



Information Technology Service Request
Request # _____

Applied by Gatekeeper

Contact Information

Requested By: Wendy Stigall. <small>(The person named here will be sent all notifications and follow-up information regarding this request.)</small>		Date: 12/27/2012
Job Title: Statewide Correctional Records Program Administrator	Location: HQ	Phone #: 725-8881

Division or Contractor: (Please select one)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Administrative Services Division | <input type="checkbox"/> Organizational Development |
| <input type="checkbox"/> Community Corrections Division | <input type="checkbox"/> Policy Support |
| <input type="checkbox"/> Correctional Industries | <input type="checkbox"/> Prisons Division |
| <input type="checkbox"/> Health Services Division | <input type="checkbox"/> Secretary's Office |
| <input type="checkbox"/> ISRB | <input type="checkbox"/> Contractor _____ |

Why must this request go forward?

- Legislative mandate: Bill # _____
- RCW change: RCW # _____
- Cost Savings: estimated savings \$ _____
- Other: AAG Advice

Which Strategic Goal does this request address?

- Maintain core correctional operations
- Focus on the workforce
- Increase successful re-entry of offenders to communities
- Improve business practices and performance

What is your business need? (Please be specific with details so we understand your need.)

The application of jail credits in OMNI when there is a mandatory/enhancement that are being served as flat time needs to be changed. The current programming is allowing more than the maximum amount of good time to be applied to the base sentences. Current programming applies the jail time to the mandatory/enhancement and the jail good time to the base sentence. Programming needs to be changed to apply the jail time and jail good time to the base sentence. If the number of jail days exceeds the base sentence, the remainder would then be applied to the mandatory/enhancement. The mandatory/enhancement would still run first in the system. Any jail good time in excess of the base sentence would not be applied to the mandatory/enhancement.

Do you have a suggested solution? Yes No
If yes, then please explain? See business need.

Funding:

Is funding secured? Yes No

If yes, then what is the source?

If no, then please explain: Not sure if funding would be from ASD or Prisons as this is a prison calculation issue.

Is this request time-sensitive?

Yes No

If yes, then when must it be completed by? ASAP. This needs to be a Records/SSTA priority.

Why must it be done by this date? All current ERD's when there is a mandatory/enhancement are in error.

Required Signature (Please check one)

- Statewide Request-Assistant Secretary _____
- Facility Request-Superintendent _____
- Field Request-FA or Program Manager _____

(Electronic signatures must be contained in the email thread submitted with the completed IT Request form.)

TRB Representative ONLY

IT Consultant needed

TRB Representative Recommendation & Signature: _____

IT Executive Review ONLY

- Approved to move forward-Signature _____
- Return to TRB Representative
- Needs assessment

Notes:

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: Outlook e-mail to docitgatekeeper@doc.wa.gov - OR - Send to: IT Request Gatekeeper at DOC HQ, P.O. Box 41109, Olympia, WA 98504-1109

Instructions for Filling Out the IT Service Request

Section	Description
Contact Information	Please fill out all sections.
Division or Contractor	Please check one box. If you represent a contracted organization, then please check the Contractor box and type the organization represented.
Why must this request go forward?	Check one or more boxes. Please enter the follow-on information after each box checked.
Which Strategic Goal does this request address?	The DOC Strategic Plan lists 4 primary goals for the agency. Check the box that indicates what goal this request will help attain.
What is your business need?	What issue do you need resolved? What are you attempting to accomplish with the request? Please describe as clear as possible.
Do you have a suggested solution?	If you have a specific way you would like to meet the need, then please enter it here.
Funding	Many requests require funding. Is funding available? And from what source?
Is this request time-sensitive?	If the request is time-sensitive, please enter the date and explain why the request must be completed by that date.
Required Signature	Based on the type of request, have the appropriate person sign. Forwarding the completed form to the approver and having the approver forward stating their approval will work. Or, print and have them physically sign the request.
TRB Representative Only	This section is to be used by IT and the Technology Resource Board (TRB) representative. Each area (Prisons, CCD, ASD, etc...) of DOC has a TRB representative who chooses whether or not to sponsor the request.
IT Executive Review Only	IT executives review the request to ensure it fits into the overall IT architecture.