

CHANGE REQUEST FORM Example

CHANGE REQUEST FORM

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CHANGE DETAILS	Project Name	Closer to the Sun		Change No.	1011
	Change Name	SP Product Version 3.2		Date of Request	11/11/20XX
	Requested By	Lori Garcia	Requester's Contact Information	Date Needed	01/01/20XX
			lgarcia@email.com		
	PRIORITY	<input checked="" type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	

Description of Change	We want to increase the efficiency rating of our residential solar panels from 22 percent to 25 percent.
Reason for Change	Market research shows an increasing demand among residential customers for more efficient solar panels. Increasing our efficiency rating will keep us competitive and show that we are innovative.

CHANGE IMPACTS	Scope	The scope will remain the same.
	Deliverables	We will need to update our product specifications and design.
	Cost	We will need a budget increase for additional research, development, and testing.
	Resources	We may require new or additional materials. Employees will need training concerning the product change.
	Timeline	We will extend the timeline to account for additional testing phases, marketing material adjustments, etc.
	Stakeholders	This change will have a positive impact on customers because they will benefit from the product's improvements. It will have a positive impact on stakeholders because it will enhance the company's competitive edge and potentially lead to increased market share and revenue. It will have a mixed impact on employees because some teams may face an increased workload.

RISK ANALYSIS	Risk Identification	There are technical challenges related to the design.	Probability of Risk	Low
	Risk Mitigation Strategies	In order to identify any technical challenges, we will conduct thorough research and engage experts before implementation.		

DECISION		Project Manager Name	Signature	Date
<input checked="" type="checkbox"/>	ACCEPTED			
<input type="checkbox"/>	REJECTED	Decision-Maker Name & Title	Signature	Date
<input type="checkbox"/>	More Info Requested			

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CHANGE DETAILS	Project Name	<input type="text"/>		Change No.	<input type="text"/>
	Change Name	<input type="text"/>		Date of Request	<input type="text"/>
	Requested By	Requester's Contact Information		Date Needed	<input type="text"/>
		<input type="text"/>	<input type="text"/>		
	PRIORITY	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	

Description of Change	<input type="text"/>
Reason for Change	<input type="text"/>

CHANGE IMPACTS	Scope	<input type="text"/>
	Deliverables	<input type="text"/>
	Cost	<input type="text"/>
	Resources	<input type="text"/>
	Timeline	<input type="text"/>
	Stakeholders	<input type="text"/>

RISK ANALYSIS	Risk Identification	<input type="text"/>	Probability of Risk	<input type="text"/>
	Risk Mitigation Strategies	<input type="text"/>		

DECISION		Project Manager Name	Signature	Date
<input type="checkbox"/>	ACCEPTED	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	REJECTED	Decision-Maker Name & Title	Signature	Date
<input type="checkbox"/>	More Info Requested	<input type="text"/>	<input type="text"/>	<input type="text"/>

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