

INFORMATION TECHNOLOGY PROJECT REQUEST FORM

Project Request Date: \_\_\_\_\_

Project Requested By: \_\_\_\_\_

Department: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Requested Due Date: \_\_\_\_\_

<b>Project Category:</b> <input type="checkbox"/> Consultation <input type="checkbox"/> Hardware <input type="checkbox"/> Software	<b>Service:</b> <input type="checkbox"/> New <input type="checkbox"/> Upgrade <input type="checkbox"/> Repair <input type="checkbox"/> Reprogram	<b>Activity:</b> <input type="checkbox"/> Purchase <input type="checkbox"/> Installation <input type="checkbox"/> Programming <input type="checkbox"/> Testing	<b>Funding:</b> <input type="checkbox"/> Grant Funded Grant No: _____ <input type="checkbox"/> Operational Funded Cost Center: _____ <input type="checkbox"/> No funds identified <input type="checkbox"/> No funds required
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<u>Purposed of Project:</u>     	Strategic Plan Alignment:
	Baseline Operations:

Scope of Work Required (detail):

Review Project with Project Lead

Estimated timeline needed for project work: \_\_\_\_\_

Is funding needed?  Yes  No

If software purchases complete product specification sheet.

Additional Information needed by IT. If research needs to be done document. Will training be required of staff?  
If so, who will conduct or coordinate training?

**Instructions:** Once this form is completed please save it on your computer, then send it to [ticket@hplct.org](mailto:ticket@hplct.org), please CC [Kchaudhary@hplct.org](mailto:Kchaudhary@hplct.org).

Completed by IT :

Schedule Start Date:

Schedule End Date:

\_\_\_\_\_  
Division Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IT Director Signature

\_\_\_\_\_  
Date