

THE GEORGE WASHINGTON UNIVERSITY
CENTER FOR COMPUTING AND INFORMATION MANAGEMENT
SERVICE REQUEST

DATE OF REQUEST: ___/___/___

IMMEDIATE (may require BURP Committee approval)

Request # _____

Estimated Time to Complete:

Small Medium Large

(CCIM USE ONLY)

REV. 1/97

• **SYSTEM:** ALUMNI HUMAN RESOURCES FINANCE
 STUDENT FINANCIAL AID OTHER _____

• **REQUESTED BY:** NAME _____ OFFICE/DEPT. _____
TELEPHONE (____) _____ - _____ USERID _____

If request was previously submitted, please enter:

Check here if request is **RERUN**

Original Request # _____ Date Requested ___/___/___ Original Requestor _____

• **TYPE OF REQUEST:**

PROBLEM: DATA ERROR OR DATA MISSING SYSTEM ERROR
UNKNOWN

PRODUCTION OUTPUT PROBLEM OTHER _____

CHANGE: NEW FEATURE (SCREEN, REPORT, PROCESS, ETC.)
 MODIFICATION (CHANGE TO EXISTING SCREEN, REPORT, PROCESS, ETC.)
 BASELINE MODIFICATION - REQUIRES APPROVAL OF VICE PRESIDENT FOR
ADMINISTRATION & INFORMATION SERVICES _____

OUTPUT/OTHER SERVICE:

LABELS TAPE FILE REPORT

DISKETTE FILE OTHER _____

• **FOR ALL REQUESTS: (REQUIRED INFORMATION)**

Delivery Date Desired: ___/___/___

Brief Descriptor ("Title") of request: _____

Program/Screen/Report/Form/Table Identifier(s): _____

Explain as completely as possible on a separate sheet, including the reason for the request,
relevant examples, descriptors, selection criteria, number of copies, etc.

User alternative if service is not provided: _____

Approval: _____ Office/Dept: _____ Date Approved: ___/___/___
(Data Administrator)

Approval: _____ Office/Dept: _____ Date Approved: ___/___/___
(Key Person-Application/Controller)

User Priority: Critical (Control) High (Asset Protection) Medium (Operational) Low (Analytical Reports)

Institutional Priority: Critical (Control) High (Asset Protection) Medium (Operational) Low (Analytical Reports)

(ASSIGNED BY BURP COMMITTEE)

Instructions for Completing USER SERVICE REQUEST

GENERAL INFORMATION

CCIM - Center for Computing and Information Management

Problem - A request to correct errors in a screen, process, report, etc.

Change - A request to create or modify features (screens, process, output, etc.). New features are presently not available. Modifications are changes or corrections to existing features. Some major modifications may be re-classified as "new" if the changes are extensive. Supply detailed explanations of all factors required.

Output/Other Service - A request to provide output based on existing reports, labels, output files, etc. or perform non-job processing such as rolling grades, turning on flags, etc.

APPROVAL SIGNATURES

Data Administrator (with Deputy) - responsible for managing access to the data of his/her department/office; recommends validation table changes to the Key Person for the application

Key Person For Application - Primary contact within the department/office. Works with the Consultant on priorities for enhancements, problems, schedules, plans, etc. for his/her office/department. Also responsible for validation table updates, and approves USRs for Problems & Changes

PROCESS

(Please see the GWU/CCIM "User Service Request Process User Guide" - copies available from CCIM, 4-6140.)

PRIORITIES

PRIORITIES ARE BASED ON BUSINESS NEED - NOT DATE DESIRED - ASSIGNED BY THE KEY PERSON FOR EACH APPLICATION AREA. THIS "USER PRIORITY" IS THEN FORWARDED TO THE USER REQUEST PRIORITIZATION (BURP) COMMITTEE FOR INSTITUTION-WIDE PRIORITIZATION.

The priority levels - Critical, High, Medium and Low - are defined in the User Guide.

CCIM USE ONLY

EVENT	ACCEPTANCE DATE
ACCEPTED BY REQUESTOR _____ REQUESTOR SIGNATURE _____	____ / ____ / ____ TIME ____ : ____
SPECIAL REQUESTS (Check One)	
<input type="checkbox"/> ACCEPTED BASELINE CHANGE _____ SITE DIRECTOR SIGNATURE _____	____ / ____ / ____
<input type="checkbox"/> REJECTED BASELINE CHANGE _____ REASON: _____ _____ REQUESTOR SIGNATURE _____	____ / ____ / ____
<input type="checkbox"/> CANCELLED BY REQUESTOR _____ REQUESTOR SIGNATURE _____	____ / ____ / ____
<input type="checkbox"/> SENT TO SCT EDUCATION SYSTEMS _____ CONSULTANT SIGNATURE _____	____ / ____ / ____
SCT EDUCATION SYSTEMS ACTION: ____ ACCEPTED ____ REJECTED	____ / ____ / ____
COMMENTS:	

