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

Mail To: OTS/Applications & Data (LaGov/ISIS)
P. O. Box 94095  Capitol Station
Baton Rouge, LA 70804-9095
FAX: 225-342-0902

Messenger: OTS/Applications & Data (LaGov/ISIS)
1201 N. 3rd Street, Suite 2-190
Baton Rouge, LA 70802

Requestor Identification

Name: __________________________  Date of Request: ________________
Title: __________________________  E-Mail Address: ______________________
Agency/Section: __________________  Phone Number: ____________________
Chg Tracking #: __________________  (If Known)

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)

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