# ctcLink Logo

# Working Group Enhancement Request

## Instructions

Submit completed form to [Reuth Kim](mailto:rkim@sbctc.edu?subject=Enhancement%20Request%20Form).

## Enhancement Request Submitter

**[CHOOSE ONE]**

|  |
| --- |
| *These organizations or individuals may initiate change requests.* ***Choose one*** *and include* ***contact information*** *for the person completing this form.* |

College Executive Sponsor

Commission Chair (Indicate which commission)

Data Governance Committee Co-Chair

SBCTC ctcLink Lead

Common Process Development Team

External Mandate (e.g., regulation, legislation)

### Enhancement Representative

**[PROVIDE CONTACT INFORMATION]**

|  |
| --- |
| *Contact information for the individual submitting the request (for example, Commission Chair). If applicable, include SBCTC Liaison assisting submitter seek governance approval for this requested enhancement.* |

Name, Job Title

Organization Role Title (e.g., commission chair, CPW team leader)

College

Phone number(s), Email address

SBCTC Liaison or others who assisted

## Enhancement Request Title

**[COMPLETE THIS FIELD]**

Descriptive title to differentiate this from other similar requests.

## Pillar/Module

**[COMPLETE THIS FIELD]**

|  |
| --- |
| *Pillar and Module associated with this requested enhancement? Separate Pillar name and Module with a hyphen: Pillar-Module* |

## Description of Enhancement Requested

**[COMPLETE THIS FIELD]**

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| --- |
| *Provide a description of change being requested. Provide sufficient detail, including problem statement and whether the change impacts global or local configuration.* |

## System Impact

**[CHOOSE ONE]**

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| --- |
| *Colleges are STRONGLY encouraged to discuss with other live PeopleSoft colleges to determine breadth of system impact before submission* |

## All College Districts Multiple College Districts: How many? Single College District

## Prioritization Level

**[DECLARE PRIORITY LEVEL]**

|  |
| --- |
| *Please check ONE box, and complete justification and reasoning behind the declared prioritization level* |

**Critical** – Critical system impact, severely degraded critical business processes, no workaround available.

**Urgent** – Federal/state-mandated enhancement, degraded business process; workaround exists, but is unsustainable.

**High** – Strongly desired enhancement. Impacts business process; workaround available, high college resource impact.

**Medium** – Strongly desired enhancement. Impacted business process; viable workaround available, but not desired.

**Low**– Desired enhancement, productivity improvement.

## Justification for the Declared Prioritization Level

**[COMPLETE THIS FIELD]**

|  |
| --- |
| Describe the justification for selected prioritization level. Please ensure approving body (i.e. commission, executive sponsor) supports the prioritization and justification |

## Background Information Driving Enhance Request

**[COMPLETE THIS FIELD]**

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| --- |
| Please provide background on why this enhancement request is being put forward. If the request started from an initial support request ticket, please provide details of the original issue reported that led to the eventual request for an enhancement to the system. |

## Impact Assessment If No Action Taken

**[COMPLETE THIS FIELD]**

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| --- |
| Please describe the impact if the enhancement request is not approved. This will help the governance group understand what will or will not happen if it declines to proceed with the enhancement request or delays addressing the request. |

## Details of Vetting Process

**[COMPLETE THIS FIELD]**

|  |
| --- |
| Please provide details about how the enhancement request was socialized and vetted. For example, the request went through college leadership channels to the Executive Sponsor, through council and commission approvals or through federal/state mandate reviews and SBCTC ctcLink leadership. |

## Service Desk Ticket Reference

**[COMPLETE THIS FIELD]**

If applicable, provide Service Desk ticket reference number.

[ctcLink State Board Staff Use Only] Working Group Log ID: \_\_\_\_\_\_\_\_\_\_

## Impact Analysis and Considerations

## Effort Estimation

*Enter the estimation of effort for design, development, testing, training and overtime timeframe for delivery into Production. If timeline or scope goes beyond the level of governance approving the enhancement then the enhancement must go back through governance approval.*

## Total Cost of Ownership

*Detail the effort estimation to complete this enhancement, include each area of the work, (solution design, development, configuration, testing, training for example.*

## Decision Details

*Provide a description of any details surrounding an escalation, approval or decline of the enhancement request. If multiple layers of escalation necessary, please document each discussion for future reference.*

**Original Submission Date:** Click or tap to enter a date.

**Working Group Review Date:** Click or tap to enter a date.

**Decision Action Taken:** Choose an item.

**Date of Action:** Click or tap to enter a date.

**Steering Committee Review Date (if needed):** Click or tap to enter a date.

**ctcLink Executive Leadership Committee Review Date (if needed):** Click or tap to enter a date.

Date of Final Decision Action

*Click or tap to enter a date.*