**Internal Service Level Agreement Form**

**Parties to Agreement:**

* **Providing Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Receiving Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agreement Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Scope**

* **Type of Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Internal Service Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Expected Level of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Performance Metrics and Targets**

| **Performance Metric** | **Target/Standard Level** | **Monitoring Process** | **Escalation Procedure** |
| --- | --- | --- | --- |
| **Response to Internal Requests** |  |  |  |
| **Issue Resolution** |  |  |  |
| **Project Completion Time** |  |  |  |
| **Interdepartmental Communication** |  |  |  |

**Roles and Responsibilities**

* **Providing Department:**
  + **Ensures service meets the agreed level**
  + **Provides regular reports to receiving department**
* **Receiving Department:**
  + **Communicates needs clearly and in a timely manner**
  + **Monitors service effectiveness**

**Dispute Resolution and Escalation**

* **Step 1: Verbal Discussion Between Departments**
* **Step 2: Escalation to Department Heads**
* **Step 3: Senior Management Review if unresolved**

**Approval and Signatures  
Providing Department Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Receiving Department Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**