



The Mico University College
DO IT WITH THY MIGHT

CHANGE MANAGEMENT POLICY

EFFECTIVE: SEPT. 2019

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Kingston 5, Jamaica
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The Mico University College

CHANGE MANAGEMENT POLICY

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Sept 2019	New policy template applied, minor text adjustments.	R. Wright

For more information about policy development, consult the Policy Formulation and Management Policy on The Mico website at themico.edu.jm/policies.



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1. BACKGROUND

The Mico University College operates within a dynamic context wherein a number of stakeholders, systems and competing demands necessitate the introduction of new or modified systems, resources or infrastructure. Change management is therefore a critical function of the institution's operation whereby effective control mechanisms are used to manage all institutional changes.

In a context where multiple organs operate simultaneously, the change management process requires careful forethought, planning, monitoring and follow-up to ensure that changes are smooth, efficient and achieve the desired outcome and are well-received by the affected stakeholders.

Adherence to change management policies help to avoid confusion, chaos, disorder, discomfort and wastage. It helps to protect life, property and all tangible and intangible resources of the institution.

2. PURPOSE

The purpose of this policy is to establish how changes to any aspect of the institution's systems, methods, processes or other resources, whether physical or otherwise will be managed. It will define the specific strategies that must be followed to effect and control this change and how to aid stakeholders in adapting to these transitions.

3. SCOPE

Given the varying nature of changes that occur within an educational context, this policy shall be applicable to all departments, with specific exclusions (where noted) for the Curriculum Unit, and the Information Technology and Human Resources departments.

4. DEFINITIONS

The Mico University College Change Management Policy and the policy statements related herein will hereafter be referred to as CMP. Furthermore, the following definitions shall be applied as it relates *specifically* to this policy.

- i. **Change:** A modification made to any aspect of the institution's systems, processes, operations or physical resources.
- ii. **Change Management:** The process of controlling modifications to any aspect of the institution's systems, processes or physical resources.



- iii. **Staff:** Any individual employed by The Mico University College in a permanent, temporary or contractual basis in any fulltime or part-time capacity.
- iv. **Stakeholders:** Any individual who interacts or wishes to interact with the institution. When qualified as Other Stakeholders, the term refers to individuals who are neither current staff nor student of the institution but are primarily external interests.

5. GUIDING PRINCIPLES

Change can create order, lead to smoother operations and bring satisfaction and enhanced welfare to the stakeholders of The Mico. Invariably change can also cause chaos, inconvenience, confusion and a host of other unnecessary situations that negatively affect the smooth operations of the institution and the wellbeing of its stakeholders. While change is inevitable and a frequent necessity, it must be controlled in such a way that all stakeholders benefit positively, that all systems are enhanced and that structures operate smoothly. This policy is therefore guided by the view that:

- i. Change is inevitable but can be managed.
- ii. Stakeholders must be aware of planned changes.
- iii. All affected individuals must be trained or sensitized in response to planned changes.
- iv. Change activities must be conducted in harmony with the other.
- v. Changes must be designed to improve satisfaction, comfort, efficiency and welfare.
- vi. National and professional standards in various sectors must be considered for each change.

6. CHANGE TRIGGERS

There are certain events that may necessitate a change, these 'triggers' and the requirements of the change must be fully documented. All change requests shall be made to the relevant department by submitting a *Change Request Form*. A non-exhaustive list of common change triggers and their features are noted below, along with the specific requirements and actions that should be taken in response. A number of other triggers are possible, however the change management process and the general requirements noted within this policy must be followed to the furthest extent possible.

6.1 User change requests

Where a staff, student or other stakeholder requests a change to some aspect of the institution's system or physical space, the appropriate documentation, which shall include the *Change Request Form* should be forwarded the relevant department for action. User change requests



may be based on some observable hazard, impending situation or any other need as identified by a stakeholder.

