Cal**SAWS** | Enhancement Request (CER)

Submission	1	the completed request to CER@CalSAWS.org and cc your RM. 11/25/2024						
Date								
Title	De	Detail Report on End User Uploading Document						
Region #: 1		County Name:						
Submitter : MyLynn Bui		Email: Mylynn.Bui@ssa.sccgov.org			Phone : 408-755-7529			
Program(s) Impacted:								
Adoptive Services			CalFresh			ΙΓ	Cal-Learn	
CalWORKS / RCA	=	ARC		-		片	CMSP	
Foster Care	=	CAPI		Child Care GAIN/REP/WTW		╁┝	GROW	
Kin-GAP		GA/GR Medi-Cal / RMA		GAIN/REP/WTW		╁		
Other – Hyland Imagin								
Area(s) Impacted: Call Center	Case Assignment			Central Print		Co	Client prrespondence	
☐ Fligibility	☐ Fise	cal / Callactions	+_	lloorings			1 Imaging	
Eligibility	=	Fiscal / Collections Reports		Hearings Resource Data Bank		+	3 0 0	
Lobby Management	∟ ке	oorts	Resource Data Ba		Balik		Schedule Appt	
Security	Sel	Self Service Portal		Special Investigation			Task Mgmt	
Time Limits	Training							
Interface(s) - specify			ı			1		
County Operational (e specify	x. Busir	ness Reply Mail (BI	RM),	EBT Printers, Ch	nange of	Add	ress, Opt In/Out, etc.) –	

CalSAWS CER August 2023

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Other – specify	
Justification / Request Summary:	
	t to identify staff who often submit case documents into Imaging rchived. We have designated clerical staff to clean up the workflow f leaving documents in these queues.
documents are fully going through the workflo	er who submit documents into Imaging and fail to check the ow and fully archived. The report should include date, time, office, be provided to these staff and eliminate the workload to our
Priority/Implementation Consideration(s):	
CalSAWS Response:	
CER Tracking #: (automatically generate by JIRA)	SCR #
Rejected By:	Date:
Rejection Reason(s) or other Comments:	

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