



Form/Appendix Online Change Request

This form is used to request creation, revision, or revocation of a form/appendix.

Division		Date	Work folder	Effective date
Contact person		Phone		Date needed online
Document number	Version	Document name		
Instructions <input type="checkbox"/> Yes <input type="checkbox"/> No		Location <input type="checkbox"/> Internal (InfoNet) <input type="checkbox"/> External (Internet)		

Explanation. Briefly explain the necessity for the creation, revision, or revocation of the document:

Document type. Check one.

- Form/appendix
- Other Specify: _____

Document action. Check one.

- Creation
- Revision
- Revocation If revocation, stop here.

Document must be distributed with policy: Yes No

In the rare case a password is needed to limit those who can open the form/appendix, please provide password here: _____

Category(s) for the InfoNet and/or Internet (limited to 3).

Keywords needed for online searching are automatically added for every document on the Internet: **Oklahoma, human services, okdhs, dhs, state government, department, and the category(s).** List additional keywords needed:

Additional information:

Document standards. See Appendix ST002E (21AX002E), OKDHS Document Standards.

Justification for not using document standards: