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| --- | --- |
| **Title of Proposed Change:**  | **Date Created:**  |
|  |  |
| **Originator Name:**  | **CD Unit:**  |
|  |  |
| **Business Requirement(s) and Detailed Description of Proposed Change:**  |
|  |
|  **Justification: (please check all that apply)** |
| **[ ] Child Safety Issue****[ ] Federal Requirement****[ ] State Requirement****[ ] Financial Issue** | **[ ] Policy Issue** **[ ] Best Practice Issue****[ ] Usability Issue** |
| **[ ] Other (explain)** |  |
|  |  |
| **Authorizations (please print name, sign & date):**  |  |
| **Originator:**  |  |  |
| **Direct Supervisor:** |  |  |
| **Circuit Manager:** |  |  |
| **Regional Director:** |  |  |
| **Deputy Director:** |  |  |
|  |  |  |
|  |