6.2 Vendor recommended/required changes

Where a vendor or supplier has prescribed changes in regards to any of its products or the context in which it is delivered, the office of contact shall initiate the change process through communication with any related department to include, where necessary the ICT Department, Procurement Department, Estate Management or Maintenance Department etc. Where possible, the vendor shall execute the change using personnel and resources belonging to the supplying entity itself.

In the event that the recommended/required change(s) cannot be reasonably executed by the vendor, then the relevant institutional positions on cost-sharing, asset management, procurement procedures etc., shall be applied.

6.3 Accident/Incident initiated changes

A form for *Accident/Incident Reporting* shall be made available to all stakeholders through an appropriate medium. This form shall be used to document and report on any event which has proved injurious to life or property, thus requiring a change in any process, system and/or physical infrastructure. The details surrounding the incident must be investigated by the relevant personnel and the recommended changes vetted by the appropriate department. All provisions of the Occupational Safety and Health Manual shall be taken into consideration with regards to any change or change request triggered by an accident or incident.

6.4 Changes in response to crises and emergency events

The institution may be required to implement a change in response to any actual or impending emergency. Such situations may include, among others, natural disasters or meteorological phenomenon, health crises or other emergency scenarios.

Due to the dynamic nature of such crisis/emergency scenarios, it shall be permissible to implement emergency changes, with disregard for certain provision of this policy under the condition that the scenario is demonstrably urgent and the change being implemented does not bring harm to life and property but seeks to protect same to the furthest extent possible. Sections of this policy that apply even in crisis/emergency cases include, inter alia, change monitoring, evaluation and post-reporting.

6.5 National policy or regulatory changes

The institution may be subject to a number of legal, regulatory, policy or professional prescriptions related to its operations. Recognizing that entire functions of the institution and large populations are typically affected by these types of changes, the change management team



responding to any new law or professional standard must ensure that any other change being implemented or planned for implementation does not violate mandatory standards or is not otherwise in disharmony with other planned changes on the campus or to any related process, system, structure of stakeholder group.

7. CHANGE MANAGEMENT PROCESS

Transformations in any system, process or infrastructure will invariably impact stakeholders and related aspects of the organization's operations. To this end, the institutional change management process must consider all affected individuals and related systems and structures. The process shall include the following activities and features, along with others which may become necessary from time-to-time:

7.1 Change request/approval process

Save for in emergency situations and any scenario of a time-sensitive nature in which the safety and security of life and property is at risk, all general institutional changes shall be initiated by the appropriate paperwork, which shall include a *Change Request Form* along with evidence supporting the need for the change. All changes shall be assigned a classification level based on the complexity and urgency of the activity (see **Error! Reference source not found.**).

- i. A change request allows stakeholders to indicate the need for a change and one shall be submitted even if a full description of the required change is not defined.
- ii. In the case of significant changes, appropriate interdepartmental consultation or other advice shall be sought by the receiving office to determine the merits of the request. Routine/minor and other low-impact changes can be decided on by the relevant department head.

7.1.1 Review/Approval Durations

The duration of each stage of the change request/approvals cycle shall conform as noted below:

- i. The time between the **receipt** of a change request and **review** of that request shall not exceed:
 - For Normal/routine and minor changes - 2 working days
 - For Significant and emergency changes - 1 calendar day
- ii. The time between **review** of a change request and an **approval** decision shall be:
 - For Normal/routine and minor changes - 3 working days
 - For Significant and emergency changes - 1 calendar day
- iii. Depending on the criticality of the circumstance, an additional 5 working days shall be allowed for further research and investigation before a decision to approve any change is



taken. If it is determined within this period that a change is warranted, a further 5 working days shall be allowed for designing/refining the actual change response.

- iv. The total time between the receipt of any change request and an approval decision shall not exceed ten (10) working days.
- v. Where a change type is governed by an existing policy, the timelines and activity durations in that policy shall supersede those established herein.

7.2 Change management team

When a change request is received or a department has decided to embark on a change based on some research or observed need for that change, an *ad hoc* change management team shall be constituted by the responsible department. The team will be responsible for coordinating the change process, which shall include a variety of activities, not limited to, reviewing the change proposal and its implications, the change requirements (legal, regulatory, financial etc.), making the necessary stakeholder and expert consultations and conducting research, among others.

