

# Configuration Modification Request Form Instructions



Use these instructions to complete the [Configuration Modification Request Form \(CMR\)](#) as it pertains specifically to the new Wave 2 Configuration Freeze as per the updated User Acceptance Testing (UAT) schedule. 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](mailto:fiscal.cmo@fiscal.ca.gov) by **Friday, July 10, 2015**. Please **do not** send this form to the FI\$Cal Service Center (FSC).

Complete Sections A, B and D as detailed below. **Disregard Section C.**

## Section A. Requestor's Information

Field Label	Description
<b>Department Business Unit (BU) Name</b>	Enter the name of the Department Business Unit (BU) requesting the change. This is a required field.
<b>Department BU #</b>	Enter the Department's BU number as assigned by the FI\$Cal Project. This is a required field.
<b>Requestor's Name</b>	Enter the name of the person making the request. This is a required field.
<b>Requestor's Email</b>	Enter the email address for the person making the request. This is a required field.
<b>Requestor's Phone #</b>	Enter the phone number for the person making the request, include area code and extension. This is a required field.
<b>Date Submitted</b>	Enter the date when the CMR Form is submitted to the FSC.
<b>Date Needed By</b>	Enter the date when the configuration is needed in FI\$Cal.
<b>Is your Department currently working in FI\$Cal's Production environment?</b>	Check "No."

## Section B. Configuration Item Modification

Field Label	Description
<b>Change Type</b>	Check one of the following configuration change types being requested. <ul style="list-style-type: none"> <li>• "Add" is to add new values not currently in the FI\$Cal System.</li> <li>• "Modify" is to change existing FI\$Cal values or functionality.</li> <li>• "Inactivate" is to inactivate existing FI\$Cal values or functionality.</li> </ul>
<b>Priority</b>	Indicates the urgency of the configuration modification request.
<b>Module</b>	Check the FI\$Cal Module(s) affected by the requested change. (Refer to the specific Department Task Sheet or the <a href="#">Configuration Ownership Matrix</a> , "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>

Field Label	Description
<b>Configuration Item Name</b>	Enter the Configuration Item identified in the specific Department Task or the <a href="#">Configuration Ownership Matrix</a> , "Configuration Item Name" column.

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<b>Change Description and/or Justification</b>	This is a required field.  <b>Special Instruction: Enter "Wave 2 Department configuration request for Go Live."</b>
<b>Attachments that are included with this submittal</b>	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.
<b>Field Label</b>	<b>Description</b>
<b>Any additional comments:</b>	Provide any additional information that will help process the request. This is an optional field.

### Section C. Business Unit Modification

<b>Field Label</b>	<b>Description</b>
<b>Change Type</b>	Check one of the following: <ul style="list-style-type: none"> <li>• "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.)</li> <li>• "Inactivate" is to inactivate an existing BU that will no longer be used in FI\$Cal.</li> <li>• "Name Change Only" is used to change the name of an existing BU.</li> </ul>
<b>Priority</b>	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.
<b>Current Business Unit Name</b>	Enter the name of the BU being added, inactivated, or modified (Name Change Only).
<b>New BU Name (for BU Name Change Only)</b>	Enter the new name of the BU.
<b>Effective Date</b>	Enter the effective date of the new BU.
<b>Any Additional Comments</b>	Enter any additional information that will help process the overall request. This is an optional field.

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### Section D. Approvals and Processing

Field Label	Description
<b>Change Approver's Name</b>	This is the Change Approver (Department Liaison) who is authorizing the configuration modification. Enter the Approver's name.
<b>Title</b>	Enter the Change Approver's (Department Liaison's) working title.
<b>Change Approver's Signature</b>	The Change Approver's (Department Liaison's) signature, which is required to process the request.
<b>Dept. or Agency</b>	Enter the Change Approver's (Department Liaison's) department or agency name.
<b>Date</b>	Enter the date the Change Approver (Department Liaison's) signs the form.
<b>Additional Approver's Name</b>	Enter the Additional Approver's name, if applicable.
<b>Title</b>	Enter the Additional Approver's working title.
<b>Additional Approver's Signature</b>	The signature from the Additional Approver.
<b>Dept. or Agency</b>	Enter the Additional Approver's department or agency name.
<b>Date</b>	Enter the date the Additional Approver signs the form.
<b>Additional Approver's Name</b>	Enter the Additional Approver's name, if applicable.
<b>Title</b>	Enter the Additional Approver's working title.
<b>Additional Approver's Signature</b>	The signature from the Additional Approver.
<b>Dept. or Agency</b>	Enter the Additional Approver's department or agency name.
<b>Date</b>	Enter the date the Additional Approver signs the form.

Field Label	Description
<b>Change Coordinator's Name</b>	Leave blank.
<b>Title</b>	Enter the Change Coordinator title as noted in the <a href="#">Configuration Ownership Matrix</a> .
<b>Change Coordinator's Signature</b>	Leave blank.
<b>Dept. or Agency</b>	Leave blank.
<b>Date</b>	Leave blank.