

Office of Technology Services Applications & Data Management – LaGov Agency Enhancement Request Form

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Requestor Identification

Name:

Title:

Agency/Section:

Chg Tracking #:

(If Known)

Date of Request:

E-Mail Address:

Phone Number:

Enhancement Description

System affected:

LaGov

Functional Area(s) affected:

Description of Proposed Change:

Business Reason for Change: (Describe why the change is necessary. Focus on the impact on a user's ability to do his/her work, and the impact if change is not made.)

Priority:

Critical: Severe impact on productivity is eminent; a change is needed before that point is reached.

Important: Impact on productivity is expected; work-around is being used; a change is needed.

Desirable: Impact on productivity is minimal; a change is needed.

Desired Implementation Date:

Agency Approval (Requestor – Information on Line 1 and Agency/Section Head Information on Line 2)

Title - Name	Signature	Date