FSA SOLUTION LIFE CYCLE (SLC)

Formal Signoff Document

Phase Name: **Support & Retirement**

Deliverable Name: **ED System Disposal Checklist Completed and Signed**

Responsible: _____
(System Manager Name)

_____ _____
(System Manager Signature) **(Date)**

_____
(SSO Name)

_____ _____
(SSO Signature) **(Date)**