

Requestor's Name:		RACF ID:	
Title:		Email:	
Phone:		Supervisor:	
Did you obtain approval from your supervisor prior to submitting this request?			<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have the funding available? <input type="checkbox"/> Y <input type="checkbox"/> N			
If so, how much funding do you have? (Not applicable to Electronic Record System requests):			

Business Area you Support:	<i>(e.g. Child Safety, Child Programs, Juvenile Justice, etc.)</i>

Description:	<i>Provide a detailed description of your system request</i>

Describe the purpose of this request:	<i>What problem are you attempting to solve? What do you currently use to solve this problem?</i>

Required by Mandate? <input type="checkbox"/> Y <input type="checkbox"/> N	Requested Due Date?
Mandate Name/ Details:	



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Original: Customer | Copy: Customer Care

CS-0669

Rev: 05/25



INSTRUCTIONS FOR USE OF FORM

1. The purpose of this form is to provide a formal means for customers to submit a request for a new IT system, an enhancement to an existing IT system, an IT system related report, or new software.
2. Please work with your supervisor or your leadership to request endorsement/ approval prior to submitting to Customer Care.
3. After filling out the form, **E-mail** the form to the following address:
CustomerCareCenter.EI-DCS@tn.gov
4. A **Customer Care Representative** will contact you to let you know that the request has been received.



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