Department of Transportation enter as follows: ARMY, type AR; NAVY, type NA; AIR FORCE, type AF; MARINES, type MA; COAST GUARD, type CG. If returnee is a deserter and was referred from the Clemency Board enter as follows: ARMY, type CAR; NAVY, type CNA; AIR FORCE, type CAF; MARINES, type CMA; COAST GUARD, type CCG. If returnee is an evader and was referred by the Attorney General (U.S. Attorney), type AG. If returnee was an evader and was referred from the Clemency Board, type CAG.

Box 4 - (Original) - Type an "X" for initial establishment of returnee.

Box 5 - (Duplicate) - Type a "Y" in the box if returnee has registered previously or type an "N" in the box if returnee has registered as result of the reconciliation program. Type an "R" if he is not required to register.

Box 6 - Leave blank.

Box 7 - (Deletion) - Type "F" if returnee is a female.

Box 8, 9, and 10 - Leave Blank.

Line 2,

Box 1, 2, and 3 - (Date of mailing) - Enter date returnee appears at Area Office or State Headquarters, after being referred.

Box 4, 5, 6, and 7 - Enter returnee's Selective Service Number or the Reconciliation Service Control Number that was obtained from State Headquarters.

Line 3,

Box 1 - (Classified in Class) - Enter the number of months returnee is obligated to perform service.

Box 2, 3, 4, 5, and 6 - Leave Blank.

Line 4, Leave blank.

Line 5,

Box 1, 2, and 3 - (Date of Birth) - Enter returnee's date  
of birth.

Box 4 - Leave blank.

Box 5, 6, and 7 - (Social Security Account No.) - Enter  
returnee's Social Security Number if immediately  
available.

Line 6, Leave blank.

Line 7 - (Name) - Enter returnee's name.

Line 8 and 9 - Enter returnee's mailing address.

The rest of the form will be left blank.


INK  
TEST

INK  
TEST

USE THIS AREA TO TEST ALIGNMENT. (ADJUST TYPEWRITER IF NECESSARY. THIS AREA WILL NOT BE READ BY MACHINE)

← ALIGN FIRST CHARACTER IN THIS BOX. TYPE THE WORD "ALIGN" TO REGISTER HERE. → ALIGN

### SELECTIVE SERVICE SYSTEM STATUS CARD

STATE OF RETURN		REF BY		TYPE X		Y OR R				TYPE X INTO BOX IF REGISTRANT HAS EXTENDED LIABILITY HAS BEEN FINALLY EXAMINED		FOR EXTENDED PRIORITY ENTER LETTER CODE E FOR PRIORITY SELECTION GROUP ENTER APPROPRIATE DIGIT CODE 1, 2, ETC.	
PROGRAM IDENTIFICATION 0007 1													
BLOCK 1. STATE LOCAL BOARD LOCAL BOARD MAN X INDICATES THAT THIS IS THE 31 AR X N													
ISSUING THIS FORM OF RECORD (ORIGINAL) (DUPLICATE) (CHANGE) (RELATION)													
DATE OF MAILING OF RECORD SELECTIVE SERVICE NUMBER OCT 1 1974 31 93 52 200 ←													
CLASSIFIED IN CLASS (ADMINISTRATIVE) (LOCAL) (APPEAL BOARD) (VOTE) (NATIONAL)													
DATE OF CLASSIFICATION DATE OF EXPIRATION													
MO. DAY YEAR MO. DAY YEAR APR 11 1952 240 40 2400 ←													
COLOR EYES COLOR HAIR (IF AVAILABLE) HEIGHT (IF AVAILABLE) WEIGHT													
LAST NAME, FIRST NAME, MIDDLE NAME DOE, HENRY PAUL ←													
NUMBER AND STREET (OR RFD ADDRESS) 507 GULF ST ←													
CITY, STATE OR COUNTRY AND ZIP CODE RALEIGH, NC 27611 ←													
BLOCK 2. DATE OF THIS LOCAL BOARD MEETING PREVIOUS MO. DAY YEAR CLASSIFICATION													
EXPIRATION OF DEFERMENT REOPENING FOR ANY REASON NOT SPECIFIED PERSONAL APPEARANCE BEFORE LOCAL BOARD (RPM CHAPTER 624) REOPENING DUE TO C.O. CLAIM (NOT INCLUDED ABOVE) REOPENING DUE TO HARDSHIP CLAIM (NOT INCLUDED ABOVE) CANCELED REGISTRATION													
BLOCK 3. DISQUALIFIED WITHOUT EXAMINATION BECAUSE OF (TYPE P FOR PHYSICAL OR M FOR MORAL)													

REPORTS TO SS

DATE OF BIRTH

SSN OR CONTROL NUMBER

MONTHS OF OBLIGATED SERVICE

SSAN

RETURNEE'S NAME

REGISTRANT'S NAME

AND

MAILING ADDRESS

RETURNEE'S MAILING ADDRESS

COMPLETE BLOCK 2 WHEN CLASSIFICATION IN BLOCK 1 WAS MADE BY LOCAL BOARD ACTION

TYPE "X" INTO PROPER BOX

# RECONCILIATION SERVICE



(FOR FORM CONTROL ONLY)

PROCEDURAL DIRECTIVE  
ASSIGNMENT FILE FOLDER  
(SSS FORM 101)

1. PURPOSE:

To serve as a folder in which to file all papers pertaining to a returnee during Reconciliation Service.

2. PREPARATION:

- a. The SSS Form 101 shall be completed in original only by typing or printing the information in ink from the Enrollment Card.
- b. Only Box Nos. 1, 2, 3, 5, 6 and 15 need be completed. All other entries should be left blank.
  - (1) Box Nos. 1, 2, 3, 6 and 15 are self-explanatory.
  - (2) Box No. 5 - Stamp "RECONCILIATION SERVICE" in red ink.


3. DISTRIBUTION:

Filed separately from other files maintained at the State Headquarters.

4. DISPOSAL:

Forward to Director of Selective Service when returnee ceases to satisfactorily perform Reconciliation Service or when he satisfactorily completes his prescribed period of service.

(OCT 23, 1974)







PROCEDURAL DIRECTIVE  
SPECIAL REPORT FOR RECONCILIATION SERVICE

(SSS FORM 152)

1. PURPOSE:

To obtain from a returnee information regarding his work preference, employment record, education, abilities and interests to guide the State Director in determining the type of employment which would be appropriate for the returnee to perform.

2. PREPARATION:

Prepared in original only, except when necessary, additional copies may be made for prospective employers. Page 1 is completed by the compensated employee who inserts the State Headquarters' address, crosses out the lower half of page 3 as shown on the sample form and presents the form to the returnee, who completes pages 2 and 3 while at the Selective Service Office. If he has insufficient information to complete the form at that time, he should be given a franked envelope and instruction to return the form within 24 hours to the State Director.

3. DISTRIBUTION:

The original is filed in the returnee's Reconciliation Service File and when necessary, copies of the completed form are distributed to prospective employers to solicit offers of employment.

4. DISPOSAL

The original and any copies returned by employers are filed as permanent records in the file.



(OCT 23, 1974)

SELECTIVE SERVICE SYSTEM

Form approved.  
OMB No. 33-R0128.

CONSCIENTIOUS OBJECTOR SKILLS QUESTIONNAIRE

RECONCILIATION  
SERVICE  
(Local Board Stamp)



[Empty box for address of state director]

(Address of State Director)

Selective Service Number Assigned\*

--	--	--	--

Date received  
by State Director

--	--

Last name, First name, Middle name  
-----  
Number and Street or RFD route  
-----  
City, State, or Country ZIP Code  
-----

(The above items, except the date received by the State Director, should be filled in by the local board before the questionnaire is mailed.)

All entries, except signature, must be typed, or printed in ink.

