**Change Management Form**

**1. General Information**

**Change Request ID:** **Date Submitted:**

**Requested By:** **Department/Section:**

**Change Manager:** **Assigned To:**

**Change Title:**

**2. Change Details**

* **Type of Change:**
  + ☐ Emergency Change
  + ☐ Normal Change
  + ☐ Standard Change
* **Summary of Change:**
* **Reason for Change:**
* **Scope of Change:**
* **Priority:**
  + ☐ High
  + ☐ Medium
  + ☐ Low
* **Proposed Implementation Date:**
* **Estimated Effort (hours):**
* **Resources Required:**

**3. Impact Analysis**

* **Impact on Business Operations:**
* **Impact on Users/Departments:**
* **Impact on Systems/Services:**
* **Impact on Security (Data Confidentiality, Integrity, Availability):**
* **Compliance and Regulatory Impact:**
* **Dependencies:**
* **Risk Assessment:**
  + ☐ High
  + ☐ Medium
  + ☐ Low

**4. Implementation Plan**

* **Planned Implementation Date:**
* **Change Implementation Steps:**
* 1.
* 2.
* 3.
* **Backup/Contingency Plan:**
* **Rollback Plan:**
* **Communication Plan:**
* **Scheduled Downtime (if applicable):**

**5. Testing and Validation**

* **Testing Plan:**
* **Testing Environment:**
* **Testing Results:**
* **Validation by:**
* **Date of Validation:**

**6. Approval Process**

* **Change Advisory Board (CAB) Approval:**
  + ☐ Approved
  + ☐ Rejected
* **CAB Members:**
  + IT Teams Representative:
  + Information Security Representative:
  + Business Unit Representative:
  + Change Manager:
* **Approval Date:**

**7. Post-Implementation Review**

* **Date of Review:**
* **Summary of Implementation:**
* **Any Issues Encountered:**
* **Corrective Actions Taken:**
* **Impact on Operations:**
* **Post-Implementation Sign-Off:**

**8. Documentation and Record Keeping**

* **Documentation Updated:**
  + ☐ Yes
  + ☐ No
* **Records Retained in:**

**9. Comments and Notes**

|  |  |  |
| --- | --- | --- |
| **Implemented By** | **Verified By** | **Approved By** |
|  |  |  |