



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 ☐ Process
☐ Manufacturing Location ☐ Product Design
☐ Packaging / Label ☐ Reliability Specification & Safety
☐ Equipment / Tooling / Fixture ☐ Others: _____

Description of Change (Before):	Description of Change (After):	Affected Area(s)	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/> Cost
		<input type="checkbox"/>	<input type="checkbox"/> Quality
		<input type="checkbox"/>	<input type="checkbox"/> Delivery
		<input type="checkbox"/>	<input type="checkbox"/> Process
		<input type="checkbox"/>	<input type="checkbox"/> Safety
		<input type="checkbox"/>	<input type="checkbox"/> Drawings
		<input type="checkbox"/>	<input type="checkbox"/> Functional

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: _____