REGISTRANTS: PLEASE PROVIDE A PHONE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS

Lines 1, 2, and 3 below are for official use only

- 1. -----  
-----
- 2. -----  
-----
- 3. -----  
-----

(Include Area Code)

SUBMIT THIS COMPLETED FORM TO THE STATE DIRECTOR.

PLEASE DISREGARD THE WORDING REFERRING TO CONSCIENTIOUS OBJECTOR AND 1-O. THIS FORM IS ADOPTED FOR USE WITH THE RECONCILIATION PROGRAM.

To CLASS 1-O REGISTRANTS:

The Conscientious Objector Skills Questionnaire (SSS Form 152) is designed to provide information about 1-O registrants which would (1) enable the state director to determine if jobs suggested by a 1-O registrant are acceptable in light of the skills he possesses and/or (2) enable the Director or his representative to refer the conscientious objector to jobs he is best qualified to perform.

Please fill out this form carefully and completely and return it to the state director. If you need additional space to complete your answer to any item of this form, use the back page and designate the item to which it refers (1. A., 2. training, 5., etc.).

(Member, Executive Secretary, Assistant Executive Secretary or Clerk of local board)

## IMPORTANT CIVILIAN WORK EXPERIENCE

1. Describe your longest and most important jobs—Begin with your most recent job.

<b>A. Name of Employer:</b>			<b>Name job and describe exactly what you did and how you did it:</b>		
Address:					
Employer's business:					
DATE JOB STARTED	DATE JOB ENDED	FINAL PAY PER WEEK.			
<b>B. Name of Employer:</b>			<b>Name job and describe exactly what you did and how you did it:</b>		
Address:					
Employer's business:					
DATE JOB STARTED	DATE JOB ENDED	FINAL PAY PER WEEK.			

### 2. ABILITIES AND INTERESTS

**SPECIAL SKILLS** (Check those in which you have experience)

- |                  |                             |                            |
|------------------|-----------------------------|----------------------------|
| .....Accounting  | .....Teaching               | .....Carpentry             |
| .....Bookkeeping | .....Child Welfare          | .....Electricity           |
| .....Filing      | .....Handicrafts            | .....Mechanics             |
| .....Shorthand   | .....Playground Supervision | .....Plumbing              |
| .....Typing      | .....Painting               | .....Licensed Car Driver   |
| .....Nursing     | .....Masonry                | .....Licensed Truck Driver |
|                  |                             | .....Farming               |

Other.....

Describe training and experience in two or three of the skills in which you are most proficient.....

List any special hobbies or interests you may have.....

3. LANGUAGES, other than English (check appropriate space) S-speak; R-read; W-write

	Spanish			French			German			Other ( ) ( )					
	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W
Fairly Well															
Fluently															

**4. EDUCATION:**

A. (a) Grade or year completed (Line through all grades or years successfully completed) (Exclude trade or business schools)

Elementary and High School												College				Post Graduate			
None	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3

(b) I graduated from high school in (month)..... (year) .....

B. (a) I am a full-time student in (check one)  High School  
 Trade School  Business School  College

.....  
 (Name and address of institution)

Majoring in ..... Preparing for .....  
 (Occupation or Profession)

and expect to (check one)  finish course  complete degree requirement on .....  
 (Date)

(b) I will be a full-time student next semester at .....

**5. ADDITIONAL INFORMATION:**

Use the space provided below to explain any special skills and/or experience which you may possess not covered in the questionnaire, or any other personal factors which would further assist Selective Service in determining employment for which you might be qualified.

.....  
 .....  
 .....  
 .....  
 .....

**INSTRUCTIONS:** You are required to make the registrant's certificate. If you cannot read, the questions and your answers shall be read to you by the person who assists you in completing this questionnaire. If you are unable to sign your name, you shall make your mark in the space provided for your signature in the presence of a person who shall sign as a witness.

**NOTICE:**—Imprisonment for not more than 5 years or a fine of not more than \$10,000, or both such fine and imprisonment, is provided by law as a penalty for knowingly making or being a party to the making of any false statement or certificate regarding or bearing upon a classification. (Military Selective Service Act.)

**REGISTRANT'S CERTIFICATE**

I CERTIFY that I am the registrant named and described in the foregoing statements in this questionnaire; that I have read (or have had read to me) the statements made by and about me, and that each and every such statement is true and complete to the best of my knowledge, information, and belief.

.....  
 (Date)

.....  
 (Signature or mark of registrant)

.....  
 (Date)

.....  
 (Signature of witness to mark of registrant)

PROCEDURAL DIRECTIVE

EMPLOYER'S STATEMENT OF AVAILABILITY OF JOB AS  
RECONCILIATION SERVICE

(SSS FORM 156)

1. PURPOSE:

To provide an instrument for a returnee to use to submit to the State Director a bona fide offer of a job under the Reconciliation Service Program.

2. PREPARATION:

Prepared in original only. The upper portion is prepared by the State Headquarters or the Administrative Area Office. The form shall be over stamped as indicated in the sample. The lower portion of the form is prepared by the prospective employer. A space is provided for the State Director's use.

3. DISTRIBUTION:

The form is given to the returnee at the time of enrollment.

4. DISPOSAL:

Retained as a permanent record in the Reconciliation Service File Folder until destruction is authorized by the Director.



(OCT 23, 1974)

SELECTIVE SERVICE SYSTEM

Form Approved  
OMB No. 33-R0254

# RECONCILIATION EMPLOYER'S STATEMENT OF AVAILABILITY OF JOB AS ALTERNATE SERVICE

## SERVICE

(Local Board Stamp)



(Address of State Director)

Last name, First name, Middle name	
Number and Street or RFD route	
City, State, or Country	ZIP Code

Selective Service Number Assigned		
DATE OF MAILING		

(The above items, except the date received by the State Director, should be filled in by the local board or state headquarters before this form is mailed.)

All entries, except signature, must be typed or printed in ink.

**INSTRUCTIONS TO REGISTRANTS:** Have your prospective employer complete this form. Then submit it to your state director or, if accompanied by an Application of Volunteer for Alternate Service (SSS Form 151), to your local board.

**STATEMENT:**

1. I agree to hire the above registrant for work which the appropriate state director may deem suitable for alternate service in lieu of induction. I have been approached by the registrant and have agreed to keep the job open to him for at least ..... days following the date on this statement.

2. The nature of the work is .....

3. The pay will be approximately \$...../month.

4. The place of employment will be: .....

(Name of Employer)

.....

(Street, Route, Box No.)

.....

(City) (State) (ZIP Code)

5. I understand that the term of service will be full-time employment for twenty-four (24) months unless the above-mentioned registrant is relieved for cause or his job ceases to be available. I agree to notify the State Director of Selective Service of the date employment is commenced by the registrant and of the date of termination of employment. The statement to the state director will specify the reasons for termination (completion of service, refusal to perform work, etc.).

.....  
(Date)

.....  
(Signature)

.....  
(Name and Title)



**FOR USE OF STATE DIRECTOR**

Approved/Disapproved      If disapproved, reason: .....

PROCEDURAL DIRECTIVE

NOTIFICATION OF JOB INTERRUPTION

SSS FORM 204A (NOTICE OF DECISION OF LOCAL BOARD) NOT TO REOPEN CLASSIFICATION

NOTIFICATION THAT RECONCILIATION SERVICE OF A RETURNEE HAS BEEN INTERRUPTED  
BEFORE COMPLETION OF HIS OBLIGATION.

1. PURPOSE:

The notification of Job Interruption (SSS Form 204A) is an OCR form used by the State Headquarters to notify the Computer Service Center that a returnee's Reconciliation Service job has been interrupted prior to his completing the term of obligated service.

2. PREPARATION:

The Notification of Job Interruption (SSS Form 204A) will be prepared in accordance with normal OCR procedures except as provided in this directive. Following the completion of typing, all copies will be stamped in red with the "Reconciliation Service" stamp, in the blank area at the bottom of the copy.

