STATE OF MISSOURI
OFFICE OF ADMINISTRATION

WORKFLOW REQUEST

Save Print Reset

ADDITION

DOCUMENT TYPE	ORG	CONDITION	R/N	DESTINATION	EFFECTIVE DATE

MODIFICATION

DOCUMENT TYPE	STAGE NAME	RULE NAME	EFFECTIVE DATE

	CURRENT	CHANGE
CONDITION		
ACTION		
DESTINATION		

DELETION

DOCUMENT TYPE	STAGE NAME	RULE NAME	DISABLE/DELETE	EFFECTIVE DATE

JUSTIFICATION/COMMENTS

REQUESTED BY	PHONE NUMBER
AGENCY	DATE SUBMITTED
APPROVAL SIGNATURE	DATE

FOR WORKFLOW ADMINISTRATOR USE ONLY

PROCESS	STAGE	RULE	
PROCESS ASSIGNMENT	PRECEDENCE	WORKGROUP	WORKER-WORKGROUP

NOTES

DATE RECEIVED	SIGNATURE	DATE COMPLETED