

Configuration Modification Request Form Instructions



These Configuration Modification Request (CMR) Form Instructions will help users complete the [CMR Form](#). For additional information, see the [Configuration Modification Request Process](#).

All Configuration Modification Requests that are designated for central or control agency configuration must be submitted to the FI\$Cal Service Center (FSC) for processing (refer to the column titled “Change Coordinator” in the [Configuration Ownership Matrix](#) to determine whether the Change Coordinator is a Departmental, Central or Control Agency role).

For changes to Configuration Items = complete Sections A, B, and D.
For changes to a Business Unit = complete Sections A, C, and D.

NOTE: The fields in the online CMR (PDF) form will automatically adjust the content size as text is entered.

Section A. Requestor’s Information

Field Label	Description
Department Business Unit (BU) Name	Enter the name of the Department Business Unit (BU) requesting the change. This is a required field.
Department BU #	Enter the Department’s BU number as assigned by the FI\$Cal Project. This is a required field.
Requestor’s Name	Enter the name of the person making the request. This is a required field.
Requestor’s Email	Enter the email address for the person making the request. This is a required field.
Requestor’s Phone #	Enter the phone number for the person making the request, include area code and extension. This is a required field.
Date Submitted	Enter the date when the CMR Form is submitted to the FSC.
Date Needed By	Enter the date when the configuration is needed in FI\$Cal.
Is your Department currently working in FI\$Cal’s Production environment?	Check one of the following: <ul style="list-style-type: none"> • “Yes” if your Department is currently using the FI\$Cal Production environment. • “No” if your Department is not currently using the FI\$Cal Production environment.

Section B. Configuration Item Modification

Field Label	Description
Change Type	Check one of the following configuration change types being requested. <ul style="list-style-type: none"> • “Add” is to add new values not currently in the FI\$Cal System. • “Modify” is to change existing FI\$Cal values or functionality. • “Inactivate” is to inactivate existing FI\$Cal values or functionality. <p>Note: If you are adding, modifying, or inactivating multiple FI\$Cal configuration values, you may provide attachment(s) and reference the attachment in the “Attachments that are included with this submittal” section.</p>
Priority	Indicates the urgency of the configuration modification request. Check “Low”, “Medium” or “High” based on your department’s need.

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Field Label	Description
Module	Check the FI\$Cal Module(s) affected by the requested change. (Refer to the Configuration Ownership Matrix , "Module" column.) <i>For Chart of Accounts: Any changes to BU, Fund, Program, or Subprogram can be submitted only by the Department of Finance (DOF). Department requests to change BU, Fund, Program, or Subprogram must have DOF approval prior to FI\$Cal processing the change(s).</i>
Configuration Item Name	Enter the Configuration Item identified in the Configuration Ownership Matrix , "Configuration Item Name" column.
Change Description and/or Justification	Provide the business need or reason for the request. This is a required field if the request is to add, modify or inactivate a configuration item.
Attachments that are included with this submittal	The attachments will serve as supporting documentation to assist in processing the configuration request. List attachment(s) being included with the CMR form, such as screen prints, diagrams, Department Task Worksheets and/or Forms.
Comments	Provide any additional information that will help process the request. This is an optional field.

Section C. Business Unit Modification

Field Label	Description
Change Type	Check one of the following: <ul style="list-style-type: none"> • "Add" is to add a new BU that is not currently in the FI\$Cal System. (Note: You may be required to submit additional information in support of the new BU.) • "Inactivate" is to inactivate an existing BU that will no longer be used in FI\$Cal. • "Name Change Only" is used to change the name of an existing BU.
Priority	Indicates the urgency of the BU modification request. Check "Low," "Medium," or "High," based on the department's need to have the updated BU available in the FI\$Cal System.
Current Business Unit Name	Enter the name of the BU being added, inactivated, or modified (Name Change Only).
New BU Name (for BU Name Change Only)	Enter the new name of the BU.
Effective Date	Enter the effective date of the New BU.
Any Additional Comments	Any additional information that will help process the overall request. This is an optional field.

Section D. Approvals and Processing

Field Label	Description
Change Approver's Name	This is the Change Approver who is authorizing the configuration modification. Enter the Change Approver's name.
Title	Enter the Change Approver's working title.
Change Approver's Signature	The Change Approver's signature which is required to process the request.
Dept. or Agency	Enter the Change Approver's department or agency name.
Date	Enter the date the Change Approver signs the form.

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Field Label	Description
Additional Approver's Name	<p>Enter the Additional Approver's name, if applicable.</p> <p>Department Requestors: This is any additional approvers as identified by your Department.</p> <p>FI\$Cal Requestors: This is any additional approvers as identified by FI\$Cal.</p> <p><i>(When Configuration Items require a Central or Control Agency Approver, the FSC will obtain the necessary approvals as part of their CMR processing.)</i></p>
Title	Enter the Additional Approver's working title.
Additional Approver's Signature	The signature from the Additional Approver.
Dept. or Agency	Enter the Additional Approver's department or agency name.
Date	Enter the date the Additional Approver signs the form.
Additional Approver's Name	<p>Enter the Additional Approver's name, if applicable.</p> <p>Department Requestors: This is any additional approvers as identified by your Department.</p> <p>FI\$Cal Requestors: This is any additional approvers as identified by FI\$Cal.</p> <p><i>(When Configuration Items require a Central or Control Agency Approver, the FSC will obtain the necessary approvals as part of their CMR processing.)</i></p>
Title	Enter the Additional Approver's working title.
Additional Approver's Signature	The signature from the Additional Approver.
Dept. or Agency	Enter the Additional Approver's department or agency name.
Date	Enter the date the Additional Approver signs the form.
Change Coordinator's Name	<p>A Change Coordinator can be at the departmental, central or control agency level. The "Change Coordinator" is responsible for ensuring a CMR is completed and processed. They are authorized to perform the initial configuration of a specific Configuration Item (or the "Setup Task") within FI\$Cal as noted in the Configuration Ownership Matrix. The Change Coordinator ensures the configuration item has gone through successful testing (or validation) and final implementation in FI\$Cal's Production environment.</p> <p>NOTE: The Change Coordinator must have the proper user access and role mapping established prior to performing a specific configuration modification function.</p>
Title	Enter the Change Coordinator's working title.
Change Coordinator's Signature	The signature from the Change Coordinator.
Dept. or Agency	Enter the Change Coordinator's department or agency name.
Date	Enter the date the Change Coordinator signs the form.