|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*\*\*Information Systems Staff Only \*\*\*** | | | | | | | | | | | | | | | | | | | | | | |
| Request Number: | | | |  | | | | | | | | | |  | |  | | | | | | |
| Request Name: | | | |  | | | | | | | | | |  | | Date Required by System Owner: | | | | | |  |
|  | | | | | | | | | | | | | | | |  | | | | | | |
| **All requests for changes, enhancements, data pulls, maps, reports or new projects must be submitted on this form to the IFRIS Helpdesk. The VDOF Control Board will review requests.** | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 1 – Work Request Detail** | | | | | | | | | | | | | | | | | | | | | | |
| Submitter Name: | | | | |  | | | | | | | | | | | | | | | Date Submitted: | |  |
| Type of Request: | | | | | New | | Change/Enhancement | | | | | | | | Map | | Report | | | | Data |  |
| System(s) Impacted: | | | | |  | | |  | | | | | | | | | | | | | | |
|  | **IFRIS:** | | | | Asset Management | | | | | | WQ Web | | | | | | | WQ Mobile | | | | |
|  | (Please include reports within their business function.) | | | | Fleet Management | | | | | | Wildfire Web | | | | | | | Widlfire Mobile | | | | |
|  | Administration | | | | | | Forest Health Web | | | | | | | Forest Health Mobile | | | | |
|  | Human Resources | | | | | | Forest Management Accomplishments | | | | | | | | | | | |
|  | Time and Leave | | | | | | Forest Management Tracts and Landowners | | | | | | | | | | | |
|  | Fiscal | | | | | | Other | | | |  | | | | | | | |
|  | **InFOREST:** | | | | Carbon Sequestration | | | | | | Nutrient & Sediment | | | | | | | Nutrient Credit Trading | | | | |
|  | **OTHER SYSTEMS:** | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Title and Brief Description of Request: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Who is Impacted? | | | | | (Choose all that apply.) | | | | | | | | | | | | | | | | | |
|  | All VDOF | | | | Region(s) | | | | | | Counties | | | | | | | Headquarters | | | | |
|  | Nurseries | | | | State Forests | | | | | | Water Quality | | | | | | | External Customers | | | | |
|  | Other |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| What VDOF strategic goal(s), reporting requirement(s) or other regulatory compliance requirement(s) does this request support? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| List reasons this request is needed: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| List other systems or interfaces impacted by this request: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| List business areas/external groups impacted by this request: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| List any related work requests: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Need-By Date: | | |  | | | | | | |  | | | | | | | | | | | | |
| Explain reasons for the need-by date and any associated scheduling dependencies (reporting deadlines, etc.): | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| For Data Requests, provide details about what is needed (date range, geographic area, data fields, output format {Word, XLS}, etc.): | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| For Map Requests, provide details about what is needed (geographic area, scale, data layers, page size, output format {PDF, image, paper}, etc.): | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 2 – System Owner/Sponsor Review (for New, Change, Enhancements only)** | | | | | | | | | | | | | | | | | | | | | | |
| System Owner/ Sponsor Name: | | | | |  | | | | | | | | | | | | | | | Date Reviewed: | |  |
| Review: | | | | | Approved for Analysis | | | | | | Rejected | | | | | | | | | | | |
| Priority Level: | | | | | Urgent | | | | Routine | | | (Emergency requests are handled through IFRIS Helpdesk and  no work request form is needed.) | | | | | | | | | | |
| Staff Assigned as Business Lead: | | | | |  | | | | | | | | | | | | | | | Completion Date Required: | |  |
| Do you have funding to cover this work? (provide funding source, cost code, etc.) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 3 – Information Systems Manager Review** | | | | | | | | | | | | | | | | | | | | | | |
| Information Systems Staff Member Name: | | | | |  | | | | | | | | | | | | | | | Date Reviewed: | |  |
| Request Number  (YYYY\_MM\_XXX): | | | | | |  | | | | | | | | | | | | | | Date Initiated: | |  |
| Work Category: | | | | | Data Request | | | | | | Map Request | | | | | | | |  | | | |
|  |  | | | | Change Report | | | | | | Change Application | | | | | | | | Change Data Element /   Business Rule | | | |
|  |  | | | | New Application | | | | | | Security Policy Changes | | | | | | | |
|  |  | | | | New System/Application Requires Changes to Existing System/Application | | | | | | | | | | | | | | | | | |
|  |  | | | | Change Required due to Another Dependent System Change (VGIN, web service, etc.) | | | | | | | | | | | | | | | | | |
|  |  | | | | Change Required due to Infrastructure or Hardware Modification | | | | | | | | | | | | | | | | | |
|  |  | | | | Other | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 4 – Analysis Team Review** | | | | | | | | | | | | | | | | | | | | | | |
| Analysis Team Member Name: | | | | |  | | | | | | | | | | | | | | | Date Reviewed: | |  |
| Recommendation: | | | | | Approve | | | | | | Reject | | | | | | | | | Suggested Completion Date: | |  |
| Comments: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 5 – Control Board Review** | | | | | | | | | | | | | | | | | | | | | | |
| Control Board Member Name: | | | | |  | | | | | | | | | | | | | | | Date Reviewed: | |  |
| Decision: | | | | | Approve for Implementation | | | | | | | | Approve with Modification | | | | | | | | | Reject |
| Modification/Comments: | | | | | | | | | | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | Suggested Completion Date: | |  |