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| --- |
| **NOTIFICATION OF CHANGE** |
| **Area/Location:** |  | **Initiator:** |  |
| **Sponsor:** |  | **Date:** |  |
| **DESCRIPTION OF CHANGE** *(What are you changing?)* |
|  |
| **PURPOSE OF CHANGE** *(Why are the changes needed and what are the benefits?)* |
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| **WHO WILL BE MAKING THE CHANGE:** |
| ***\*\*PRINT NAMES OF DEPARTMENTS OR ASSOCIATES THAT IMPLEMENTED CHANGE\*\****

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| **WHO WILL BE AFFECTED BY THE CHANGE:** |
| ***\*\*PRINT NAMES OF ASSOCIATES AFFECTED BY THIS CHANGE\*\****

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| **COMMENTS:**  |