To: Program Reporting and Analysis Unit

E-Mail: WSBManagePerformance@edd.ca.gov

## DATA CHANGE REQUEST: WORKFORCE INNOVATION AND OPPORTUNITY ACT

**I. Requestor Identifying Information Section**

|  |  |
| --- | --- |
| DATE OF REQUEST: |  |
| SUBRECIPIENT: |  |
| MIS ADMINISTRATOR: |  |
| REQUESTOR: |  |
| REQUESTOR’S EMAIL ADDRESS: |  |
| REQUESTOR’S PHONE NUMBER: |  |

**II. Detailed Reason for Requested Correction Section**

Make the appropriate selection from the ***(CHOOSE AN ITEM)*** drop-down menu of what needs to be corrected. Include the applicant’s name, program name, application number, and policy and procedure that staff will follow to avoid similar errors from reoccurring. Provide additional documentation as an attachment if needed. If submitting a DCR for more than three individuals or changes, additional participants or changes must be listed separately on an Excel spreadsheet. **Do not send complete Social Security numbers.**

***CHOOSE AN ITEM***

|  |
| --- |
|  |

***CHOOSE AN ITEM***

|  |
| --- |
|  |

***CHOOSE AN ITEM***

|  |
| --- |
| **III. Authorized Signature Section** |
| AUTHORIZED SIGNATURE OF REQUESTOR DATE: |
|   |
| AUTHORIZED SIGNATURE OF MIS ADMINISTRATOR DATE:  |
|  |
| AUTHORIZED SIGNATURE OF EXECUTIVE DIRECTOR DATE: (OR PROGRAM DESIGNEE)  |