Change management teams exist within the specific departments responsible for executing the change, that is, they are not an *'institutional'* structure. Each team shall be established on a needs basis and shall be constituted by personnel appropriately selected by the head of the executing department. Multiple change management teams may exist simultaneously within the institution, each managing its own portfolio of change activities.

Change management teams must necessarily notify relevant stakeholders of their activities to avoid duplication of effort and to ensure that all change events are in harmony with each other.

7.3 Change approval and execution

Proposed changes shall go through an approvals process, which shall involve the relevant department and if necessary, a representation of the affected stakeholder groups. Specific approvals and requirements for each change shall be based on its classification level. The approvals process shall be managed by the change management team which shall be formed to assess the proposed change, refine the requirements and manage the implementation process. Additionally:

- i. Execution of the change shall follow internationally accepted project management standards so that all constraints (e.g. time, cost, scope etc.) are factored into the design of the activity.
- ii. Expedited change approvals are permitted when there is demonstrable risk to any feature of the institution. The change management team shall be guided by the institution's *Enterprise Risk Management Policy; Asset Management Procedures; Occupational Safety & Health Manual* and any other related policy document.

7.4 Adapting strategies

In addition to the general change management procedures, a number of adaptation strategies must concurrently be implemented to ensure that stakeholders easily adapt to the change. These are necessary for avoiding chaos, discontent or opposition to the change and must include the following, where necessary:

7.4.1 Notifications and mounting of signage

- i. With respect to electricity, plumbing, grounds and physical infrastructure (whether fixed indoors or outdoors), appropriate caution and advisory signs or notices shall be mounted in a clearly visible area informing stakeholders of the activity or changes.
- ii. Where the change is not related to physical infrastructure, advisories can be sent by other means (not printed) provided that all affected stakeholders are made aware and can anticipate and plan for the impact.
- iii. Where documents, brochures, the institution's website or other sources refer to a situation that existed before the change was implemented, these material must be retracted and discarded and any necessary corrections made. New publications must be prepared with the updates and disseminated through the same channels and with at least the same level of prominence with which the previous information sources had received.
- iv. Where it is necessary to inform the public of a change (e.g. when a critical service is being suspended or when calls are being rerouted due to downed telephone lines), notices with specific instructions must necessarily appear in print and/or electronic media at least 72 hours before implementation of the change or within 48 hours after an emergency or unplanned change.
- v. The *Communications Policy* shall guide the preparation of any change notification and communication output, including the frequency with which the communication should be repeated or rebroadcast.
- vi. All communication related to the above must appropriately include the following:
 - a) The nature and expected outcome of the activity/change
 - b) The expected duration of the activity/change process
 - c) Any service, process, structure or activity that may be disrupted
 - d) Responsibilities, specific instructions and/or warnings to stakeholders
 - e) The responsible office for the activity/change
 - f) The date of posting



7.4.2 Testing, simulations and dry-runs

Where feasible, there shall be testing and dry-runs of all new systems, processes and changes so that a full execution of the change will lead to predictable outcomes to the furthest extent possible.

7.4.3 Training and sensitization

Some changes will result in a situation wherein stakeholders have to modify their behaviour and practices. Where necessary, training exercises must be executed to equip stakeholders with the relevant knowledge, skills and attitudes to effectively cope with the change. This may include *inter alia*, workshops, sensitization campaigns, training and development programs or other activities.

7.4.4 Outfitting, retrofitting and retooling

Where necessary, the institution must ensure that the requisite tools and resources are in place for staff to effectively adapt the change. Changes shall not be implemented before the requisite tools and resources to adapting to that change have been procured and installed. Examples of such tools include books, teaching aids, technology or other resources.

The change management team must ensure that the implications of the change are well understood so that any required outfitting, retrofitting, retooling or any new or replacement installations can be performed prior to change implementation.

