

Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

EMACS PROJECT REQUEST

Project Title	Request Date
REQUESTOR INF	FORMATION
Requestor Name	Telephone
Department	E-Mail Address
CONTACT INFO	DRMATION
Department Contact Name (Print Name)	Telephone
Department	E-Mail Address
Description of problem or circumstances leading to reque	est:
Please provide as much information as possible in the following an EMACS Analyst will work with you to develop these details Describe what assistance you need:	

REV. 05/01/2024 1 of 2 (EMACS Project Request)

Explain what deliverables are expected:					
Explain how these deliverables wil	I be applied to addres	s the business problem:			
Explain how these deliverables will be applied to address the business problem:					
When and why are these deliverable	es required:				
Deliverable	Due Date	Reaso	on		
What are the consequences if the deliverables are not received by date(s) indicated?					
What is your contingency or fallback plan if the deliverables cannot be provided by the dates identified?					
What cost/time savings are expected	ed from this project?				
Trince coopering sure expected from this project.					
Appointing Authority or Designee	e (Print and Sign)	Telephone	Date		

DISTRIBUTION: EMACS Development Team (0440)