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| NAME: |  | | Critical Revision | | | **EFFECTIVE DATE:** | |  |
| **CURRRENT**  **SUPPORT** | | **RESPONSIBLE**  **PARTY** | | **FREQUENCY** | **DURATION** | | **FUNDING**  **SOURCE** | |
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| **PROPOSED**  **CHANGE** | | **RESPONSIBLE**  **PARTY** | | FREQUENCY | DURATION | | **FUNDING**  **SOURCE/COST** | |
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**Team Member Signature Indicates Agreement to change.**

**Signature Date (10 days before effective date) Signature Date**

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**Dates of signatures indicating agreement to change must precede the effective date by at least 10 days.**

**REASON FOR CHANGE, ADDITION, TERMINATION, REDUCTION, SUSPENSION:**

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