Information Technology Department CSR FORM

User Section

(Check One Below)

_____ Program Error _____ Change Request _____New Refer to CSR# _____

Department Name: _____ Your Name: _____

Telephone #: _____ Fax #: _____

Today's Date: _____

Menu Name: _____ (If available, it should be at top left corner of your screen)

Option # & Description: _____

Description of Error/Change/Add:_____

_____

_____

CSR Approved by your Department Head_____ Date _____

** **Please attach an example of the problem, report, or new information needed if available. ****

IT Department Section

Acknowledgement Date: _____ Error/Change Number: _____

Acceptance Date: _____ (Date Request was Received)

Resolution Date: _____ Comments:_____

Comments:_____

_____

_____

_____

_____

_____

_____

CSR Approved Yes No _____ Programmer Assigned:_____

IT Dept Head Signature

Email to cmurray@sumtercountysc.org, fax to 436-2326, or put into IT Department mail box

CSR Completed to My Satisfaction

Department Head Signature_____ Date _____