

MIS SERVICE REQUEST

Please fill out this form to request services from MIS. Submit form to Applications Support Specialist. It will then be logged into the system and forwarded to the Coordinator of Administrative Technology for assignment of a Programmer or Systems Analyst. The Programmer or Systems Analyst will be responsible for the system requiring modification.

MIS USE ONLY

Work Order #:

By:

Requested By: _____

Request Date: _____

Title: _____

Due Date:* _____

Contact Person: _____

*Due Date Required. No ASAP please.

Department/Location: _____

Phone/Ext: _____

SYSTEM: ☐ Student ☐ Finance ☐ Payroll ☐ Personnel ☐ Warehouse ☐ Office Automation ☐ Other:_____

Please fully describe your request for program or system modifications, or other type of MIS Service:

[illegible]

Principal / Dept. Head Signature: _____ Auth. Date: _____

Principal/Dept. Head Name (PRINT NAME): _____

MIS USE ONLY

Assigned To: _____

Priority (select one): ☐ High

Start Date: _____

☐ High
☐ Normal
☐ Low

Type of Request:

- ☐ Ad Hoc Report
- ☐ Compliance
- ☐ Enhancement
- ☐ Problem Solution
- ☐ Production Support
- ☐ Project

Time Estimate:

____ Programmer
____ Systems Analyst
____ Other

Assessment:

☐ Recommended
☐ Recommended, Time Permitted
☐ Not Recommended

Completion Date:

MIS Comments: _____

MIS Contact _____ Date _____

 User Acceptance Date MIS Approval Date