

<b>REQUEST FOR ORGANIZATION CHANGE</b> <i>(Use for Division and Below)</i>	Division (and Program, if applicable)
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Section I -- Action Proposed		
Action	Indicate Lab/Branch (and Section, if applicable) (Use complete organizational titles.)	5. Functional Statement(s)
1. Abolish <input type="checkbox"/>		(Not applicable)
2. Establish <input type="checkbox"/>		New functional statement attached.
3. Transfer <input type="checkbox"/>	From _____ To _____	<input type="checkbox"/> Revised functional statement(s) attached. <input type="checkbox"/> Not applicable.
4. Title Change <input type="checkbox"/>	From _____ To _____	<input type="checkbox"/> Revised functional statement(s) attached. <input type="checkbox"/> Not applicable.

6. Justification for Proposed Change

Section II -- Clearance Action		
7. Initiating Official (Title)	Signature	Date
8. Recommending Official (Title)	Signature	Date
9. Administrative Officer (OD, ED, DIR)	Signature	Date
10. RECOMMENDATION OF MANAGEMENT SERVICES BRANCH <input type="checkbox"/> Approval <input type="checkbox"/> Other (See comments on reverse.) <input type="checkbox"/> Disapproval	Signature	Date

Section III -- Impact Statement		
11. Adverse Impacts? on reverse.) (Check kind and explain in Section IV, #14)	11a. Concur in Assessment if Impact (If "no," explain in Section IV on reverse.)	
<input type="checkbox"/> Financial <input type="checkbox"/> Space <input type="checkbox"/> Other <input type="checkbox"/> Personnel <input type="checkbox"/> EEO Objectives <input type="checkbox"/> None	YES NO Budget Officer, NIAID (Signature) <input type="checkbox"/> <input type="checkbox"/>	Date
	Personnel Officer, NIAID (Signature) <input type="checkbox"/> <input type="checkbox"/>	Date

Section IIIA -- Final Approval		
12. Executive Officer, NIAID	Signature	Date
13. Approving Official	DIRECTOR, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Signature	Date

## Section IV -- Narrative

14. Comments