REQUEST TO POST INFORMATION TO DHHR WEB SITE

	REQUEST NO.
Date of Submission:	Type of Action Check One:
No. of Pages:	_____ Immediate _____ Routine (Within two weeks)
Duration to be posted: (Check One) ____ One Month _____ Three Months _____ Six Months _____ One Year	
Contact Person_____	Bureau/Office Approval:_____
Email:_____	Email:_____
Phone:_____	Phone:_____
TO BE COMPLETED BY WEBMASTER	
Date Received by WebMaster:	
Date Transferred to Office of Communications:	Date Transferred from Office of Communications:
URL:	____ Internet ___ Intranet ____ Internet (Work Area)
Date Posted on Web:	Date Deleted From Web:

NOTES:

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