

EXHIBIT G – WORK ORDER TEMPLATE

CalSAWS BenefitsCal
(Portal/Mobile) Work Order

Table of Contents

1.0	Work Order Submission & Approval Form	3
2.0	Work Order Impact Analysis.....	4
2.1	Work Order Hours.....	4
2.2	Payment Schedule (If Applicable).....	5
2.3	Consortium Responsibilities.....	5
3.0	Work Order Approval	6
4.0	Work Order Execution.....	7

1.0 Work Order Submission & Approval Form

Work Order Number		
Work Order Title		
Submitted Date		
Originator		
Priority	<p>Select the estimated priority level of the requested Work Order:</p> <p><input type="checkbox"/> Critical – is necessary to avoid potential project stoppage.</p> <p><input type="checkbox"/> High – is necessary to avoid potential significant impact to the goals and objectives of the project.</p> <p><input type="checkbox"/> Medium – is necessary to avoid potential impact to the operational efficiency of project execution.</p> <p><input type="checkbox"/> Low – needs to be addressed, but the estimated impact to the project is minimal.</p>	
Detailed Description		
Review Date		
Type of Work Order	<input type="checkbox"/> Fixed Fee	<input type="checkbox"/> Time & Material

2.0 Work Order Impact Analysis

Describe the changes required to support this Work Order by resource type and provide a brief description of work to be completed.

Design Impact	
Development	
Testing	
Training	
Communications	
Performance	
Software/Licenses	
Deliverables (New and Updated)	
Schedule	

2.1 Work Order Hours

Enter estimated hours required to support this Work Order by resource type and provide a brief description of work to be completed.

Type	Description	Rate	Hours	Amount

2.2 Payment Schedule (If Applicable)

This Work Order is fully funded by the unallocated funds for additional Services provided under the Agreement added in Amendment No. One in the amount of Five Million Dollars (\$5,000,000).

Payment Point	Description	Submission Date	Cost

Enter any new deliverable(s) which will be created to support this Work Order. Deliverables listed below will be provided to support this Work Order and upon approval of the Work Order are considered to be part of **Section 5.2 – Portal/Mobile App Deliverables and Services**.

#	Deliverable Title	Description	Submission Date

2.3 Consortium Responsibilities

If applicable, specify work(s) which will be supported by the Consortium for this Work Order.

Work	Work Description

3.0 Work Order Approval

Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consortium Executive Director Signature		
Consortium Executive Director Name	John Boule	
Date		

4.0 Work Order Execution

IN WITNESS WHEREOF, the Consortium has caused this Work Order to be subscribed on behalf of the Consortium and Contractor has caused this Work Order to be subscribed on its behalf by its duly authorized officer, as indicated below.

DELOITTE CONSULTING LLP

Dated: _____

By: _____

Name: _____

Title: _____

CALSAWS CONSORTIUM

Dated: _____

By: _____

John Boule, Consortium Executive Director