WORK REQUEST

| Date: | Office of Communications Stamp | |
|---|-----------------------------------|--|
| Program: | | |
| Requester: | | |
| e-Mail: | | |
| Telephone: | | |
| Topic: Project Deadline: | Budget: Funds Expiration Date: | |
| What would you like for us to do? | | |
| | | |
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| | | |
| | | |
| | | |
| Why do this project? What are your objectives? What do you want to ac | complish? | |
| | | |
| Campaigns: What evidence-based material, best practices or data suppo | ort this campaign? | |
| | | |
| Who is your target audience? Are you addressing specific populations? (Example: racial / ethnic minorities, those who live in poverty, or people with disabilities) | | |
| | | |
| What will the audience gain from this material or campaign? | | |
| | | |
| How will this product / material be distributed? | | |
| | | |



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Are there any cultural, social, or other obstacles to be aware of in designing this material or campaign? Translation of material must be paid for by the program area.

Are there legal requirements for the contents of this document or campaign?

Is there any other helpful information we need to know in designing this material or campaign?

Approval Reminder:

Make sure that you have all of the necessary signatures below.

| Signatures: | | |
|-----------------------------------|-----------|--|
| Requestor / Title: | Date: | |
| Office Director: | Date: | |
| Office Director's Supervisor: | Date: | |
| District Health Officer or Admin: | Date: | |
| Communications Campaign Manager: | Date: | |
| Communications Director: | Date: | |

BEFORE YOU SUBMIT:

| For print mat | terials or website content to create or revise: | |
|----------------|--|--|
| Initial: | I have attached ALL text content with this work request, or sent it electronically before | |
| | submitting. | |
| Initial: | I have had all content reviewed and initialed by my Office Director. | |
| l understand t | hat if this Work Request is submitted without complete and approved content that it may be voided. | |



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WORK REQUEST WORKFLOW

To be completed by the Office of Communications

| Date | Name | Summary |
|------|------|---------|
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Revised 8/8/17 Form #801E

Instructions for Completing Form #801e

Form 801e is for new campaigns and other work related requests for the Office of Communications.

Read each question carefully and fill out the ones that are appropriate for your request. If your request is not campaign related feel free to skip those questions.

Make sure that you have all appropriate signatures and that you have initialed before submitting form 801e to the Office of Communications.