



**Service Request Form
for
Software Development and System Changes**

Date: _____

REQUESTOR

Department/Location: _____

UGC Funded? Y N

Empl. Name: _____

Empl. Id: _____

Phone: _____

Extn: _____

Email: _____

Other Contact: _____

Id: _____

Phone:- _____

Extn: _____

Email: _____

REQUEST DETAILS

Main Enterprise System (if applicable e.g. PeopleSoft /Banner): _____

Type:

New Change Remove Fix Bug Other _____

Priority

Low Medium High

Description/Details of the Requirement:

Evidence of the Problem:

Troubleshooting Steps Already Taken:

Desired Completion Date: _____

CONTROL INFORMATION

Authorised by: _____

Signature: _____

(Please Note: Change request must be authorized by Department/ Section Head)

For MITS only

Reference Number: _____

Authorisation

Received by: **Date:**

Reviewed by:..... **Date:**.....

Approved by:..... **Date:**.....

Assigned to:..... **Date:**.....

Assigned to:..... **Date:**.....

Estimated Completion Date.....

Assumptions and Conditionalities:

[Empty yellow box for Assumptions and Conditionalities]

Comments:

[Empty yellow box for Comments]

User Acceptance Testing and Sign Off

Tested by:..... **Date:**.....

Comment:.....

.....

Tested by:..... **Date:**.....

Comment:.....

.....

Tested by:..... **Date:**.....

Comment:.....

.....

Signed off as accepted by:.....

Date:.....

Audit Department Sign Off (if applicable)

Signed of by:..... **Date:**.....

Comment:.....

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