Change Approval Workflow Document

Document Version		Date	
Prepared By		Department	
Change Request ID		Related Project/System	

1. Change Request Details

Title	
Change Type	
Date/Time of Request	
Requested By	
Description of Change	
Reason for Change	
Impact Assessment	
Risk Assessment	

2. Change Implementation Plan

- **Steps to Implement:**
- **Required Resources:**
- **Back-out Plan:**
- **Schedule:**
- **Downtime (if any):**

3. Communication Plan

- **Stakeholders to Notify:**
- **Communication Method:**
- **Notification Timeline:**

4. Approval Signatures

Requested By

_____

Date:
Reviewed By

Date:
Approved By

Date:

5. Post-Implementation Review

- **Implementation Outcome:**
- **Lessons Learned:**
- **Required Follow-up Actions:**