**Change Request Form**

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| Change requester employee no: | EMP ID of employee requesting the change | | Change ID: | | Change ID number assigned to the change request |
| Change requester employee name: | Name of the employee | | Date: | | Date of the request |
| Section/Department: | Section/Department of the employee | | | | |
| **Change Request Details** | | | | | |
| Title of the change: | Clear and concise title of the change being requested | | | | |
| Description of change: | Brief information about the change being requested | | | | |
| Reason for change: | Clear and concise explanation of why the change is necessary | | | | |
| Service: | Service/Process/Technology on which change has to be implemented | | | | |
| Change requester sign off: | Sign off from the change requester | | | | |
| Change Request Status: | Pending/Approved/Rejected | | | | |
| **Change Impact Evaluation** | | | | | |
| Infrastructure: | Potential effects that the proposed change may have on the existing infrastructure (Application/Network/Database/Security Devices/Server etc.) | | | | |
| Type: | Type of the change (Hardware/Operating System/Utilities/Procedure/Planned outage) | | | | |
| Change Category: | Emergency/Normal/Standard | | | | |
| Change Impact: | Minor/Medium/Major | | | | |
| Change Urgency | High/Medium/Low | | | | |
| Priority: | High/Medium/Low | | | | |
| Affected Services: | Identify the services that may be potentially impacted due to change | | | | |
| Affected Configuration Item | Identify the configuration items that may be impacted as result of the change | | | | |
| Resource Requirements: | Resources (Employee, Hardware, Software) that are required to implement the change | | | | |
| Financial Impact: | Total of direct or indirect cost associated with implementing the change | | | | |
| Rollback Plan Description: | Steps to reverse the change that has been made | | | | |
| Pre Implementation Testing: | Successful/Unsuccessful | Comments (if any): | | Any comments/point to be noted | |
| **Change Plan and Schedule** | | | | | |
| Implementation Plan Description: | Steps involved in implementation of the change | | | | |
| Downtime Window: | Period of time during which a system or service will be unavailable or inaccessible due to the implementation of the change | | | | |

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| Change Control Committee/Change Advisory Board/Designated Approver Sign off: | Approval for a proposed change from a committee or group of individuals responsible for reviewing and approving changes within the entity | | |
| **Change Implementation Status** | | | |
| Implementation: | Successful/Unsuccessful | Comments (if any): | Any comments/point to be noted |
| Implementer Sign off: | Sign off from the implementer | Date: | Date of the implementation / implementer sign off |