|  |  |  |  |
| --- | --- | --- | --- |
| Tracking Number(s) of Incident(s) Related to Change: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: |  | COT Billing Number: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Significance of Change: |  | | Nature of Change: | |  | |
| Environment to Change: |  | | Priority: | |  | |
| Equipment/Device Name: |  | | Reason for Change: | |  | |
| Category: |  | | Sub-Category: | |  | |
| Business Importance Level: |  | | | | | |
| COT Service(s) affected by the change: |  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| Urgency for Implementation: |  | Impact Change Has On Business: | | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Requesting  Customer: | Agency: |  | | | Name: |  | |
| Telephone: |  | | | Email: |  | |
| Requested Completion Date: | |  | Proposed Start Date: | | |  |
| Proposed End Date: | | |  |

|  |  |  |
| --- | --- | --- |
| Summary of Change: | |  |
|  |  | |

|  |  |  |
| --- | --- | --- |
| Full Description of Change: | |  |
|  |  | |

|  |  |
| --- | --- |
| Configuration Item the Change is being performed On/To: (i.e. Server Name, Device Name, Desktop Machine Name, etc.) | |
|  |  |

|  |  |  |
| --- | --- | --- |
| Risk Assessment: | |  |
|  |  | |

|  |  |
| --- | --- |
| Back-out plan Created: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Authorized by:** | Printed Name: |  | Title: |  | | |
| Signature: |  | | | Date: |  |
| **Must be authorized by Branch Manager or Agency IT Services Contact** | | | | | | |

**Submit this completed form to the** [**CommonwealthServiceDesk@ky.gov**](mailto:CommonwealthServiceDesk@ky.gov) **.**