



DEPARTMENT OF FINANCIAL SERVICES
Division of Information Systems

FLAIR Enhancement Request Form Instructions

FORM FIELD	REQUIREMENT	INSTRUCTIONS
ENHANCEMENT NUMBER	REQUIRED	ASSIGNED ENHANCEMENT NUMBER IN THE FORMAT OF YEAR FOLLOWED BY A SEQUENTIAL NUMBER. COMPLETED BY THE FLAIR SUB-COMMITTEE.
REQUEST DATE	REQUIRED	DATE OF INITIAL REQUEST. COMPLETED BY THE AGENCY SPONSOR.

REQUESTING AGENCY INFORMATION SECTION

FORM FIELD	REQUIREMENT	INSTRUCTIONS
SPONSOR	REQUIRED	NAME OF THE INDIVIDUAL AUTHORIZED TO SUBMIT ENHANCEMENT REQUESTS FOR THE AGENCY
SPONSOR'S CONTACT NUMBER	REQUIRED	SPONSOR'S PHONE NUMBER
AGENCY	REQUIRED	NAME OF SPONSOR'S AGENCY
CONTACT PERSON	REQUIRED	NAME OF THE INDIVIDUAL THAT CAN PROVIDE ADDITIONAL INFORMATION IF NEEDED
CONTACT PERSON'S NUMBER	REQUIRED	CONTACT PERSON'S PHONE NUMBER
EMAIL ADDRESS	REQUIRED	CONTACT PERSON'S EMAIL ADDRESS

BRIEF DESCRIPTION / TITLE OF ENHANCEMENT SECTION

FORM FIELD	REQUIREMENT	INSTRUCTIONS
BRIEF DESCRIPTION / TITLE OF ENHANCEMENT	REQUIRED	A SHORT DESCRIPTION OF THE ENHANCEMENT THAT CAN BE USED AS A WORKING TITLE

DESCRIPTION OF BUSINESS NEED SECTION

FORM FIELD	REQUIREMENT	INSTRUCTIONS
DESCRIPTION OF BUSINESS NEED	REQUIRED	DESCRIPTION OF BUSINESS NEED OR PROBLEM

SUGGESTED SOLUTION SECTION

FORM FIELD	REQUIREMENT	INSTRUCTIONS
SUGGESTED SOLUTION	REQUIRED	SOLUTION TO RESOLVE BUSINESS NEED OR PROBLEM

BENEFITS SECTION

FORM FIELD	REQUIREMENT	INSTRUCTIONS
BENEFITS	REQUIRED	DETAIL OF COST ANALYSIS OR OTHER BENEFITS THIS ENHANCEMENT WOULD PROVIDE

FLAIR Enhancement Request Form Instructions.

ADDITIONAL INFORMATION SECTION

FORM FIELD	REQUIREMENT	INSTRUCTIONS
TARGET DATE	OPTIONAL	TARGET DATE FOR THE ENHANCEMENT'S IMPLEMENTATION
REQUIRED DATE	OPTIONAL	REQUIRED DATE FOR THE ENHANCEMENT'S IMPLEMENTATION, MAY BE REQUIRED IF ENHANCEMENT IS ASSOCIATED WITH A LEGAL REQUIREMENT OR ANOTHER SYSTEM'S ENHANCEMENT
LEGAL REQUIREMENT	OPTIONAL	IDENTIFICATION OF THE LEGAL REQUIREMENT, IF APPROPRIATE. CHECK APPROPRIATE BOX, IF OTHER ENTER NAME OF ENTITY. REFERENCE NUMBER IS TO IDENTIFY THE ACTUAL STATUTE, ADMINISTRATIVE CODE, ETC.
ATTACHMENTS	REQUIRED	YES/NO OPTION. IF YES, NUMBER OF ATTACHMENTS AND A DESCRIPTION (OR NAME) OF EACH ATTACHMENT IS REQUIRED.

