

Document Change Control Form

Change Request #: _____ **Project:** _____

CHANGE REQUEST INITIATION: Originator: _____ Phone#: (____) _____ email: _____

Date Submitted: ____/____/____ System/Product/Service Name: _____ Version Number: _____

CONFIGURATION ITEM: Documentation: ____ Other: _____

CHANGE TYPE: New Requirement: ____ Requirement Change: ____ Design Change: ____ Other: _____

REASON: Legal: ____ Performance: ____ Customer Request: ____ Defect: ____ Other: _____

PRIORITY: Emergency: ____ Urgent: ____ Routine: ____ **Date Required:** ____/____/____

CHANGE DESCRIPTION: *(Detail functional and/or technical information. Use attachment if necessary.)*

Attachments: Yes / No

TECHNICAL EVALUATION: *(Use attachment to explain changes, impact on other entities, impact on performance etc.)*

Received By: _____ Date Received: ____/____/____ Assigned To: _____ Date Assigned: ____/____/____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Business Rules	_____	_____	____/____/____	_____
Assessor Guide	_____	_____	____/____/____	_____
Assessor Application Form	_____	_____	____/____/____	_____
Training Plan	_____	_____	____/____/____	_____
Assessment	_____	_____	____/____/____	_____
Other (Specify)	_____	_____	____/____/____	_____

APPROVALS: Change Approved: ____ Change Not Approved: ____ Hold (Future Enhancement): ____

1. Working Group notified _____ Date: ____/____/____

2. Governing Group notified _____ Date: ____/____/____

3. Signature _____ Date: ____/____/____

Completed forms emailed to d.langley@cmewa.com