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| --- |
| CHANGE AUTHORIZATION FORMSUMMARY MASTER SCHEDULES |
|  |
| **Program:** | Wastewater |  | **Date:** |  |
|  |  |  |  |  |  |
| **Project Title:** |  |
|  |  |  |  |  |  |
| **Project Manager:** |  | **Change #:** |  | **WO:** |  |
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| **Type of Change Requested** (Check all that apply) |
|  |  |  |  |  |  |
|  | [ ]  | **Add Project** |
|  | [ ]  | **Delete Project** |
|  | [ ]  | **Revise Project Schedule** |
|  | [ ]  | **Revise Project Construction Cost** |
|  | [ ]  | **Revise Project’s Construction Expenditure Plan** |
|  | [ ]  | Revise Responsible Office |
|  | [ ]  | **Revise Project Manager** |
|  |  |  |  |  |  |
| Description of Proposed Changes |
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| Impact on Schedule and Budget |
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| Justification for Proposed Change |
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| RECOMMENDED BY |  |  |  |
|  |  |  |  |  |  |  |
| PROGRAM MANAGER |  | DATE |  | CLIENT REPRESENTATIVE | DATE |
|  |  |  |  |
| APPROVING AUTHORITY |  | DATE APPROVED |  |