ERP Enhancement Request

To submit an enhancement request, please complete the information below. Enter the request as an attachment via a CRM case, using the FSU Service Center link in *myFSU Portal* or in the *OMNI* portal. You may add additional attachments to the case as required. If you have questions, please contact your ERP functional team director.

1. Select the ERP application(s) affected by this request. Place a 'P' in the Impact column for the primary application impacted. Place an 'S' in the Impact column for any secondary applications affected either via integration, data consumption, security, etc.

Modules/Areas	Impact
Student Central (PeopleSoft Campus	
Solutions)	
OMNI HR	
OMNI FI	
FSU Service Center (PeopleSoft CRM)	
Hyperion Budgeting	
BI Data Warehouse	
MyFSU Portal	
Data Cache/Web Services	
Identity Management/LDAP	
3 rd party applications (such as SciQuest,	
Cybersource, VZ Orientation, etc.)	
If applicable, provide name of the 3 rd party	
system(s) impacted:	
ITS Custom Built Applications (Ex. Garnet	
& Gold Scholar Society, FSUID Lookup,	
Admissions Application, etc.)	
If applicable, provide name of the custom	
system(s) impacted:	

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Z.	Provide a	titie/name	tor this	enhancement	request.

3. Provide an overview statement of the problem resulting in this request for an enhancement.

	or report(s) that will be affected. Attach drafts of proposed changes (scans of hard copy drawings, modified screen shots, etc.) to pages, reports, workflow, etc.
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5.	Is this request mandatory? If so, cite, with URL link if possible, the statute, regulation, policy or procedure that supports this enhancement. What is the deadline for this change to be in production?
	Date:
6.	For non-mandatory requests, what is the targeted completion date?
	Date:
7.	If this applies to a SACS initiative, what area/number?
8.	If this enhancement requires the purchase of additional software/hardware or consulting services, have the funds been secured? If not, when is funding anticipated?
9.	Notate in quantitative detail the positive impacts expected from the enhancement to the end users, department, and University. Examples of positive impacts would be efficiency gains, error reductions, SACs initiatives, service improvements, and so forth. Quantitative details would include an estimate of how many people would use this enhancement, and how often would they use it.(For example, automating process X would save 200 people about 1 hour of time daily.)
10.	Briefly describe any possible workaround/alternatives to the requested enhancement. Does this workaround already exist? If not, can it be implemented with less effort?

4. As in-depth as possible, describe the details of the enhancement, including the business process(es)

11. Describe any dependencies needed for this process to work. Examples: Employees all must have active USERIDs, employees must have active FSU email address and check it regularly, changes to business processes, etc.
12. If there are business process/procedures or policy changes that must be approved before this enhancement is placed in production, who is the contact person for deploying the changes?
13. What are the exceptions that have to be considered with this request, and will they be handled manually or need to be addressed programmatically? For example, if a process fails, should you get an error notification, report, or can values be overridden or defaulted to another set of values? What kind of edits should be in place?
14. Which system is the source of the data related to this request (OMNI HR, OMNI FI, Campus Solutions, etc.)?
15. Are we writing data back to a system? If yes, what system(s)?
16. What new data access is required as a result of this request (if applicable)? If you know the table/field names, include those as well.
17. If a Data Access Request (DAR) was previously completed, have you updated the original DAR to include this enhancement (if applicable)? If so, please attach with this request.
18. List any competing initiatives from your area that will require the same resources, including people needed to test, train and deploy, in the same timeframe.

Sponsor (Director level or above):	
Authorizing Name Printed:	
Title:	
Signature:	Date:
Contact Information:	
Contact Person: Department: _	
Telephone: Email:	
Other Stakeholders impacted by the Request:	