

Department: Fiscal Year:

Effective Date (Proposed):

Change Type:

Existing:

Proposed:

Rationale:

Requested by:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Approved: Director: Date:

CEO: Date:

**Copy to:** Chief Internal Auditor  
 Corporate Planner

Last Modified : September 2014

JIS Operational Plan

**CHANGE REQUEST FORM**

Key Performance

Indicators (KPI)

Critical Success   
Factors (CSF)

Targets