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| Issue Impact Analysis |

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| **Issue Title** | [Enter the title of the issue.] | **Issue #** |  |

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| **General Information (Requestor)** | |
| **Initiated By** | [Enter the name of the requestor.] |
| **Date Submitted** | [Enter the date the issue is being submitted.] |
| **Issue Category** | [Enter the issue category (budget, requirements, resources, schedule, scope).] |
| **Issue Due Date** | [Enter the Date the issue must be resolved.] |
| **Priority** | [Enter the priority of the issue (High, Medium, Low).] |
| **Issue Lead** | [Enter the name of the person responsible for determining the resolution.] |
| **Workgroup Members** | [Enter the names of the people who will participate on the workgroup to determine alternatives, impact, and make recommendation for resolution.] |
| **Issue Description** | [Describe the issue or problem to be resolved.] |

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| **Documentation of Alternatives** | |
| [Identify potential resolution alternatives along with advantages and disadvantages. Modify form as needed.] | |
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| Advantages | Disadvantages |
|  |  |
|  | |
| Advantages | Disadvantages |
|  |  |
| Additional considerations/discussion: | |
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| **Recommendation (if possible)** |
| [Identify recommendation, if possible, with a summary of why this is recommended.] |

| **Readiness Considerations** |
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| [Complete this section based on the readiness needs for your recommended option. If no readiness activities are anticipated or needed, then indicate in the section below. If a different option is chosen, this section may need to be revised.]  **Staff Readiness Considerations**  What are the primary effects that staff will experience based on the group’s recommendation? |

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| Who will be affected? Please list: | | | |
| Business area name(s) |  |  |  |
| Are special communications about this decision needed? |  |  |  |
| Are there special training needs based on the effects of this decision? |  |  |  |
| Will Business Process Integration (BPI) assistance be needed? |  |  |  |

| **Impact Analysis** | | | |
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|  | **Scope** | [Detail any impacts to scope.] | |
|  | **Schedule** | [Detail any impacts to schedule. Include estimated duration to implement change as well as any changes to key milestone dates or the planned project completion date.] | |
|  | **Budget** | [Detail any impacts to budget.] | |
|  | **Resources** | **Resource Type** | **Hours** |
| [List required resources (e.g., DBA)] |  |
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| **Decision** |
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| [Document final decision and submit completed issue resolution worksheet to issue lead.] |
| Final Decision and Date: |
| Approved by: |