

Information Systems & Technology Program Modification Request

District/Department: _____ Contact Phone: _____ Ext. _____

Requested by: _____ Signature: _____ Date _____

Print Name

Approved By: *(must be Department Head or higher)*

Business Department: _____ Signature _____ Date _____

Print Name

Or

Personnel/
Credentials Department: _____ Signature _____ Date _____

Print Name

Check the Program you wish to modify:

<input type="checkbox"/> General Ledger	<input type="checkbox"/> Budget	<input type="checkbox"/> Accounts Receivables	<input type="checkbox"/> Accounts Payables
<input type="checkbox"/> Criminal Records	<input type="checkbox"/> Payroll	<input type="checkbox"/> Credentials	<input type="checkbox"/> Personnel
<input type="checkbox"/> Absence	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Fixed Assets	<input type="checkbox"/> Flex Reports

Please describe how you want the program modified and why: *(Include a sample report if possible)*