Oracle Internet Expense Access

Please direct any enquiries to Health.PDReimbursement@sa.gov.au

**SA Health Medical Officer Professional Development Oracle iExpense Creation/Maintenance Form**

This form can only be used by SA Health staff who require access to the iExpense module of Oracle to manage Medical Officers Professional Development reimbursement/payment through Accounts Payable. It can be used by new and existing staff who would like to update/amend their details.

Please complete the required sections of this form as determined by the user access required, noting \* indicates mandatory fields, ensure it is signed by an authorised person, and submit via Health.PDReimbursement@sa.gov.au

Incomplete/illegible forms will be returned for correction, noting this form may need to be completed for every CHRIS employee number you have.

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| **USER ACCESS/REQUEST TYPE\*** (indicate by checking applicable boxes) |
|  [ ]  Access: Medical Officer (i.e., I need to submit PD claims) [ ]  Access: Direct Line Manager (I need to approve PD claims as a manager) [ ]  Access: Direct Line Manager – **temporary** access (I need to temporarily approve PD claims) [ ]  Access: Medical Officer Delegate (I am helping MO’s to submit claims) [ ]  Access: Professional Development Officer (I am a PD Officer assisting MO/DLM’s with claims) [ ]  Access: Senior Notification Recipient (SNR) (I am a CEO (or equiv.) and receive notifications) [ ]  Update/amend existing /access (I need to change details) [ ]  Deactivate User Responsibility/Role (State role: ) (Access no longer required) |

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| **USER DETAILS** |
| **First Name:\*** |  | **Surname\*:** |  |
| **Preferred Name:** |  | **Title (Dr, Prof, Ms, Mr etc.):** |  |
| **HAD ID\*:** |  | **Email\*:** |  @sa.gov.au |
| **Position Title:** |  | **CHRIS Payroll Employee Number\*:** |  |
| **LHN/agency:** |  | **Agency start date\*:** |  |

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| **For Direct Line Manager (DLM)****TEMPORARY ACCESS****ONLY** | Date From: |  | Date To: |  |

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| **I** **hereby declare that I have read and understood the Notes and Conditions, and that the information provided in this form is true and correct. I am authorised to request the creation of an account with SA Health.**(If selecting ‘Access: Medical Officer’) **As a Medical Officer I understand this access will allow me to submit claims for PD reimbursement ($ and leave).**(If selecting ‘Access: Direct Line Manager’) **As a Direct Line Manager I understand this access will allow me to view and process PD reimbursement claims for MO’s who report to me. The delegation of authority I will be given is $44,000.** |
| **Signature\*:** |  | **Date\*:** |  |

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| **AUTHORISATION BY MANAGER** |
| **Name\*:** |  |
| **Position Title\*:** |  |
| **Email\*:** |  @sa.gov.au  |
| **HAD ID\*:** |  |
| **Signature\*:** |  | **Date\*:** |  |

**Instead of signing above section, the authorising manager may email form directly with their approval to** **Health.PDReimbursement@sa.gov.au****, but must include email signature**

**NOTES:**

* \* indicates mandatory fields
* All enquiries should be directed to the MOPD Central Support Team email Health.PDReimbursement@sa.gov.au
* Please allow up to three (3) to five (5) business days to action your approved request.
* A confirmation of account creation/amendment will be emailed to the User once your request has been actioned.