

# FGIS CCWG CHANGE REQUEST (CR) FORM

Please email to [FGIS-CCWG@usda.gov](mailto:FGIS-CCWG@usda.gov)

<b>CR# <i>To be completed by CCWG</i></b>		
NAME(S)	EMAIL ADDRESS	
OFFICE/TITLE	WORK TELEPHONE	
<b>TITLE OF CHANGE REQUEST</b>		
<b>THIS CR AFFECTS:</b> <input type="checkbox"/> STANDARD OPERATING PROCEDURES <input type="checkbox"/> ACCESS TO RESOURCES AND INFO <input type="checkbox"/> PROGRAM POLICIES <sup>1</sup> <input type="checkbox"/> ADMINISTRATIVE DIRECTIVE <input type="checkbox"/> REGULATION	<input type="checkbox"/> LEGISLATIVE INITIATIVE <input type="checkbox"/> PROGRAM INITIATIVE <input type="checkbox"/> FGIS FORMS <input type="checkbox"/> FGIS CULTURE AND MORALE <input type="checkbox"/> STANDARDIZED LETTER TEMPLATES	<input type="checkbox"/> COMMUNICATION <input type="checkbox"/> PUBLICATIONS <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER
DESCRIBE THE REASON FOR THE CR AND ITS IMPACT ( <i>ATTACH SUPPORTING DOCUMENTS, IF NECESSARY</i> )		
DESCRIBE PROPOSED SOLUTION ( <i>ATTACH SUPPORTING DOCUMENTS, IF NECESSARY</i> )		
CCWG RECOMMENDATION ( <i>ATTACH SUPPORTING DOCUMENTS, IF NECESSARY</i> ) <b><i>To be completed by CCWG</i></b>		
<b><i>To be completed by CCWG</i></b> <input type="checkbox"/> FMD IMPLEMENTATION <input type="checkbox"/> CPD IMPLEMENTATION <input type="checkbox"/> TSD IMPLEMENTATION <input type="checkbox"/> OIA IMPLEMENTATION <input type="checkbox"/> CCWG IMPLEMENTATION <input type="checkbox"/> ODA IMPLEMENTATION		
<sup>1</sup> <i>Requires Division Director concurrence</i>		
<b><i>To be completed by EMT</i></b> EMT DISPOSITION: <input type="checkbox"/> APPROVE <input type="checkbox"/> PENDING APPROVAL W/ COMMENTS <input type="checkbox"/> DISAPPROVE W/ JUSTIFICATION		
EMT COMMENTS:		