3. DISTRIBUTION:

CSC Copy - Mail immediately to the Computer Service Center. The envelope will be stamped in red (in the upper left hand corner immediately below the return address) with the "Reconciliation Service" stamp.

Local Board Copy - Place in returnee's Assignment Folder.

Registrant's Copy - Place in a special file in alphabetical order for the returnees who have interrupted their obligated service prior to completion.

(OCT 23, 1974)

4. COMPLETION INSTRUCTIONS:

Block 1:

Line 1,

Box 1 - (State) - State assigning job (type number of state preparing form).

Box 2 - Leave Blank

Box 3 - (Local Board of Record) - if the returnee is a deserter and was referred by his Military Department or Department of Transportation, enter as follows: ARMY, type AR; NAVY, type NA; AIR FORCE, type AF; MARINES, type MA; COAST GUARD, type CG. If the returnee is a deserter and was referred from the Clemency Board, enter as follows: ARMY, type CAR; NAVY, type CNA; AIR FORCE, type CAF; MARINES, type CMA, COAST GUARD, type CCG. If the returnee is an evader and was referred by the Attorney General (U.S. Attorney), type AG. If returnee was an evader and was referred from the Clemency Board, type CAG.

Box 4 - (Random Sequence Number) - Leave Blank.

Line 2,

Box 1, 2 and 3 - (Date of Mailing) - Type date returnee's Reconciliation Service is interrupted.

Box 4, 5, 6 and 7 - (SSN) - Type returnee's Selective Service Number or the RECONCILIATION SERVICE CONTROL NUMBER assigned by the State Headquarters.

The rest of the form will be left blank.



← ALIGN FIRST CHARACTER IN THIS BOX TYPE THE WORD "ALIGN" TO REGISTER HERE → ALIGN

SELECTIVE SERVICE SYSTEM  
NOTICE OF DECISION OF LOCAL BOARD NOT TO REOPEN CLASSIFICATION

STATE PREPARING FORM: [ ] REFERRED BY: [ ] PROGRAM IDENTIFICATION: 204A FOR DATA PROCESSING USE ONLY

DATE SERVICE INTERRUPTED: [ ]

1. STATE NO. [ ] LOCAL BOARD: AR LOCAL BOARD: [ ] RANDOM SEQ. NUMBER: [ ]

ISSUING THIS FORM: [ ] OF RECORD: [ ] (IF AVAILABLE): [ ]

DATE OF MAILING: DEC 16 1974 SELECTIVE SERVICE NUMBER: 9 83 52 250

SSN OR CONTROL NUMBER: [ ]

REGISTRANT'S NAME: [ ]

AND MAILING ADDRESS: [ ]

THIS IS TO INFORM YOU THAT YOU FAILED TO APPEAR FOR A SCHEDULED PERSONAL APPEARANCE BEFORE THE LOCAL BOARD

ON [ ] WHICH WAS REQUESTED BY YOUR COMMUNICATION

OF [ ]

IN VIEW OF YOUR FAILURE TO APPEAR OR TO OTHERWISE FURNISH US WITH NEW INFORMATION THAT WOULD WARRANT REOPENING OF YOUR CLASSIFICATION, NO REOPENING OF YOUR CLASSIFICATION HAS BEEN MADE.

THE LOCAL BOARD HAS DETERMINED NOT TO SCHEDULE ANOTHER PERSONAL APPEARANCE FOR YOU BECAUSE IT: (TYPE X INTO PROPER BOX)

[ ] HAS RECEIVED NO EXPLANATION OF YOUR FAILURE TO APPEAR.

[ ] HAS DETERMINED THAT YOU DID NOT GIVE A SATISFACTORY REASON FOR NOT APPEARING.

YOU ARE NOW ENTITLED TO APPEAL YOUR CURRENT CLASSIFICATION TO AN APPEAL BOARD AND TO REQUEST A PERSONAL APPEARANCE BEFORE THAT APPEAL BOARD. YOUR REQUEST FOR EITHER OR BOTH OF THESE PROCEDURAL RIGHTS MUST BE MADE TO THIS LOCAL BOARD WITHIN 15 DAYS FROM THE DATE OF MAILING OF THIS NOTICE.

RECONCILIATION SERVICE



PROCEDURAL DIRECTIVE

NOTIFICATION OF REPORTING CARD

(SSS FORM 220, RECORD OF RESULTS OF ARMED FORCES EXAMINATION)

NOTIFICATION THAT RETURNEE HAS BEGUN RECONCILIATION SERVICE JOB AFTER INITIAL ASSIGNMENT AND REASSIGNMENT FOLLOWING RECEIPT OF CERTIFICATION

1. PURPOSE:

The Notification of Reporting Card (SSS Form 220), is an OCR form that will be used by State Headquarters to notify the Computer Service Center that a returnee has begun his Reconciliation Service after initial assignment or reassignment. It shall be prepared following receipt of certification by the employer that the returnee has begun his service.

2. PREPARATION:

Preparation will follow normal OCR procedures except as provided in this directive. Following the completion of typing, all copies will be separated and will be stamped in red (with the "Reconciliation Service" stamp provided as follows:

Computer Service Center Copy - Below block 3

Registrant's Copy - Below the Notice of Violation

Local Board Copy - Below block 3

3. DISTRIBUTION:

CSC Copy - Mail immediately to the Computer Service Center. The envelope will be stamped in red in the upper left hand corner (immediately below the return address) with the "Reconciliation Service" stamp provided.

(OCT 23, 1974)

Local Board Copy - Place in returnee's Assignment Folder.

Registrant's Copy - Place in a special file in alphabetical order for returnees who have begun their jobs.

4. COMPLETION INSTRUCTIONS:

Block 1:

Line 1,

Box 1 - (State) - State that assigned job (Type number of state preparing form).

Box 2 - Leave blank.

Box 3 - (Local Board of Record) - If the returnee is a deserter and was referred by his Military Department or Department of Transportation, enter as follows: ARMY, type AR; NAVY, type NA; AIR FORCE, type AF; MARINES, type MA; COAST GUARD, type CG. If the returnee is a deserter and was referred by the Clemency Board enter as follows: ARMY, type CAR; NAVY, type CNA; AIR FORCE, type CAF; MARINES, type CMA; COAST GUARD, type CCG. If the returnee is an evader and was referred by the Attorney General (U.S. Attorney), type AG. If the returnee was an evader and was referred from the Clemency Board, type CAG.

Box 4 - (Random Sequence Number) - Type the number of months Returnee is obligated to perform service.

Line 2,

Box 1, 2 and 3 - (Date of Mailing) - Type date returnee began  
creditable service.

Box 4, 5, 6 and 7 - (SSN) - Type returnee's Selective Service  
Number or the RECONCILIATION SERVICE CONTROL NUMBER  
assigned by State Headquarters.

Line 3, - (Name) - Enter the name of the returnee's employer.

Line 4 and 5, - Enter the address of the returnee's employer  
(agency, organization, etc.).

The rest of the form will be left blank.



INK  
TEST

USE THIS AREA TO TEST ALIGNMENT. (ADJUST TYPEWRITER IF NECESSARY. THIS AREA WILL NOT BE READ BY MACHINE).

