

MEMORANDUM TO DIRECTIVES TEAM, OFFICE OF POLICY AND STRATEGIC PLANNING

FROM:

\_\_\_\_\_

(Authorizing Official Name)

\_\_\_\_\_

(Title)

SUBJECT: Designation of Authorization Coordinator and Alternate(s)

This memorandum designates \_\_\_\_\_ as the Authorization Coordinator  
(Name)

and the following person(s) as the Alternate Authorization Coordinator(s):

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Name)

AUTHORIZATION COORDINATOR RESPONSIBILITIES

- (1) Serves as the organization’s administrative liaison to the Directives Team on directives issues.
- (2) In consultation with the Authorizing Official (AO) or AO Delegate, assigns subject matter experts (SMEs) to review draft directives.
- (3) Disseminates draft directives; sets internal deadlines for receiving SME comments.
- (4) Solicits comments on draft directives from SMEs.
- (5) Requests due date extensions from the Directives Team when needed.
- (6) Reviews SME comments for clarity and relativity to the directive and checks that each comment is labeled as major or suggested. Eliminates irrelevant or redundant comments.
- (7) Downgrades major comments that do not meet the major comment definition.
- (8) Informs the SME of the change; refers disagreements with the SME to the AO or AO Delegate for decision.
- (9) Refers conflicting comments to the AO or AO Delegate for determining the organization’s official position.
- (10) Obtains approval of major comments from the AO prior to transmission.
- (11) Transmits the organization’s approved comments in RevCom by the established deadline.
- (12) Acknowledges responsibilities by signing the appointment memorandum issued by the Authorizing Official (AO).
- (13) Completes required directives and NNSA RevCom training.
- (14) Grants SMEs and Writers access to NNSA RevCom only after they have certified completion of their respective NNSA RevCom Training.

I, \_\_\_\_\_, have read and accept the responsibilities assigned to me as  
(Signature)

the Authorization Coordinator and certify that I have completed the required NNSA RevCom training.

I, \_\_\_\_\_, \_\_\_\_\_,  
(Signature) (Signature)

\_\_\_\_\_, \_\_\_\_\_, have read and accept the  
(Signature) (Signature)

responsibilities assigned to me as the Alternate Authorization Coordinator and certify that I have completed the required NNSA RevCom training.

\_\_\_\_\_  
Authorizing Official Signature

\_\_\_\_\_  
Date