

Supplier Request for Permanent Change

<i>Requester Section (to be completed by Supplier)</i>				Internal Leviton Use	
Part Information				Request No.:	
Leviton Item/Assy No.:		Revision:			
Description:		Business Unit:			
Supplier Information			Purchase Order Information (if applicable)		
Supplier (Company Name)		Supplier No.	Purchase Order	Line Item No.	
Supplier Point of Contact:	Title:		Quantity	Due Date	
Email address:	Phone No.:		Leviton Buyer	Buyer Phone	
Change Request Details (check all that apply)					
<input type="checkbox"/> Design	<input type="checkbox"/> Material	<input type="checkbox"/> Process Order	<input type="checkbox"/> Tooling	<input type="checkbox"/> Logistics	
<input type="checkbox"/> Sub-Supplier	<input type="checkbox"/> MFG Method	<input type="checkbox"/> Machine	<input type="checkbox"/> Inspection Method	<input type="checkbox"/> Packaging	
Current Leviton Requirement (include drawing zone and other descriptions as necessary. Attach sketch, photos, or extra pages as required):					
Description of Change (Attach sketch, photos, or extra pages as required):					
Reason for request:					
Desired Effectivity:					
<i>Disposition and Approvals (to be completed by Leviton)</i>					
Approved as Requested <input type="checkbox"/>	Approved w/ Notes <input type="checkbox"/>	Engineering Change Number (if applicable)		Rejected (see notes) <input type="checkbox"/>	
<i>Disposition Notes</i>					
<i>Disposition Approval Signatures</i>					
Supply Chain	Engineering	Manufacturing	Quality		
Date:	Date:	Date:	Date:		

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Form Instructions

This form must be used by Suppliers to request a permanent change from Leviton. The Supplier must complete all the necessary form fields and submit to their Leviton Buyer.

A COPY OF THIS APPROVED FORM MUST BE INCLUDED WITH EACH SHIPMENT

Leviton Item/Assy No.	Item or assembly number impacted by this request
Revision	Item or assembly revision
Description	Item or assembly description as it appears on the drawing/purchase order/specification
Request No.	Tracking number assigned by Leviton (Supplier leave blank)
Business Unit	Business Unit that the Change is associated with
Supplier (Company Name)	Enter the name of your company
Supplier No	Enter the Leviton code for you company as found on your Purchase order
Supplier Point of Contact	Name of supplier representative responsible for the subject request
Title	Title of the supplier representative
Email address	Supplier contact email address
Phone No.	Supplier contact phone number (including area code and country code)
Purchase Order	Purchase order associated with the nonconforming parts
Line item No.	Purchase order line item associated with the nonconforming parts
Quantity	Purchase order quantity
Due Date	Due date for the impacted items
Leviton Buyer	Leviton Buyer as identified on the Purchase Order
Buyer phone	Leviton Buyers phone number
Change Request Type	Select the type of changes being requested <ul style="list-style-type: none"> • Design • Sub-Supplier • Material • Manufacturing Method • Process Order • Machine • Tooling • Inspection Method • Logistics • Packaging
Leviton Requirement	Specify the Leviton requirement(s) that are the subject of the request. Include drawing numbers, drawing characteristics and dimensions (with tolerance), specifications, and any other information required to define the Leviton requirements
Description of Change	Describe (in detail) the details of the change request.

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Reason for Request	Enter the underlying reason for the change request and the technical substantiation to support the request.
Disposition Approval	Leviton response to the request <ul style="list-style-type: none"> • Approved as Requested: Permanent change will proceed as requested • Approved with Notes: Permanent change will proceed in accordance with the disposition notes from Leviton • Rejected: Supplier request is rejected as specified in the Disposition notes
Disposition Notes	Notes from the Leviton team that support the decision making process and clarify the disposition
Disposition Approval Signatures	Leviton approval signatures