**System Development and Life-Cycle Management (SDLCM)
Methodology**

FINAL USER SIGNOFF FORM	
Project Information	
Project Name:	**Date of Request:**
Overall Project Manager:	**Phone Number:**

User Signoff Checklist
Does system provide all functionality specified? ❑ Yes ❑ No   If no, list Problem Report Form numbers here.
Does system perform adequately from a user's perspective (as opposed to system performance criteria specified for system test)? ❑ Yes ❑ No   If no, list Problem Report Form numbers here.
Are all User Guides and other documentation accurate and adequate to operate and maintain the system? ❑ Yes ❑ No   If no, list Problem Report Form numbers here.
Are all personnel adequately trained? ❑ Yes ❑ No   If no, list Problem Report Form numbers here.
Has the necesary coordination with the owners of other systems, applications, and databases been satisfactory? ❑ Yes ❑ No   If no, list Problem Report Form numbers here.
Have customer satisfaction measurements been taken and issues addressed? ❑ Yes ❑ No   If no, list Problem Report Form numbers here.

Problem Resolution and Time Estimation
Is the system acceptable to the users? That is, have all critical issues been resolved? ❑ Yes ❑ No   If no, explain strategy to resolve problems and approximate time frame here.

Final User Signoff	
Overall Project Manager:	**Date:**