MANAGEMENT INFORMATION SYSTEMS OFFICE
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Quality Form
MISO-ISO-SRAF-0013
Rev. No:. 01
Effectivity: 09-01-2018

SYSTEMS REQUEST AND ACCEPTANCE FORM

1.0 REQUEST DETAILS

REQUESTOR		DEPARTMENT	
POSITION TITLE		CONTACT NUMBER	

** NOTE: Check one only. Use separate forms for multiple requests of different categories*

1.1 DATA PROCESSING

☐ 1.1.1 CANCELLATION ☐ 1.1.2 CORRECTION ☐ 1.1.3 DATA LOADING ☐ 1.1.4 EXTRACTION

PREMISE / REASON (Check one)

☐ PR1: DATA ENTRY ERROR

☐ PR2: ERROR RESULTING FROM TECHNICAL MALFUNCTION / INTERRUPTION DURING OPERATION

☐ PR3: SUPPLEMENTAL DATA

☐ PR4: MIGRATION TO NEW SYSTEM

PR5: CUSTOM REQUIREMENT / NO EXISTING FACILITY

☐ PR6: OTHERS (Specify) _____

1.2. WEB UPLOAD

☐ 1.2.1 NEW UPLOAD ☐ 1.2.2 MODIFICATION / UPDATE

1.3 APPLICATIONS

☐ 1.3.1 APP ENHANCEMENT ☐ 1.3.2 APP DEVELOPMENT

REQUEST DESCRIPTION / USER'S INITIAL REPORT (Specify)

2.0 ENDORSEMENTS

	For DATA PROCESSING rqsts only	*For WEB UPLOAD rqsts only*	
2.1 SIGNATURE OF REQUESTOR	2.2 ATTESTED BY MANAGER / DC Print name and sign	2.3 CLEARED (CORCOMM)	2.4 APPROVED FOR PUBLISHING

** * * FOR MIS USE ONLY. DO NOT FILL BELOW THIS LINE * * **

3.0 WORK DESCRIPTION

REF. TICKET NO. _____

DATE RECEIVED (mm/dd/yyyy): _____ TIME RECEIVED: _____ ☐ APPROVED ☐ DENIED

END USER ACCEPTANCE (For APPLICATIONS RQSTS only) By ticking each checkbox and signing my name, I certify that the work/s listed herein, have been duly rendered in acceptable quality, as agreed with MIS representative as of the time it was request

	DETAILS OF WORK DONE	ACCEPTED?	USER'S SIGNATURE	DATE
1		☐		

DONE BY:		CHECKED BY TEAM LEAD:	
DATE COMPLETED:		DATE:	

3.0 WORK DESCRIPTION *(Page 2 of ____)*

END USER ACCEPTANCE (For APPLICATIONS RQSTS only) By ticking each checkbox and signing my name, I certify that the work/s listed herein, have been duly rendered in acceptable quality, as agreed with MIS representative as of the time it was reques! ↓ ↓ ↓

	DETAILS OF WORK DONE	ACCEPTED?	USER'S SIGNATURE	DATE
2		☐		
3		☐		
4		☐		
5		☐		
6		☐		
7		☐		
8		☐		
9		☐		
10		☐		

DONE BY:		CHECKED BY TEAM LEAD:	
DATE COMPLETED:		DATE:	