



REQUEST FOR CHANGE

PROJECT DETAILS			
Project Title:		Change Request No:	
Project Manager:		Version:	
Change Owner: (if not Project Manager)		Date Raised:	

CONTROL		
Title of Change:		
Requested By:		
Contact Details:	Tel:	Email:

CHANGE	
Description of Change: (Refer/link to external documents if necessary)	
Reason for Change:	

CLASSIFICATION	
Critical: Business Critical; change is essential; e.g. legal/regulatory	
High: Highly Desirable; significant business / financial benefit realised; business policy / strategy change	
Medium: Desirable, some business benefit realised; Highly Desirable; or no business benefit realised	
Low: Desirable; no business benefit; System configuration change	



To be completed by Oxygen:

RISK ASSESSMENT			
Impact	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Urgency	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Priority	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Financial Classification	<input type="checkbox"/> Very Large >\$250,000 (Major)		
	<input type="checkbox"/> Large (\$50,000 - \$250,000) (Significant)		
	<input type="checkbox"/> Medium (\$10,000- \$50,000) (Minor)		
	<input type="checkbox"/> Small (<\$10,000) (Minor / Standard)		
CIs Affected			
Change Model	Standard / Minor / Significant / Major* / Urgent		
CAB Assessment required	YES	NO	
Dependency on other Changes:			
To be assessed by			
CAB Assessment (attach)			

CHANGE SCHEDULING				
Environment	Emergency / Normal	Requested Implementation Deadline	Date Scheduled	Date Implemented
Production				
Test Environment				

IMPLEMENTATION DETAILS		
Release Note ID/link	Full / Partial Implementation	Remarks
BackOut Instructions: (attach or describe)		

APPROVAL			
Name	Role	Signature	Date

***Cost/Benefit Impact Summary – Major Changes only**

(To be filled out during impact assessment by the Change Owner)

Fully complete table. All costs should be entered as negative amounts. All Benefits should be entered as positive amounts.

		Total Cost			Total Benefits	Net Benefit / (Cost)	Annual Costs				
		CR Impact	Current Budget	Net Decr/ (Incr)			Current Year	Next Year	Other (1st year support costs)	Total	Ongoing support costs
		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
				(b)-(a)		(c)+(d)				(f)+(g)+(h)	
Project Name											
Release attributes	Project Mgt										
	Technical										
	Testing										
	Transition										
	Training										
	Business										
	Total										

Notes:

The “CR Impact” refers to the cost of carrying out the change describe in the CR.

The “Current Budget” refers to that portion of your current approved costs allocated to the CR subject only, and not your total budget.

The total annual costs must equal column C.

Release attributes should be completed by the person assigned to impact assess.

Project costs should be completed by the PM responsible for delivering the work, and could include costs such as direct project mgmt, ongoing support, software, hardware etc