7.5 Change monitoring and evaluation

Both during and after implementation of any change activity, the relevant change management teams must monitor all direct and indirect results and feedback to verify that the desired outcome is being achieved. Intervention may be necessary to correct any deviation from the desired/expected outcome which must also be documented as part of the change reporting.

7.6 Change cancellation/abandonment

Any decision to cancel/abandon a change must be documented, with supporting evidence to justify the need. The extent of change execution must be clearly described in report, to understand any reversal actions that may be needed and for full accountability of the resources expended on the change up to that point. The appropriate change status must also be indicated. See *Table 1* for status descriptions.

Where a stakeholder believes a change should be cancelled, he/she shall communicate this request to the change management team using the most efficient means possible, depending on the nature of the change (for example, telephone or email communication may be necessary in emergency scenarios).

7.7 Change freeze

At certain critical points during the year, it may be necessary for the institution to impose a freeze on all non-essential changes. All departments shall be prohibited from executing any change



above the class of “significant” when the change environment during the freeze will impact the success of the change process, for example when the affected stakeholders, are not reasonably expected to receive the necessary notifications/communications. Such periods may include holidays; or days of major institutional events or during external events that affect the institution in a significant way etc.

During change freeze periods, departments are only permitted to execute any of the following:

- i. Changes deemed essential to resolving any issue that could destroy life or property.
- ii. Changes that do not require stakeholder consultation or prior notification or communication.
- iii. Any change that was approved and communicated to all stakeholders prior to the freeze date.
- iv. Any other change that has low-risk and minimal impact to the institution and its stakeholders.

The Office of the President may institute a change freeze at any time. Whether or not a change freeze has been ordered however, all heads of departments and change management teams shall carefully analyse the change environment before implementing a change.

7.8 Change close and reporting

Once a change has been closed, all details regarding the activity must be properly documented and communicated to the relevant authorities. This necessitates a post-implementation meeting or other activity whereby the change management team and the personnel involved in the change implementation provide a report of their actions and experiences with regards to the activity. All departments must keep a log of all changes (regardless of *Change Status*) for further reporting.

Change reporting is applicable even in unplanned changes (such as in crisis/emergency situations) where a change plan may not have been developed prior to execution.

7.8.1 Change Status

Before, during and after implementation, change reports must include a change status. Appropriate descriptors include, the following:

Status	Description
Uncompleted	The change was not executed to completion whether deliberately or not.
Successful	The change was successfully executed as planned.
Failed	The change was not successfully executed as planned.
Partial	The change was executed to some degree, but not entirely as planned.
Cancelled	The change was abandoned after approval but prior to or during execution.

Table 1 Showing change status titles and descriptions.

The appropriate change status must be applied at different stages of the change management process and it must be also be stated in change reporting.

8. CHANGE TYPES

There are specific categories of changes which require the use of established principles and which, while affecting the wider institution or large stakeholder groups must be executed by a specific department. Others categories of changes may be based on an actual or impending need wherein the specific details and requirements are determined on an ad hoc basis. Routine changes that affect specific departments are to be managed internally by the specific department.

8.1 Changes to the teaching and learning program

As an educational institution, The Mico University College offers a range of educational programs and services. Among these offerings are courses which may from time to time need to be modified, suspended or discontinued. These changes to the teaching and learning program at the institution must be in accordance with the [Framework for the Development and Review of Academic Programmes](#) and the [New Course Creation and Existing Course Revision Policy & Procedures](#) and any other applicable policy, protocol or regulation.

8.1.1 Curriculum, course or programme changes

The Universal Change Request Form shall not be applicable in the case of changes to any curriculum, course or programme; however all other aspects of the Change Management Policy will apply.

- i. Any changes to course content and/or the selection of courses on offer at the institution must involve the Curriculum Unit. Proposed changes to the teaching and learning program must be documented and submitted through the [Form for Proposing a Minor Change to a Course](#); the [Form for Proposing the Development of a New Course](#); and/or the [Form for Proposing the Discontinuation/Suspension of an Existing Course](#).
- ii. Changes to the institution's online and distance education programme shall be guided by the [Online & Distance Education Policy](#), unless such changes fall within any of the other change types indicated in the instant policy.

