



**San Bernardino County
Department of Behavioral Health
Change Order Request Routing Slip**

For Office Use Only
Log# _____

Assigned Program Manager Requesting Approval, Complete This Section:

Program: _____ Reporting Unit: _____

Cost Center: _____

Title of Request: _____

Please route in the following order as indicated below:

REQUIRED APPROVALS

	Initial	Dated
1. Assigned Program Manager	_____	_____
2. Assigned Deputy Director	_____	_____
3. Quality Management	_____	_____
4. Compliance	_____	_____
5. Fiscal	_____	_____
6. Information Technology	_____	_____

*If any authorizing unit has an issue with the request, please contact QM at (909) 421-9456.

FOR INFORMATIONAL TECHNOLOGY OFFICE USE ONLY

CHANGE ORDER REQUEST STATUS

Initial	Date		
_____	_____	Completed Copy Sent to Authorizing Deputy Director	
_____	_____	Approved	
_____	_____	Not Approved	Reason: _____
_____	_____	Hold	Reason: _____



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Submitted By: _____ Date: _____

Authorizing PM: _____

Program Name: _____ Phone: _____

Contact Name: _____ Contact Email Address: _____

Scope of Change: _____

Subject Matter Expert(s) (SME): _____ Target Date: _____

PROGRAM AFFECTED

- | | | | |
|-------------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Clerical | <input type="checkbox"/> Business Operations | <input type="checkbox"/> Training |
| <input type="checkbox"/> Alcohol & Drug | <input type="checkbox"/> Clinical Practice | <input type="checkbox"/> Human Resources | <input type="checkbox"/> All |
| <input type="checkbox"/> Children's | <input type="checkbox"/> Compliance | <input type="checkbox"/> IT | <input type="checkbox"/> Other |
| <input type="checkbox"/> Older Adult | <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Quality Management | |
| <input type="checkbox"/> Transitional Age Youth | <input type="checkbox"/> Medical Services | <input type="checkbox"/> Safety | |

TYPE OF REQUEST

- | | | |
|----------------------------------------------------------------|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Policy Change | <input type="checkbox"/> Procedure Change | <input type="checkbox"/> Business Process Change |
| <input type="checkbox"/> Other (<i>Please specify</i>) _____ | | <input type="checkbox"/> System Update |

****Send all documentation/information necessary to complete the request.**

SPECIAL REQUIREMENTS

Reason for Request: _____

FOR QUALITY MANAGEMENT DIVISION USE ONLY

Authorizing PMII Signature: _____	Approval Date: _____
Project Assigned To: _____	Due Date: _____
IT's Completion Date: _____	