



Information Technology Services

Project Request Form

(Must be completed by Requestor)

Requestor:	Date:
Department:	Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Requesting Department Supervisor:	
Project Description (Describe the problem you are attempting to resolve)	
Business Issue/Goal (What is your expected outcome? / What is the benefit?)	
Project Impact, Cost, Time Savings (What resources does this request provide? How many people will this request help?)	
Source of Project <input type="checkbox"/> Internal Mandate (District Policy, System Upgrades): Attach Documentation/Source <input type="checkbox"/> External Mandate (Legal Requirement, Government): Attach Documentation/Source <input type="checkbox"/> Correct an Error (Malfunction / Fix) <input type="checkbox"/> Value Added / Process Improvement / Business Opportunity	
Type of Project <input type="checkbox"/> Replacement <input type="checkbox"/> Enhancement <input type="checkbox"/> Modification <input type="checkbox"/> New Implementation	
Requested Project Timelines	
Requested Start Date:	Requested End Date:
IT Support Required	
<input type="checkbox"/> Requirements	
<input type="checkbox"/> Feasibility Assessment / Counsel / Research	
<input type="checkbox"/> Programming Analysis	
<input type="checkbox"/> Documentation / Training / Presentation	
<input type="checkbox"/> Hardware or Software Installation	