

Correspondence Management System Installation and Setup House Office Acceptance Form

| l, | , with the office of |
|---------------------------|---|
| ("Office) ackr | nowledge that my Correspondence Management System (CMS) provider, |
| | , has: |
| | |
| install | ed and setup the CMS for the Office; |
| ensur | ed all peripherals (e.g. printers) are functioning with the CMS; |
| impor | ted all required data from the office's previous CMS system (if applicable); and |
| provid | ded the following training and information: |
| 0 | role-specific training for Office staff (e.g. staff assistant, legislative aid, legislative |
| | director, etc.); |
| 0 | a "how-to" user's guide or detailed reference guide; |
| 0 | a user "quick guide" or "cheat sheet". |
| I would li | ke the CAO to contact me to discuss my experience with the CMS installation, |
| setup, or trai | ning. |
| | |
| Signature | Date |