AIS End User Instructions
FORM – AIS Service Request

Use: To request changes, enhancements, new developments, and/ or related modifications to existing AIS systems and business processes; such requests, if implemented, could affect customizations, system programming, functional set-ups, value sets, and/ or business processes.

Only Central Business office staffs on SIU's campuses may submit AIS Service Requests. Other individuals wishing services should direct their request to their campus' appropriate central business office.

Access: Access the form via the Electronic Forms home page at: http://eforms.siu.edu./   Adobe Acrobat Reader software must be installed on your computer to allow you to access the form. If you do not have Adobe Acrobat Reader software, click on the get software link to download it from the Electronic Forms home page.

Instructions: Complete the form using the following instructions: (Unless noted, all fields are **REQUIRED**.)

AIS Staff Assigned Section: Leave these fields blank; AIS Office will complete them.

Request No.   Leave blank.

Change Order No.   Leave blank.

Initiator Contact Information Section: Provide basic contact information for the requestor (i.e., initiator of the request).

Name   Name of individual requesting service.

Date   Date that service request is submitted.

Dept/ Unit   Department or unit of the individual requesting service.

Telephone   Telephone number of the initiator.

Email   Email address of the initiator.

Mail Code   Mail code of initiator.

Campus   Campus location of the requestor; select one of the following:
O   Carbondale
O   Edwardsville
O   School of Medicine

Request Summary Section: Provide details regarding the request.

Request Short Title   Provide a brief title to be used in correspondence about this request. (Maximum of forty (40) characters.)

Desired Date   Note the date that the requested action is desired to be completed; that is, the preferred completion date. In this context, "completion" means fully tested and placed into AIS production.

Required Date   Note any **absolute deadline** for implementation of this request; this should be the last acceptable date after which the requested action is useless or of limited value. In this context, "implementation" means fully tested and placed into AIS production.

Initiator Priority   Appropriate level of priority for this request from the viewpoint of the campus, group or initiator requesting the action; check one of the following:

O	High	change is mandated (with significant penalty) or required to affect significant value/ benefit
O	Medium	while not required or significant value/ benefit, the requested action will result in substantial improvements
O	Low	request is neither mandated nor provides substantial improvement; however, will be of some value to initiator and interested groups

Request Type   Categorize this request by checking the appropriate request type; check all that apply:

O	Correction:	corrects errors in current system
O	Enhancement:	adds functionality to current system
O	New Development:	creation of new systems or major systems components
O	Functional Setup:	changes to current module set ups
O	Business Process Change:	changes to current business processes
O	Other: specify:	_____

Description of Request   Detailed description of the request clearly outlining what is needed and proposed. If options are pertinent, outline those here. Use additional sheets to be as complete as possible.

Benefits   Benefits to be realized with implementation of the requested proposal. Where possible, quantify these benefits in terms of resources (staff time, dollars, etc.) saved or generated. Note specifically if any mandates will be satisfied by the requested activity; note the mandate, mandating group, and sanctions avoided. This statement will be used to justify the request against the cost of implementation.

Impact of Not Doing Note specifically the impact of not performing this request. Note associated costs and lost benefits as well as mandates not met. When impacts affect the campus or university, note those specifically. Use additional sheets to be as complete as possible.

Options/ Alternatives/ Workarounds

List here all options, alternatives, and workarounds which will satisfy the business need outlined in this request in substitution of the requested action. That is, if the request were to be denied or delayed, what options/ alternatives/ workarounds would be available to achieve a similar result? Note pros/ cons of each list item. Use additional sheets to be as complete as possible.

Requested Signatures Section: Obtain all of the required signatures listed in this section; in ink.

Initiator Person initiating this request signs here.

Date Date of initiator's signature.

Dept/ Unit Director Department/ unit head in direct reporting line of the requestor signs here.

Date Date of department/ unit director's signature.

Others in Support Requests having the support of interested groups will be given greater consideration. These groups include, but are not limited to, campus central administrative offices, comparable offices of other campuses and similar interested parties. Obtain the signatures of these parties in this section.

Title List the title of the interested party.
Date Date of this signature.
Signature Signature of the interested party.

Notification to Initiator Section: Leave these fields blank; AIS process will complete this section.

Decision Leave blank.

Denial Reason Leave blank.

By Source group of the decision

Routing: Complete this form, acquire signatures and mail it to:

Director, Administrative Information Systems
Northwest Annex – Wing C
Southern Illinois University Carbondale
Mail Code 6524