Macomb Intermediate School District
44001 Garfield Road • Clinton Township, MI • 48038-1100 • 586/228-3300

MISD

REQUEST FOR PROGRAMMING SERVICE

Name: _____ **District:** _____

Position: _____ **Date:** _____ **Email:** _____ **Phone:** _____

Requested by Date: _____   **Prioritization (circle): High   Medium   Low**

Authorized Signature for Request: _____

Please describe your request in as much detail as possible including how the request will be of benefit to your business operations or the county as a whole. Include in your description what the time savings will be from this request:

Does the request resemble another program or report?
** If so, list the report name and description and attach a sample with modifications made
** If not, attached a sample of the report output or entry screen(s)

What report selections are needed (i.e. name, location/building, account number, etc.)?

What sort order should the report print in and are multiple sort orders needed to use this report in different ways (please describe)?

What report totals are needed? (subtotals, grand totals, etc.)

What security is requested for this report / module?

What time of year or frequency would this report or module be used (circle)?
Daily   Monthly   Yearly/Seasonal (list)

Return to MISD Management Technology:
(1) All appropriate report samples
(2) Supporting documents (scanned if possible) and (3) Completed request form.