



UNIVERSITY OF
CAMBRIDGE

Impact Assessment

Project:
PCR Name:
Version:



SIGN OFF CONTROL

DOCUMENT TITLE

Document version	
Date issued	
Project:	
PCR Name	
PCR ref no.	
CSCS Author	

VERSION CONTROL

Version	Summary of update	Author of update

CONTENT

This document describes the technical, support and financial impact on Project Change Request PCR001.

SIGN OFF LIST

Sign to indicate the formal implementation of this change into the business/ project, as described in the Project Change Request and impact analysis.

Name	Function	Date	Signatures



1. (Client) change request information

1.1. Business Objective

1.2. Background / problem statement

2. Impact Areas

2.1. Overall JSCS impact

2.2. Impact Training

2.3. Impact on Resources

2.4. Impact on Reporting

2.5. Impact on Requirements Gathering

2.6. Impact on JSCS Services

2.7. Impact on JSCS Systems & Infrastructure

2.8. Impact on JSCS Transition Planning

2.9. Impact on JSCS Finance & Governance Model

2.10. Impact on Project Implementation & Governance

3. Recommendation and Cost impact

4. Expected & potential risks assessment(s)



5. <u>Action & Planning log (Dependencies)</u>			
#		Date	Owner
01			
02			
03			
04			
05			
06			
07			

6. Attention area(s)

<Non change critical attention points, improvement suggestions etc.>

- a. For (Client)
- b. For JSCS

7. Post implementation review

<Define items to be measured and expected timeframe for a significant measurement>

7.1 Expected outcome of this change request (success criteria)