



STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
WORKFLOW REQUEST

ADDITION

| DOCUMENT TYPE | ORG | CONDITION | R/N | DESTINATION | EFFECTIVE DATE |
|---------------|-----|-----------|-----|-------------|----------------|
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MODIFICATION

| DOCUMENT TYPE | STAGE NAME | RULE NAME | EFFECTIVE DATE |
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DELETION

| DOCUMENT TYPE | STAGE NAME | RULE NAME | DISABLE/DELETE | EFFECTIVE DATE |
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JUSTIFICATION/COMMENTS

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| REQUESTED BY | PHONE NUMBER |
| AGENCY | DATE SUBMITTED |
| APPROVAL SIGNATURE | DATE |

FOR WORKFLOW ADMINISTRATOR USE ONLY

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| PROCESS | STAGE | RULE |
| PROCESS ASSIGNMENT | PRECEDENCE | WORKGROUP |
| | | WORKER-WORKGROUP |

NOTES

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|---------------|-----------|----------------|
| DATE RECEIVED | SIGNATURE | DATE COMPLETED |
|---------------|-----------|----------------|