

REQUEST TO POST INFORMATION TO DHHR WEB SITE

<div style="border: 1px solid black; padding: 2px; display: inline-block;">REQUEST NO.</div>	
Date of Submission:	Type of Action <u>Check One:</u>
No. of Pages:	<input type="checkbox"/> Immediate <input type="checkbox"/> Routine (Within two weeks)
Duration to be posted: (Check One)	
<input type="checkbox"/> One Month <input type="checkbox"/> Three Months <input type="checkbox"/> Six Months <input type="checkbox"/> 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: <input type="checkbox"/> Internet <input type="checkbox"/> Intranet	
<input type="checkbox"/> Internet (Work Area)	
Date Posted on Web:	Date Deleted From Web:

NOTES:
