



MTD Group of Companies
IT Department
(Tel): 03 - 6195 1111
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Change Request Form (Data / Script Patching)

Sec 1: To be completed by REQUESTOR

Name	Date
Designation	
Data/Script Patching Request	Expected Completion Date
System(s) affected:	
Module(s) affected:	
Justification for Data/Script Patching	Impact
Approved by HOD of Requestor	
Name:	Date:

Sec 2: To be completed by developer upon completion of data patching script development

Date submitted:	Developer Assigned:	Attach copy of actual scripts (*)
Description of script (*)		
<i>* Please attach supporting documents.</i>		
Reviewed by Systems Administrator	Approved by IT Department	
Signature:	Signature:	
Name :	Name :	Date:

Sec 3: To be completed by IT Department

Backup Before Data Patching				
Original/Source		Backup Require (Yes/No)	Backup/Destination	
Database	Table(s) to be patched		Database	Backup Table(s)
		Data Value/ Record Count / Hash total	Attach hardcopy of data	
Data Before Patching				
Data After Patching				
Carried out By	Verified by Head of IT Department	Verified By HOD of Requestor		
Signature:	Signature:	Signature:		
Name:	Name:	Name:		
Date:	Date:	Date:		