INK  
TEST

← ALIGN FIRST CHARACTER IN THIS BOX. TYPE THE WORD "ALIGN" TO REGISTER HERE → ALIGN

### SELECTIVE SERVICE SYSTEM RECORD OF RESULTS OF ARMED FORCES EXAMINATION

STATE PREPARING FORM: 0220 A

CREDITABLE SERVICE BEGAN: [ ]

REFERRED BY: [ ]

MONTHS OF OBLIGATED SERVICE: [ ]

SSN OR CONTROL NUMBER: [ ]

NAME OF EMPLOYER: [ ]

PROGRAM IDENTIFICATION: 0220 A

STATE NO: 9 LOCAL BOARD NO: [ ] LOCAL BOARD: ARK RANDOM SEQ. NO: 24

ISSUING TH: [ ] FORM: [ ] RECORD: [ ] (IF AVAILABLE)

DATE OF MAILING: NOV 25 1974 SELECTIVE SERVICE NUMBER: 9 83 52 2504

LAST NAME, FIRST NAME, MIDDLE NAME: WAYCROSS DOCTORS HOSPITAL

NUMBER AND STREET (OR RFD ADDRESS): 3 MEDICAL DRIVE

CITY, STATE OR COUNTRY: WAYCROSS, GA ZIP CODE: 30211

REGISTRANT'S NAME: [ ] AND: [ ] MAILING ADDRESS: [ ] ADDRESS OF EMPLOYER: [ ]

### NOTICE OF VIOLATION

(TYPE X INTO PROPER BOX)

BLOCK 2 a. [ ] FAILED TO REPORT FOR AN ARMED FORCES EXAMINATION

[ ] REPORTED ON [ ] (DATE) [ ] BUT REFUSED TO SUBMIT TO AN ARMED FORCES EXAMINATION.

- YOU THUS FAILED TO COMPLY WITH INSTRUCTIONS CONTAINED IN THE ORDER TO REPORT FOR ARMED FORCES EXAMINATION (SSS FORM 223) MAILED TO YOU ON [ ] (DATE) [ ]

AT [ ] (ADDRESS)

- AND THEREFORE MAY BE SELECTED AND ORDERED TO REPORT FOR

b. [ ] INDUCTION REGISTRANTS ORDERED FOR INDUCTION WILL UNDERGO EXAMINATION AT THE ARMED FORCES EXAMINING AND ENTRANCE STATION.

[ ] ALTERNATE SERVICE IN LIEU OF INDUCTION

BLOCK 3 a. [ ] RESULT OF EXAMINATION THIS REGISTRANT WAS MAILED A STATEMENT OF ACCEPTABILITY (DD FORM 62) ON THE DATE SPECIFIED ABOVE. RESULTS OF EXAMINATION WAS AS FOLLOWS

b. [ ] (PHYSICAL) [ ] (MENTAL) [ ] (MORAL) (TYPE X, Y, Z CODE INTO APPROPRIATE BOXES.)

[ ] DATE OF RE-EXAMINATION [ ] DATE RE-EXAMINATION BELIEVED JUSTIFIED, IF APPLICABLE

# RECONCILIATION SERVICE



(REVISED SEPT. 1972) REVISION OF 12-1-71 MAY BE USED UNTIL STOCKS ARE EXHAUSTED

PROCEDURAL DIRECTIVE

ASSIGNMENT CARD  
(SSS FORM 252, ORDER TO REPORT FOR INDUCTION)

ASSIGNMENT OF RETURNEE TO A JOB IN RECONCILIATION SERVICE PROGRAM

1. PURPOSE:

The Assignment Card (SSS Form 252) is an OCR form which is used by the State Headquarters to notify the Computer Service Center that a returnee has been assigned his initial job.

2. PREPARATION:

The Assignment Card (SSS Form 252) will be prepared in accordance with normal OCR procedures except as provided in this directive. Following the completion of typing, the copies will be stamped in red (with the "Reconciliation Service" stamp) as follows:

Computer Service Center Copy - Below block 4

Registrant Copy - Destroy

AFEES Copy - Below block 4

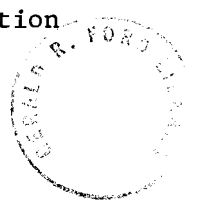
Local Board Copy - Below block 4

3. DISTRIBUTION:

CSC Copy - Mail immediately to the Computer Service Center. The envelope will be stamped in red (in the upper left hand corner immediately below the return address) with the "Reconciliation Service" stamp that is provided.

Registrant Copy - Destroy

AFEES Copy - Place in a special file in alphabetical order for returnee assigned to job.



(OCT 23, 1974)

Local Board Copy - Place in returnee's Assignment Folder.

4. COMPLETION INSTRUCTIONS:

Block 1:

Line 1,

Box 1 - (AFEES) - Type a "Y" if returnee was assigned a job that was of his preference or that was comparable with his preference. Type an "N" if it was necessary to assign a returnee to a job that was not of his preference or comparable with his preference. Type an "R" if returnee did not indicate a preference. Then type the Three-Digit Occupational Group Number from the Dictionary of Occupational Titles (DOT).

Box 2 - (AFQT Score) - Type a "Y" if the returnee was assigned the job he located. Type an "N" if returnee was assigned a job other than the job he located. Type an "R" if returnee did not locate a job.

Line 2,

Box 1 - (State) - State assigning job (Type number of state preparing form).

Box 2 - Leave blank.

Box 3 - (Local Board of Record) - If the returnee is a deserter and was referred by his Military Department or Department of Transportation, enter as follows: ARMY, type AR; NAVY, type NA; AIR FORCE, type AF; MARINES, type MA;

COAST GUARD, tpe, CG. If returnee is a deserter and was referred from the Clemency Board, enter as follows: ARMY, type CAR; NAVY, type CNA; AIR FORCE, type CAF; MARINES, type CMA; COAST GUARD, type CCG. If returnee is an evader and was referred by the Attorney General (U.S. Attorney), type AG. If the returnee was an evader and was referred from the Clemency Board, type CAG.

Box 4 - (Random Sequence Number) - Type the number of months the returnee is obligated to perform service.

Line 3,

Box 1, 2 and 3 - (Date of Mailing) - Type the date returnee is to begin his assigned job.

Box 4, 5, 6 and 7 - (SSN) - Type the returnee's Selective Service Number or the RECONCILIATION SERVICE CONTROL NUMBER assigned by the State Headquarters.

Line 4 - (Name) - Enter the name of the returnee's employer (agency, organization, etc.).

Line 5 and 6 - Enter the address of the returnee's employer.

The rest of the form will be left blank.





← ALIGN FIRST CHARACTER IN THIS BOX. TYPE THE WORD "ALIGN" TO REGISTER HERE. → ALIGN

**SELECTIVE SERVICE SYSTEM  
ORDER TO REPORT FOR INDUCTION**

THE PRESIDENT OF  
THE UNITED STATES

PROGRAM IDENTIFICATION  
0252  
(FOR DATA PROCESSING USE ONLY)



JOB  
PROPOSED

1.

FEES	Y211.		AR-DT SCORE	YE
STATE NO.	L.B. NO.	M. B. NO.	RANDOM SEQ. NUMBER	
9		AR	24	
ISSUING THIS FORM	OF RECORD	(IF AVAILABLE)		
DATE OF MAILING	SELECTIVE SERVICE NUMBER			
OCT 29 1974	7 83 52 250			
MO. DAY YEAR				
LAST NAME, FIRST NAME, MIDDLE NAME				
TO: WAYCROSS DOCTORS HOSPITAL				
NUMBER AND STREET (OR RFD ADDRESS)				
3 MEDICAL DRIVE				
CITY, STATE OR COUNTRY				ZIP CODE
WAYCROSS, GA				30211

STATE  
PREPARING  
FORM

DATE TO  
BEGIN  
SERVICE

MONTHS  
OF  
OBLIGATED  
SERVICE

REGISTRANT'S NAME  
AND  
MAILING ADDRESS

ADDRESS  
OF  
EMPLOYER

NAME OF  
EMPLOYER

SSN  
OR  
CONTROL  
NUMBER

**GREETING:**

YOU ARE HEREBY ORDERED TO REPORT FOR AND SUBMIT TO INDUCTION INTO THE ARMED FORCES OF THE UNITED STATES AT:

2.  (PLACE OF REPORTING) ON:

3. REPORTING DATE:  AT:  (HOUR) (INCLUDE A.M. OR P.M.)

FOR FORWARDING TO AN ARMED FORCES INDUCTION STATION.

