

REQUEST FOR FORM SERVICES

INSTRUCTIONS: Please use this form when requesting new forms to be developed and for any changes to or the obsolescence of any existing forms. This form is used to track the development and/or changes to all Agency forms. Please complete the form and attach a rough draft of the proposed new form or a copy of the form, highlighting the revisions and submit the completed form to: FSIS.Forms@usda.gov

SECTION A - FORM REQUEST

2. Requesting Office/Division/Branch:	3. Contact Person:	4. Phone: (123) 456-7890	5. E-mail: (firstname.last@usda.gov)
6. Form Owner/Program Area:	7. Point of Contact:	8. Phone: (123) 456-7890	9. E-mail: (firstname.last@usda.gov)
10. Request Type: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Obsolete	11. Is a Privacy Statement needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Form Number: (Leave Blank, if New)	13. Edition Date: (Leave Blank, if New) Format: (mm/dd/yyyy)
14. Is there a related Directive? <input type="checkbox"/> Yes <input type="checkbox"/> No (Directive Number)	15. Is or will the form be part of a Database/Application? <input type="checkbox"/> Yes <input type="checkbox"/> No (Database/Application Name)	16. Form to be completed by: (i.e. Plant Management, Supervisors, Inspectors)	17. Is an Office of Budget and Management (OMB) clearance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (OMB Number)

18. Form Title, Description, and Purpose of Request: (Explain the purpose for which the form will be used. If request is for a new form or if the form is being revised, describe change(s) below; attach additional information and/or scan of revisions.)

19. Distribution: (Check All that Apply) <input type="checkbox"/> Intranet (InsideFSIS) <input type="checkbox"/> MMSC (Material Management Service Center) <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify in Box 23 Below)	20. Format: (Check All that Apply) <input type="checkbox"/> PDF (508 with Reader Extension) <input type="checkbox"/> Envelope <input type="checkbox"/> Camera Copy (PDF without Reader Extension) <input type="checkbox"/> Other (Specify in Box 23 Below)	21. Requested Due Date: Format: (mm/dd/yyyy)
		22. Requested Posting Date: Format: (mm/dd/yyyy)

23. Comments:

SECTION B - FORM REVIEW APPROVAL (To be completed by requester)

24. 1st Draft Review Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Please Explain Below) Comments:	Signature: Date: Format: (mm/dd/yyyy)
25. 2nd Draft Review Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Please Explain Below) Comments:	Signature: Date: Format: (mm/dd/yyyy)

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SECTION B - FORM REVIEW APPROVAL (Continued)

26. 3rd Draft Review Status:

☐ Approved ☐ Disapproved (Please Explain Below)

Comments:

Signature:

Date:

Format: (mm/dd/yyyy)

27. 4th Draft Review Status:

☐ Approved ☐ Disapproved (Please Explain Below)

Comments:

Signature:

Date:

Format: (mm/dd/yyyy)

28. 5th Draft Review Status:

☐ Approved ☐ Disapproved (Please Explain Below)

Comments:

Signature:

Date:

Format: (mm/dd/yyyy)

29. 6th Draft Review Status:

☐ Approved ☐ Disapproved (Please Explain Below)

Comments:

Signature:

Date:

Format: (mm/dd/yyyy)

SECTION C - FORM APPROVAL BY FORMS MANAGEMENT STAFF *(For Internal Use Only)*

Posted By:

Posted On:

Date Posted:

☐ Internet ☐ Intranet

Format: (mm/dd/yyyy)

INSTRUCTIONS FOR COMPLETING FSIS 2640-5

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Section A - Form

1. **Date Received:** *Leave Blank.*
2. **Requester:** *Enter Requesting Office/Division/Branch.*
3. **Contact Person:** *Enter name of contact person.*
4. **Phone:** *Enter telephone number of contact person.*
5. **E-mail:** *Enter e-mail address of contact person.*
6. **Form Owner/Program Area:** *Enter name of owner/program area of the form.*
7. **Point of Contact:** *Enter name of contact person for the program area.*
8. **Phone:** *Enter telephone number of contact person for the program area.*
9. **E-mail:** *Enter e-mail of contact person.*
10. **Request Type:** *Check the appropriate box for the type of request you are making.*
11. **Is a Privacy Statement needed?:** *Enter 'Yes' or 'No'.*
12. **Form Number:** *Enter the form number; Leave blank if new.*
13. **Edition Date:** *Enter the date that is on the bottom left hand corner of the form for the edition date; Leave blank if new.*
14. **Is there a related Directive?:** *Check 'Yes' or 'No' if a directive is associated with the form request. If 'Yes', enter Directive Number.*
15. **Is or will form be part of a Database/Application?:** *Enter name of database or application (if applicable). If 'Yes', enter name.*
16. **Forms to be completed by:** *Enter the type of employees that will be completing the form.*
17. **Is an Office of Management and Budget (OMB) clearance needed?:** *If 'Yes', provide the OMB number, if one was assigned by the Office of Program and Policy Development (OPPD).*
18. **Form Title, Description, and Purpose of Request:** *If request is for a new form or if the form is being revised, describe design/change(s). If needed, attach a sheet, or scan a copy of the revisions and submit with your request.*
19. **Distribution:** *Check all boxes that apply.*
20. **Format:** *Check all boxes that apply.*
21. **Requested Completion Date:** *Enter the date you are requesting to have the form completed.*
22. **Requested Posting Date:** *Enter the date you are requesting to have the form posted on the internet/intranet.*
23. **Comments:** *Provide specific instructions related to distribution and/or format.*

Section B - Form Review Approval - To be Completed by Requester

24. **1st Draft Review Status:** *Upon review of the draft, please select the appropriate box for 'Approved' or 'Disapproved' and enter any additional changes in the comment section.*
25. **2nd Draft Review Status:** *Upon review of the 2nd draft, and all additional drafts, please select the appropriate box for 'Approved' or 'Disapproved' and enter any additional changes in the comment sections until which time the form is 'Approved'. Please be sure to sign upon final approval of form.*

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Section B - Form Review Approval - (Continued)

Complete Numbers 26 through 29 if applicable:

Upon review of the 3rd draft, and all additional drafts, please select the appropriate box for 'Approved' or 'Disapproved' and enter any additional changes in the comment sections until which time the form is 'Approved'. Please be sure to sign upon final approval of form.

Section C - Form Approval by Forms Management Staff

Leave Blank; for Internal Use Only