SUBMISSION INSTRUCTIONS FORM SECTION

FORM FIELD	REQUIREMENT	INSTRUCTIONS
SUBMISSION INSTRUCTIONS	REQUIRED	ELECTRONICALLY SUBMIT COMPLETED FORM TO: MIKE MENTILLO, ENHANCEMENT SUB-COMMITTEE CHAIR MENTILLO.MIKE@LEG.STATE.FL.US

FOR FLAIR ENHANCEMENT SUBCOMMITTEE USE ONLY SECTION

FORM FIELD	REQUIREMENT	INSTRUCTIONS
DATE RECEIVED	REQUIRED	DATE REQUEST IS RECEIVED BY THE ENHANCEMENT SUB-COMMITTEE CHAIR
ENHANCEMENT NUMBER	REQUIRED	ASSIGNED ENHANCEMENT NUMBER IN THE FORMAT OF YEAR FOLLOWED BY A SEQUENTIAL NUMBER.
ACTION	REQUIRED	RECOMMENDED ACTION FROM THE ENHANCEMENT SUB-COMMITTEE VALUES – ACCEPT, REJECT OR TABLE
ACTION DATE	REQUIRED	DATE THE ENHANCEMENT WAS ADDRESSED BY THE SUB-COMMITTEE
PRIORITY	REQUIRED	PRIORITY ASSIGNED TO THE ENHANCEMENT BY THE SUB-COMMITTEE IN THE FORMAT OF 1 ALPHA CHARACTER FOLLOWED BY 1 NUMERIC CHARACTER ALPHA CHARACTER VALUES: A – FIX AN ERROR B – MODIFY CURRENT FUNCTIONALITY OR DATA C – ADD NEW FUNCTIONALITY OR DATA D – REMOVE CURRENT FUNCTIONALITY OR DATA NUMERIC CHARACTER VALUES: 1 – HIGHEST PRIORITY 2 – NEXT HIGHEST PRIORITY 3 – NEXT LOWEST PRIORITY 4 – LOWEST PRIORITY
COMMENTS	OPTIONAL	ANY ADDITIONAL COMMENTS RELEVANT TO THE ENHANCEMENT THAT MAY HAVE COME OUT OF SUB-COMMITTEE DISCUSSIONS. AN EXPLANATION IS REQUIRED IN THIS FIELD WHEN THE RECOMMENDED ACTION IS REJECT OR TABLE

FLAIR Enhancement Request Form Instructions.

FOR DFS USE ONLY SECTION

FORM FIELD	REQUIREMENT	INSTRUCTIONS
DATE RECEIVED	REQUIRED	DATE REQUEST IS RECEIVED BY DFS/A&A
ACTION	REQUIRED	RECOMMENDED ACTION FROM DFS VALUES – ACCEPT, REJECT OR TABLE
ACTION DATE	REQUIRED	DATE THE ENHANCEMENT WAS ADDRESSED BY DFS
PRIORITY	REQUIRED UNLESS ACTION IS REJECT	PRIORITY ASSIGNED TO THE ENHANCEMENT BY DFS, WILL BE USED WHEN PRIORITIZING ALL REQUESTS TO DETERMINE DFS/DIS WORKLOAD VALUES – HIGH, MEDIUM, LOW
APPLICATION(S) IMPACTED	REQUIRED	FLAIR APPLICATIONS IMPACTED BY THIS ENHANCEMENT VALUES – CENTRAL, DEPARTMENTAL, PAYROLL, AND/OR WAREHOUSE
SYSTEM IMPACT	REQUIRED UNLESS ACTION IS REJECT	OVERALL IMPACT ENHANCEMENT WILL HAVE ON THE FLAIR SYSTEM VALUES – HIGH, MEDIUM, LOW
ASR NUMBER	REQUIRED UNLESS ACTION IS REJECT	NUMBER ASSIGNED TO ENHANCEMENT WHEN ENTERED INTO THE ASR SYSTEM.
ESTIMATED EFFORT	REQUIRED UNLESS ACTION IS REJECT	HIGH LEVEL ESTIMATION OF THE AMOUNT OF TIME THE ENHANCEMENT WILL REQUIRE IN ORDER TO COMPLETE (I.E.: LESS THAN 1 MONTH, 3 MONTHS, 6 MONTHS, ETC)
ESTIMATED IMPLEMENTATION DATE	OPTIONAL	BEST ESTIMATE FOR THE IMPLEMENTATION OF THIS ENHANCEMENT REQUEST
COMMENTS	OPTIONAL	ANY ADDITIONAL COMMENTS RELEVANT TO THE ENHANCEMENT THAT MAY HAVE COME OUT OF DFS DISCUSSIONS. AN EXPLANATION IS REQUIRED IN THIS FIELD WHEN THE RECOMMENDED ACTION IS REJECT OR TABLE