Change Request Form

Directions: To create a new Change Request (CR), fill in the Requestor and CR Information in the fields below. All fields MUST be completed. For detailed instructions and explanations about each field, please visit http://www.doi.gov/ocio/architecture/modblu/financial/index_static.htm.

Print the completed CR Form and route it through the appropriate approval channels, as provided by the Change Control Management Process Flow Diagram at the website above. Page 4 of the CR is signature page that is needed to be signed at each step of the process. ***NOTE:** The requestor is responsible for completing ONLY the Requestor and CR Information sections.

Requester Information

Name:

Email

Agency:

Text

Phone Number

X

Change Request Information

Application:

Bureau Functional Owner Name:

Bureau Functional Owner Email

Bureau System Owner Name:

Bureau System Owner Email

Priority

Category

Justification:
(attach sheet for additional information)

Description of Change:
(attach sheet for additional information)

Planned Start Date for Implementing Change Request:

Planned End Date for Implementing Change Request:

Proposed Cost Estimates

Directions: The cost estimates are to be filled out by the FBMS team. After completion, print and attach to the faxed pages 1 and 4.
If no cost impact: send approval to Initiator, BO, and BCIO.
If cost impact is determined, sign page 4 and fax pages to BFO

Cost Impact: ☐ Yes ☐ No

Schedule Impact:

Hardware Costs:

Labor Costs:

Software Costs:

Training Costs:

Maintenance Costs:

Total Costs:

Approve ☐ **Reject** ☐

Additional Notes:

Print Form | Reset Form

Funding Information

Directions: The funding information page is to be filled out by the Bureau System Owner. After completion, print and attach to faxed pages 1, 2 and 4.
If approved, fax all pages to initiator, Affected Project PMO (FBMS), and Bureau CIO

Agency Location Fund:

Appropriation Number:

Obligation Number:

Account Number:

Approve ☐ **Reject** ☐

Print Form | Reset Form

Signature Approval Form

Bureau Functional Owner Name:

Signature: Date:

Bureau System Owner Name:

Signature: Date:

Bureau CIO Name:

Signature: Date:

CTO Name:

Signature: Date:

FBMS PMO Name:

Signature: Date:

Bureau System Owner Name:

Signature: Date:

Print Form