STATUS OF REGISTRANT: (TYPE "X" INTO PROPER BOX)

<input type="checkbox"/>	VOLUNTEER.
<input type="checkbox"/>	NON-VOLUNTEER NOT INCLUDED BELOW.
<input type="checkbox"/>	REGISTRANT SUBJECT TO INDUCTION PURSUANT TO BEING PAROLED.
<input type="checkbox"/>	MEDICAL, DENTAL OR ALLIED SPECIALIST.
<input type="checkbox"/>	PRIORITY INDUCTION - UNSATISFACTORY RESERVE PARTICIPANT.

**RECONCILIATION  
SERVICE**



PROCEDURAL DIRECTIVE  
REASSIGNMENT CARD  
(SSS FORM 253 - NOTICE OF RESCHEDULED INDUCTION REPORTING DATE)

REASSIGNMENT OF RETURNEE TO A JOB AFTER INTERRUPTION

1. PURPOSE:

The reassignment Card (SSS Form 253) is an OCR form which will be used by the State Headquarters to notify the Computer Service Center (CSC) that a returnee whose Reconciliation Service, has been interrupted, has been reassigned.

2. PREPARATION:

The Reassignment Card (SSS Form 253) will be prepared in accordance with normal OCR procedures except as provided in this directive. Following the completion of typing, the copies will be stamped in red (with the "Reconciliation Service" stamp) as follows:

Computer Service Center Copy - Below block 2

Registrant Copy - Destroy

AFEES Copy - Below block 2

Local Board Copy - Below block 2

3. DISTRIBUTION:

CSC Copy - Mail immediately to the Computer Service Center. The envelope will be stamped in red (in the upper left hand corner immediately below the return address) with the "Reconciliation Service" stamp that is provided.

Registrant Copy - Destroy

AFEES Copy - Place in a special file in alphabetical order for returnees who have been reassigned to a job after interruption.

(OCT 23, 1974)

Local Board copy - Place in returnee's Assignment Folder.

4. COMPLETION INSTRUCTIONS:

Block 1:

Line 1,

Box 1 - (AFEES) - Type a "Y" if returnee was reassigned to a job in reasonable accordance with his preference. Type an "N" if it was necessary to reassign a returnee to a job that was not of his preference. Type an "R" if returnee did not indicate a preference. Then type Three-Digit Occupational Group Number from the Dictionary of Occupational Titles (DOT).

Box 2 - (AFQT Score) - Type a "Y" if the returnee was reassigned a job he proposed. Type an "N" if returnee was not reassigned a job he proposed. Type an "R" if returnee did not propose a job.

Line 2,

Box 1 - (State) - State reassigning job (Type number of state preparing form).

Box 2 - Leave Blank.

Box 3 - (Local Board of Record) - If the returnee is a deserter and was referred by his Military Department or Department of Transportation, enter as follows: ARMY, type AR; NAVY, type NA; AIR FORCE, type AF; MARINES, type MA; COAST GUARD, type CG. If returnee is a deserter

and was referred from the Clemency Board, enter as follows: ARMY, type CAR; NAVY, type CNA; AIR FORCE, type CAF; MARINES, type CMA; COAST GUARD, type CCG. If returnee is an evader and was referred by the Attorney General (U.S. Attorney), type AG. If the returnee was an evader and was referred from the Clemency Board, type CAG.

Box 4 - (Random Sequence Number) - If the returnee's service completion date has been extended, type the new completion date. If the completion date has not been extended - Leave blank.

Line 3,

Box 1, 2 and 3 - (Date of Mailing) - Type the date returnee is to begin his reassigned job.

Box 4, 5, 6 and 7 - (SSN) - Type the returnee's Selective Service Number or the RECONCILIATION SERVICE CONTROL NUMBER assigned by the State Headquarters.

Line 4 - (Name) - Enter the name of the returnee's current employer.  
(Agency, Organization, etc.)

Line 5 and 6 - Enter the address of the returnee's current employer.

The rest of this form will be left blank.



ALIGN FIRST CHARACTER IN THIS BOX. TYPE THE WORD "ALIGN" TO REGISTER HERE. ALIGN

SELECTIVE SERVICE SYSTEM  
 NOTICE OF RESCHEDULED INDUCTION REPORTING DATE

THE PRESIDENT OF THE UNITED STATES

JOB PREF (Y211) DOT CODE (AR) REF BY (0253)

PROGRAM IDENTIFICATION (0253)

AFQT SCORE (Y)

JOB RETURNEE PROPOSED

NEW COMPLETION DATE

1. STATE PREPARING FORM

ISSUING THIS FORM (9)

DATE OF MAILING (DEC 30 1974)

SELECTIVE SERVICE NUMBER (9 83 52 250)

TO: LAST NAME, FIRST NAME, MIDDLE NAME (WAYCROSS DOCTORS HOSPITAL)

NUMBER AND STREET (OR RFD ADDRESS) (3 MEDICAL DRIVE)

CITY, STATE OR COUNTRY (WAYCROSS, GA) ZIP CODE (30211)

DATE TO BEGIN NEW JOB

ADDRESS OF EMPLOYER

NAME OF EMPLOYER

SSN OR CONTROL NUMBER

REGISTRANT'S NAME AND MAILING ADDRESS

GREETINGS:

HAVING HERETOFORE BEEN ORDERED TO REPORT FOR INDUCTION BY:

2.

BY ORDER TO REPORT FOR INDUCTION (SSS FORM 252) ISSUED ON:

DATE FORM 252 WAS ISSUED (MO, DAY, YEAR)

YOU ARE, PURSUANT TO THAT ORDER, RESCHEDULED TO REPORT ON:

DATE OF REPORTING (MO, DAY, YEAR)

AT: (PLACE OF REPORTING)

AT: (HOUR) (INCLUDE AM OR PM)

FOR FORWARDING TO AN ARMED FORCES EXAMINING AND ENTRANCE STATION.

RECONCILIATION  
 SERVICE



PROCEDURAL DIRECTIVE  
NOTIFICATION OF TERMINATED SERVICE CARD  
(SSS FORM 255, NOTICE OF CANCELLATION)

NOTIFICATION THAT RETURNEE HAS BEEN TERMINATED FROM THE RECONCILIATION  
SERVICE PROGRAM

1. PURPOSE:

The Notification of Terminated Service Card (SSS Form 255) is an OCR form that will be used by State Headquarters to notify the Computer Service Center that a returnee has been terminated from the Reconciliation Service Program as a result of the returnee not reporting; to his assigned job, reporting to his assigned job but terminating prior to completion of his assigned term of service or completed his term of service.

2. PREPARATION:

Preparation will follow normal OCR procedures except as provided in this directive. Following the completion of typing, all copies will be separated and will be stamped in red (with the "Reconciliation Service" stamp) in the blank area at the bottom of the copy.

3. DISTRIBUTION:

CSC Copy - Mail immediately to the Computer Service Center. The envelope will be stamped in red in the upper left hand corner (immediately below the return address) with the "Reconciliation Service" stamp provided.

Local Board Copy - Place in returnee's Assignment Folder.

Registrant's Copy - Place in a special file in alphabetical order for returnees who have terminated from the Selective Service System's Reconciliation Service Program.

(OCT 23, 1974)

4. COMPLETION INSTRUCTIONS:

Block 1:

Line 1,

Box 1 - (State) - State accomplishing the termination (type number of the state preparing form).

Box 2 - Leave blank.

Box 3 - (Local Board of Record) - If the returnee is a deserter and was referred by his Military Department or Department of Transportation, enter as follows: ARMY, type AR; NAVY, type NA; AIR FORCE, type AF; MARINES, type MA; COAST GUARD, type CG. If the returnee is a deserter and was referred from the Clemency Board, enter as follows: ARMY, type CAR, NAVY, type CNA; AIR FORCE, type CAF; MARINES, type CMA; COAST GUARD, type CCG. If the returnee is an evader and was referred by the Attorney General (U.S. Attorney), type AG. If the returnee was an evader and was referred from the Clemency Board, type CAG.

