# E – Job Plan

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Aims

- This cluster project comprises of two modules – billing module and allocation module.
- Billing module is a tool for FSS-Payroll to bill out centrally employed (CE) manpower cost to respective institutions.
- Allocation module is a tool to enable institution finance to allocate manpower cost (CE and funded) to cost centres, GL accounts, internal orders and earmarks.

Methodology

- There were multiple extensive discussions with Institutions' Finance, HR and FSS-Payroll to understand the processes, systems and workflows. Together with IHiS and the IBM consultants, the system design and the workflow for billing and allocation modules were developed:-
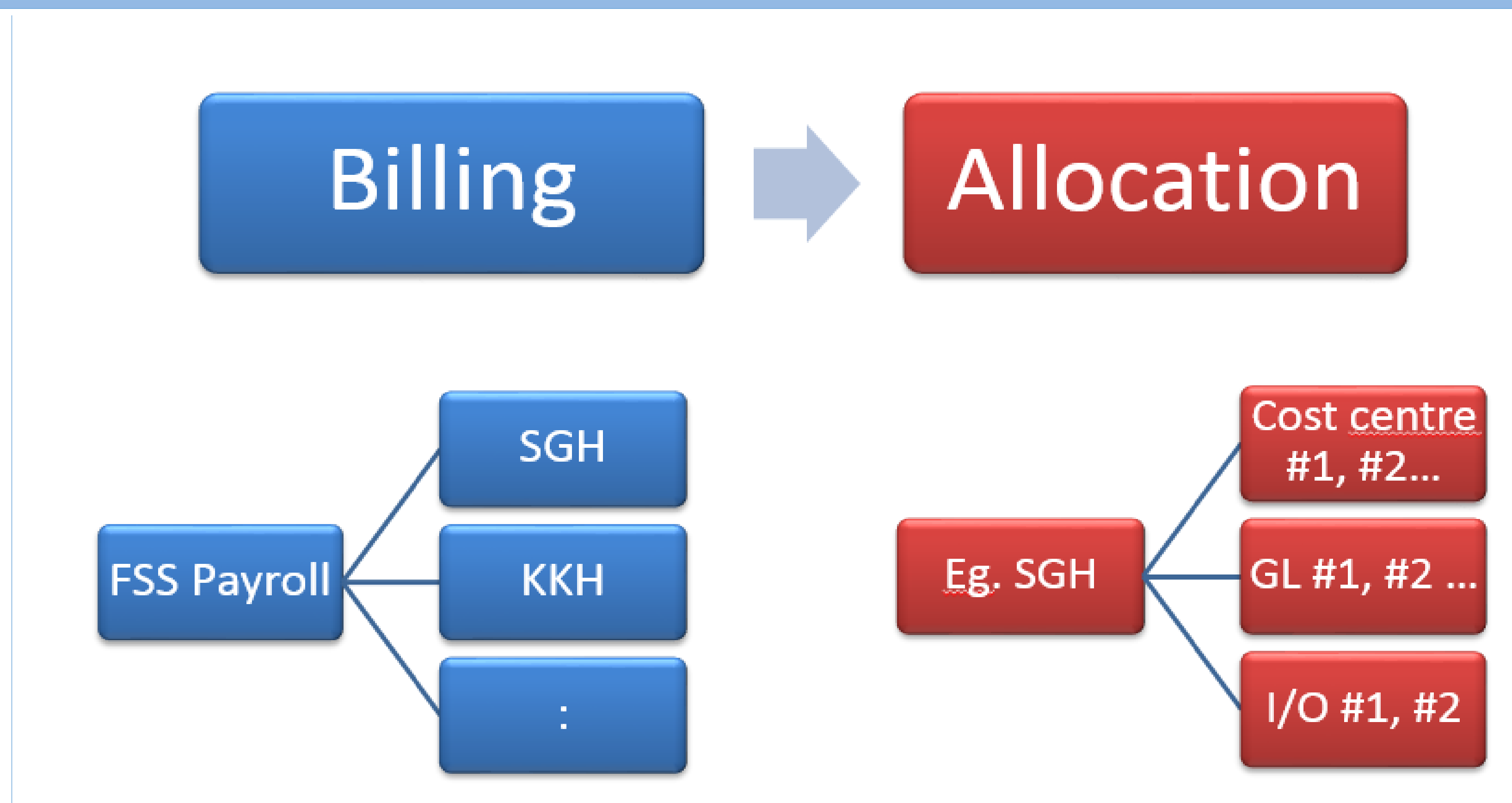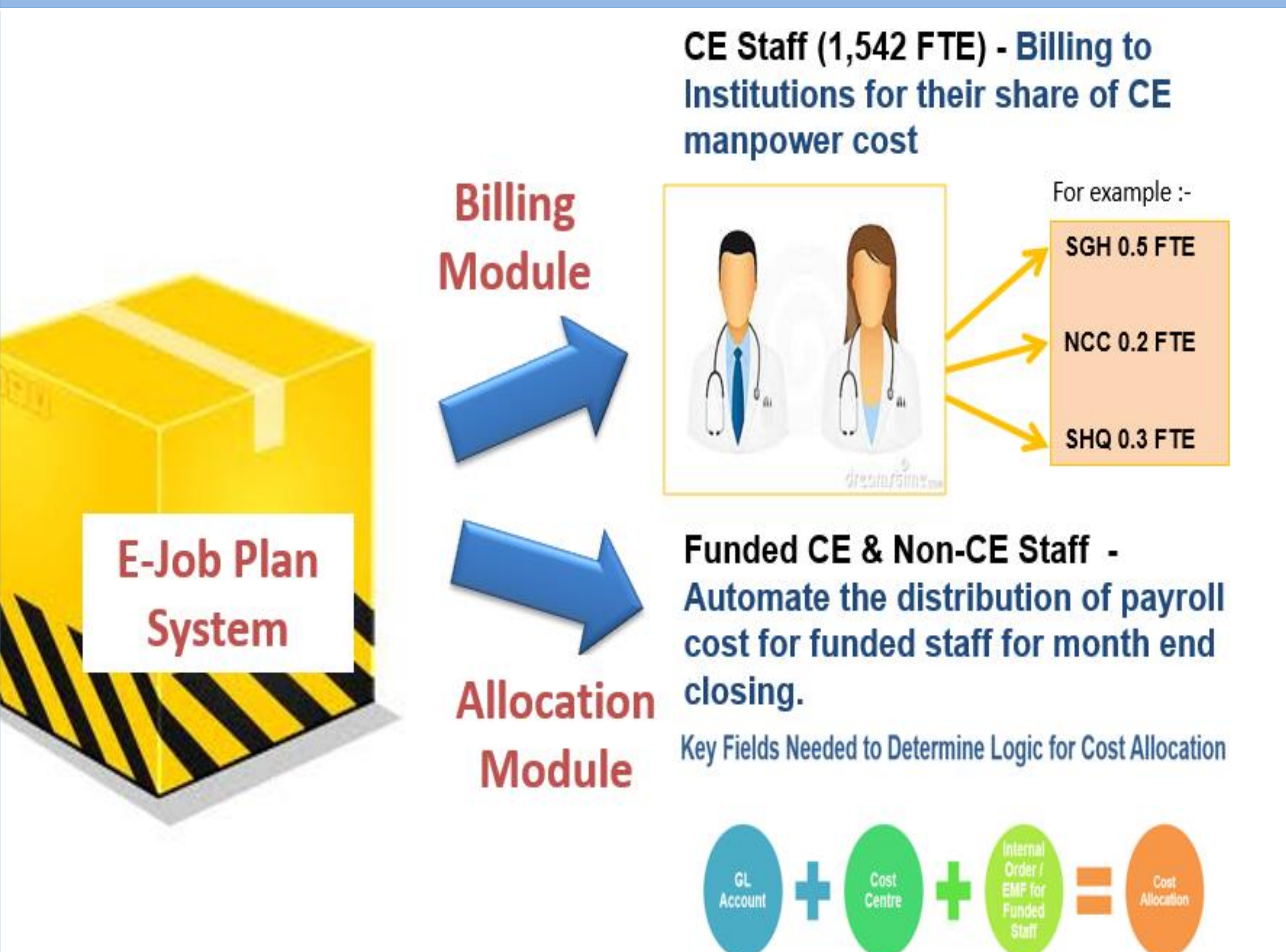
Billing module

- The manpower cost can be billed, at the onset, to 2 or more institutions.
- The billing details are automatically downloaded into Oracle Business Intelligence Enterprise Edition (OBIEE, which the respective institutions can access.
- Invoices and account receivable journals are generated automatically on a monthly basis for financial closing.

Allocation module

- Allows allocation of cost by cost centre, GL account, internal order and earmark based on rules set in the system. Auto generation of journal entries for postings
- The allocated cost details are downloaded into OBIEE for institutions to access.

Result

- Saves time and effort by automating processes and computations and also eliminating manual processes.
- Ensures accuracy and completeness in the accountability of the manpower cost.
- Storage of billing and allocation basis in the system and need not rely on staff's record.
- Availability of billing and cost details in OBIEE for the institutions to access. This allows extraction of current and historical data.
- Provides audit trail for changes made.

Conclusion

- With the E - Job Plan in place, it facilitates cost allocation of resources under Services, Research and Education.
- Management will have better visibility on the clinicians' efforts spent in the 3 pillars of medicine and seek right funding where appropriate and thus able to allocate clinician resources such that the deployment of clinicians within the cluster is optimized.   .