8.2 Changes to hardware, software and technical resources

Changes of this nature may affect devices issued to or made available for use by staff or students of the institution or those which are used by the relevant IT personnel to provide IT services to



stakeholders of the institution. Changes to any hardware or software or other technical component of any device must be managed by the information technology department.

8.3 Changes to grounds, environment and physical infrastructure

Infrastructural changes shall be coordinated by the *Office of the Vice President – Administration* or a unit so designated for this purpose. Physical infrastructure is expanded to include buildings; electrical, plumbing and ventilation fixtures, certain tangible assets, grounds and other. The relevant estate management procedures shall be implemented.

8.4 Changes to policy, protocol or regulations

Changes to policy, protocol or institutional regulations shall be guided by the [*Policy Formulation and Management Policy*](#). Changes to any of the structures or processes established by these documents must necessarily include consultation, research and investigation and any other activity, not specifically mentioned in this policy which supports its effective implementation and enforcement.

8.5 Human resources

Any change involving/affecting the institution's human resources or human resource procedures shall be managed by the Department of Human Resource and shall be conducted in accordance with the relevant internal policies and applicable local laws.

8.6 Change for new developments

The deployment of any new technology, feature, function, product, service or activity etc., shall be considered a change, whether this change affects staff, students, other stakeholder or a combination thereof. Changes of this nature shall be managed by the respective department with direct involvement of the relevant Office of the Vice President.

9. CHANGE CLASSIFICATIONS

All changes being considered shall be assigned one of the classification levels identified in the table below. This designation must be applied once the scope and requirements of the change are determined. A proposed classification may be submitted by the individual requesting the change but must be confirmed by the department responsible for its execution or the designated change management team.

Classification levels are attributed to each change so that the nature, complexity and impact of the change can be easily stated and understood by all stakeholders, particularly those responsible for its coordination. The classification level is also indicative of any notification and communication requirements. Furthermore, changes may be temporary or permanent and this temporal factor must also be communicated to the relevant stakeholders. The change



classification levels used by the institution, as well as the related approval and notification requirements are indicated below:

Classification	Description	Requirements
Routine/Normal	Relatively low-risk and noncomplex change with an established process and predictable outcomes having virtually no impact to stakeholders or other systems or structures.	Approval of initial request required however subsequent changes of the same nature will not require approval. Notice must be given to all affected stakeholders if the change(s) are not obvious transparent and/or requires behaviour modification.
Minor	Low-risk and low-impact changes having a minimal level of impact to stakeholders or other systems or structures.	Changes to any internal mechanism that does not affect external stakeholders (or to a negligible extent).
Major/Significant	Generally high-risk, complex change with unpredictable risks and having severe impact for a large portion of stakeholders.	Approvals are required for all major changes. This must be well communicated in advance along with any regular updates to stakeholders.
Emergency/Crisis	Generally unscheduled and required in the event of situations in which life and property is threatened. Such situations typically involve multiple concurrent changes.	Approvals are not required if an immediate change is required in order to protect life and property.

Table 2 Showing change classification levels and related requirements.

10. BREACH OF POLICY

It is critical that all changes are conducted in accordance with this policy as lack of adherence may result in a number of adverse situations. Examples of a policy breach may include, *inter alia*, the implementation of any change that was not approved by the relevant department; failure to notify or communicate to the relevant stakeholders; or misclassification of any change, whether deliberate or not, resulting in the poor execution of a change. All stakeholders who breach or who are observed to have breached this policy may be complicit in disrupting the smooth operations of the institution, producing chaos or otherwise costing the institution its resources.

The institution's response to a breach of policy shall be commensurate to the nature, level and extent of the breach and the disruption that it has created to the institution's systems and structures.

