



Change Request

Bureau of Automated Systems

Instructions: Super Users or Ohio SACWIS Coordinators should use this form to request an enhancement, change or addition. Please complete one form for each requested enhancement, change or addition. E-mail completed forms and supporting documentation to SACWIS_HELP_DESK@jfs.ohio.gov.

| | |
|---|---|
| Date: | |
| County: | |
| Primary Point of Contact: (Name and Email Address) | |
| System: | <input type="checkbox"/> SACWIS <input type="checkbox"/> RTIS <input type="checkbox"/> OCALM <input type="checkbox"/> Traverse <input type="checkbox"/> ODAPS <input type="checkbox"/> Accurint <input type="checkbox"/> PCSA Onboarding <input type="checkbox"/> OSAPS <input type="checkbox"/> PCSA Exit Survey <input type="checkbox"/> Other: |
| Background of the Requested Change | |
| <ul style="list-style-type: none"> Pertinent information needed to understand the overall scope of the request. | |
| Requested Functionality | |
| <ul style="list-style-type: none"> What does this change need to do? Location of the requested change in the selected system? | |
| Impact | |
| <ul style="list-style-type: none"> Who will benefit from this change? What will the impact be if the change is not completed? | |
| <i>Please attach a screen shot, example or other documentation that supports this request.</i> | |
| For OFC Use Only | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reviewed By: | |
| Explanation for the Approval/Denial: | |
| | |