

Evidence Action Inc. Change Management Form

1. Personal Information:

Full Name:

Department:

2. Contact Information:

Email:

Phone:

3. Project Information:

Project Description:

Project Duration:

4. Change Details:

- **Change Type:** *(E.g., Configuration Change, Software Update, Access Modification, etc.)*
- **Date of Change:** *(Date when the change is implemented)*
- **Time of Change:** *(Time when the change is implemented)*
- **Duration of Change:** *(If applicable, specify the time taken for the change)*
- **Reason for Change:** *(Brief description of why the change is necessary)*

5. Change Description:

- **Description of the Change:** *(Provide a detailed description of the change)*
- **Affected Components:** *(List the server components impacted by the change)*

6. Change Closure:

- **Closure Date and Time:** *(Date and time when the change process is officially closed)*
- **Additional Notes or Comments:** *(Include any additional notes or comments relevant to the change)*

Review *(For internal use only):*

I, _____,
acknowledge that I have reviewed the
above change.

Position:

Date:

Approval *(For internal use only):*

I, _____,
acknowledge that I have approved the
above change.

Position:

Date: