| **CHANGE REQUEST** |
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| All fields are mandatory. Please include as much information as possible and attach any relevant documentation to support your Request.  **Send an electronic copy of the completed form to Shared Services SA at** SSSAChangeRequests@sa.gov.au**.** We will review your request and a lead service representative will contact you. If you have any questions please contact **Shared Services SA** on (08) 8124 4292 or email SSSAChangeRequests@sa.gov.au. |
| **Request ID** *(assigned by Shared Services SA)* |  | **Title** |  *Please ensure the title accurately reflects the project/work to be undertaken* |
| **Agency Name** |  *(Please enter full Agency name)*       |
| **Agency Contact** **Name and Title** |        | **Phone Number** |        |
| **Agency Project/ Business Owner and Title** |       *The Agency Project/Business Owner is responsible for approving agency related change impacting this request* | **Phone Number** |        |
|  |
| **Request/Project Description** |        *Please attach relevant emails, spreadsheets, correspondence* |
| **Proposed Implementation Date** |       ***Please note****:* Efforts will be made to meet the required implementation date. However it may be dependant on other priorities, workloads and/or impacts |
| **Type of Change** | [ ]  Operational Improvement [ ]  Machinery of Government [ ]  Restructure [ ]  Other |
| **Cost Recovery** | ***Note: Shared Services SA will seek to recover implementation, set-up and ongoing costs where applicable relating from this Change Request. In these instances a quotation for work will be supplied and provided for consideration and approval by an appropriately authorised person prior to commencement of work.*** |
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| **Services Affected** | **Please provide project requirement with details in relevant sub fields**  |
|[ ]  **Payroll** |       |
|  | Volume of employees |       |
|  | Change to employee ID or classification etc | Yes [ ]  No [ ]   |
|  | Database affected(if known) |       |
|[ ]  **Accounts Payable**  |       |
|  | eProcurement / Basware |      *Please advise volume of Basware users and/or organisation level changes* |
|[ ]  **Purchase Card** |      *Please advise volume of Purchase card holders that may change* |
|[ ]  **Accounts Receivable** |       |
|[ ]  **Financial Systems** |       |
|  | Masterpiece |       |
|  | Taxation Compliance |       |
|  | Fixed Assets |       |
|[ ]  **Financial Accounting** |       |
|[ ]  **Other** (ICT, eGovernment, Service SA etc) |       |
| **Any other information**  |       |
| **Benefits (Agency/ Shared Services SA/SA Govt)** |       |
| **Risks/ Consequences of not proceeding** |        Please provide a summary of risks or consequences identified |
|  |
| Form Completed by: | <insert Name here>, <insert Title here>, <insert Agency/Unit here>Date: Click here to enter a date. |