**CHANGE REQUEST FORM**

PROJECT NAME – Click or tap here to enter text.

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| **Section 1: Change Request Details** |
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| Project Name |  |
| Module Name[If applicable] |   | Project Manager [If applicable |  |
| Requestor Name |  | Requestor contact  | *[Email / Tel no]* |
| Date Requested |  | Date Required |  |
| Helpdesk call/ref no |  | Was BID Completed? | [ ]  Yes [ ]  No |
|  |  | Is there a BRS | [ ]  Yes [ ]  No  |
| Type of Change | [ ]  Design issue resolution | [ ]  Enhancements |  |
| Change Type | [ ]  Normal | [ ]  Emergency  |  |
| Description of the Change Request |  |
| Reason for the Change Request |  |
| Other Artifacts Impacted | *NA* |
| Assumptions and Notes | *NA* |
| Comments | *NA* |
| Attachments or References | [ ]  Yes | [x]  No |  |
| **L**ink/Screenshots |
| Person(s) to be notified of change | [*Name / Email ]* |

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| **Section 3 : Impact Analysis – Sebrus to complete** |
| Risk Level | [ ]  R5 [ ]  R4 [ ]  R3 [ ]  R2 [ ]  R1  *[R5] –Legal/Compliance/Safety, [R4] – Group Impact/Executive Sponsor, [R3] – BU/Functions Impact, [R2] – Department Impact, [R1] – Individual Impact* |
| Business Impacted |  |
| System Impacted |  |
| Module Impacted |  |
| Project Manager / Functional Lead Impact Analysis | **Schedule Impact :** *[Detail the impact this change may have on schedules]***Cost Impact :** *[Detail the impact this change may have on cost]***Risk Impact :** *[Detail the impact this change may have on risk]***Recommendations:** *[Enter recommendations regarding the requested change]* |
| Project Manager / Functional Lead Signoff |  | Date Signed | Click or tap to enter a date. |

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| **Section 2 : Decision** |
| [ ]  Approved [ ]  Rejected [ ]  Approved with conditions  | Conditions |  |
| Justification |  |
| Change Funding |  [ ]  Project Costs [ ]  AMS [ ]  Special Arrangement |
| Approver Name |  | Date | Click or tap to enter a date. |
| Signature |  |