

Change Request Form
Project: Minnesota Health Insurance Exchange Project



Select Topics: (Check all that apply.)					
Communication	<input type="checkbox"/>	Requirement	<input type="checkbox"/>	Staffing	<input type="checkbox"/>
Deliverable	<input type="checkbox"/>	Risk	<input type="checkbox"/>	System	<input type="checkbox"/>
Issue	<input type="checkbox"/>	Schedule	<input type="checkbox"/>	Testing	<input type="checkbox"/>
Quality	<input type="checkbox"/>	Scope	<input type="checkbox"/>	Training	<input type="checkbox"/>
Priority	<input type="checkbox"/>				
Request: (Provide an explanation of the requested change related to the topics.)					
Date Submitted:	<input type="text"/>	Due Date:	<input type="text"/>		
Resolution: (The resolution to the request provided by project management.)					
Date Resolved:	<input type="text"/>				
Approved:	<input type="text"/>	Approval Date:	<input type="text"/>		
MAXIMUS Approver Signature:					
<input type="text"/>					
MNHIX Approver Signature:					
<input type="text"/>					
Tracking #: (ASSIGNED BY MAXIMUS)					
<input type="text"/>					