Service Level Agreement Template

[DEPARTMENT NAME]

DOCUMENT INFORMATION AND APPROVALS

VERSION HISTORY

Version #	Date	Revised By	Reason for change
1.0	9/17/09	Diane Kleinman	PMO Review

DOCUMENT APPROVALS

Approver Name	Project Role	Signature/Electronic Approval	Date

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1.0 SERVICE LEVEL AGREEMENT OVERVIEW

This is a Service Level Agreement (SLA) between *IT Provider Department Name* and *Business Customer Name*. The purpose of this Service Level Agreement (SLA) is to identify the basic services, and any agreed upon optional services, to be provided by *IT Provider Department Name* regarding *system or application name* for *Business Customer Name*.

This SLA covers the period from *Date* to *Date* and will be reviewed and revised at the end of this period.

Description of Application/Service

Include a brief description of what the service or application does.

2.0 DESCRIPTION OF SERVICES

Services	Description
What systems/applications are included in this SLA?	
What services are included in this SLA?	
What services are NOT included in this SLA?	
How will service be delivered?	
What are the hours of operation (regular business hours and after hours support)?	
When will regularly scheduled maintenance be performed?	

3.0 SERVICE PERFORMANCE

3.1 PERFORMANCE METRIC AND SERVICE COMMITMENT

Performance Metric	Service Commitment	Measurement
Transaction Response Time		
Throughput		
Utilization		
Availability		

3.2 INCIDENT/PROBLEM MANAGEMENT

Incident/Problem Management					
Severity Level	**Description**	**Response time to begin working issue**	**Resolution/ Mitigation**	**Status Updates**	**Metric/ Measurement**
Severity 1 Incidents	The entire department's ability to perform mission critical business functions is in jeopardy or unavailable (Example: Compass system down or unreachable)				
Severity 2 Incidents	A department or individual's ability to perform a mission critical function is in jeopardy or unavailable but a workaround is or can be established within a reasonable time. (Example: Only people in Donhowe unable to reach the Compass system)				
Severity 3 Incidents	A department or individual's ability to perform a job function may be impacted or inconvenienced, but can continue business as normal operations. (Example: A users workstation is unable to access Compass system)				

4.0 SERVICE COSTS

List any costs for services described in this SLA (if applicable).

5.0 SERVICE PROVIDER AND CUSTOMER RESPONSIBILITIES

5.1 SERVICE PROVIDER DUTIES AND RESPONSIBILITIES

- Duties and responsibilities
- Duties and responsibilities
- Duties and responsibilities

5.2 CUSTOMER DUTIES AND RESPONSIBILITIES

- Duties and responsibilities
- Duties and responsibilities
- Duties and responsibilities

6.0 PROBLEM MANAGEMENT AND DISASTER RECOVERY

List any problems and how they will be managed; contingency plans.

6.1 SUPPORT & PROBLEM ESCALATION CONTACT LIST

Support Help Line			
Name	**Role**	**Phone**	**Email**
Support Contacts			
Escalation Contacts			

6.2 APPLICATION RECOVERY PRIORITY

In the event of a disaster, the following recovery priority will be executed. For example, the application with the highest priority will be brought back up first.

Application Recovery Priority			
Recovery Priority	**Application (Examples)**	**Hours of Operation**	**Additional Information**

6.3 CHANGE MANAGEMENT PROCESS

[Department Name] will keep USIS aware of major changes in their business that impacts technology. USIS will follow USIT change management procedures.

7.0 PERIODIC REVIEW PROCESS

This SLA is a dynamic document and will be periodically reviewed and changed when the following events occur:

♦ The environment has changed.

♦ The customer's expectations and/or needs have changed.

- ◆ Workloads have changed.

- ◆ Better metrics, measurement tools and processes have evolved.

This Service Level Agreement will be reviewed at a minimum once per fiscal year. Contents of this document may be amended as required, provided mutual agreement is obtained and communicated to all affected parties. The Document Owner will incorporate all subsequent revisions and obtain mutual agreements / approvals as required.

Document Owner:

Review Period:

Previous Review Date:

Next Review Date:

9.0 TERMINATION OF AGREEMENT

All parties will re-evaluate this Agreement at the beginning of every fiscal year end.

9.0 SIGNATURES

Title & Name *Service Provider and Document Owner*	Date
Title & Name *Customer*	Date
Title & Name	Date
Title & Name	Date