

	Department	
	Document Number	
	Date Released (mm/dd/yyyy)	
	Revision Number	

Project Change Request (CR) Form

Project Name:	<i>Project Name</i>	Project Code:	<i>XXXX</i>
Project Sponsor:	<i>Name, Title</i>	Project Manager:	<i>Name</i>
Change Title:	<i>Change Request Title</i>	CR #:	<i>CR-</i>
Originator	<i>Name, Title</i>	Date Requested	<i>dd-MON-yy</i>
Originator's Business Unit	<i>Department</i>	Functional Area (if applicable)	<i>dd-MON-yy</i>
Disposition	Open / Approved / Rejected / Closed (<i>circle one</i>) 		
Decision Required	<i>dd-MON-yy</i>	Date Resolved	<i>dd-MON-yy</i>

CHANGE REQUEST INFORMATION
1. Change description
2. Justification for the change
3. Impact of not implementing the change
4. Alternatives considered

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IMPACT ANALYSIS OF THE CHANGE REQUEST
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5. Impact of change on configuration items / custom objects (if applicable)

6. Impact on project budget
{Insert a table to illustrate cost estimates. The following table is just an example & can be customized to suit the Project needs.}

Resource	Rate	Design (days)	Build (days)	Test (days)	Total (days)	Upgrade	Grand Total	Funding (if not IS)
Technical								
Functional								
Total								

7. Impact on project schedule

8. Other impacts (e.g., business process, resources, dependencies, shared technology/platform, information security, other projects)

REVIEWER Name/Role	Signature	Date	Status - Rationale
Steering Committee Review <i>Name, Title</i>			Deferred - (Explain why it's deferred)
Information Security Review <i>Name, Title</i>			MANDATORY Information Security Review to ensure the change does not add new risks
APPROVAL Name/Role	Signature	Date	Status - Rationale
Business Lead Approval <i>Name, Title</i>			Approved
Project Manager Approval <i>Name, Title</i>			Approved
Manager, PMO Approval <i>Name, Title</i>			Approved