

Configuration Modification Request Form Instructions



These instructions are specific to completing the [Configuration Modification Request Form \(CMR\)](#) for your Department's configuration submission for Wave 2 Go-Live. You may submit one CMR form for multiple Configuration Items. Please refer to the special instructions in the "Configuration Item Name" field below. The fields in the CMR (.PDF) form will automatically adjust the content size as text is entered.

Email your completed CMR form to the FI\$Cal Change Management Office (CMO) at fiscal.cmo@fiscal.ca.gov by **Friday, May 29, 2015**. Please **do not** send this form to the FI\$Cal Service Center (FSC).

Complete Sections A, B and C as detailed below.

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 "No."

Section B. Configuration Item Modification

Field Label	Description
Change Type	<p>Check one of the following configuration change types being requested.</p> <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>See special MULTIPLE CONFIGURATION ITEMS instructions under the "Configuration Item Name" field.</p>
Priority	Indicates the urgency of the configuration modification request.
Module	<p>Check the FI\$Cal Module(s) affected by the requested change. (Refer to the specific Department Task Sheet or the Configuration Ownership Matrix, "Module" column.)</p> <p><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></p>

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Field Label	Description						
<p>Configuration Item Name</p>	<p>Enter the Configuration Item identified in the specific Department Task or the Configuration Ownership Matrix, "Configuration Item Name" column.</p> <p>MULTIPLE CONFIGURATION ITEMS: You may submit one CMR form for multiple Configuration Items. For each configuration item, you must enter the Change Type - "Add" (for new items) or "Modify" (to update an existing item), followed by the configuration item name. If you need additional space, use the "Change Description and/or Justification" and the "Additional Comments" fields. (Use the space bar in between columns and the "Enter" key to advance to the next line/row.)</p> <p>Example: You are submitting the configuration for Task BUSN217a.</p> <div style="border: 1px solid gray; padding: 5px;"> <p>Section B. Configuration Item Modification</p> <p>Change Type: <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Inactivate Priority: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p> <p>Module: <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts Receivable/Billing <input type="checkbox"/> Asset Management <input type="checkbox"/> Budgets <input type="checkbox"/> Cash Management <input type="checkbox"/> General Ledger <input type="checkbox"/> Project Costing <input type="checkbox"/> Purchasing <input type="checkbox"/> Chart of Accounts (Any changes to BU, Fund, Program or Subprogram can only be submitted by the Department of Finance. Department requests to change BU, Fund, Program or Subprogram must have Department of Finance approval prior to FISCal processing the change(s).)</p> <p>Configuration Item Name: <input style="width: 100%;" type="text"/></p> <p>Change Description and/or Justification:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Change Type</td> <td>CI Name</td> </tr> <tr> <td>Add</td> <td>Locations</td> </tr> <tr> <td>Add</td> <td>Asset Area Locations</td> </tr> </table> </div> <p style="text-align: center; margin-top: 10px;">→</p>	Change Type	CI Name	Add	Locations	Add	Asset Area Locations
Change Type	CI Name						
Add	Locations						
Add	Asset Area Locations						
<p>Change Description and/or Justification</p>	<p>This is a required field.</p> <p>Special Instruction: Enter "Wave 2 Department configuration request for Go Live".</p> <p>This field may also be used as overflow to list additional Multiple Configuration Items.</p>						
<p>Attachments that are included with this submittal</p>	<p>The attachments will serve as supporting documentation to assist in processing the configuration request. List all applicable attachment(s) being included with the CMR form, such as Department Task Worksheets, screen prints, diagrams, and/or Forms. You may separate attachments by commas, spaces, and/or rows.</p> <p>Example (Segment of CMR form):</p>						

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	<p>Configuration Item Name: <input type="text"/></p> <hr/> <p>Change Description and/or Justification:</p> <table border="0"> <tr> <td>Change Type</td> <td>CI Name</td> </tr> <tr> <td>Add</td> <td>Locations</td> </tr> <tr> <td>Add</td> <td>Asset Area Locations</td> </tr> </table> <hr/> <p>Attachments that are included with this submittal: BUSN217a spreadsheet</p>	Change Type	CI Name	Add	Locations	Add	Asset Area Locations
Change Type	CI Name						
Add	Locations						
Add	Asset Area Locations						
							
Field Label	Description						
Any additional comments:	Provide any additional information that will help process the request. This is an optional field.						

Section C. Approvals and Processing

Field Label	Description
Approver's Name	This is the Change Approver (Department Liaison) who is authorizing the configuration modification. Enter the Approver's name.
Approver's Title	Enter the Approver's working title.
Approver's Signature	The Change Approver's signature, which is required to process the request.
Dept. or Agency	Enter the Approver's department or agency name.
Date	Enter the date the Approver signs the form.
Additional Approver's Name	Enter the Additional Approver's name, if applicable. Department: Any additional approvers as identified by the Department. FI\$Cal: Any additional approvers as identified by FI\$Cal. (When Configuration Items require a central or control agency approver, the FSC will obtain the necessary approvals as part of their CMR processing.)
Additional Approver's 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.

Field Label	Description
Change Approver's Name	Enter the Change Approver's name, if applicable. Department: Any change approvers as identified by the Department.

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	FI\$Cal: Any change approvers as identified by FI\$Cal. (When Configuration Items require a central or control agency approver, the FSC will obtain the necessary approvals as part of their CMR processing.)
Change Approver's Title	Enter the Change Approver's working title.
Change Approver's Signature	The signature from the Change Approver.
Dept. or Agency	Enter the Change Approver's department or agency name.
Date	Enter the date the Change Approver signs the form.
Change Coordinator's Name	Leave blank.
Change Coordinator's Title	Enter the Change Coordinator title as noted in the Configuration Ownership Matrix .
Change Coordinator's Signature	Leave blank.
Dept. or Agency	Leave blank.
Date	Leave blank.