

Title: **Application Request**

Date:

Phone:		Name:		Requesting Organization:	
Request Title:		Required By: (MM/DD/YY)		Location:	
Requestor Name: (Print and Sign)				Request # (IT use only)	
Department Approval: (Print and Sign)				Date:	
System Owner Approval: (Print and Sign)				Date:	

SUPPORT OF CORPORATE INITIATIVES: (Check which, if any, corporate initiatives this request supports)	REQUEST TYPE: (Check the type of request most closely describing this request)
<input type="checkbox"/> Cycle Time Reduction <input type="checkbox"/> Total Customer Satisfaction <input type="checkbox"/> Improved Quality	<input type="checkbox"/> Audit Issues <input type="checkbox"/> Data Integrity <input type="checkbox"/> Productivity/Efficiency <input type="checkbox"/> Cost Improvements <input type="checkbox"/> Production Problem <input type="checkbox"/> Other

REQUEST CATEGORY:	APPLICATION SYSTEM:
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POPI CLASSIFICATION (Required for Reports)
<input type="checkbox"/> General Business <input type="checkbox"/> Internal Use Only <input type="checkbox"/> Confidential Proprietary <input type="checkbox"/> Registered Secret Proprietary

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PROBLEM DESCRIPTION: (Please describe the problem and how it impacts the business. Describe both tangible (Financial, operating expenses) and non-tangible (Operating efficiencies, customer satisfaction, etc.) benefits)

EFFECTED AREAS: (List all users/organizations effected by the problem, and or by the recommended solution.)

PROPOSED SOLUTION: (Describe the recommended solution to the problem..)

COST/BENEFIT ANALYSIS: (Describe both the short term and long term cost or efficiencies gained.)

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The Requester tested the solution to this request and considers the request complete

- Request/phase is complete
 With the following exceptions

REQUESTOR:

Date:

SYSTEM OWNER'S APPROVAL:

Date:

FINANCIAL MANAGER APPROVAL: (If applicable)

Date:

FOR INTERNAL USE ONLY

FOR ENGINEERING USER ONLY

RECEIVED BY	DATE	ASSIGNED TO	ASSIGNED ON	COMPLETED ON

CHANGE MANAGEMENT

RECEIVED BY	DATE	CHANGE MANAGEMENT NUMBER	COMPLETED ON

PLEASE ATTACH ANY SUPPORTING DOCUMENTATION, REPORT LAYOUTS, ETC., THAT WOULD HELP US EVALUATE AND ACT UPON THIS REQUEST.

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Directions:

Please fill out this form completely. It is important to provide answers that are as thorough as possible. Attach additional comments as needed.

Item	Description/Directions
Phone	Enter the Requester's telephone number.
Name	Enter the full name of the person mailing the request. Please enter it in the format - Last name, First name.
Requesting Organization	Enter the requester's specific work group
Requesting Title	Enter a unique title for the request that can be used in all communications between IT and the requesting organizations. This title should describe the overall request clearly. It may be used to discuss the request with senior management.
Required BY	Enter the requesting organization date required for completion. ASAP will not be accepted.
Location	Enter the requester's location. (Office number and floor)
Request #	Supplied by IT once the request is submitted and all the required information is present.
Requestor Name	Enter the requester's printed and signed name.
Department Approval	Provide the department managers approval. The manager must print and sign the form.
System Owner Approval	Provide the system owner approval. The system owner must print and sign the form
Support of Corporate Initiatives	Check one initiative that best describes the request.
Request Type	Select this from the list of items.
Request Category	Describe the nature of the severity of the problem. Is it an annoyance? Does it cause a system to break/crash? Is data being lost?
Application System	The name of the application for which the problem was encountered.
POPI Classification	Select this from the list of items.
Problem Description	Describe the problem/request and how it impacts the business. Describe both tangible (financial, operating expenses) and non-tangible (operating efficiencies, customer satisfaction, etc.) benefits.
Effected Areas	List all the users/organizations affected by the problem and/or benefiting from the proposed solution.

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Item	Description/Directions
<i>Proposed Solution</i>	Describe the recommended solution (if any) to the problem in functional terms.
<i>Cost/Benefit Analysis</i>	Describe short term and long term costs and benefits
<i>Requestor Approval</i>	Once the request (if accepted as an Engineering project) is complete, the requester will be required to accept and sign the form. User Test Phase is a prerequisite for completing this section.
<i>System Owner's Approval</i>	Once the request (if accepted as an Engineering project) is complete, the system owner will be required to sign the form.

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