| **CHANGE REQUEST** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 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](mailto: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](mailto: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.*** | | | | |
|  | | | | | | |
| **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/FAST |  | | | | |
|  | Taxation Compliance |  | | | | |
|  | Fixed Assets |  | | | | |
|  | **Financial Operations** |  | | | | |
|  | **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. | | | | |