



Financial System User Request

_____ - _____ - _____

USER SECTION: Please complete the User Section and email to SBAS: dcora@sbceo.org

Requestor: _____ Date of Request: _____

District: _____ Dept.: _____

District/Dept. Approval: _____ SBAS Contact: _____

Report(s)/Screen(s) Affected: _____ Impact to User: Critical Major Minor Non-Critical

Description: See Attachments

Steps to Reproduce:

Actual Result:

Expected Result:

Summarize Cost/Benefit: _____ | Date Needed: _____ If urgent, please explain:

STEERING COMMITTEE EVALUATION:

Reviewed by: _____ Date: _____ Priority: H L Z Ranking: _____ Charge: Yes No
(H = High L = Low Z = To be reviewed for future use)

IT SERVICES QUEUE:

Assigned to: _____ Program #: _____ Resolve Problem Change New Development
Est. Hours: _____ Actual Hours: _____ Startup Costs: \$ _____ Recurring Costs: \$ _____ Est. Start Date: _____ Est. Completion Date: _____

SIGNATURES:

Programmer Completed: _____ Date: _____ SBAS Sign-off: _____ Date: _____ Mgmt. Sign-off: _____ Date: _____