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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Agency Name | | | | | | | | | |  |
|  |  |
| 2. | Contact’s Name | |  | | | 3. | Contact’s E-mail | | | |  |
|  |  | |  | | |  |  | |  | | |
| 4. | Contact’s Title | | | | | 5. | Contact’s Phone Number | | | | |
|  |  | | | | |  |  | | | | |
| 6. | Reporting Requirement  Agency Name and Contract Number | | | | | | | | | | |
| 7. | Impact to Agency | | | | | | | | | | |
|  |  | Change in Business Process – Additional Workload  Change in Business Process – Higher Skill Set required  Business System Remediation  Other | | | | | | | | | |
|  |  | | | | | | | | | | |
| 8. | Impact Statement (Additional space on back of form)  . | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Agency, Director of Administration | | | |  |  | | |  | |  | |
|  | | | |  |  | | |  | |  | |
| Signature | | | |  |  | | |  | |  | |
|  | | | |  |  | | |  | |  | |
| Name | | | |  |  | | |  | |  | |
|  | | | |  |  | | |  | |  | |
| Date | | | |  |  | | |  | |  | |
| 8. | Impact Statement (continued) | | | | | | | | | | |
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