eHealth Saskatchewan

REQUEST FOR SOFTWARE FORM

▶ Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below.
Return to: Email: servicedesk@ehealthsask.ca
Fax Number: 306-781-8480

Client Name:		Hardware Asset #:	
Working Title:		Date:	
Software Type:		Phone:	

NOTE: *This form is used for all software requests. It refers to software that will be installed on the requester's workstation (non-server hosted software).*

1. *Briefly describe the Project or work group activity that is driving the requirement for software:*

2. *Briefly describe the functionality requirements. What "specifically" do you need the software to do?*
(eHealth may recommend an alternate product or version capable of meeting these requirements if already present within the eHealth environment)

3. How long will this software be required?

Short Term   Long Term or Permanent

When can it be removed? (Date to schedule removal)
Note: You will be contacted prior to removal

4. Are other members of your work group likely to require this software in the next 3 – 6 months? If yes, please provide an estimate so a multi-user license can be purchased. If you are requesting this software for multiple users now, please print their names and their computer asset numbers in the box below.

☐ I am the only user in my work group who will require this software within the next 3 – 6 months.

☐ This is required by others in our department. The following require this software on the date requested below:

Name: _____ Asset # _____

Name: _____ Asset # _____

Name: _____ Asset # _____

Name: _____ Asset # _____

See attached: (use an attachment, if required)

5. eHealth does not provide operational support for *all* software. (The Type of support provided is dependent on various criteria. Contact Service Desk to determine the level of support for the software requested).

Are you prepared for this product, if authorized, to be "user self-supported"?

Date Required: _____   Date Requested: _____

NOTE: *Software requested may require a license or additional licenses to be purchased, therefore there is no guaranteed turnaround time associated with this request. This also applies to new software that will undergo approval and standardization processing. "Best effort" will be provided to meet the date requested above.*

Name of Manager or Authorized Designate: _____

(please print)

Signature of Manager or Authorized Designate: _____