

**USER SIGNED-OFF FORM**

**SECTION 1 USER REQUIREMENT**

Module/Name of Application	Directory of Expertise
Sub Module	-
Name of Requestor	Ms. Razlina Binti Rezali
Division/Faculty/Unit	Human Capital Management Division (HCM)
Case ID	
Objective	DOE - Enhancement (Change Request)
Justification	Directory of Expertise

**A. Detail Requirements (To be fill-up by Requestor)**

No	Function	Requirements
1	Verification process	No verification can be done by the Liaison officer if the photo is not available

**B. For Requestor**

Date		Date	
Requested By		Verified By	
Initial		Initial	

**C. For ITSD**

Date		Comments	
Acknowledged By			
Initial			

Your confirmation for the above deliverable(s) indicates consent over the information presented and discussed in the attached documents. Once approved, the attached documents will be confirmed and used by ITSD for system development. Any major changes to the user requirement; it is advised to submit a new Change Request.

## SECTION 2 SYSTEM DESIGN ACCEPTANCES

### A. System Design Acceptance

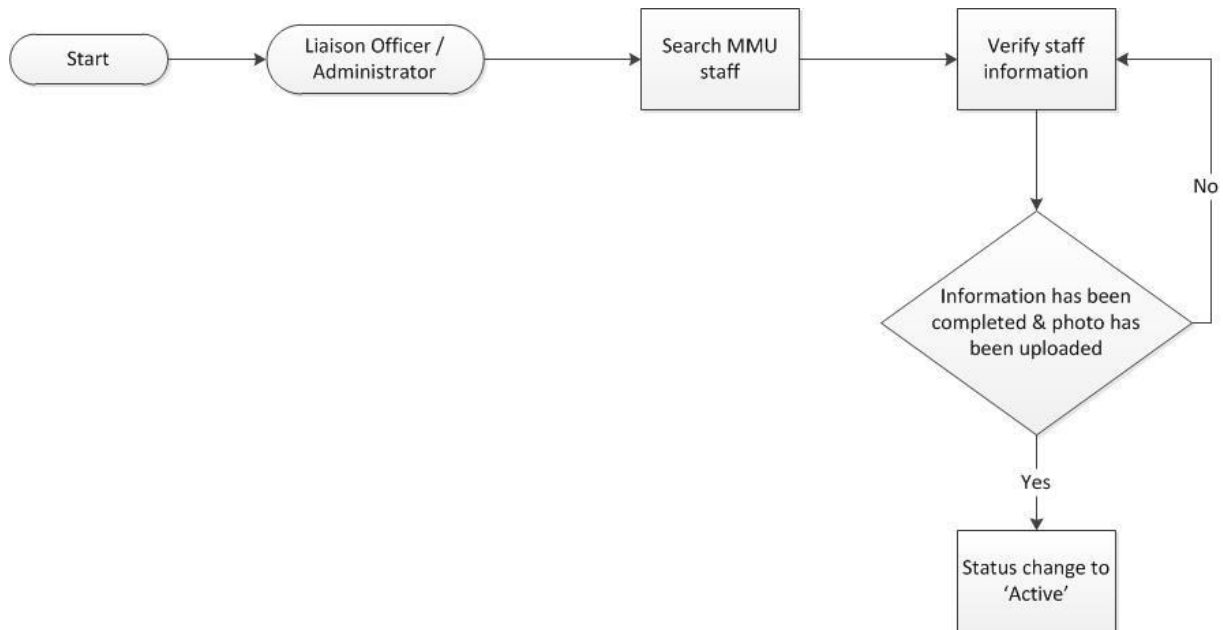


Figure 1.0 Administrator / Liaison Officer Verification Process

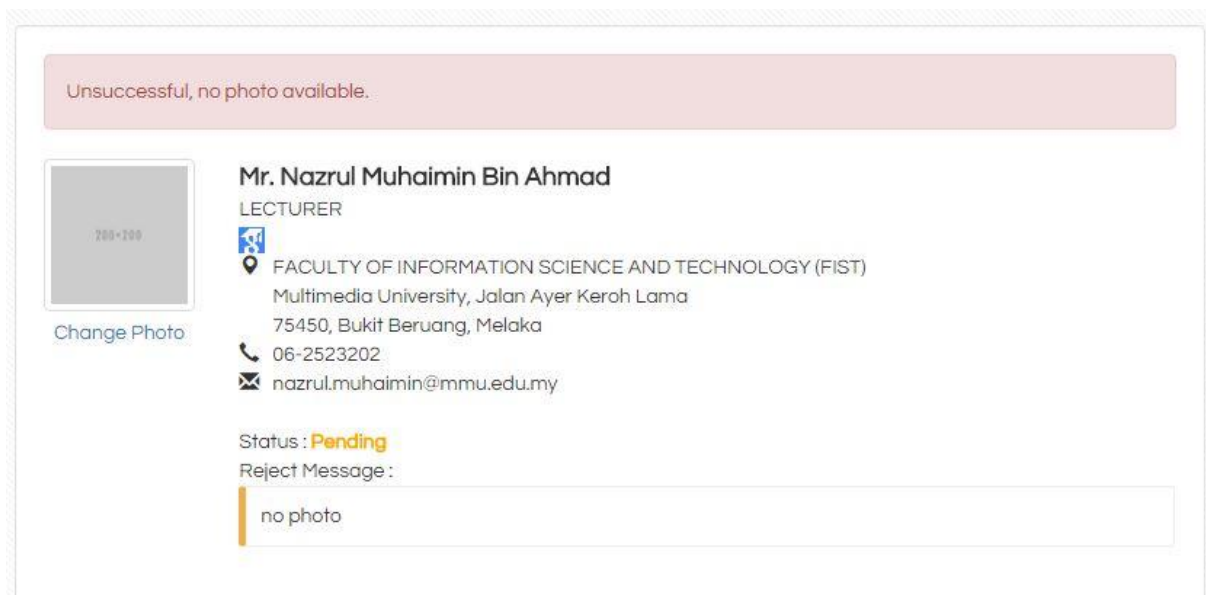


Figure 1.1 Unsuccessful verification process

Refer to **Appendix 1** for Website Design and **Attachment 1** for the System Functional Design Detail

