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| OPD-SYM006A - Agency IT Resources Patching Schedule |

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| **Submitter:** Enter name here **Agency:** Enter Agency here **Date:** Click here to enter a date  **Email Address:** Enter requester email here **Phone Number:** Enter requester phone number here |
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| **Patch Type:**  *Critical  Important  Moderate*  ***Patch Vendor:*** Enter Patch (Software) Vendor here  ***Patch Description, Version:***Enter Patch Description and Version here |

**Details of Patch Schedule:**

*Please provide details of the patch, including Testing and Deployment schedules*

**Mitigation Strategy:**

*Please provide mitigation strategy for scenarios in which the patch rollout may impact critical business processes and the methodology for rolling back those patches.*

**Risk Analysis:**

*Please provide risk(s) if patching is not completed in the predetermined patch schedule timeframe. Include details of a COPPAR waiver request if necessary.*

**Agency contact:**

*Please provide additional contact information if needed*

***OA/OIT USE ONLY***

**Business Owner Recommendation (Required when applicable)**

Reviewed by: Enter name here Date: Click here to enter a date

Recommend  Do Not Recommend

Comments: Enter comments here

**Agency ISO Recommendation (Required when applicable)**

Reviewed by: Enter name here Date: Click here to enter a date

Recommend  Do Not Recommend

Comments: Enter comments here

**Agency CIO Approval (Required when applicable)**

Reviewed by: Enter name here Date: Click here to enter a date

Approve  Disapprove

Comments: Enter comments here