

ITD-SD-07
Version: 02
Revision: 03
Effective Date: 02/2018



IT REQUEST FORM

Information Technology Division (ITD)
International Islamic University Malaysia

REQUESTOR'S INFORMATION

Full Name :

Staff No :

Designation :

K/C/D/I/O

Extension No :

Mobile Phone :

Signature of Requestor:

Official Stamp:

Date:

Name of Contact Person to follow-up on this request :

Email address of Contact person :

POTENTIAL IT REQUEST INFORMATION

Please check the relevant
box :

NEW APPLICATION SYSTEM

EXISTING APPLICATION SYSTEM

NEW INFRASTRUCTURE SYSTEM

EXISTING INFRASTRUCTURE SYSTEM

Briefly write down the background information that leads to the need of this IT Request: *(You may use additional paper, if required)*

Briefly list down the expected outcome of this IT Request :
(You may use additional paper, if required)

What is the estimated time (in months) that the IT Request Outcome is expected to be available:

Do you have any budget allocated for this project, if required funding?

YES, RM _____

Budget allocated from: _____
(please enclosed the evidence(s) that the budget is secured)

NO

IT INITIATIVES CLASSIFICATION

Please check the relevant box :

Change in Business Process	<input type="checkbox"/> < 20%	<input type="checkbox"/> 20% - 40%	<input type="checkbox"/> 41% - 60%	<input type="checkbox"/> 61% - 80%	<input type="checkbox"/> >80%
Positive Impact of Output of Initiative to IIUM Community (unit of KCDI)	<input type="checkbox"/> 1 – 2	<input type="checkbox"/> 3 – 5	<input type="checkbox"/> 6 – 9	<input type="checkbox"/> 10 – 14	<input type="checkbox"/> 15 and more
Positive Impact of Output of Initiative to Stakeholder Outside IIUM	<input type="checkbox"/> None	<input type="checkbox"/> 1 – 2	<input type="checkbox"/> 3 – 5	<input type="checkbox"/> 6 – 8	<input type="checkbox"/> 9 or more
Team size (# of bodies)	<input type="checkbox"/> 1 - 4	<input type="checkbox"/> 5 - 8	<input type="checkbox"/> 9 - 12	<input type="checkbox"/> 13 - 16	<input type="checkbox"/> > 16
Number of cross-functional workgroups/ teams involved	<input type="checkbox"/> > 3	<input type="checkbox"/> 3 – 5	<input type="checkbox"/> 6 – 9	<input type="checkbox"/> 10 - 14	<input type="checkbox"/> > 15
Estimated work duration (working days)	<input type="checkbox"/> < 30	<input type="checkbox"/> 30 – 90	<input type="checkbox"/> 91 - 180	<input type="checkbox"/> 181 – 270	<input type="checkbox"/> > 270
Knowledge of Team Members about Skills/Technology Required	<input type="checkbox"/> 81% and above	<input type="checkbox"/> 61% - 80%	<input type="checkbox"/> 41% - 60%	<input type="checkbox"/> 20% - 40%	<input type="checkbox"/> < 20%

RECOMMENDATION (*Dean / Director / Head of Department*)

RECEIVED BY ITG

<p>Name</p> <p>Signature of Recommender</p> <p>Official Stamp</p> <p>Date</p>	<p>Name :</p> <p>Signature :</p> <p>Date :</p>
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CLASSIFICATION OF IT INITIATIVES *(to be completed by ITPMO)

<input type="checkbox"/> Procurement	<input type="checkbox"/> IT Change	<input type="checkbox"/> IT Project	<input type="checkbox"/> Others: _____
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Remarks _____
