

**SPEC YEAR**

**FUSP REQUEST FORM**

Highlighted boxes are required fields for FUSPs to be processed.

<input type="checkbox"/> <b>NEW FUSP</b> (Spec. Section Reference)	<input type="checkbox"/> <b>REVISED FUSP</b> (Current FUSP Number)	<input type="checkbox"/> <b>DELETE FUSP</b> (Current FUSP number)
V1	V	<b>REVISED USE STATEMENT</b>

<b>FUSP ACTION REQUESTED BY</b>	DATE TO SPEC. ENG.	DATE TO QA/QC ANALYST	DATE LOGGED IN
---------------------------------	--------------------	-----------------------	----------------

**FUSP TITLE** (TYPE IN ALL CAPS)

---

**FUSP FILE NAME** (If revising a current FUSP change the version number by Adding 1 to the File name of the existing FUSP version number)

<b>MDOT AUTHOR</b>	MDOT REVIEW				Q/A APPROVAL DATE
	REVIEWER	ASSIGNED	DUE	COMPLETED	
	REVIEWER	ASSIGNED	DUE	COMPLETED	

<b>DIVISION/REGION/TSC</b>	SENT TO FHWA	DUE BACK	FHWA APPROVAL
----------------------------	--------------	----------	---------------

**AUTHOR'S SUMMARY OF CHANGES**

---

<b>DOES THIS FUSP AFFECT ANY PREEXISTING PAY ITEM?</b> (If yes, please list pay item numbers here, attach additional sheets if necessary)	YES NO	<b>DO PAY ITEMS NEED TO BE REVISED?</b> (Use <a href="#">Form 2797</a> to request revisions to existing standard pay items)	YES NO
---	-----------	---	-----------

<b>DOES THIS FUSP CONTAIN PAY ITEMS OR DOES IT AFFECT ANY STANDARD PAY ITEMS?</b> (Use <a href="#">Form 2797</a> to request new standard pay items)	YES NO
---	-----------

<b>FUSP APPLIES TO:</b>	TRUNKLINE ONLY LOCAL AGENCY ONLY	BOTH TRUNKLINE AND LOCAL AGENCY TRUNKLINE BUT OPTIONAL FOR LOCAL AGENCY
-------------------------	-------------------------------------	--

<b>HAS THIS BEEN REVIEWED BY A MDOT PARTNER AGENCY?</b>	YES	NO	WHEN: _____
---	-----	----	-------------

**IDENTIFY THE PARTNER AGENCY(IES) YOU WORKED WITH**

---

**USE STATEMENT** (Fill in this field with the complete text of the use statement for the new or revised FUSP)

---

**REQUIRED JUSTIFICATION FOR FUSP WORK OUTSIDE ANNUAL REVIEW PERIOD**

NONE       POLICY       REGULATORY       SAFETY       MATERIAL

**DETAILED EXPLANATION OF HOW/WHY REQUEST FITS 4 EXCEPTIONS ALLOWED FOR PROCESSING OUTSIDE ANNUAL REVIEW**

---

SUBMITTED TO AUTHOR	SUBMITTED TO GOV DELIVERY	CONFIRMED BY GOV DELIVERY
---------------------	---------------------------	---------------------------