Date of Request: __________________________  Requested by: __________________________

Department: ____________________________  Vice Presidential Approval: __________________________

Description of Project:

Units/Functions Affected:

Prioritization
(enter value, including decimal amounts, from scale)

When submitted by VP: ________________

Assigned by Senior Staff: ______________

Implementation

Estimated Start Date: ________________  Estimated Completion Date: ________________

CNS Staff Assigned: ________________  Date Complete: ________________