

**REQUEST FOR ADP SUPPORT - CLEARANCE/ACTION SHEET**

1. REQUEST CONTROL NUMBER

**SECTION I - ORGINATOR INFORMATION**

2. TITLE

3. TYPE OF REQUEST

4. DATE OF REQUEST

5. REQUESTED COMPLETION DATE

6. CONTACT PERSON *(Include symbol, building, room number and telephone number)*

7. NARRATIVE DESCRIPTION/JUSTIFICATION/RECOMMENDATION/SOLUTION

8. PROJECT REPRESENTATIVE *(Include symbol, building, room number and telephone number)*

9. RECOMMEND  
 APPROVAL  
 DISAPPROVAL

10. IF DISAPPROVAL RECOMMENDED, GIVE REASONS *(if additional space necessary, use reverse)*

11. SIGNATURE OF APPROVING OFFICIAL

12. DATE SIGNED

**SECTION II - CENTRAL OFFICE INFORMATION**

13. ACTION OFFICE LIAISON *(Include symbol, building, room number and telephone number)*

**14. CLEARANCE PROCESS**

ACTION	CONCUR		DATE	SIGNATURE
	YES	NO		
A. RECEIVED				
B. CONCURRENCE OF RESPONSIBLE OFFICIALS				
C. REQUEST: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<i>(If "Dis-approved" complete Item 15)</i>			
D. DATE FORWARDED FOR ACTION				
E. ESTIMATED DATE OF COMPLETION				
F. REVISED DATE OF COMPLETION				
G. DATE REQUEST COMPLETED				

15. IF REQUEST DISAPPROVED, GIVE REASONS *(if additional space necessary, use reverse)*