

Change Request Form

[This form is divided into three sections. Section 1 is intended for use by the individual submitting the change request. Section 2 is intended for use by the Project Manager to document/communicate their initial impact analysis of the requested change. Section 3 is intended for use by the Change Control Board (CCB) to document their final decision regarding the requested change.]

1.) SUBMITTER - GENERAL INFORMATION			
CR#	<i>[CR001]</i>		
Type of CR	<input type="checkbox"/> Enhancement	<input type="checkbox"/> Defect	
Project/Program/Initiative			
Submitter Name	<i>[John Doe]</i>		
Brief Description of Request	<i>[Enter a detailed description of the change being requested]</i>		
Date Submitted	<i>[mm/dd/yyyy]</i>		
Date Required	<i>[mm/dd/yyyy]</i>		
Priority	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High <input type="checkbox"/> Mandatory
Reason for Change	<i>[Reason for request]</i>		
Other Artifacts Impacted	<i>[List other artifacts affected by this change]</i>		
Assumptions and Notes	<i>[Document assumptions or comments regarding the requested change]</i>		
Comments	<i>[Enter additional comments]</i>		
Attachments or References	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Link:		
Approval Signature	<i>[Approval Signature]</i>	Date Signed	<i>[mm/dd/yyyy]</i>

2.) PROJECT MANAGER - INITIAL ANALYSIS			
Hour Impact	<i>[#hrs]</i>	<i>[Enter the hour impact of the requested change]</i>	
Duration Impact	<i>[#days]</i>	<i>[Enter the duration impact of the requested change]</i>	
Schedule Impact	<i>[WBS]</i>	<i>[Detail the impact this change may have on schedules]</i>	
Cost Impact	<i>[Cost]</i>	<i>[Detail the impact this change may have on cost]</i>	
Comments	<i>[Enter additional comments]</i>		
Recommendations	<i>[Enter recommendations regarding the requested change]</i>		
Approval Signature	<i>[Approval Signature]</i>	Date Signed	<i>[mm/dd/yyyy]</i>

3.) CHANGE CONTROL BOARD – DECISION			
Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Rejected <input type="checkbox"/> More Info
Decision Date	<i>[mm/dd/yyyy]</i>		
Decision Explanation	<i>[Document the CCB's decision]</i>		
Conditions	<i>[Document and conditions imposed by the CCB]</i>		
Approval Signature	<i>[Approval Signature]</i>	Date Signed	<i>[mm/dd/yyyy]</i>