CHANGE REQUEST FORM

Use this form to request new/changes to Callista forms, reports or interfaces. Please note that staff, other than Departmental Managers, will need to seek authorisation from their Managers. Complete Parts A, B and C and return to Systems Support, Joondalup Campus via mail or fax to 2066. If you require assistance completing this form, please contact the Senior Systems Support Officer on extension 3901.

Part A: REQUESTER DETAILS

Name: 
Position: 
Campus: 
Phone: 
Faculty/Centre: 

Part B: CHANGE REQUEST DESCRIPTION

1. Please select the type of change you require:
   - [ ] FORM
     - New form required
     - Change to existing form
   - [ ] REPORT
     - New report required
     - Change to existing report
   - [ ] INTERFACE
     - New interface
     - Change to existing interface

   Please specify existing Form (eg. ECUF0140) __________________________
   Please specify existing Report (eg. ECUR0111) ECUR1040
   Please specify existing interface: (eg. ADMIN) __________________________

   Please specify all requirements of the form (use a separate sheet if more space is needed):
   • 

   Please specify all fields of information required in the new report (eg. name, unit, course etc. Use a separate sheet if more space is needed):
   • 

   Please specify all interface requirements needed (use a separate sheet if more space is needed):
   •

2. Please provide a brief description of the change required:

3. Please explain why the change is required:

4. When is the change required by:

Part C: REQUEST AUTHORISATION (if request not made by a Manager)

Recommended:
Name: Lorraine Carnachan________ Signature: __________________________ Date: 4/3/08__________

Approved:
Name: __________________________ Signature: __________________________ Date: ________________

Part D: SYSTEMS SUPPORT OFFICE USE ONLY

Change Request No: _______________ Tracker No: _______________ Date: _______________

[ ] Approved
[ ] Rejected, reason: __________________________

Recommended (Senior Systems Support Officer):
Name: __________________________ Signature: __________________________ Date: _______________

Approved (Manager, Systems Support):
Name: __________________________ Signature: __________________________ Date: _______________