

RECOMMENDED CHANGES TO ENGINEERING DOCUMENTS For use of this form, see ER 1110-345-100; the proponent agency is CEMP-EA. (Submit a separate form in quadruplicate for each report)		1. DATE (YYYYMMDD)	SHEET 1 OF ____
2. DOCUMENT NUMBER AND DATE (YYYYMMDD)	3. DOCUMENT TITLE	4. OFFICE SYMBOL <input type="checkbox"/> a. MILITARY <input type="checkbox"/> b. CIVIL WORKS	
5. DOCUMENT TYPE <input type="checkbox"/> a. DRAWING (Standard, Definitive) <input type="checkbox"/> d. SPECIFICATION (Guide, Standard) <input type="checkbox"/> g. OTHER (Specify) <input type="checkbox"/> b. DESIGN GUIDES <input type="checkbox"/> e. TECHNICAL MANUAL <input type="checkbox"/> c. ENGINEER MANUAL <input type="checkbox"/> f. ENGINEER REGULATION			
6. SUBJECT			
SECTION I - ROUTING			
ROUTING (Check)		ACTION RECOMMENDED BY DISTRICT COMMANDER (See sheet 2)	
1. FROM DISTRICT COMMANDER U.S. ARMY ENGINEER DISTRICT	a. OFFICE SYMBOL	b. NAME AND TITLE (Last, First MI)	
	c. DATE (YYYYMMDD)	d. DISTRICT COMMANDER'S SIGNATURE	
2. TO HQUSACE ATTENTION: CEMP-EA 441 G STREET NORTH WEST WASHINGTON, D.C. 20314	INFORMATION COPY OF THIS ENG FORM 3078 WAS SENT _____ (Date YYYYMMDD)		
3. TO DIVISION COMMANDER U.S. ARMY ENGINEER DIVISION	a. COMMENTS, ACTION, OR RECOMMENDATION BY DIVISION COMMANDER		
	b. OFFICE SYMBOL	c. NAME AND TITLE (Last, First MI)	
	c. DATE (YYYYMMDD)	d. DIVISION COMMANDER'S SIGNATURE	
4. TO HQUSACE ATTENTION: CEMP-EA 441 G STREET NORTH WEST WASHINGTON, D.C. 20314	a. COMMENTS, ACTION, OR RECOMMENDATION BY DIVISION COMMANDER		
	b. OFFICE SYMBOL	c. NAME AND TITLE (Last, First MI)	
	d. DATE (YYYYMMDD)	e. HQUSACE SIGNATURE	
5. TO DIVISION COMMANDER U.S. ARMY ENGINEER DIVISION	a. COMMENTS, ACTION, OR RECOMMENDATION BY DIVISION COMMANDER		
	b. OFFICE SYMBOL	c. NAME AND TITLE (Last, First MI)	
	d. DATE (YYYYMMDD)	e. DIVISION COMMANDER'S SIGNATURE	
6. TO DISTRICT COMMANDER U.S. ARMY ENGINEER DISTRICT	a. COPY FURNISHED		

SECTION II - RECOMMENDED CHANGES TO ENGINEERING DOCUMENTS	1. DATE (YYYYMMDD)	SHEET ____ OF ____
	2. OFFICE SYMBOL	
PROBLEM DESCRIPTION AND ACTION RECOMMENDED <i>(Use additional sheets if necessary)</i>		
3. PROBLEM		
4. RECOMMENDED SOLUTION		
5. NAME OF SUBMITTER <i>(Last, First MI, Optional)</i>		6. WORK TELEPHONE NUMBER <i>(Optional)</i>