

Issue Document

Project Name: _____

Prepared By: _____

Date: _____

A Issue Background

Issue Type (check one):

- | | |
|--|---|
| <input type="checkbox"/> Request for Information | <input type="checkbox"/> System Problem |
| <input type="checkbox"/> Procedural Problem | <input type="checkbox"/> Other |

(Specify)

Date Resolution Needed: Proposed Assignee: Attachments (if any): Reviewer: Reviewer Completion Date: Reviewer Comments:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Issue Description:

Initial Recommendation:

Potential Impact (if not resolved):

Cost / Schedule Impact Analysis Required? Yes No

<Department>

<Project Name>

Estimate of Additional Effort:

Resources Required	Work Days/Costs

B Recommendation

Final Recommendation and Comments:

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Name/Title	Signature	Date
(Project Manager)		

C Management Action

Recommendation status (check one):

<input type="checkbox"/> Accept	<input type="checkbox"/> Defer	<input type="checkbox"/> Need Additional Information	<input type="checkbox"/> Reject
Assigned to:	Organization:		
Planned Completion Date:			

D Signatures

The signatures of the people below relay an understanding in the purpose and content of this document by those signing it.

Name/Title	Signature	Date