



Broward County Public Schools
Information & Technology Department
Business Applications Unit

ERP/SAP DATA SERVICES REQUEST FORM

Requestor's Information *(Please type or print)*

Requestor's Name	Organizational Unit Name	Org. Unit 8-digit #	Date of Request
Contact Phone Number	Effective Date of Change	Date Desired <i>(ASAP Not Allowed)</i>	

Reason for Request:

Functional/Technical Area <input type="checkbox"/> Benefits <input type="checkbox"/> Budget <input type="checkbox"/> ESS <input type="checkbox"/> Finance <input type="checkbox"/> HR/Org management <input type="checkbox"/> IP (Integrated Planning)	<input type="checkbox"/> LSO (Learning Solutions) <input type="checkbox"/> Payroll/Time <input type="checkbox"/> Personnel Development <input type="checkbox"/> Procurement <input type="checkbox"/> Workflow	Type of Request Maintenance Enhancement Report New Modification	SAP User Access Role <i>(ex: MSS, HR Action Processor, Bookkeeper, Payroll Contact, etc)</i> _____ _____
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Instructions: 1. Please describe the request in detail including the business processes, transactions and programs involved. Attach appropriate documentation to support the request. 2. If this is a request for a report, please attach specifications including an example of the desired report layout/format (ex: printable vs. download file).	Description of Request:
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Authorization To Proceed On Request

Director/Principal Name <i>(Print)</i>	Director/Principal Name <i>(Signature)</i>	Date
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I&T OFFICE USE ONLY

Team Lead/Designee	Date Received	Date Approved	ABAP BI Portal Other Functional	Request #:	Incident #:
Analyst/Programmer <i>(If needed)</i>	Functional Analyst Approval <i>(If needed)</i>		I&T Director Approval <i>(If needed)</i>		
Comments:					Date Completed

APPROVAL OF TEST RESULTS

I&T Department <i>(Print)</i>	I&T Department <i>(Signature)</i>	Date
Business Process Owner <i>(Print)</i>	Business Process Owner <i>(Signature)</i>	Date