



NGID-

MEMORANDUM THRU

FOR

SUBJECT: Maxiflex request letter

1. Request that the undersigned by authorized Maxiflex schedule
2. Justification:

3. Contact Information:
 - a. Name:
 - b. DSN:
 - c. Comm:
 - d. Email:
4. I acknowledge that the Maxiflex schedule is only valid for one year and needs to be renewed annually at the start of each calendar year (JAN).