The University of Iowa
Information Technology Services
Administrative Information Systems
2800 UCC   Phone: 384-4357

Programming Request

This form is to be used to request a new program/project
or a change to an existing program/system supported by
ITS Administrative Information Systems.

☐ New Program/Project
☐ Program/System Change
Program ID:

Department: _____

Requested by: _____

Bldg: _____ Room: _____ Phone: _____

Departmental Approval: _____

Job #: _____   Order #: _____

Date Submitted: _____

Target Date: _____

AIS Contact:_____

Date: _____

Cost Estimate: ☐ Yes   ☐ No

OR

Master File Key

Fund	Org	Dept	Sub-Dept	Grt/Prog	Inst Acct	Org Acct	Dept Acct	Fn	Cost Ctr
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Purpose/Instructions:

If data is needed from another department, please forward to that department for authorization.

Name	Department	Phone
_____	_____	_____
_____	_____	_____

AIS Use:

Customer Implementation Sign-off: _____ **Date:** _____

Signature Required

ITS Customer System/Programming Request Instructions

The Customer System/Programming Request form should be submitted to ITS for any task that requires more than one hour to complete. If the estimated time and effort is in question, please submit this form for ITS review.

New System/Program
>   If this request involves the development of a new program or system, check this box.

Program Change
>   If request is for a modification to an exiting program or system, check the box and specify the program ID, if known.

Department
>   Your department name.

Date Submitted
>   Current date.

Requested by
>   Your name.

Target Date
>   Desired completion date.

Bldg/Room/Phone
>   Your campus address, including building abbreviation, room number and phone number.

ITS Contact
>   The name of the ITS staff member with whom you normally work or the ITS Help Desk.

Departmental Approval and Date
>   Dated signature of the individual who is authorized to approve this request for your department.

ITS Job Number/Order Number   OR   Master Key
>   ITS Job/Order number OR the Master File Key to which you would like the charge posted. Specify either the ITS Job/Order number of the Master File Key, but not both.

Cost Estimate
>   If a cost estimate is warranted, please indicate 'X' before YES. If none is required, place the 'X' before NO. All cost estimates will be reviewed with the customer.

Purpose/Instructions
>   Narrative describing your request and programming specifications. If additional space is needed, please add attachments to this form.

Authorization: Name/Department/Date
>   If this request requires the use of data from other departments, permission for the use of that data must be obtained. This area provides for signatures from those departments who need to authorize the use of their data for your request.

Customer Implementation Sign-Off/Date
>   After reviewing and finalizing the results of your request with an ITS staff member, this form will be returned to you to authorize the implementation. Please sign your name and return this form to ITS.