

State of Ohio
MACSIS System Implementation
SYSTEM PROCEDURE
ATTACHMENT A
REPORT REQUEST FORM

Report Request Type: New Report Change Existing Report

Requestor: _____ Date Requested: _____
Requestor Organization: _____ Requestor Phone: _____

-----REPORT INFORMATION-----

Brief Description of Report Needed:

List the columns of data needed on the report in order from left to right:

What criteria should be used to determine inclusion on the report:

| How often do you want to receive the report? | | | <u>Sort By</u> | <u>Page-Break?</u> |
|--|---------------------------------|------------------------------------|----------------|--------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | 1. | N |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Yearly | <input type="checkbox"/> On Demand | 2. | N |
| | | | 3. | N |

| <u># of Copies</u> | <u>To Whom</u> | <u>Send Output To (Report Directory, ASCII file, Hard-copy)</u> |
|--------------------|----------------|---|
| 1. | | |
| 2. | | |
| 3. | | |

- 1.
- 2.
- 3.

-----JUSTIFICATION OF NEED-----

Business Need For Report:

Impact to Organization if Report Not Provided:

Approved By (MIS Team Representative):

-----TO BE COMPLETED BY MOM-----

| | |
|--|---|
| Comparable Existing Report: | Estimated Programming Hours: |
| Report Utility Recommended: <input type="checkbox"/> General | <input type="checkbox"/> Data Warehouse <input type="checkbox"/> Other: |
| Date Completed in Test: | Estimated Completion Date: |
| Date Completed in PROD: | Completed By: |