**Blue letters on a black background

Description automatically generatedShared Financial System (SFS)   
Change Request (CR) Authorization Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *General Information* | | | | | | | | | | |
| **Complete document and send to Scott Larson - Director, Shared Financial Systems** [**slarson@uwsa.edu**](mailto:slarson@uwsa.edu) **608-890-1698** | | | | | | | | | | |
| Jira #: | SFS- | | Short Description: Click here to enter a short description. | | | | | | | |
| Module(s): | AM | AP/PO | AR/BI | CM | EX | GL | | GM Security | Reporting | ShopUW+ |
| Other Module(s): | | Click here to enter text. | | | Contact Person(s): | | | | Click here to enter a contact person(s). | |
| Date of Request: | | Click here to enter a date. | | | Estimated Delivery Date: | | | | Click here to enter a date. | |
| Request Type: | | Configuration | | System Fix | | | Enhancement | | Project (250+ hrs) | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Business Justification*** | | | | |
| Provide a description of the request. Identify who will benefit and how. Include any quantitative data that would clarify the scope and impact of the requested change. Include estimates supporting financial savings resulting from this change. | | | | |
| Click here to enter a business justification. | | | | |
| ***Detailed Requirements*** | | | | |
| Provide a detailed description of the new functionality requirements. State the requirements in terms of expected functionality. Identify module(s), interface(s) or customization(s) to which the requested change applies. If known or applicable, specify any security, batch or menu requirements. *Note: Security code changes require a separate CR and appropriate Security CR Form.* | | | | |
| Click here to enter detailed requirements. | | | | |
| Use this space to add any applicable screenshots. | | | | |
| ***Organizational Change Impacts*** | | | | |
| Provide a detailed description of how this change will likely effect end users. Identify business process(s), user interface(s) and user expectation(s) to which the requested change applies. | | | | |
| Click here to enter organizational change impacts. | | | | |
| ***Processing Alternatives*** | | | | |
| Provide alternatives for consideration that may satisfy the business requirements. These should include business process changes, as well as system changes. Can a manual process or a combination of manual and automated processes satisfy the CR requirements? | | | | |
| Click here to enter processing alternatives. | | | | |
| ***Reporting Dependency?*** | | | | |
| Does this change impact Reporting?  Yes  No  Unsure | | Impact detail, if yes: Click here to enter reporting impacts. | | |
| ***Technical Comments*** | | | | |
| Define if detailed requirements are sufficient, impact of change to the system, the level of customization, and potential impact on future upgrades, if known. | | | | |
| Click here to enter technical comments. | | | | |
| ***Time Estimation (technical only)*** | | | | |
| For System Fixes or Enhancements, please identify a high-level time estimate: (check one) | | | | |
| Less than 20 hours | 20-80 hours | 81-150 hours | 151 – 250 hours | More analysis required |