

APECS CHANGE REQUEST (CR) FORM

Please email completed form to: scspmo@scsk12.org

Change Requested by:			
Implementation Dates:	To:	/ /	From: / /
Change needs to be implemented no later than:			
Areas affected:			
Type of change: (payroll, finance, position control, etc.)			
Is this a fix to a previous failed change?	Yes	No	
Impact Category of Change:	Minor	Significant	Major
Is this an Emergency Change?	Yes	No	
Priority Category:	Low	Medium	High Immediate
Description of Change			
Risk if change is not implemented:			
Additional Comments:			
Signature			
Title	Name	Signature & Date	
.....	
<small>(Required - Change Initiator)</small>			

