AMOP
MILWAUKEE COUNTY
ADMINISTRATIVE MANUAL
OF OPERATING PROCEDURES

REQUEST FOR AMOP

Date Submitted: [   ]

Procedure Title: [   ]

Requestor: [   ]   Dept: [   ]

Please complete a form for each new request.

TYPE OF REQUEST

☐ New Procedure   ☐ Revision to Existing Procedure   ☐ Removal of Existing Procedure

DESCRIPTION OF PROCEDURE

What problem does this procedure solve?

[   ]

How will you know this procedure is successful (e.g. reduction in staff busywork, reduction in user complaints)?

[   ]

Does this procedure allow you to collect data? If yes, list the data that can be collected. Could this data be used as a performance metric?

[   ]

List the users of this procedure (e.g. all Parks managers, recruitment analysts, department leaders, the public, etc.). Also, list the individual(s) (by title) responsible for quality assurance.

[   ]
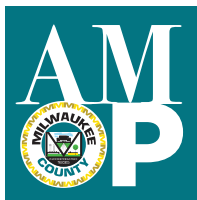
COMMUNICATION PLAN

Who should be made aware of this procedure?

How will you tell users this procedure is new and available for their use (e.g. notice on website, email notification, LMS training)?

CONTINUOUS IMPROVEMENT (please skip if this is a new procedure)

After reviewing the procedure for improvement, unintended consequences or gaps, do you have any changes to it?

Change Management is known to be a challenge in all workplaces. Will changes you are making to the procedure create concern or confusion among staff or users? If yes, how will you communicate with them?

Did you measure your procedure for success? If yes, how (e.g. number of people who utilized the process, results from a customer satisfaction survey)?

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IMPACT & CONTENT REVIEW CHECKLIST

A. Does this Procedure involve a financial control (i.e. accounting procedures, contracting procedures, etc.)?
If yes, the Comptroller should review the draft prior to submittal.

◯ Yes, the Comptroller has reviewed this procedure.

◯ No, this procedure does not involve a financial control.

B. Does this Procedure involve a complex legal matter?
If yes, Corporation Counsel should review the draft prior to submittal.

◯ Yes, Corporation Counsel has reviewed this procedure.

◯ No, this procedure does not involve a complex legal matter.

C. Does this Procedure involve a risk exposure (i.e. insurance procedures, safety, etc.)?
If yes, Risk Management should review the draft prior to submittal.

◯ Yes, Risk Management has reviewed this procedure.

◯ No, this procedure does not involve a risk exposure.

D. Does this Procedure involve a personnel issue (i.e. work rules, etc.)?
If yes, Human Resources should review the draft prior to submittal.

◯ Yes, Human Resources has reviewed this procedure.

◯ No, this procedure does not involve a personnel issue.

E. Does this Procedure impact another department? *If yes, such departments should review the draft prior to submittal.*

◯ Yes, this procedure impacts other departments and the following departments have reviewed the procedure:

◯ No, this procedure does not impact another department.

SUPPORTING DOCUMENT CHECKLIST

☐ **LMS Presentation** — I have included a training PowerPoint utilizing Appendix 1.01(b) for inclusion in the Learning Management System (LMS). *Required*

☐ **Flow Chart** — I have included a flow chart of the procedure utilizing Appendix 1.01(c) for inclusion in the Learning Management System (LMS). *Required*

Who Should Receive Training? — Please identify the individuals required to receive this training by the appropriate organizational unit(s). If this is a procedure for all employees (e.g. countywide substance abuse procedure) then list "all." See Appendix 1.01(b) for a list of Hierarchical Organizational Units by Department.

Employee Submitting Procedure:

Director of Responsible Department:

Name: _____

Name: _____

Title: _____

Title: _____