**213 VSR eCase Change Request Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Requestor** | Tessa Koob | | **Date Requested** | | | 1/25/2022 | |
| **eCase POC email** | Larry.Edwards3@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: 21-526EZ** | | | | | | | |
| Page number(s):  2 | Form name(s)/type(s):  526EZ | | Block #’s:  16 | | | Question #/name:  Section IV: Claim Information | |
| **Please identify exactly what is incorrect or needs to be changed, with references:** | | | | | | | |
| Incomplete sentence on the claimed disability | | | | | | | |
| **Please identify what correction is required (solution), with references:** | | | | | | | |
| Correct to say:I get rushing noises in my ear since service.My feet hurt and it’s painful to stand or walk since I was discharged. | | | | | | | |
| ***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: DD214** | | | | | | | |
| Page number(s): | | Form name(s)/type(s):  DD214 | | Block #’s: | Question #/name: | |
| **Please identify exactly what is incorrect or needs to be changed, with references:** | | | | | | | |
| Correct typo of the word ‘certify’ | | | | | | | |
| **Please identify what correction is required (solution), with references:** | | | | | | | |
|  | | | | | | | |
| **Please identify exactly where the content is located: Trainee Instructions** | | | | | | | |
| Page number(s): 2 | | Form name(s)/type(s):  Trainee Instructions | | 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:** | | | | | | | |
| Under the STRs part, this line should be its own bullet point:  The Entrance exam is located on page 8 of the HAIMS documents and contains audio testing results | | | | | | | |
| **Please identify what correction is required (solution), with references:** | | | | | | | |
|  | | | | | | | |

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.