

**New York Statewide Services ITS Architecture
Maintenance Change Request (MCR) Form**

To Be Completed By Stakeholder(s) Requesting Changes		
Originator Name:		Date Submitted
Originator Telephone:	Originator Fax:	Originator E-Mail:
Originator Agency:		Functional Area:
Agency Authorized Signature:		Signature Date:
Description of Proposed Change:		
Rationale for Proposed Change:		
Affected Agency:	Authorized Signature:	Signature Date:
Affected Agency:	Authorized Signature:	Signature Date:
List Attachments:		
Baseline Documents Affected:		
_____ Website _____ Turbo Architecture _____ Customized MPs _____ Arch Document _____ Strategic Plan _____ Standards Plan _____ Other (describe)		

To Be Completed By Maintenance Manager		
Change Request Number:	Date CR Received:	Date CR Logged:
Date Initially Discussed:	Disposition: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> More Info	Disposition Comments
Date Discussed:	Disposition: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> More Info	Disposition Comments
Date Discussed:	Disposition: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> More Info	Disposition Comments
Date of Maintenance Working Group Approval (If Applicable):		
Baseline Documents Affected/Version implemented		
Turbo Architecture Date: _____ Version: _____ Website Date: _____ Version: _____ Customized MPs Date: _____ Version: _____ Strategic Plan Date: _____ Version: _____ Architecture Doc Date: _____ Version: _____ _____ Date: _____ Version: _____		