



# MACVIP CHANGE REQUEST

REQUESTER NAME \_\_\_\_\_ REQUEST DATE \_\_\_\_\_  
 DEPT. & EXT. \_\_\_\_\_ DATE REQUIRED \_\_\_\_\_  
 POSITION \_\_\_\_\_ PROJECT REG # \_\_\_\_\_

### TYPE OF CHANGE

LEGISLATIVE

COLLECTIVE AGREEMENT / POLICY

OTHER \_\_\_\_\_

### CHANGE DESCRIPTION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ATTACHMENT(S) \_\_\_\_\_

### FOR TESTING USE ONLY

Development	_____	_____	_____	_____
	PRIORITY (E/H/M/L)	DATE OF REVIEW	REVIEWED BY WORK PACKAGE LEAD	ASSIGNED TO
QA	_____	_____	_____	_____
		QA TEST COMPLETION DATE	TESTER	STATUS (PASS/FAIL)
Production	_____	_____	_____	
	UTS Change Control #	DATE PROMOTED TO PRODUCTION	PROMOTER	

Forward completed form to the Manager, Reporting & Control - CSB 202

UTS/REV1.4/2007/11/22

**MACVIP CHANGE REQUEST  
Change Request Stakeholder Impact Validation Sheet**

Stakeholder Group	Impact	Notes
Table Building - Payroll		
Table Building – Human Resources (includes Benefits)		
Table Building - Pension		
Interfaces/Reports		
Conversion		
Vendor		
Process & Procedures		
Testing		
Training		
Communication		
Infrastructure (existing schedules and maintenance)		