



Georgia Department
of Human Services

DHS Communications Approval Routing Form

Approvers	Approval Needed		Comments	Approved		Initials
	Yes	No		Yes	No	
Commissioner						
*Legislative Affairs & Communications Director						
Division Director						
Division Communications Coordinator						
Section Director						
Unit Manager						
Other (s):						

Today's Date: _____

Owner/Router: _____

Description/Purpose of communication: _____

Approval needed by (date): _____

***All communications must be approved by the division prior to seeking approval from the Office of Legislative Affairs and Communications.**