

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

Mail To: OTS/Applications & Data (LaGov/ISIS)  
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Baton Rouge, LA 70802

### Requestor Identification

**Name:**

**Title:**

**Agency/Section:**

**Chg Tracking #:**

*(If Known)*

**Date of Request:**

**E-Mail Address:**

**Phone Number:**

### Enhancement Description

**System affected:**

LaGov

ISIS

**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 |
|--------------|-----------|------|
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|              |           |      |