CHANGE MANAGEMENT LOG

Project Name:	<required>
IT Project Manager Name:	<required>
Business Lead Name:	<required>
Project Description:	<required>

CR#	Current Status	Priority	Change Request Description	Assigned To Owner	Expected Resolution Date	Escalation Required (Y/N)?	Action Steps	Impact Summary	Change Request Type	Date Identified	Assoc ID	Entered By	Actual Resolution Date	Final Resolution & Rationale
	Open	Critical	**EXAMPLE:** Request for product functionality increase			Yes	**EXAMPLE:** Analyze impact of requested change and then meet with the change control board (CCB) to present findings for final decision on the requested change	**EXAMPLE:** Project scope, schedule, resources, and potentially budget may all be impacted	Product	01/01/06				**EXAMPLE:** The CCB has approved the change
	Work In Progress	High	**EXAMPLE:** The schedule slipped due to unexpected weather related events			No	**EXAMPLE:** Adjust the schedule to account for the weather related events	**EXAMPLE:** Project schedules, resources, and possibly budget may all be impacted	Project	01/01/06				**EXAMPLE:** Updated schedule reviewed and approved
	Closed	Medium							Other					
		Low												