ELMS
Enterprise Logistics Management System

CCB Member — **System Change Request Form**

Contact & Information:

NAME:		DATE:	
AGENCY/SERVICE:		PHONE:	
ACTIVITY NAME:		EMAIL:	
SCR NBR:		SCR NAME:	

Affected Module(s):   PA   MU   WM   MM/ICP   REG   FSM   OTHER

Description of Problem/Proposed Improvement:

Recommended Solution:

What type of Change Request is this?

Explanation:

Please reference any policy or directive documents to support your request.

Benefits of Implementing this solution:

How often is this process/transaction performed?

Estimated number of Users or Other Comments:

NOT A CCB MEMBER or Primary IO? - STOP HERE, and redirect this form to your ELMS CCB member representatives or your organization's Primary IO. If you do not know who the referenced POC's for your organization are, please send an email query to our ELMS Support inbox: ELMSsupport@leidos.com.

Add Attachment:

Files added will show up in the Attachment Panel to the side.

ATTENTION: Remaining sections to ONLY be completed by your ELMS CCB Member or Primary Information Owner!

Select a Priority Level:

PRIORITY 1	PRIORITY 2	PRIORITY 3	PRIORITY 4
Applies if the problem *CURRENTLY* prevents the accomplishment of an essential capability. Or Applies if the problem *CURRENTLY* jeopardizes safety, security, or other requirements designated *CRITICAL*.	Applies if a problem *WOULD* adversely affect the accomplishment of an essential capability, and a work-around solution *IS NOT* known. Or Applies if the problem *WOULD* adversely affect technical / cost or schedule risks to the project / life cycle support of the ELMS system, and a work-around solution *IS NOT* known.	Applies if a problem *COULD* adversely affect the accomplishment of an essential capability, but a work-around solution *IS* known. Or Applies if the problem *COULD* adversely affect technical / cost or schedule risks to the project / life cycle support of the ELMS system, but a work-around solution *IS* known.	Applies if the problem could result in user/operator inconvenience or annoyance, but does not affect a re-quired operation or mission essential capability. Or Applies if the problem re-sults in an inconvenience or annoyance for development or system maintenance per-sonnel, but does not prevent the accomplishment of their responsibilities.

CCB Member / Primary Information Owner Information:

NAME:		AUTH USER TYPE:	
AGENCY/SERVICE:		PHONE:	
COMMAND/OTHER:		EMAIL:	

DIGITAL SIGNATURE of CCB MEMBER or PRIMARY INFORMATION OWNER:

"I certify that this SYSTEM CHANGE REQUEST has been analyzed and appropriately prioritized to the best of my abilities."