<b>B. Reviewed by System Owners / Requestor</b>	<b>Comments / Issues</b>
<p>Reviewed by, _____ Assistant Manager</p> <p>Date: _____</p> <p>Verified by, _____ Head</p> <p>Date: _____</p>	<p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____</p> <p>4. _____ _____</p> <p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____</p> <p>4. _____ _____</p>

Once signed off, these documents will be confirmed as the functional design to be used by ITSD/MPU in the development stage. Any changes to the signed-off documents, Requestor would need to comply with the defined Change Request Management procedure.  
*Encl. Appendix xx*

## **SECTION 3 USER ACCEPTANCE TEST (UAT)**

### **A. User Acceptance Test**

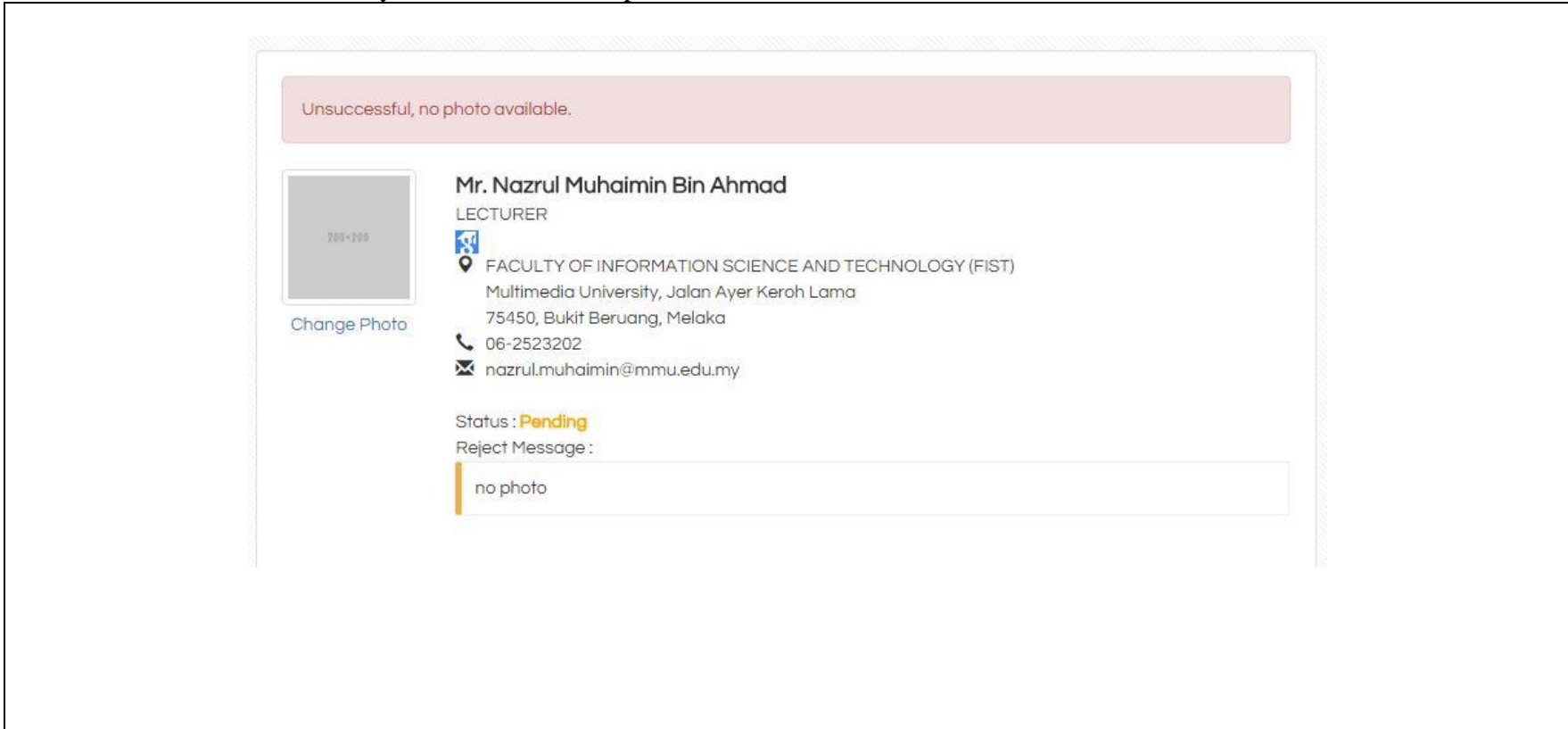
# **User Acceptance Testing Form**

## **Directory of Expertise**

Module 1: Administrator / Liaison Officer

**Sub-Module 1-1: Verification process**

The sub-module is used to verify staff status with no photo available.



Test No.	1-1-1	Prerequisite	
Description	i. Liaison officer / Administrator verify the staff status with no photo available		
Expected Outcome	i. Unsuccessful message display	Actual Outcome	<input type="checkbox"/> Accept <input type="checkbox"/> Reject

**B. Filled up by Client**

*Summary*

Comment			
Accept		Reject	
Date		Date	
Tested By		Verified By	
Initial		Initial	