

## CASE STORAGE TEAM ROP ROUTING FORM

*Must Complete One Form per Request*

### STEP 1

REQUESTOR'S NAME:	DATE
LIST LEAD A# <i>(and any Riders)</i> :	<input type="checkbox"/> FOIA <input type="checkbox"/> Certification <input type="checkbox"/> Return to IC

### STEP 2 Return ROP to:

- |   |   |
|---|---|
| <input type="checkbox"/> Motion Team<br><br><input type="checkbox"/> PCM Team<br><br><input type="checkbox"/> West Team | <input type="checkbox"/> East Team<br><br><input type="checkbox"/> Screening Panel<br><br><input type="checkbox"/> Other: _____ |
|---|---|

### STEP 3 Return / Scan ROP to, please provide the following:

FUNCTIONAL LEVEL:	RESPONSIBLE PARTY:
SCANNED BY:	DATE:

### STEP 4

**DO NOT REMOVE THIS SHEET IF THIS FILE NEEDS TO BE RETURNED TO ON-SITE STORAGE**

*Complete and attach an ROP Routing Slip and Return ROP to Case Storage Team*

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### TO BE COMPLETED BY CASE STORAGE TEAM ONLY

DECISION DATE:	
COMMENTS:	