**CHANGE REQUEST FORM**

PROJECT NAME – Click or tap here to enter text.

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| **Section 1: Change Request Details** | | | | | |
|  | | | | | |
| 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 | | 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 |  | | |