

To be completed by requesting division Document Title: Requested Services: ☐ Revise ☐ Standard Review ☐ Recommendations Content Review - only Grammatical review - only Other: Attached documents (ordinances, resolutions, state or federal grant requirements, etc.): Division: Program/Department: Requestor Name: Title: Phone: _____ Email: _____ If I should be unavailable for any reason during this process, I delegate the following to act on my behalf: Delegate _____ Title: Delegate: Phone: _____ Email: _____ Authorizing Signature: _____ Date: _____ Due to competing priorities and workload, a definite time for completion of review cannot be given. **Human Resources Use Only** Date Received: Received By: Type of Review: Completed by: _____ Date Completed: _____ □ No Follow-up required: