PARS II Change Request (CR) Form

Originator's Name	: Date:
Title	Phone #:
Email	: Office/Symbol:
CHANGE TYPE:	Defect: New Requirement:
PRIORITY:	1 = Prevents the accomplishment of an essential PARS-II capability
	2 = Adversely affects the accomplishment of an essential PARS-II capability, and no work-around solution is known
	3 = Adversely affects the accomplishment of an essential PARS-II capability, but a work-around solution is known
	4 = Results in User / Operator inconvenience or annoyance, but does not affect an essential PARS-II capability
	5 = Any other effect
PROBLEM/CHANG	E DESCRIPTION:
1) Detailed descrip	otion of problem/need. (If possible, provide project #(s) you are working with).
report). Screensho	n defect is seen or where new functionality is required (i.e., which screen, which ots (as separate attachments) are helpful.
	on. (Describe how you believe fixed/improved system function would work.)
3. If you see a yellow Ja 4. Fill out the form (not 5. Save the form using	workstation. we saved in Adobe Acrobat Reader (V9.0 or above). wascript bar, click on the "options" dropdown on the right, and then one of the "Enable Javascript" selections. we - all fields are required and have length limitations as indicated). "Save As" and give it unique name. form to PARSIISupportOECM@hq.doe.gov with associated attachments, if any.