Information Technology Services
Report Request Form

(Must be completed by Requestor)

Requestor:	**Request Date:**
Requesting Department Supervisor:	
Department:	**Date Required:**
Does this report impact mission critical processes? Yes / No	**Do you currently have a way to get this data? Yes / No**

Please describe the report you are requesting (include selection criteria, if known):

Business Justification:

Does this report contain sensitive and/or confidential data elements? Yes / No

	Type of Report		Action to be taken
	Accounts Payable		New Report Request
	Budget		Modify Existing Report
	Data Warehouse		Create Data Extract
	General Ledger		**Report Outputs**
	Human Resources		On-Screen Report
	Payroll		Excel Format
	Purchasing		.PDF
	Student Administration		.CSV
	Other _____		Charts / Graphs / Diagrams

Distribution/Audience: Please list individuals or roles that will be granted access to this report.

Report Update Frequency: Choose One
[Real-time] [Nightly] [Weekly] [Monthly] [Term based]

Please attach an Excel mock-up of the report, or an existing report if this replaces an existing report.

Report Column Label	Functional Definition	Colleague Screen & CDD_Name, if known
Example: Student First Name	n/a	Screen: NAE / Field: FIRST.NAME
Example: Weekly FTES	(SOFF Contact Hrs * # of Student s* 16.6)/525	n/a