



DMA Form Request

INSTRUCTIONS			
This form is to be used to request the creation of new forms and revisions to existing forms, as well as to provide notice to the Records and Forms Officer of any forms that are obsolete.			
Step #1-Submit this form along with your requested new or revised form or the form that is now obsolete to your supervisor for approval.			
Step #2- Once supervisor approval is received, submit this form along with your requested or obsolete form to RecordsandFormsOfficer@widma.gov .			
SUBMITTER INFORMATION			
Name:			
Division or Office:			
Email:			
Phone:			
Supervisor Name:			
Supervisor Email:			
FORM REQUEST TYPE-select one			
<input type="checkbox"/> New	<input type="checkbox"/> Revised		<input type="checkbox"/> Remove Obsolete Form
Rational for creation/revision/ removal of obsolete form. For creation and revision, explain the function of the form and who will complete it.			
Proposed Title or Existing Form Title:			
Existing Form Number (if any):			
LEGAL REQUIREMENTS- check all that apply and indicate relevant legal citations			
<input type="checkbox"/> Wisconsin Statutes			
<input type="checkbox"/> Federal Statue or Regulations			
<input type="checkbox"/> Wisconsin Administrative Code			
<input type="checkbox"/> Other- specify			
TYPE OF INFORMATION COLLECTED- check all that apply			
<input type="checkbox"/> The form collects personally identifiable information. (Information that can be associated with a particular individual through one or more identifiers or other information or circumstances.)			
<input type="checkbox"/> The form collects a social security number			
FORMAT DESIRED- check all that apply			
<input type="checkbox"/> Paper	<input type="checkbox"/> Fillable/ Electronic	<input type="checkbox"/> DocuSign	<input type="checkbox"/> Other
DISTRIBUTION- Indicate the location where the original record will be retained physically, electronically or both. The original is a legal record that must be retained and disposed of according to the applicable DMA RDA or General Records Schedule. Copies are not subject to retention or disposition requirements.			
Official Record:			
Copy (if any):			
ACTION RECOMMENDED BY SUPERVISOR			
<input type="checkbox"/> Approve		<input type="checkbox"/> Deny	
Comments:			
Signature:		Date:	
FORMS DEPARTMENT			
<input type="checkbox"/> Approve		<input type="checkbox"/> Deny	
RDA:			
Comments:			
Signature:		Date:	