Change Control Request Form

# Change Request Number: xxx

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| **General Information:**  |
| Originator Name | Date |
|  |  |
| WBS Element and Title |
| TOTAL of $  |
| **Change Request Description**  |
| Description – Describe the proposed change in scope, schedule or budget. |
|  |
| Justification – Justify the need for the changeand impact on scientific and technical goals. |
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| Schedule Impact - Identify impact on schedule*.* |
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| Budget Impact - *Description and itemization of the TOTAL budget impact, including offsetting changes to other WBS elements. Attach budget worksheet showing the current task budget, the new task budget, and the proposed changes.* |
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| --- | --- | --- |
| **Financial Services Review** | Review Date |  |
|  Changes to budget estimates? [x]  Yes [ ]  No Requires Funding Agency Approval? [ ]  Yes \* [x]  No |
| \* If Yes, describe prior approval requirements below: |

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| **Change Request Approval**  |
| Senior Management Team (SMT) Recommendation | Submit Date | Response Date |
| [ ]  Approve [ ]  Reject  |  |   |
| Special instructions – Provide any additional information regarding the final recommendation. |
|  |
| Funding Agency (if applicable) | Submit Date | Response Date |
| [ ]  Approve [ ]  Reject  | **n/a** |   |
|  |
| **Change Request Notification** | Date |
| * Notify project lead, originator, SMT and SPO
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| * Update planning documents
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