

WSIPC Enhancement Request

Contact Information

Last Name: _____ First Name: _____
User ID: _____ Email Address: _____
Phone: _____ Title: _____
Data Center: NCRISC Agency: (District or ESD Name) _____
Site: (Building or Department Name) _____

Description of the Request

Statement of Need: (describe the outcome desired)

Priority: (1-10, 10 being the highest)

Description: (list what requirements must be met in order to satisfy this request)

Product Type: (Check One) Fiscal Human Resources Student Student Services

Product Name: (application area, such as Budget Management)

Rationale for Enhancement

Enhancement requests that do not include a description of how the request supports an answer of yes to at least one of the following questions will be returned to the sponsor.

Enhancement Saves Time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enhancement Relieves Frustration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enhancement Increases Functionality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enhancement Reduces Training/Support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please Note: Supporting electronic documents (such as PDF versions of report samples, Excel spreadsheets or Word documents) can be attached to the request when it is entered into FootPrints (the system used by WSIPC to track requests).