

**Information Technology Services
Change Management Request Form**

Change Description/ Change Request Filename:					
HDO/Change Request No.:		150		Project:	
Requested by:				Date:	
Department/ location				Telephone:	
Description of the change:					
Change needed by (date):					
Reason for the change					
Requestor Sign off:		Harvey Jones, Head of Law Department			
Approval of Request:		Melissa Smith, CorpLaw Dev Team Leader			
Change Impact Evaluation					
Change Type		Application		Database	
		Hardware		Procedures	
		Network		Security	
		Operating System/Utilities		Schedule Outage	
Change Priority		Urgent	Change Impact		Minor
		High			Medium
		Medium			Major
		Low			
Environment(s) Impacted:					
Resource requirements: (personnel , h/w, s/w)					
Test Plan Description					
Rollback Description					
Change Approval or Rejection					
Change Request Status		<input checked="" type="checkbox"/>	Accepted	<input type="checkbox"/>	Rejected
Comments:					
Change scheduled for (date):		2/7/2022			
Implementation assigned to (names):					
Rex Johnson					
Change Control Committee Sign off:		Harvey Jones, Head of Law Department			
Change Implementation					
Staging test results:					
Pass					
Implementation test results:					
Pass					
Date of Implementation		2/7/2022			
Implementer Sign Off		Rex Johnson		Date	2/7/2022