

# FORMS INITIATION AND APPROVAL REQUEST

## SECTION 1 – TO BE COMPLETED BY PROGRAM AREA

Form Number (If applicable) <b>HSD</b>		Date of Request (YYYY MMM DD)	
Form Name (If applicable)		Date Required (YYYY MMM DD)	
Initiator	Program or Branch	What Program the Form Supports (if applicable)	Program Director/Manager
Distribution Method Requested		(to be completed only if intranet is requested)	
<input type="checkbox"/> Printed <input type="checkbox"/> Intranet		<input type="checkbox"/> Print only <input type="checkbox"/> Fill & Print <input type="checkbox"/> Fill, Save & Print	

To assist with needs definition of this form, please review the categories listed below and indicate which best suits your request

<input type="checkbox"/> <b>Minor Form Change</b> <ul style="list-style-type: none"> <li>• NO Legislative changes</li> <li>• NO new collection of personal information</li> <li>• NO policy related changes</li> </ul>	<input type="checkbox"/> <b>Medium Form Change</b> <ul style="list-style-type: none"> <li>• New collection of personal information</li> <li>• Possible systems impact</li> <li>• Other ministries involved</li> </ul>	<input type="checkbox"/> <b>Major Form Change/Development</b> <ul style="list-style-type: none"> <li>• New form</li> <li>• New initiatives</li> <li>• Legislation/Regulation change</li> <li>• New program</li> </ul>
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Reason for new form or change to previously approved form:

## SECTION 2 – TO BE COMPLETED BY FORMS OFFICER

**Must be reviewed for:**

<input type="checkbox"/> Legal Opinion	<input type="checkbox"/> Systems Impact	<input type="checkbox"/> Regulation/Legislation Change
<input type="checkbox"/> Privacy Assessment	<input type="checkbox"/> Forms Committee	<input type="checkbox"/> Other Program Impact

**Approvals Required:**

<input type="checkbox"/> Forms Analyst	<input type="checkbox"/> Forms Committee	<input type="checkbox"/> Legal
<input type="checkbox"/> Program	<input type="checkbox"/> Privacy	<input type="checkbox"/> Systems
<input type="checkbox"/> Other:		<input type="checkbox"/> The Government Agent contact been advised.

(See next page for sign-off sheet)

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Form Number <b>HSD</b>	Form Name
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Once you have completed your portion of the sign-off, please return this package to the Ministry Forms Officer (356-1345) via email as well as all final approvals.

Address: 2nd Flr., 808 Douglas Street, P.O. Box 9972 STN PROV GOVT, Victoria, B.C V8W 9R5

Date	Comments	Approved	Name	Init.
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample

<input type="checkbox"/> Posting Date:	<input type="checkbox"/> Forms List updated:
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