|  |  |  |  |
| --- | --- | --- | --- |
| Tracking Number(s) of Incident(s) Related to Change: | 1.
 | 1.
 | 1.
 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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) affectedby the change: | 1.
 | 1.
 |
| 1.
 | 1.
 |
| 1.
 | 1.
 |
| Urgency for Implementation: |  | Impact Change Has On Business: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RequestingCustomer: | 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** **.**