

MoJobs CHANGE REQUEST

Program	Counselor Name	Location/WIR
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TO BE COMPLETED BY SENDING AGENCY

Customer Name	Counselor Phone Number/Extension	Good State ID/Last 4 Digits of SSN	Bad State ID/Last 4 Digits of SSN
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Do not include full SSN. You will be contacted by phone for additional information if needed.

DATA TO BE CHANGED

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|---------------------------------|---|--|-----------------------------------|---|
| <input type="checkbox"/> SSN | <input type="checkbox"/> Case Note Delete | <input type="checkbox"/> Enrollment Date | <input type="checkbox"/> Backdate | <input type="checkbox"/> Add/Edit a Service |
| <input type="checkbox"/> Unexit | <input type="checkbox"/> Outcome | <input type="checkbox"/> TRE/WRE Hours | <input type="checkbox"/> _____ | |

Data To Be Changed:	Change Data To:

Documented Justification for Change:

Functional Manager or local authorized designee has reviewed Name: _____

Approved Denied (Do not forward denied requests to DWD but keep on file in local office)

AUTHORIZED REPRESENTATIVE'S SIGNATURE

DWD INTERNAL USE ONLY

PROGRAMMATIC SECTION AUTHORIZED SIGNATURE

Approved Denied

OPC NUMBER:

CHANGED BY	DATE
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NOTIFICATION BY	DATE
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