10.1 General Procedures

Where a breach is alleged, an *ad hoc* committee, comprising at minimum five representatives of the affected departments, shall be established. This committee will review the details of the case and determine the extent of damage that has been caused by breaching the terms of this policy.



The findings of the committee shall be conveyed to the Human Resources Department, which shall, in accordance with the relevant disciplinary procedures effect a penalty on the individual.

10.2 Penalties

Where an offence has been reported, investigated and found to be a breach of policy, the institution shall, in keeping with applicable policies and local laws, take appropriate remedial, punitive or other corrective action to resolve the issue and prevent future occurrences. Breaches shall be judged based on the extent of damage caused by non-compliance.

11. RESPONSIBILITIES

While all stakeholders have a responsibility to uphold the statements of this policy, certain offices and personnel shall have special responsibilities regarding institutional change management:

11.1 The Offices of the Vice Presidents

The Offices of the Vice Presidents shall have oversight responsibility for all changes executed within their respective portfolios. Specifically, each office shall:

- a) Request annual reports on all change request received by all departments within its domain (whether these changes are .approved, declined or otherwise).
- b) Veto any change approval decision by a department within its domain and/or impose modifications to the change management plan.
- c) Intervene in the case of change management failure or where adverse effects on the institutions' systems or structures occurs or is likely to occur.

11.2 The Registrar

The Registrar shall, with respect to changes primarily affecting students:

- a) Provide guidance and direction on any change falling within its scope.
- b) Verify compliance with this policy when it impacts any aspect of the institution's HR function.

11.3 The Human Resources Director

The HR Director shall, with respect to changes affecting the institution's human resource function:

- c) Provide guidance and direction on any change falling within its scope.
- d) Verify compliance with this policy when it impacts any aspect of the institution's HR function.



11.4 All staff/students

All members of staff shall support the change management process; follow the instructions given by the relevant change management team; submit change requests whenever the need arises or is expected to arise.

12. SUPPORTING DOCUMENTS

This policy is supported by the following documentation:

- [Asset Management Procedures](#)
- [Communications Policy](#)
- Framework for the Development and Review of Academic Programmes
- New Course Creation and Existing Course Revision Policy & Procedures
- [Policy Formulation & Management Policy](#)
- Enterprise Risk Management Policy
- [Use of Facilities or Grounds Regulations](#)
- [Form for Accident/Incident Reporting](#)
- Form for Proposing a Minor Change to a Course
- Form for Proposing the Development of a New Course
- Form for Proposing the Discontinuation/Suspension of an Existing Course



The Mico University College
Offices of the Vice Presidents

CHANGE REQUEST FORM (CRF)

A change is a modification or transformation to any aspect of the institution's systems, processes, operations or physical resources. Changes are inevitable and often necessary to improve efficiency, respond to external events, or to protect life and property. This form is to be used in accordance with The Mico University College Change Management Policy (2019) which establishes the rules and processes related to change management at The Mico.

CHANGE TITLE:

Provide a descriptive title for the change (indicate if the proposed change is related to an on-going project).

Change Category:

Administration Academic Technical Auxiliary

Change Trigger(s):

Stakeholder demand/observation
 Vendor recommended
 Accident/incident response
 Emergency/crisis situation
 Other (State):

Change Classification:

Normal/Routine
 Minor/Low risk/impact
 Major/High risk/impact
 Emergency
 Other (State):

Supporting Evidence Attached:

Please list below and attach to form.

Change Description:

Provide a detailed description of the proposed change.

Request Submitted by:

On (dd - mm - yyyy)

Signed

Change Justification:

Explain why this change is needed.

* OFFICIAL USE ONLY *

Receiving Dept.: _____

Receiving Officer: _____

Date Received: _____

Reviewed By: _____

Approval Status:

Approved
 Conditionally Approved
 Hold for Future Action
 Declined

Affected Stakeholders:

List stakeholders and describe how each will be impacted by the proposed change.

Expected Disruptions:

Detail any disruptions that will be expected from implementing the proposed change.

Notes:

Desired Outcome:

Outline the specific outcome to be achieved by this change.