Version: 00 Revision: 03

Effective Date: 06/2019



PART 1: CHANGE REQUEST INFORMATION			
_	T Change Title / Action Plan : Title and OnTrack ID		
Reason for Change :		Moving from development to production Changes to production Others. Please specify;	
Expected Outcome Change	Expected Outcome for		
Change Ir	mplementation	Date	Time
Start			
End	End		
CHANGE URGENC	Y (Please tick only 1)		
Low	J , , , , , , , , , , , , , , , , , , ,		
High		ne key users or impacting on a large	number of users.
Immediate	Immediate Putting life at risk. Causing significant loss of revenue or the ability to deliver important public services. Immediate action required.		ability to deliver important public services.
Change IMPACT	(Please tick (x))		
Probability Of Failure High Med Low Low Med High			

PART 2: ENVIRONMENT AFFECTED BY THE CHANGE REQUEST

(Indicate the **ENVIRONMENT** that will be affected by the change request and **HOW** it is affected (you may choose more than **ONE** environment) and **WHO** is assigned to handle the affected **ENVIRONMENT**)

Tick √	Environment Affected	How is it affected?	Assigned To
	Application		
	Data / Database		
	Hardware		
	Software		
	Network		
	Security		
	Operating Systems/Utilities		
	Policy/Procedure		
	Process Flow		
	Technical Manual		
	User Manual		
	Internal Stakeholder		
	External Stakeholder		
	Others – Please specify		

PART 3: PERSONNEL INVOLVED IN THE CHANGE ACTIVITIES

(Indicate the **ENVIRONMENT** that will be affected by the change request and **HOW** it is affected (you may choose more than **ONE** environment) and **WHO** is assigned to handle the affected **ENVIRONMENT**)

Role	Name of Personnel Involved	Organization / Department
Change Coordinator		
Change Initiator		
Change Implementer in Testing Environment		
Change Implementer in Production Environment		
Change Tester		
D 101 0 1		
Post-Change Support		
Others (please specify)		
Officia (picase specify)		

PART 4: CHECKLIST RELATED TO CHANGE REQUEST ACTIVITIES

No	Change Request Activities	Yes	No	NA
1	ICT service availability will be affected as a result of the change request activities			
2	Draft announcement related to ICT service unavailability with regards to the change request has been completed and will be submitted to the Incident Manager for announcement to the relevant stakeholders			
3	Personnel involved in the change request activities have been informed on their responsibilities			
4	Change implementation date is accepted by the representative of stakeholders (staff)			
5	Change implementation date is accepted by the representative of stakeholders (student)			
6	Change Implementation Plan document is completed for submission with this form			

PART 5: ACKNOWLEDGEMENT FOR THE CHANGE REQUEST

We hereby acknowledge that, this form has been completed for the fulfillment of the requirements for the change request as described in Part 1 to Part 4 of this form.

CHANGE INITIATOR	CHANGE COORDINATOR
Signature	Signature
Signature Name:	Name:
Date:	Date:

PART 6: FOR USE BY THE CHANGE REQUEST AUTHORITY

CHANGE TYPE ($$)	
	Emergency
	Urgent
	Normal

Date of Decision:	
Approved by:	
Remarks:	
IT Change ID:	
	·

RECEIVED BY
Cimatura
Signature Name:
Date: