TEMPORARY MAIL DISPOSITION INSTRUCTIONS			
NAME (Last, First, MI) (Print): RECEPTACLE NUMBER			PTACLE NUMBER:
STATUS			
ADV ASG	LEAVE		CONFINED
TDY	HOSPITAL		AWOL
EFFECTIVE DATES	CTIVE DATES TO FWD OR HOLD MAIL (Yr, Mo, Day)		
FROM: TO:			
FORWARD ALL MAIL HOLD ALL MAIL			
FORWARD ONLY			
LETTERS	PARCELS	1 1	EWSPAPERS/MAG
PAYCHECK(S) OTHER (Use Spec Inst) COMPLETE FORWARDING ADDRESS:			
SPECIAL INSTRUCTIONS:			
SIGNATURE OF RECEPTACLE HOLDER DATE (Yr, Mo, Day)			
FOR ADVANCE RECEPTACLE ASGN, LIST NAME OF SPONSOR AND DUTY PHONE IN THE SPECIAL INSTRUCTIONS BLOCK.			

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