



# County of San Bernardino Department of Behavioral Health Change Order Request Routing Slip

For Office Use Only  
Log# \_\_\_\_\_

**Assigned Program Manager Requesting Approval, Complete This Section:**

Program: \_\_\_\_\_ Reporting Unit: \_\_\_\_\_

Cost Center: \_\_\_\_\_

Title of Request: \_\_\_\_\_

**Please route in the following order as indicated below:**

### REQUIRED APPROVALS

	Initial	Dated
1. Assigned Program Manager	_____	_____
2. Assigned Deputy Director	_____	_____
3. Quality Management	_____	_____
4. Compliance	_____	_____
5. Fiscal	_____	_____
6. Information Technology	_____	_____

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\*If any authorizing unit has an issue with the request, please contact QM at (909) 421-9456.

**FOR INFORMATIONAL TECHNOLOGY OFFICE USE ONLY**

**CHANGE ORDER REQUEST STATUS**

Initial	Date	
_____	_____	Completed Copy Sent to Authorizing Deputy Director
_____	_____	Approved
_____	_____	Not Approved Reason: _____
_____	_____	Hold Reason: _____



# County of San Bernardino

## Department of Behavioral Health

### Change Order Request Routing Slip

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Log# \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorizing PM: \_\_\_\_\_

Program: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Request: \_\_\_\_\_

Scope of Change: \_\_\_\_\_

Subject Matter Expert(s) (SME): \_\_\_\_\_ Target Date: \_\_\_\_\_

PROGRAM AFFECTED			
<input type="checkbox"/> Adults	<input type="checkbox"/> Clerical	<input type="checkbox"/> Business Operations	<input type="checkbox"/> Training
<input type="checkbox"/> Alcohol & Drug	<input type="checkbox"/> Clinical Practice	<input type="checkbox"/> Human Resources	<input type="checkbox"/> All
<input type="checkbox"/> Children's	<input type="checkbox"/> Compliance	<input type="checkbox"/> IT	<input type="checkbox"/> Other
<input type="checkbox"/> Older Adult	<input type="checkbox"/> Cultural Competency	<input type="checkbox"/> Quality Management	
<input type="checkbox"/> Transitional Age Youth	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Safety	
TYPE OF REQUEST			
<input type="checkbox"/> Policy Change	<input type="checkbox"/> Procedure Change	<input type="checkbox"/> Business Process Change	
<input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> System Update	

**\*\*Send all documentation/information necessary to complete the request.**

### SPECIAL REQUIREMENTS

Reason for Request:

  
  
  
  
  
  
  
  
  
  

### FOR QUALITY MANAGEMENT DIVISION USE ONLY

Authorizing PMII Signature: _____	Approval Date: _____
Project Assigned To: _____	Due Date: _____
IT's Completion Date: _____	