



ATRRS CHANGE REQUEST FORM

USE ONLY THE PORTION THAT IS NECESSARY FOR CHANGES THAT NEED TO BE MADE

PRCL (ATRRS) LogOn ID (fill this in with all requests):

CANCELLATION

SSN (no dashes):	<input type="text"/>
NAME:	<input type="text"/>
FY:	<input type="text"/>
SCHOOL CODE:	<input type="text"/>
COURSE #:	<input type="text"/>
PHASE:	<input type="text"/>
CLASS #:	<input type="text"/>
REPORT DATE:	<input type="text"/>
Reason Code:	<input type="text"/>

SUBSTITUTION

Outgoing Person

SSN (no dashes):	<input type="text"/>
NAME:	<input type="text"/>
FY:	<input type="text"/>
SCHOOL CODE:	<input type="text"/>
COURSE #:	<input type="text"/>
PHASE:	<input type="text"/>
CLASS #:	<input type="text"/>
REPORT DATE:	<input type="text"/>

Incoming Person

SSN (no dashes):	<input type="text"/>
NAME:	<input type="text"/>
COMPONENT CODE:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>
MAILING ADDRESS:	<input type="text"/>
SECURITY CLEARANCE:	<input type="text"/>
MOS/BRANCH:	<input type="text"/>
DUTY POSITION:	<input type="text"/>

COMMENTS (as needed):

Data has been checked for accuracy by - State QSM Name: