



SUPPLIER CHANGE REQUEST / REVIEW

SCRR #: _____

Section A: Change Request Description (Fill in by Supplier)

Supplier Name: _____ Application date: _____

Part Description: _____ JEI Part & Rev. No.: _____

- Type of Change:
- Raw Material / Supplier
 - Manufacturing Location
 - Packaging / Label
 - Equipment / Tooling / Fixture
 - Process
 - Product Design
 - Reliability Specification & Safety
 - Others: _____

Description of Change (Before):	Description of Change (After):	Affected Area(s)	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

What kinds of supporting documents provided: _____ Requested Effective Date: _____

Reason for Change: _____

Will the change induce impacts to Hazardous Substance Free (HSF) compliance? Yes No

If Yes, please specify _____

Disposition of Inventory: Scrap Use As Is Others: _____

Originator: _____ Title: _____ Contact no.: _____

Department: _____ email: _____

*** Supplier is not allowed to implement any change before obtaining formal approval from JE.**

Section A: Change Review (Fill in by JEI)

Affected BU: _____

Test and Result: SER: _____ (Accept / Reject) Component PPAP (Level 3 by default) (Accept / Reject)

Plant Audit: _____ (Accept / Reject)

Others: _____ (Accept / Reject)

Final Disposition: APPROVE REJECT REQUEST MORE INFORMATION

Remark / Instruction to Supplier:

GSM: _____ Date: _____

SQE: _____ Date: _____

SCRR Return to Supplier Date: _____