Box 4 - (Random Sequence Number) - Type 1, if the returnee never reported to his assigned job. Type 2, if the returnee reported to his assigned job but his Reconciliation Service was terminated prior to completion of his assigned term of service. Type 3, if the returnee completed his term of service. Type 4, if the record was erroneously established and the record is to be deleted (removed).

Line 2,

Box 1, 2 and 3 - (Date of Mailing) - Type date returnee's  
service is terminated.

Box 4, 5, 6 and 7 - (SSN) - Type returnee's Selective Service  
Number or the RECONCILIATION SERVICE CONTROL NUMBER  
assigned by the State Headquarters.


The rest of the form will be left blank.





← ALIGN FIRST CHARACTER IN THIS BOX	TYPE THE WORD "ALIGN" TO REGISTER HERE → ALIGN
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## SELECTIVE SERVICE SYSTEM NOTICE OF CANCELLATION

STATE PREPARING FORM	REFERRED BY	PROGRAM IDENTIFICATION <b>0255</b> <small>FOR DATA PROCESSING USE ONLY</small>		JOB ASSIGNMENT STATUS
1. STATE NO. <b>9</b> (U.S. BOARD NO.) LOCAL BOARD NO. <b>AR</b> RANDOM SEQ NUMBER <b>2</b>		ISSUING THIS FORM OF RECORD (IF AVAILABLE)		
DATE OF MAILING <b>DEC 13 1976</b>		SELECTIVE SERVICE NUMBER <b>9 83 52 250</b>		
DATE OF MAILING		SSN OR CONTROL NUMBER		
LAST NAME FIRST NAME MIDDLE NAME				
NUMBER AND STREET (OR RFD ADDRESS)				
CITY, STATE OR COUNTRY				
				ZIP CODE
REGISTRANT'S NAME AND MAILING ADDRESS				

(TYPE X INTO PROPER BOX(S))

2.  ORDER TO REPORT FOR ARMED FORCES EXAMINATION (SSS FORM 223) ISSUED BY THIS LOCAL BOARD ON:

DATE FORM 223 WAS ISSUED		
MO.	DAY	YEAR

HAS BEEN CANCELED.

3.  ORDER TO REPORT FOR INDUCTION (SSS FORM 252) ISSUED BY THIS LOCAL BOARD ON:

DATE FORM 252 WAS ISSUED		
MO.	DAY	YEAR

HAS BEEN CANCELED.

4.  NOTICE OF RESCHEDULED INDUCTION REPORTING DATE (SSS FORM 253) ISSUED BY THIS LOCAL BOARD ON:

DATE FORM 253 WAS ISSUED		
MO.	DAY	YEAR

HAS BEEN CANCELED.

PLEASE CONTINUE TO KEEP THIS LOCAL BOARD ADVISED  
OF ANY CHANGE IN YOUR STATUS.

# RECONCILIATION SERVICE

PROCEDURAL DIRECTIVE  
EMPLOYER DEVELOPMENT CONTACT CARD  
(SSS FORM 394)

1. PURPOSE:

The successful operation of the Reconciliation Service Program depends upon the development of actual job openings to accomodate the placement of returnees. The SSS Form 394 is designed to provide State Directors with a continual record of visits with prospective employers. It will provide data for periodic reports providing information which the Director might need. It will provide a source of leads for jobs which contacted employers might have available.

2. PREPARATION;

This record shall be prepared in the original only at State Headquarters. The "RECONCILIATION SERVICE" stamp with red ink should be applied as shown on the enclosed sample. At the time of the first visit, the front side of the form shall be completed. Subsequent visits shall be recorded on the reverse side of the form. A second card may be attached to record the third and subsequent visits.

3. DISTRIBUTION:

This form shall be maintained alphabetically by name of employer in a card file at State Headquarters.

4. DISPOSAL;

Retain until disposal is authorized by the Director of Selective Service.



(OCT 23, 1974)

# RECONCILIATION

# SERVICE

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Person Responsible  
for Hiring: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Agency or Organization:

SSS FORM 394 SEPT 72

Front

(SEE REVERSE SIDE)

Date of Visit: \_\_\_\_\_ Person making Visit: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Visit: \_\_\_\_\_ Person making Visit: \_\_\_\_\_

Comments: \_\_\_\_\_

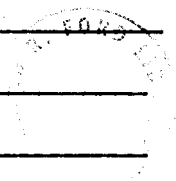
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Back



PROCEDURAL DIRECTIVE  
ALTERNATE SERVICE CONTROL CARD  
(SSS FORM 397)

1. PURPOSE:

The Alternate Service Control Card provides the minimum amount of pertinent information required in the steps of processing a returnee.

The reverse side of the card should be used to list qualifications and skills of the returnee which will assist in the best possible matching of the returnee with the job vacancies.

This is the active control card for a returnee requiring placement and provides necessary information when discussing the available returnees with prospective employers.

2. PREPARATION:

Prepared in original only at State Headquarters. The "RECONCILIATION SERVICE" stamp will be applied with red ink as shown on the enclosed sample. The form will be modified in accordance with the enclosed sample.

3. DISTRIBUTION:

Filed alphabetically by name of returnee at State Headquarters.

4. DISPOSAL:

May be destroyed after the returnee has been assigned to Reconciliation Service.



(OCT 23, 1974)

ALTERNATE SERVICE CONTROL CARD  
**RECONCILIATION**

**SERVICE**

LAST NAME, FIRST NAME, MIDDLE NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

SELECTIVE SERVICE NUMBER \_\_\_\_\_

RANDOM SEQUENCE NUMBER \_\_\_\_\_

Date 30-Day Period Began: \_\_\_\_\_

Date ~~SSS Form 152~~ Issued: \_\_\_\_\_  
20

Date ~~60~~ Day Job Search Ends: \_\_\_\_\_

Date SSS Form 152 Received: \_\_\_\_\_

Date SSS Form(s) 156 Received: \_\_\_\_\_

Approved/Disapproved: \_\_\_\_\_

If Disapproved, Date Registrant  
Notified: \_\_\_\_\_

~~Date Registrant Requested Review by the  
Director, if Applicable:~~ \_\_\_\_\_

~~Director's Determination:~~ \_\_\_\_\_

RS-1  
Date SSS Form ~~152A~~ Issued: \_\_\_\_\_

SSS Form 397 Sept. 72

Front

(SEE REVERSE SIDE)

REMARKS:

In this section indicate efforts made to place registrant such as letters mailed, phone calls, etc.

Any information pertinent to the placement of this registrant such as special skills, hobbies, education, and past work experience. Refer to the SSS Form 152.

Back



PROCEDURAL DIRECTIVE  
1-W CONTROL CARD  
(SSS FORM 398)

1. PURPOSE:

To provide the State Director with a current status record of returnees on Reconciliation Service in his state. It serves as the master control card for returnees in the work program. It provides pertinent information regarding the returnee and his employer. It reflects the kind of job to which the returnee is assigned, when he started and when he is to be released.

It provides a record for written reports received from the employer and personal visits made to the place of employment.

2. PREPARATION:

Prepared in the original only by the State Director. The "RECONCILIATION SERVICE" stamp will be applied with red ink as shown on the enclosed sample.

3. DISTRIBUTION:

Filed in State Headquarters alphabetically by name of returnee.

4. DISPOSAL:

Retain cards until disposal instructions are received from the Director of Selective Service.



