



CLERICAL SUPPORT FORM

Complete the form below and submit it to your Department Head.

GENERAL INFORMATION

Department:	Name of Ministry/Team:
Department Head:	Submitted by:
Requesting Dates: (Circle One) Jan 1 - Mar 31 Apr 1 - Jun 30 Jul 1 - Sept 30 Oct 1 - Dec 31	

Comments: _____

REQUEST INFORMATION

Describe your request as specifically as possible. Use back of sheet if necessary.

Complete This Section for Photocopy Request

of copies _____

- | | | | |
|--|----------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Black & White | <input type="checkbox"/> Stapled | <input type="checkbox"/> Collated | <input type="checkbox"/> 1-Sided |
| <input type="checkbox"/> Full Color | <input type="checkbox"/> Binding | <input type="checkbox"/> Uncollated | <input type="checkbox"/> 2-Sided |

Complete This Section for Fax Request

Recipient Name: _____ Recipient Phone # _____

Date Needed: _____ Recipient Fax # _____

FOR OFFICE USE ONLY

Approved Not Approved Reason: _____

Authorized Signature: _____

Date Received: _____ Date Processed: _____ Date Completed: _____

Comments: _____

