



# 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

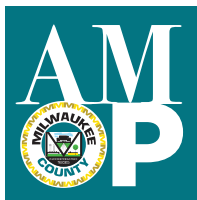
### DESCRIPTION OF PROCEDURE

**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.**



MILWAUKEE COUNTY  
ADMINISTRATIVE MANUAL  
OF OPERATING PROCEDURES

**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)?**



# MILWAUKEE COUNTY ADMINISTRATIVE MANUAL OF OPERATING PROCEDURES

## 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:

Title:

Name:

Title:

### FOR OFFICE USE ONLY

Date Received:

AMOP Committee Review Date:

AMOP Committee Approval:

Assigned Procedure Number:

Pending Procedure Posted:

Final Procedure Posted:

LMS Training Submitted to HR:

Communication Plan Executed: