

DCFS Change Request Form:

Section XX XX XX

University of Maryland Facilities Management-Department of Planning & Construction

Requestor/Initiator:

Name

UMD Department:

Provide title of your immediate department. Example: Renovation Services

Related Department:

Example: Facilities Management

Inception/Creation Date

XX/XX/2023

Next Level Authorization:

Name of Immediate Supervisor

Submission Date:

XX/XX/2023

Designated DCFS Section #:

Example: 26 32 02

Designated DCFS Section Title:

Example: Emergency Power

Paragraph:

Designate the page # and the (number down) of each paragraph that requires modification

Description:

Provide a brief description of the new item/topic/conflict and state your recommended corrective fix to the existing instruction condition.

Justification:

Provide a short descriptive reason as to WHY the current guideline instruction should be changed/modified. (i.e., cost/safety/obsolescence/improved version)

Action required:

Return this completed form to the DCFS Coordinator

Please note: This request (dependent on level of impact) may be subject to review/acceptance by the initiator's directorship.