

# Editorial Work Request

Submitted by: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Due Date and Time: \_\_\_\_\_

Project and Task Number: (e.g., 12291.18-301) \_\_\_\_\_

Project Title: \_\_\_\_\_

Budgeted Hours: \_\_\_\_\_ Style Guide: \_\_\_\_\_  
(e.g., EPA, DPCPSI, NIDDK, NIAID, AP, GPO, NLM, other)

<b><u>Services Requested</u></b> (see back of form for descriptions): <input type="checkbox"/> Crossread <input type="checkbox"/> Proofread <input type="checkbox"/> Check Corrections <input type="checkbox"/> Cursory Edit <input type="checkbox"/> Copyedit <input type="checkbox"/> Substantive Edit <input type="checkbox"/> Other: Transcription of audio files from a call or meeting <b>NOTE: For transcription of videos or webinars, please see Natalie.</b>	<b><u>Director of Conference Dept. Review</u></b> <input type="checkbox"/> Susie  Hours Used: _____  Date Submitted: _____  Date/Time Needed: _____  <b>NOTE: All conference materials <u>must</u> be submitted through editing and be reviewed by Susie before submission for final QA/QC.</b>	<b><u>Final QA/QC Review</u></b> <input type="checkbox"/> _____ <b>Name of Final QA/QC Reviewer</b>  Hours Used: _____  Date Submitted: _____  Date/Time Needed: _____  <b>NOTE: Rush jobs require advance notice (i.e., turn-around of less than 24 hours).</b>
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Source Materials Provided? ☐ Yes ☐ No Conference Staff Initials \_\_\_\_\_

Specific Instructions: \_\_\_\_\_

Please reuse this form as much as possible. Thank you!

	Date Received	Date Completed	Editor/ Proofreader	Hours Used by Editor	Editorial Reviewer	Hours Used by Reviewer
1st Draft						
2nd Draft						
3rd Draft						
Final						