KEFRI/F/ICT/04



**ICT CHANGE REQUEST FORM**

*This form is divided into three sections.*

*Section 1 is intended for use by the individual submitting the change request.*

*Section 2 is intended for use by the Head ICT to document/communicate their initial impact analysis of the requested change.*

*Section 3 is intended for use by the Change Review Committee (CRC) to document their final decision regarding the requested change.]*

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| --- | --- | --- | --- | --- | --- |
| **1.) SUBMITTER - GENERAL INFORMATION** | | | | | |
| **CR#** | *[CR001]* | | | | |
| **Type of CR** | Enhancement | Defect |  | | |
| **Project/Program/Initiative** |  | | | | |
| **Submitter Name** | *[John Doe]* | | | | |
| **Brief Description of Request** | *[Enter a detailed description of the change being requested]* | | | | |
| **Date Submitted** | *[mm/dd/yyyy]* | | | | |
| **Date Required** | *[mm/dd/yyyy]* | | | | |
| **Priority** | Low | Medium | High | | Mandatory |
| **Reason for Change** | *[Enter a detailed description of why the change is being requested]* | | | | |
| **ICT Systems Impacted** | *[List other ICT systems affected by this change]* | | | | |
| **Assumptions and Notes** | *[Document assumptions or comments regarding the requested change]* | | | | |
| **Comments** | *[Enter additional comments]* | | | | |
| **Attachments or References** | Yes | No |  | | |
| **Link:** | | | | |
| **Approval Signature** | *[Approval Signature]* | | **Date Signed** | *[mm/dd/yyyy]* | |

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| --- | --- | --- | --- | --- | --- |
| **2.) HEAD ICT - INITIAL ANALYSIS** | | | | | |
| **Hour Impact** | *[#hrs]* | | *[Enter the hour impact of the requested change]* | | |
| **Duration Impact** | *[#dys]* | | *[Enter the duration impact of the requested change]* | | |
| **Schedule Impact** | *[WBS]* | | *[Detail the impact this change may have on schedules]* | | |
| **Cost Impact** | *[Cost]* | | *[Detail the impact this change may have on cost]* | | |
| **Comments** | *[Enter additional comments]* | | | | |
| **Recommendations** | *[Enter recommendations regarding the requested change]* | | | | |
| **Approval Signature** | | *[Approval Signature]* | | **Date Signed** | *[mm/dd/yyyy]* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.) CHANGE REVIEW COMMITTEE – DECISION** | | | | | | | |
| **Decision** | | Approved | Approved with Conditions | | Rejected | | More Info |
| **Decision Date** | | *[mm/dd/yyyy]* | | | | | |
| **Decision Explanation** | | *[Document the CCB’s decision]* | | | | | |
| **Conditions** | | *[Document and conditions imposed by the CCB]* | | | | | |
| **Approval Signature** | *[Approval Signature]* | | | **Date Signed** | | *[mm/dd/yyyy]* | |
|  |  | | |  | |  | |