



## CHANGE REQUEST FORM (SYSTEM)

Hospital Tengku Ampuan Rahimah, Klang

URL : <http://htar.moh.gov.my>

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<b>System Name</b>			
<b>Requested By</b>		<b>Date</b>	
<b>Contact No.</b>		<b>Name of Request</b>	
<b>Change Description</b>	[Description of the change]		
<b>Change Reason</b>	[Give the justification for the change]		
<b>Impact of change</b>	[Specify the impact of the change in terms of cost impact, budget impact, schedule impact, and impact on other projects]		

\* Please attach the draft application proposal of your request

### Office use only (IT)

<b>Request No.</b>			
<b>Proposed Action</b>	[Does the project manager propose this change is accepted / rejected and why]		
<b>Status</b>	<b>In review</b>	<b>Approved</b>	<b>Rejected</b>
<b>Approval Date</b>	[The date the change was approved]		
<b>Approved By</b>	[Who approved the change (usually the project manager or project sponsor)]		
<b>Estimated Completion Date</b>			