Oracle Internet Expense Access

Please direct any enquiries to [Health.PDReimbursement@sa.gov.au](mailto: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](mailto: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**](mailto: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](mailto: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.