DPPD Application System Retirement Request

This form describes the work needed to remove an application system from a HUD computer platform when the application is no longer useful. Send to "DPPD Release Request" mailbox when completed.

1. Name and system code of HUD Application System being retired.

2. Name and Phone number of HUD person with authority for making application system retirement request.

3. Date for start of system removal.
   A. Date of last update cycle ________.
   B. Date of last production cycle ________.
   C. Date to start last backups ________.
   D. Date to start removal of system ________.

4. Have all affected users been notified of system retirement?

5. Platform(s) on which the application is located.

6. Duration to keep archived system components. Indicate special retention requests by file name below. Any statutory requirements? DPPD normally keeps archived systems on special backup tapes for 5 years. Keep _____ Years

7. DATA ISSUES
   A. Names of databases and type of database system? Platform for active data? Any server systems?
   B. Data files (flat files) used, name and platform.

8. PROGRAM ISSUES
   A. Source code libraries and platform. Development Environment?
   B. TIP or CICS region in which programs operate. For LAN, any client server libraries?
   C. Executable code libraries and COPYLIBs with platform.
   D. Screen numbers used in DPS.
   E. Does this application involve any continuing "processes" which should be discontinued such as job scheduling or automatic tape retention.

9. USER ACCESS ISSUES
   A. Any System access icons on LANs?
   B. Should ADP Security, remove users of this application, or convert their access to another application?
   C. Accounts and HLQs to be removed.

10. Are there any interfaces to other application systems? If yes, list these systems. Has coordination with appropriate staff been made? Was documentation of interfaces updated?

11. Technical Contact – name and phone___________________

12. Any other useful information not requested above.

13. OSIE Management Approval _________________ Date _____