

**NEW YORK STATE DEPARTMENT OF HEALTH  
PROJECT MANAGEMENT OFFICE**

**CHANGE REQUEST**

<i>Purpose:</i>	<i>Change is ANY adjustment to ANY aspect of the “baselined” <u>Project Plan</u> or to ANY deliverables. A plan in place will minimize the negative effects of change on the project outcomes. The Project Manager should review and gain agreement on this process with key stakeholders such as the lead Customer/Program Area Representative, Project Director, or Business/Technical Lead(s).</i>
<i>Target Audience:</i>	<i>Project Manager, Project Team Members, Approver</i>

<b>PROJECT IDENTIFICATION</b>
<b>Project Name:</b>
<b>Project Sponsor:</b>
<b>Project Director:</b>
<b>Project Manager:</b>
<b>Date:</b>

<b>CHANGE REQUEST INFORMATION:</b>	
<b>Request Date:</b>	
<b>Requested By:</b>	<b>Organization:</b>

<b>DESCRIPTION OF CHANGE:</b>

<b>SCOPE IMPACT:</b>

<b>SCHEDULE IMPACT:</b>

<b>QUALITY IMPACT:</b>

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<b>COST IMPACT:</b>

<b>REVIEWER INFORMATION:</b>	
<b>Reviewer Name:</b>	<b>Role:</b>
<b>Deliverable:</b>	
<b>Recommended Action:</b>	<input type="checkbox"/> <b>Approve</b> <input type="checkbox"/> <b>Reject</b>
<b>Reviewer Comments:</b>	
<b>Reviewer Signature:</b>	
<b>Date:</b>	

<b>APPROVER INFORMATION:</b>	
<b>Approver Name:</b>	<b>Role:</b>
<b>Deliverable:</b>	
<b>Recommended Action:</b>	<input type="checkbox"/> <b>Approve</b> <input type="checkbox"/> <b>Reject</b>
<b>Approver Comments:</b>	
<b>Approver Signature:</b>	
<b>Date:</b>	

<b>PROJECT MANAGER INFORMATION:</b>	
<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	