(OCT 23, 1974)

# RECONCILIATION

LAW CONTROL CARD

OMB APPROVAL  
NOT REQUIRED

# SERVICE

NAME OF REGISTRANT: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SELECTIVE SERVICE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE WORK COMMENCED: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

RELEASE DATE: \_\_\_\_\_ HIRING AUTHORITY: \_\_\_\_\_

TYPE OF ACTIVITY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

### Evaluation Reports and Date Received:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

, SSS FORM 398 SEPT 72

Front

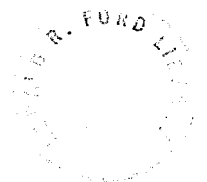
### EMPLOYER CONTACTS:

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REMARKS:

Back



PROCEDURAL DIRECTIVE  
ALTERNATE SERVICE EMPLOYER  
(SSS FORM 399)

1. PURPOSE;

To provide information on the employers within the state who are employing returnees. It will indicate the names of returnees who are employed, when they started and when they will complete their service. It will also indicate the title of the job at which the returnee is working.

2. PREPARATION:

Prepared in original only at State Headquarters when a returnee commences work with an approved employer. The "RECONCILIATION SERVICE" stamp will be applied with red ink as shown on the enclosed sample. A card will be made for each employer employing one or more returnees. Each returnee employed shall be listed. All required information shall be entered.

3. DISTRIBUTION:

Filed alphabetically by name of employer at State Headquarters.

4. DISPOSAL:

Retain cards until disposal instructions are received from the Director of Selective Service.



(OCT 23, 1974)





PROCEDURAL DIRECTIVE  
TRANSCRIPT OF MILITARY RECORD  
SSS FORM 721

(RECONCILIATION SERVICE)

1. PURPOSE:

To provide the State Director with information regarding the military service and agreement to perform alternate service of a returnee released from the Joint Clemency Processing Center for whom a copy of Armed Forces of the United States Report of Transfer or Discharge (DD Form 214) cannot be made.

2. PREPARATION:

Prepared in original only at an Area Administrative Office or a State Headquarters when a returnee presents his DD Form 214 and facilities for copying the form do not exist where the returnee reported.

3. DISTRIBUTION:

Filed in the returnee's assignment file folder.

4. DISPOSAL:

Retained as a permanent record in the returnee's assignment file folder.



SELECTIVE SERVICE SYSTEM  
TRANSCRIPT OF MILITARY RECORD

**RECONCILIATION SERVICE**

(Local Board Stamp)



DATE \_\_\_\_\_

PERSONAL DATA	1. LAST NAME—FIRST NAME—MIDDLE NAME				2. SERVICE NO.			
	3. DEPARTMENT, COMPONENT AND BRANCH OR CLASS		4. PLACE OF BIRTH (City and State or country)		5. DATE OF BIRTH			
					Day	Month	Year	
TRANSFER OR DISCHARGE DATA	6. TYPE OF TRANSFER OR DISCHARGE			7. STATION OR INSTALLATION AT WHICH EFFECTED				
	8. REASON AND AUTHORITY				9. DATE OF TRANSFER OR DISCHARGE			
					Day	Month	Year	
	10. CHARACTER OF SERVICE				11. TYPE OF CERTIFICATE ISSUED			
SELECTIVE SERVICE DATA	12. SELECTIVE SERVICE NO.		13. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE			14. DATE INDUCTED		
						Day	Month	Year
	15. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED							
SERVICE DATA	16. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE					17. DATE OF ENTRY ON ACTIVE DUTY		
	(Number and street or R.F.D. number) (City) (County) (State) (ZIP Code)					Day	Month	Year
	18. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION							
(Number and street or R.F.D. number) (City) (County) (State) (ZIP Code)								
19. REMARKS:								
20. INFORMATION TAKEN FROM								
_____ (Signature of person making transcript)								
_____ (Title)								

PROCEDURAL DIRECTIVE  
REFERRAL FOR RECONCILIATION SERVICE EMPLOYMENT  
SSS FORM RS-1

1. PURPOSE:

To refer a returnee to a place approved by the State Director for reconciliation service employment.

2. PREPARATION:

Prepared in an original and four (4) copies on a regular or OCR typewriter by State Headquarters.

3. DISTRIBUTION:

The original is mailed to the returnee to allow a reasonable amount of time for him to travel to the job, unless he has already reported. One copy is filed in his file folder, and three (3) copies are forwarded to the prospective employer, who completes "Statement of Employer." The employer retains one copy and returns two (2) copies to the State Director. The State Director places one copy in the returnee's file and forwards one copy to the Director of Selective Service.

4. DISPOSAL:

All copies designated for filing in the returnee's file folder shall be retained as permanent records. The copy at National Headquarters shall be destroyed when administrative needs are fulfilled.



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SELECTIVE SERVICE SYSTEM  
REFERRAL FOR RECONCILIATION SERVICE EMPLOYMENT



\_\_\_\_\_  
(ADDRESS OF STATE DIRECTOR)

DATE OF MAILING	SELECTIVE SERVICE NO.	
LAST NAME,	FIRST NAME	MIDDLE NAME
NUMBER AND STREET		(OR RFD ADDRESS)
CITY, STATE OR COUNTRY		ZIP CODE

Pursuant to your request to participate in the Reconciliation Service Program, employment has been arranged.

\_\_\_\_\_  
In compliance with your agreement to perform Reconciliation Service,

YOU ARE TO REPORT TO \_\_\_\_\_  
(NAME OF EMPLOYER)

LOCATED AT \_\_\_\_\_  
(ADDRESS OF EMPLOYER) (ZIP CODE)

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 19 \_\_\_\_\_ at \_\_\_\_\_  
(DAY) (MONTH) (YEAR) (TIME)

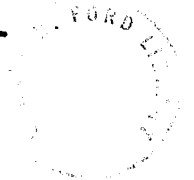
Upon reporting you will be advised of your specific assignment.

As part of the agreement, you are expected to remain in employment for  
\_\_\_\_\_ months.

The State Director, in accordance with applicable instructions, will issue transportation requests and meal and lodging requests to you for travel to your job assignment.

FOR THE STATE DIRECTOR

\_\_\_\_\_  
(AUTHORIZED SIGNATURE)



Employer: The returnee to whom the attached referral was issued has been directed to you for employment. Please complete the following statement as soon as possible and return 2 copies to the State Director. All entries, except the signature, must be TYPED or PRINTED IN INK.

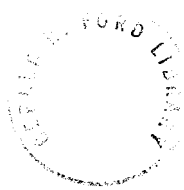
STATEMENT OF EMPLOYER

- The returnee (check one)  Reported for work on \_\_\_\_\_  
 Reported but refused to accept the work offered  
 Failed to report and had not reported as of the date of this statement

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_  
(STREET ADDRESS) (CITY) (STATE) (ZIP)

\_\_\_\_\_  
(SIGNATURE OF EMPLOYER OR AGENT) (TITLE) (DATE)



PROCEDURAL DIRECTIVE  
CERTIFICATE OF COMPLETION  
(SSS FORM RS-2)

1. PURPOSE:

To provide an instrument to certify the satisfactory completion of the prescribed period of Reconciliation Service.

2. PREPARATION:

Prepared at National Headquarters in original and three copies.

3. DISTRIBUTION:

The original is forwarded to the returnee at his last known address. A copy is forwarded to the appropriate referring authority. A copy is forwarded to the appropriate State Director for forwarding to the returnee's local board if the returnee is registered. A copy is retained in the returnee's assignment folder.

4. DISPOSAL:

Retained as a permanent record in the Reconciliation Service Division, National Headquarters, Selective Service System.



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SELECTIVE SERVICE SYSTEM  
 CERTIFICATE OF COMPLETION

OMB APPROVAL  
 NOT REQUIRED

DATE OF MAILING	SELECTIVE SERVICE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	
NUMBER AND STREET (OR RFD ADDRESS)	
CITY, STATE OR COUNTRY	ZIP CODE

This will certify the above named individual has completed \_\_\_\_\_ months of prescribed Reconciliation Service in accordance with his signed agreement.

