



INFORMATION SYSTEMS & ADMINISTRATIVE SERVICES

14895

SERVICE REQUEST
UISAS 160 (R 7/94)

300 LAKESIDE DR., 8TH FLOOR, OAKLAND, CA 94612-3550

<input type="checkbox"/>	RETRIEVAL OF INFORMATION
<input checked="" type="checkbox"/>	MODIFICATION TO SYSTEM
<input type="checkbox"/>	PRODUCTION RUN OF SYSTEM

DATE	DATE/CYCLE DUE	ESTIMATE REQUIRED?	YES	NO
12 15 03	7/1/04	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PERSON AUTHORIZING REQUEST: Michael O'Neil <i>[Signature]</i>	EXTENSION 7-0905	CONTACT Kathy Henmi	EXTENSION 7-0945
DEPARTMENT Payroll Coordination	ADDRESS 10th Fl. Franklin Bldg.	RECHARGE NO. 0126	
AUTHORIZED SIGNATURE	REPORT FORMAT ATTACHED <input type="checkbox"/>	SYSTEMS/FILES/PROGRAMS PPS	

RETRIEVAL/SYSTEM MODIFICATION: Description of Request

To protect an employee's privacy, please delete the employee's Social Security Number (EDB 0111) from the header record on all online screens. This only applies to the CICS screens and not to the Web EDB inquiry screens.

This modification should be implemented no later than July 1, 2004.

PRODUCTION RUN

SYSTEM	EFFECTIVE DATE OF INFORMATION	TYPE OF RUN	RERUN	ADD'L	TYPE OF OUTPUT	REPORT	TAPE	XEROX TAPE
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RETRIEVAL/PRODUCTION RUN

DISTRIBUTION OF OUTPUT INSTRUCTIONS: (FOR RETRIEVAL REQUESTS, INCLUDE LONG TERM FILE RETENTION INSTRUCTIONS IF APPROPRIATE)

IS&AS USE ONLY

DATE RECEIVED	REQUEST DATE	DATE COMPLETED	COMPUTING TIME CHARGES	STAFF TIME CHARGES	CRN	JOB NAME
COMMENTS						
ESTIMATE INFORMATION			ESTIMATED COSTS	COMPUTING COSTS	ESTIMATED TOTAL COSTS	
			\$	\$	\$	

APPROVAL TO PROCEED
(BASED ON ESTIMATE)

(SIGNATURE) _____ (NAME, TITLE, ADDRESS)