

WEB SITE CHANGE (WCA) AUTHORIZATION FORM

JACKSONVILLE (FL) ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC.

Change Requested By (CRB)		Committee Requesting Change	
Project Name		IT Committee Chairman	R. Galloway
Priority (Circle)		Assigned Web Developer	
WCA Number		Assigned Tester	
Estimated Start Date		Estimated Cost/Budget	
Estimated End Date		Actual Completion Date	

INSTRUCTIONS: This form must be completed for each web site change. Approvals must be obtained. Validation that the change has been completed must be made prior to hand-off to the Requester. The Web Site Change Authorization Number will be created using the following format. *Calendar changes are high priority and must be made within 24 hours of the request.*

WCA Number = Initials of Requester + Month Date Year + Request Number starting at 1911. *Ex., MC1025151911*

BRIEF DESCRIPTION OF CHANGE: <ADD STATEMENT OF WORK> (SOW)

COMPLETION CRITERIA FOR THE WEB SITE CHANGE AUTHORIZATION (WCA)

The IT Committee Chairman will verify that the web site change is completed to the specifications requested, successfully tested and is within the agreed budget (if applicable). Any deviations from the statement of work (SOW) must be approved by the Requester (CRB).

Requester
(PRINT NAME)

Date

IT Chairman

Date

via email

Requester
(SIGNATURE)

Date

IT Chairman

Date

