

COUNTY OF LOS ANGELES  
INTERNAL SERVICES DEPARTMENT

TRANSMITTAL DATE: \_\_\_\_\_

ACCEPTANCE REVIEW SHEET

Due Date:

To: Donnakay Davis  
CIO/Systems Management  
Department of Mental Health  
3160 W. Sixth St., 2nd Floor  
Los Angeles, CA 90020

From: Tito Deomampo, Manager  
Mental Health Group  
ISD/ITS  
9150 E. Imperial Hwy.  
Downey, CA 90242

Account Description/Job Title

SR/MR Number

Copy for: Action   
Information

Purpose:

Standards/Procedures/Instructions  Systems Design/Review   
Test Results  Final Sign Off   
Other  \_\_\_\_\_

Originators Remarks:

The attached proposal is submitted for your review and approval. Check the appropriate box below, sign, and return to the originator on or before the above Due Date or approval is assumed. If approved as submitted, return the signed Action Copy only. If approved with changes, identify the changes by page no., etc. in the remarks section below and make the suggested changes on the attached proposal and return them with the ISD-1 (include comments of information Addressees under your supervision on Action Copy). Do not return Information Copies. *Disapprovals must state specifically why proposal is unacceptable.*

Reviewer's Remarks:

Approved  Approved with Changes  Disapproved

AUTHORIZED SIGNATURES:

User/Manager \_\_\_\_\_ Date \_\_\_\_\_  
System Analyst \_\_\_\_\_ Date \_\_\_\_\_  
Division Chief \_\_\_\_\_ Date \_\_\_\_\_  
Security Administrator \_\_\_\_\_ Date \_\_\_\_\_