

Department Functional Needs

Department: _____ Date: _____
Department Head: _____ Phone #: _____
Interviewees: _____ Phone #: _____

Department Needs

Manage: Active Inactive Electronic E-Mail
Comments: _____

Software Usage

Average Amount of time devoted to RIM Software: _____

Number of Users: _____ Data Entry _____ Searching

Comments: _____

Software Desires

Current Systems to Manage Records

Paper Excel Word Access Other _____

Comments: _____

Existing Software Integration Needs

Labeling Software Title: _____

Main Frame File Name: _____

Other Software Title: _____

Comments: _____

