**NEW FORM REQUEST**

This form is to be completed when requesting a new form that requires (1) an assigned **Form ID number** and (2) will be **publicly available** on the BuildLACCD website (www.build-laccd.org).

|  |  |  |  |  |
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| **REQUESTOR INFORMATION:** | | | | |
|  | |  | | |
| **Name:** |  | |  | **DEPARTMENT:** |
|  | | | | |
| **title:** |  | |  | **REQUEST DATE:** |

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| **NEW FORM REQUEST DETAILS:** | | | | |
|  |  | | | |
| **FORM NAME:** |  | | | |
|  | | | | |
| **FORM CATEGORY:**  *Forms are organized by category on the “Forms & Templates” page of the BuildLACCD website.* | | |  | **NEW FORM ID NUMBER:**  *4-digit number with leading zeros (Examples: 0004, 0028, 0505)* |
|  | | | | |
| **proposed Effective Date OF this form:** | |  | | |

|  |  |  |  |  |
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| **FORM INFORMATION:** | | | | |
|  |  | | | |
| **BACKGROUND:** What events, issues, or concerns lead to creating a new form? | | | | |
|  |  | | | |
| **PURPOSE:** For what reason is the new form needed? What is its function? | | | | |
|  |  | | | |
| **BENEFIT:** How will the new form benefit the Program? What is the goal? | | | | |
|  |  | | | |
| **NEW FORM WILL REQUIRE UPDATES TO SOP(S):** | | | **YES  NO** | ***If yes, please advise QA/QC Department and SOP Subject Matter Expert.*** |
|  |  | | | |
| **IF YES, identify sop(s):** | |  | | |

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| **DESIGNATED FORM OWNER / FINAL APPROVER FOR FUTURE FORM UPDATES:** | | | | | |
|  | |  | | | |
| **name:** |  | |  | **TITLE:** |  |

|  |  |
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| **[OPTIONAL] ADDITIONAL AUTHORIZED APPROVERS FOR FUTURE FORM UPDATES:** | |
|  |  |

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| --- | --- | --- |
| **1** | **NAME** | **POSITION** |
|  |  |
| **2** | **NAME** | **POSITION** |
|  |  |
| **3** | **NAME** | **POSITION** |
|  |  |
| **4** | **NAME** | **POSITION** |
|  |  |

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| **FORM SECURITY:** | | | | | |
|  |  | | | | |
| **PASSWORD PROTECTION REQUIRED:** | | **YES  NO** |  | **IF YES, PASSWORD:** |  |

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| **NEW FORM APPROVAL:** | | | | | | |
|  | |  |  | | | | |
| **DESIGNATED FORM OWNER:** | |  |  |  |  |  |  |
|  | |  | **NAME** |  | **SIGNATURE** |  | **DATE** |
|  | |  |  | | | | |
| **DEPARTMENT MANAGER:** | |  |  |  |  |  |  |
|  | |  | **NAME** |  | **SIGNATURE** |  | **DATE** |
|  | | | | | | | |
| ***Please submit this request form to the PMO QA/QC Department.*** | | | | | | | |
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| **QA/QC MANAGER:** | |  |  |  |  |  |  |
|  | |  | **NAME** |  | **SIGNATURE** |  | **DATE** |

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| ***This section is to be completed by the PMO QA/QC Department.*** |
|  |

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| **FORM UPLOAD DATE:** |  |  | **FORM ANNOUNCEMENT DATE:** |  |
| **Additional Notes:** | | | | |