

## MINISTRY CHANGE/PROPOSAL REQUEST FORM

**Purpose:** To request specific changes and/or ideas for a particular ministry.

**Required Action:** Please fill in the information requested below. Completed forms should be placed in the **Ministry Admin** box located in Room 300 or e-mailed to

[emm@harvestlifechangers.com](mailto:emm@harvestlifechangers.com)

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Ministry Name: \_\_\_\_\_

### Proposed Change/Idea

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### Justification/Purpose (attach additional documentation)

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Proposed Implementation Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If you are requesting changes to your specific ministry or department, please obtain the required signatures below to confirm review of this request.***

### President's Comments

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President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Department Director's Comments

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Department Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**EMM Comments**

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**EMM Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Executive Office Action:**

- Approved
- Not at this Time

**Executive Office Comments**

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**EMM Checklist** (upon approval of changes, ensure the following are updated, if applicable):

- Manual(s) updated
- Website updated
- Marketing materials updated (Harvest Connection, flyers, forms, etc.)
- Event Matrix updated
- Master Calendar updated
- Employees (Paid-Staff) notified
- Ministry President notified
- Ministry Manager notified
- Department Director notified

**Date Checklist Completed:** \_\_\_\_\_ **EMM Signature:** \_\_\_\_\_