

AFIS & TRIRIGA Change Control Form

Please Note: Text boxes will expand to accommodate content if form is completed electronically.

Requesting Agency Name:

Requesting Agency Contact Name:

Contact Email: Phone Number:

Date Submitted:

Attachments Included? Yes No

AGENCY CHANGE REQUEST

Detailed Description of Issue (define understanding of the issue in question including the current process, alternatives, policy and/or procedure changes, etc.):

Agency Requested Change (Include description of change and explanation of timing constraints for this change to be implemented):

AGENCY JUSTIFICATION

Operational Efficiency:

Cost Savings and/or Cost Avoidance Opportunities:

Statutory Change:

State/Federal Mandate:

Other Key Business Benefits:

Impact: Describe the impact of not approving the requested change.

Affected Area: Which areas are affected by this change?

Is this an agency-specific change? Yes No

(If Yes) - When external resources are required to complete the change request, the agency will likely be responsible for funding the requested change. Implementation of the change is contingent on the agency receiving and approving a written level of effort (LOE) estimate.

Submit the completed form to the following email address: AFISHub@azdoa.gov