FSA SOLUTION LIFE CYCLE (SLC)

Formal Signoff Document

Phase Name: **Deployment**

Deliverable Name: **Transition to Support (TTS) Readiness Review**

Responsible: _____
(Project Manager Name)

_____ _____
(Project Manager Signature) **(Date)**

_____
(IPT Representative Name)

_____ _____
(IPT Representative Signature) **(Date)**

_____
(TTS Lead Name)

_____ _____
(TTS Lead Signature) **(Date)**