UNIVERSITY OF THE EAST
Information Technology Department
REQUEST for CHANGE

APPENDIX 14
IT Dept. Form No.14.0.s 2026

RCF NO. [_____]

Please select the checkbox below

□ Application □ Software □ Hardware □ Network □ Others

Priority Level: □ High □ Medium □ Low

Name:	Date:	ID No.:
Position:	Signature over printed name	Campus: □ Manila □ Caloocan College/ Department:

Description of Change:

Justification:
(Attach separate paper when needed)

UE System/ Modules

ACADEMIC

- □ Admissions
- □ DRRM
- □ College Module
- □ Elem/HS
- □ ID Printing
- □ Faculty Performance Evaluation
- □ Faculty Attendance Monitoring
- □ Others _____

FINANCIAL

- □ Table of Fees
- □ Cash Receipts
- □ Student Accounts
- □ General Ledger
- □ Payroll
- □ Time Keeping
- □ Inventory
- □ Business Enterprise
- □ Personnel Management Info

ITD Utilities

- □ Internet Access
- □ Access Code Management
- □ Printing of RC

For IT Department use only

Recommendation:
- □ For IT Steering Committee Approval
- □ For Scheduling
- □ For ITD technical group approval
- □ Return to request owner *(see Remarks)*

APPROVED for development

ITD Director Date:

Change Request ID	Date Created:	Target Date of Implementation
Status:		User Acceptance
Remarks:	Reviewed by:	Signature over printed name
System Admin	Techsupport Verification	Internal Audit