State of Wisconsin
Department of Military Affairs
DMA-4100 (R. 4/2024)

DMA Form Request

Wis. Stat. § 15.04

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		
☐New	☐Revised	☐ 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):		

TYPE OF INFORMATION COLLECTED- check all that apply
☐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.)
☐ The form collects a social security number. Must provide WI Statute, Administrative Code, Federal Statue/Regulation or policy that authorizes the collection of the SSN.

LEGAL REQUIREMENTS- check all that apply and indicate relevant legal citations
☐Wisconsin Statutes
☐Federal Statue or Regulations
☐Wisconsin Administrative Code
☐Other- specify

FORMAT DESIRED- check all that apply			
☐ Paper	☐ Fillable/ Electronic	☐DocuSign	☐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	
☐ Approve	☐ Deny
Comments:	
Signature:	Date:

FORMS DEPARTMENT	
☐ Approve	☐ Deny
RDA:	
Comments:	
Signature:	Date:

Distribution: Original- Records Officer (R) Drive; Copy-Employee