

**Change Submittal Form**

1. TITLE:

2. Type of Change (**circle one**):      SCR                  SIR                  DOC                  BPI/FPI

3. Date Submitted

4. Originator's Name:  
Originator's Phone Number:

5. Site/Office of Origin:

Site Number (if applicable):

6. Site Priority (1-5, 1 being critical):

7. Application Name:

8. Version No.

9. Description of Existing Process (define problem):

10. Impact if not Implemented/Benefit(s) of Implementation (include known cost savings):

11. Recommended Solution (optional):

12. Name and Title of Submitting Authority:      Signature                                  Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

13. Date Received by DMLSS Program Management Office

\_\_\_\_/\_\_\_\_/\_\_\_\_                  By: \_\_\_\_\_

14. Tracking Number Assignment: \_\_\_\_\_

1. **Title:** A brief description (< 100 char) of the change request being submitted. This field is completed by the originator.
2. **Type of Change:** Identifies the type of change requested. This field is completed by the originator.
  - SCR** - System Change Request. An SCR is a request to change, modify, or enhance the system.
  - SIR** - System Incident Report. An SIR reports failures of a system to perform in accordance with design and contract requirements.
  - DOC** - Documentation Change Request. A DOC is a request to correct, modify, or enhance the deliverable documentation.
  - BPI/FPI** - Business Process Improvement/Functional Process Improvement. A recommended change, addition, or modification to an existing business or functional process. If this change is approved, it will result in a new BPI/FPI.
3. **Date Submitted:** The date the change request was written. This field is completed by the originator.
4. **Originator's Name and Phone Number:** The name of the person writing the change request. This field is completed by the originator.
5. **Site/Office of Origin:** The name of the military site or the organization of the change request originator. This field is completed by the originator.
6. **Site Priority:** The originator assigns a priority to each change request; however, the CCB may raise or lower the priority if deemed advisable. The priority levels are described below:
  - Priority 1** - Prevent the accomplishment of an operational or mission essential capability. Jeopardize safety, security, or other requirement designated "critical".
  - Priority 2** - Adversely affect the accomplishment of an operational or mission essential capability and no work-around solution is known. Adversely affect technical, cost, or schedule risks to the project or to life cycle support of the system, and no automated work-around solution is known, if applicable.
  - Priority 3** - Adversely affect the accomplishment of an operational or mission essential capability but a work-around solution is known. Adversely affect technical, cost, or schedule risks to the project or to life cycle support of the system, but an automated work-around solution is known, if applicable.
  - Priority 4** - Result in user/operator inconvenience or annoyance but does not affect a required operational or mission essential capability. Result in user/operator inconvenience or annoyance for development or support personnel, but does not prevent the accomplishment of those responsibilities.
  - Priority 5** - Any other effect (e.g. nice to have).
7. **Application Name:** The originator should state the name of the application that the change request is being submitted against.
8. **Version No:** The originator should state the application's version number at the site, if known.
9. **Description of Existing Process (define problem):** The originator should briefly describe the problem or desired change in sufficient detail to provide a clear understanding of the problem or additional capability required. Please ensure the problem is repeatable. Attachments may be included to supply additional information, if required.
10. **Impact if not Implemented/Benefit(s) of Implementation:** The originator should site adverse impact if the change request is not implemented and/or benefit(s) provided by the change.
11. **Recommended Solution:** If known, the originator should briefly describe the recommended resolution.
12. **Name and Title of Submitting Authority:** The Site POC, after reviewing the form for accuracy will sign, date, and submit the form to DMLSS Configuration Manager(CM) [Barbara Pak, ext 703-681-8828, facsimile 703-756-2074, or email bpak@ha.osd.mil].

DMLSS Configuration Manager

Attn: Barbara Pak

5109 Leesburg Pike

Six Skyline Place, Suite 500

Falls Church, Virginia 22041

13. **Date Received by DMLSS Program Management Office:** The DMLSS CM office record the date that DMLSS CM office received the change request.
14. **Tracking Number Assignment:** The DMLSS CM office will assign a tracking number for each change request received by the office.