

Requester Details							
Name:					Date:		
Change Request							
Scope of Work:							
Approved by Business Owner (s)							
Dept/School:		Name:		Sign:		Date:	
Dept/School:		Name:		Sign:		Date:	
Dept/School:		Name:		Sign:		Date:	
Dept/School:		Name:		Sign:		Date:	
Procedures (To be filled by ITS Dept)							
Systems Affected:	<input type="checkbox"/> Novell <input type="checkbox"/> EduVersal <input type="checkbox"/> Mail <input type="checkbox"/> Proxy <input type="checkbox"/> Web <input type="checkbox"/> Blackboard <input type="checkbox"/> Cisco <input type="checkbox"/> Others:						
Services Affected:							
Downtime Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Downtime Duration:				
Date (Start to End):			Time (Start to End):				
Required Staff:							
Emails Notifications needed:	<input type="checkbox"/> Official Email <input type="checkbox"/> Business Owner <input type="checkbox"/> ITS <input type="checkbox"/> networks@swin.edu.au <input type="checkbox"/> Others:						
SUT Personnel to notify:							
Risks Log:							
Backout Procedures:							
Authorized by ITS Manager							
Authorized:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Signature / Date:				
Change Status (To be filled by attending ITS staff)							
Change Successful:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Completion Time:				
Rollback Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Rollback Time:				
Change Comments:							
Changed By:			Verified By:				