

	<p><Project name> Project</p> <h2 style="margin: 0;">CHANGE REQUEST FORM</h2>
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CHANGE IDENTIFICATION

Short Title			
Change Control #		Affected Systems	
Request Date		Requested By	
Type of Request	<input type="checkbox"/> User Request <input type="checkbox"/> Technical Request <input type="checkbox"/> Standards Request <input type="checkbox"/> Other	Supporting Materials Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request Description			
Reason for Change			

CHANGE EVALUATION

Effort Estimates (in hours) to change:	Project Timeline Impact
Project Plans	Task Timeline(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
Requirements	Milestones Timeline(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
Design	Current Release Timeline <input type="checkbox"/> Yes <input type="checkbox"/> No
Test	Future Release Timeline <input type="checkbox"/> Yes <input type="checkbox"/> No
Implementation	Other Timeline(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Evaluation	
Recommendation	

DECISION/APPROVAL

Decision Date		Decision	
Decision By	<input type="checkbox"/> Project Manager <input type="checkbox"/> Chg Cntl Board <input type="checkbox"/> Steering Committee		<input type="checkbox"/> Deny/Cancel <input type="checkbox"/> Postpone – Until: <input type="checkbox"/> Approve
Decision Comments			

CHANGE TRACKING

Project Plan	<input type="checkbox"/> N/A	By:	Date:	Comment:
Requirements	<input type="checkbox"/> N/A	By:	Date:	Comment:
Design				
Test Cases	<input type="checkbox"/> N/A	By:	Date:	Comment:
User Training	<input type="checkbox"/> N/A	By:	Date:	Comment:
Online Help	<input type="checkbox"/> N/A	By:	Date:	Comment:
User Procedure	<input type="checkbox"/> N/A	By:	Date:	Comment:
Construction	<input type="checkbox"/> N/A	By:	Date:	Comment:
Change Document		By:	Date:	Comment: