



A proud partner of the americanjobcenter network

RECORD CHANGE REQUEST

Instructions:

1. COMPLETE ALL RELEVANT FIELDS
2. SIGN DIGITALLY, RENAME, RESAVE
3. EMAIL TO:
ChangeRequest@dhewd.mo.gov
4. **FSD CONTRACTORS SEND TO:**
Skillup.Missouri@dss.mo.gov

TO BE COMPLETED BY SENDING AGENCY

PROGRAM	MISSOURI JOB CENTER	LOCAL WORKFORCE DEVELOPMENT AREA	
CUSTOMER NAME	STATE ID	EMPLOYER SITE ID	
CASE MANAGER/STAFF NAME	PHONE NUMBER	EMAIL	

TYPE OF DATA TO BE CHANGED

Program Application
 Case Note
 IEP/OAS
 Activities/Enrollments
 Other:

<p>DATA TO BE CHANGED (include dates, services, enrollments, etc.) CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">PROGRAM</td> <td>APPLICATION NUMBER</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	PROGRAM	APPLICATION NUMBER															<p>CHANGE DATA TO (include dates, services, enrollments, etc.) CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
PROGRAM	APPLICATION NUMBER																

DOCUMENTED JUSTIFICATION FOR CHANGE - CONTINUE ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED.

<input type="checkbox"/> Functional Leader, Regional Manager, or local authorized representative has reviewed.	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (if "Denied" is checked, complete "Reason for Denial" on page 2 of this form. Do not forward/ email denied request to OWD, but keep on file in local office.)
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FL, RM OR REPRESENTATIVE SIGNATURE (Click to sign, sign digitally only with your Acrobat Reader Digital Signature)

INTERNAL USE ONLY

DATE RECEIVED	<input type="checkbox"/> OWD Central Office Programs and Services reviewer has reviewed this change	<input type="checkbox"/> APPROVED <input type="checkbox"/> PARTIAL APPROVAL <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> DENIED (If partially approved or denied is checked, complete Reason for Denial on this form. Return copy of denied or partially approved signed form to originating email address.) Forward approved change to OWD Customer Support Unit.
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OWD CENTRAL OFFICE PROGRAMS AND SERVICES APPROVAL/DENIAL SIGNATURE	DATE REVIEWED	<u>URGENT</u> <input type="checkbox"/>
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DATE RECEIVED	CHANGE COMPLETED BY	OPC TICKET NUMBER	DATE CHANGE(S) Cmpl.	CSU TIME SPENT
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DATE RECEIVED	ADDITIONAL SIGNATURE	DATE CHANGED	<input type="checkbox"/> Approved <input type="checkbox"/> Partial Change <input type="checkbox"/> Withdrawn <input type="checkbox"/> Denied
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CON'T FROM PAGE 1 - DATA TO BE CHANGED OR REASON FOR DENIAL	CHANGE DATA TO
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PROGRAM	APPLICATION NUMBER	

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