**213 VSR eCase Change Request Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Requestor** | Tessa Koob | | **Date Requested** | | | 1/24/2022 | |
| **eCase POC email** | Larry.Edwards@va.gov | | **Date Required** | | | Click here to enter a date. | |
| **eCase** | Heinz | |  | | |  | |
| **Priority** | Urgent/Imperative | | Regular/Improvement | | |  | |
| **Please identify which specific eCase requires an update: Choose an item.** | | | | | | | |
| **Please indicate which material(s) require a change:** | | | | | | | |
| eCase Complete Documents | Answer Key | | Trainee Instructions | | | eCase Automatic Feedback | |
| **Please indicate why this change is necessary?** | | | | | | | |
| Manual/Regulation change | Error trend | | Typo | | | Other | |
| **Please identify exactly where the content is located:** | | | | | | | |
| Page number(s):  11 | Form name(s)/type(s):  21-4138 | | Block #’s:  10 | | | Question #/name: | |
| **Please identify exactly what is incorrect or needs to be changed, with references:** | | | | | | | |
| Add a date signed to the form. As this is the first eCase, it does cause a bit of confusion whether or not the form is valid and can be used. | | | | | | | |
| **Please identify what correction is required (solution), with references:** | | | | | | | |
|  | | | | | | | |
| ***Please continue on Page 2 with additional changes needed on the same case.*** Please expand the document as needed to provide specific location of content, identification of issue, and resolution; for each identified issue requiring change. | | | | | | | |
| **Please identify exactly where the content is located:** | | | | | | | |
| Page number(s): | | Form name(s)/type(s): | | Block #’s: | Question #/name: | |
| **Please identify exactly what is incorrect or needs to be changed, with references:** | | | | | | | |
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| **Please identify what correction is required (solution), with references:** | | | | | | | |
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| **Please identify exactly where the content is located:** | | | | | | | |
| Page number(s): | | Form name(s)/type(s):  Click here to enter text. | | Block #’s:  Click here to enter text. | Question #/name:  Click here to enter text. | |
| **Please identify exactly what is incorrect or needs to be changed, with references:** | | | | | | | |
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| **Please identify what correction is required (solution), with references:** | | | | | | | |
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Additional updates:

* On all documents and the Trainee Instructions, edit the file # to include ZZ in place of 00.
* Under Directions on the Trainee Instructions, add mention of using ZZ to Step 4.
* If no longer using ERB, remove all mention of it from Trainee Instructions.