

## MoJobs CHANGE REQUEST

*tbchangerequest@ded.mo.gov*

Program		Counselor Name		Location/WIR	
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
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"/> Unexit		<input type="checkbox"/> Outcome		<input type="checkbox"/> Backdate	
		<input type="checkbox"/> TRE/WRE Hours		<input type="checkbox"/> Add/Edit a Service	
Data To Be Changed:			Change Data To:		
Documented Justification for Change:					
<input type="checkbox"/> Functional Manager or local authorized designee has reviewed    Name:					
<input type="checkbox"/> Approved <input type="checkbox"/> 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			
<input type="checkbox"/>		<input type="checkbox"/>			
OPC NUMBER:					
CHANGED BY				DATE	
NOTIFICATION BY				DATE	