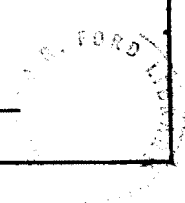
PLACE(S) AND DATES OF EMPLOYMENT

Employed at (Name of employer, City and State)		
1	Type of employment	Dates (FROM-TO)
Employed at (Name of employer, City and State)		
2	Type of employment	Dates (FROM-TO)
Employed at (Name of employer, City and State)		
3	Type of employment	Dates (FROM-TO)

CERTIFIED

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Director of Selective Service)





PROCEDURAL DIRECTIVE  
RECONCILIATION SERVICE MANAGEMENT FORM  
SSS FORM RS-3

1. PURPOSE:

To provide a checklist for on-the-job reviews conducted by Selective Service.

2. PREPARATION:

Prepared by a State Headquarters representative in original only.

3. DISTRIBUTION:

Filed at State Headquarters in a returnee's assignment file folder.

4. DISPOSAL:

Retained as a permanent record in returnee's assignment file folder.



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RECONCILIATION SERVICE MANAGEMENT FORM

NAME OF RETURNEE: \_\_\_\_\_ SSN or RCN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

BRIEF DESCRIPTION OF AGENCY OR ORGANIZATION: \_\_\_\_\_

- |                         |   |
|-------------------------|---|
| 1. Returnee's job title | 5. Name of supervisor                           |
| 2. Exact duties         | 6. Rate of pay                                  |
| 3. Hours worked         | 7. Are time & attendance records maintained?    |
| 4. How supervised       | 8. Interviewed returnee? If not available, why? |

Date of Visit: \_\_\_\_\_ Person making Visit: \_\_\_\_\_

Comments: \_\_\_\_\_



SAMPLE LETTER OFFERING GUIDELINES TO EMPLOYERS

FOR RECONCILIATION SERVICE EMPLOYMENT

State Headquarters Address

Date of Mailing

TO:

ADDRESS:

Dear \_\_\_\_\_,

Your decision to participate as an employer in the Selective Service Reconciliation Program is most welcome.

Enclosed for your information is a copy of the fact sheet which is given to each returnee when he enrolls in the program, to provide him with general information concerning his processing and his performance of reconciliation service.

Listed below are some guidelines which may be of assistance to you in establishing the procedures to be used in your employment of returnees.

1. The compensation a returnee receives during his employment in the reconciliation service should be based on the same rate other employees with comparable skills and training receive for doing the same work.
2. The returnee's assignment should be full-time employment requiring a minimum of 40 hours work per week.
3. The assignment should provide for specific shift hours and work days at a facility of your organization where normal supervision occurs.



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4. The same daily time and attendance records used for all of your employees should be maintained for each returnee assigned and these records should be available for verification of his performance on the job if necessary.
5. The returnee should be afforded the same general working conditions as other employees performing similar tasks and he should be accorded the same opportunities for benefits and advancements as other employees.
6. The Reconciliation Service Office at this State Headquarters should be notified within 5 days if the returnee quits his job, is terminated for cause, or his work hours are reduced below 40 hours per week.

Also enclosed is a copy of SSS Form 156 which we provide to the prospective Reconciliation Service employee for his use in obtaining employment. The form is self-explanatory. A letter from you as the employer giving the information requested on the form is also acceptable.

Since the Selective Service System has the responsibility to monitor this program you will be contacted from time to time either by mail, telephone or in person.

Any questions or discussion of the procedures may be directed to the Reconciliation Service Office at the above State Headquarters address or by telephoning \_\_\_\_\_.

Sincerely,

STATE DIRECTOR

SAMPLE LETTER OUTLINING RESPONSIBILITIES OF A RETURNEE  
ASSIGNED TO RECONCILIATION SERVICE

State Headquarters Address

Date of Mailing:

TO:

ADDRESS:

Dear Sir,

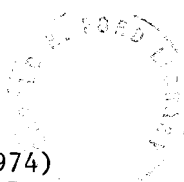
The following information outlines your responsibilities while you are performing Reconciliation Service.

The State Director of Selective Service has the responsibility for assuring that you satisfactorily perform Reconciliation Service for the number of months specified in your agreement. Consequently, any inquiries or correspondence concerning your status should be directed to this headquarters.

RESPONSIBILITIES OF A RETURNEE ASSIGNED TO RECONCILIATION SERVICE

1. You are to work on the job at your assigned employer for the period of time specified in your agreement unless you receive permission from this headquarters to change jobs. Unauthorized work breaks between jobs, where you are determined to be at fault, will extend your completion date, because time not worked between jobs will not count towards your obligation.

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2. If you should voluntarily leave your assignment without permission from this headquarters, or should you be terminated for cause by your employer, an investigation will be made of the circumstances. This headquarters will review the facts which are developed and determine whether you are at fault. If you are found to be at fault, your case may either be returned to the referring authority with which you initiated your agreement, or if the State Director finds mitigating circumstances in your case, he may reassign you to another job.
3. You are expected to adhere to the employer's standards of appearance, conduct, work quality and work quantity in a normal employer/employee relationship.
4. You must work a minimum of forty hours per week or the equivalent time.
5. You will be assigned to work on a regular schedule with the days and shift hours established in advance by the employer. You are to perform your work at the location where your employer conducts his operations. You are not permitted to work out of your home or to work on an "On Call" or "Personal Convenience" basis.
6. You will receive supervision by a full-time staff employee of the organization to which you have been assigned.
7. You must notify this headquarters within five days of your last day of work if you leave your assignment or you are terminated from your assigned job for any reason, stating the specific reason for your termination. Failure to communicate promptly with this headquarters in this type of situation may result in your being found at fault with consequent loss of creditable time.

8. You must notify this headquarters within five days of your last full-time work week, if your work hours drop below forty hours per week, or if your employer places you on a leave of absence for any reason. Credit may be lost for the period of time during which your work hours were less than forty hours per week.
9. You must notify this headquarters within 10 days of any change of address occurring during your period of obligated service.

NOTIFICATION OF COMPLETION

Both you and your employer will receive a notice of impending completion of Reconciliation Service approximately 30 days in advance of your scheduled completion date. You will receive a Certificate of Completion issued by the Director of Selective Service, upon your satisfactory completion of your obligated period of service.

Your cooperation with this headquarters will assist you in meeting the requirements of your Reconciliation Service agreement and will result in an amicable relationship to our mutual benefit.

We wish you well and offer any assistance possible to assist you in satisfactorily completing your period of obligated work.

Sincerely,

STATE DIRECTOR

SAMPLE LETTER TO RETURNEE

ADVANCE COMPLETION NOTICE

State Headquarters Address

Date of Mailing:

TO:

ADDRESS:

Dear Mr. \_\_\_\_\_,

You are to be commended for having nearly reached the completion of your agreed upon time in Reconciliation Service. You will complete your prescribed period on \_\_\_\_\_ and will at that time be eligible for certification as having met the terms of your agreement.

A Certificate of Completion will be mailed to you at your present address, unless you specify a different address.

We are, as of this date, advising your employer of your eligible date for completion of service.

Sincerely,

STATE DIRECTOR



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SAMPLE LETTER TO EMPLOYER

ADVANCE COMPLETION NOTICE

State Headquarters Address

Date of Mailing:

TO:

ADDRESS:

Dear Sir,

Re:

The above-named individual will complete his prescribed period of Reconciliation Service on \_\_\_\_\_ and will become eligible for certification for having met with the terms of his agreement.

You may wish to continue to employ him, however, this notification is provided to give you an opportunity to make arrangements for a replacement if he is not going to continue in your employ. The individual, as of this date, is being advised of his completion date.

Your cooperation in the Reconciliation Service Program has been much appreciated, not only by me but also by all those who have been involved in this national effort.

Sincerely,

STATE DIRECTOR



(OCT 23, 1974)