



County of San Bernardino Department of Behavioral Health Information Technology System Development Service Request

Log Number _____

Information Technology Estimated Hours for Task _____

This sheet must be completed and signed by the Program Manager and Division Deputy Director to initiate changes to the departmental systems. Please forward this request to Information Technology.

Name of Requester/Contact Person _____ Phone # _____

Program Manager/Supervisor _____ Date _____

Division Deputy Director/Program Manager _____ Date _____

Request Title _____

Desired Completion Date _____

Check one item from each column to categorize this request.

SERVICE

- New Development
- Enhancement
- Mandated Change

SERVICE CLARIFIER

- Increases present Level of Service
- Maintains present service level
- Management/Billing Tool

Describe the request completely. Attach additional information, test data, forms, hard copies of errors, include mark ups of desired reports.

Describe present situation. How do you operate now? For changes to reports, please state how you are currently obtaining this information. Include the reports you are using or could use to secure this information.

**Information Technology
System Development Service Request**

Define problem. Why is a change needed?

List objectives. What do you want this development to accomplish? For changes to reports, mark changes, additions, or items to be deleted on copies of reports. Specify the needed information you were unable to find in current reports.

Identify benefits tangible and intangible. (measurable in actual time, dollars, or increases service or management impact).

Do Not Write Below This Line

Approved

Denied
Reason: _____

IT Staff _____

Date _____

Estimated Project Completion Date _____