

ADMINISTRATIVE INFORMATION SYSTEMS SERVICE REQUEST

SOUTHERN ILLINOIS UNIVERSITY

This form to be completed by Central Business Office staff only.

AIS Staff Assigned

Request No.: _____

Change Order No.: _____

Initiator Contact Information:

Name: _____

Date: _____

Dept/Unit: _____

Phone #: _____

Email: _____

Mailcode: _____

Campus:

(Select One)

Carbondale

Edwardsville

School of Medicine

Request Summary:

Request Short Title: _____

Required Date: _____

Initiator Priority: High

(Select One)

Medium

Low

Request Type: Correction

Enhancement

New Development

Functional Setup

Business Process Change

Other: _____

Description of Request: (Please enter sufficient detail to evaluate request. Use second page as necessary.)

Benefits:

Impact of Not Doing:

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Options / Alternatives / Workarounds:

Requested Signatures:

Initiator: _____

Date: _____

Dept/Unit Director: _____

Date: _____

Others in Support: (if necessary, specify)

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Complete and submit this form (with all signatures) to: Administrative Information Systems, Northwest Annex Wing C, MC 6524

Notifications to Initiator (AIS Only):

Decision: Accepted Denied

Denial Reason: (if Service Request was denied, reason is provided here)

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Request Short Title: _____

AIS USE ONLY

AIS - Review

Deny as Project - Return to Initiator

Reason: _____

Accept as Project

Assigned To Functional or Technical Lead: _____

AIS Signature: _____ Date: _____

Initial Effort Assessment (may be modified when Service Request is activated)

One day's effort (or less)

More than one day, less than one week's effort

More than one week, less than one month's effort

Greater than one month's effort

AIS Functional or Technical Lead Signature: _____ Date: _____

Service Request Completed and Placed Into Production

AIS Signature: _____ Date: _____