



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
 DIVISION OF WORKFORCE DEVELOPMENT
JOB SEEKER TOOLBOX CHANGE REQUEST

Send completed form to:
 DWD Central Office
 by fax: 573-751-9528
 or scan and email to:
 tbchangerequest@ded.mo.gov

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

CUSTOMER'S NAME	Good Appid/DCN/Last 4 Digits of SSN	Bad Appid/DCN/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

<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

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

AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE
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DWD INTERNAL USE ONLY

PROGRAMMATIC SECTION AUTHORIZED SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

GEMINI TICKET NUMBER: _____

CHANGED BY	DATE
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NOTIFICATION BY	DATE
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