[Your Company/IT Department Logo]

**ITIL Request For Change**

|  |  |
| --- | --- |
| **Change ID:** | [Change Identifier] |
| **Requested by:** | [Name and Contact Information of the Person] |
| **Date of Request:** | [Date of Change Request] |

# **1. CHANGE DETAILS**

|  |  |
| --- | --- |
| Change Title/Description: | [Brief and Clear Description of the Proposed Change] |

# **2. CHANGE CLASSIFICATION**

|  |  |
| --- | --- |
| Change Type: | [Standard/Normal/Emergency] [Note: Emergency changes may require additional approvals and justifications] |
| Change Category: | [Hardware/Software/Network/Security/Process/Other] |

# **3. CHANGE IMPACT**

|  |  |
| --- | --- |
| Description of Impact: | [Describe the potential impact of the change on IT services, systems, and business operations] |
| Affected Service(s) or System(s): | [List the IT services or systems that will be affected by the change] |

# **4. REASON FOR CHANGE**

|  |  |
| --- | --- |
| Reason for Change: | [Explain the business or technical reason behind the proposed change] |

# **5. CHANGE IMPLEMENTATION**

|  |  |
| --- | --- |
| Proposed Implementation Date: | [Date and Time when the change is planned to be implemented] |
| Change Window: | [Specify the agreed-upon change window, if applicable] |
| Rollback Plan: | [Describe the plan for reverting the change if unforeseen issues occur] |

# **6. RISK ASSESSMENT**

|  |  |
| --- | --- |
| Potential Risks: | [Identify potential risks associated with the change] |
| Risk Mitigation: | [Outline the measures to mitigate the identified risks] |

# **7. CHANGE APPROVAL**

|  |  |
| --- | --- |
| Approval by Change Initiator: | [Name and Signature of the person requesting the change] |
| Approval by Change Manager: | [Name and Signature of the Change Manager, if applicable] |
| Approval by CAB: | [Name and Signature of CAB Members reviewing and approving the change] |

# **8. CHANGE IMPLEMENTATION AND TESTING**

|  |  |
| --- | --- |
| Testing Plan: | [Describe the testing strategy and steps for validating the change] |
| Test Results: | [Document the results of testing and any identified issues] |

# **9. POST-CHANGE REVIEW**

|  |  |
| --- | --- |
| Post-Implementation Review: | [Plan for reviewing the success of the change and any issues encountered] |
| Lessons Learned: | [Record insights and recommendations for future changes] |

# **10. CHANGE CLOSURE**

|  |  |
| --- | --- |
| Change Closure Date: | [Date when the change was successfully implemented and closed] |
| Closure Remarks: | [Final comments or remarks on the change and its resolution] |

[Your Company/IT Department Contact Information]