

# PERS End-User Development (EUD) Standards

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## 1. Introduction

### 1.1. Purpose

The PERS End-User Development (EUD) Standards provides an approach and a set of guidelines for business end-users with the capability to solve information management needs that may not require the large resource-intensive projects managed by PMO.

### 1.2. Objective

The objective of the EUD Standards is to provide PERS business end users the guidelines to develop desktop applications, databases, and scripts for augmenting the existing solutions. Another objective is to minimize ISD maintenance and support issues after deployment. The EUD Standards excludes “Agency Standard” productivity tools such as Microsoft Office Suite, GroupWise, Acrobat, etc.

## 2. Agency Policy

The EUD Standards are based on PERS Agency Policy Formal Change Control Procedure Required For All Production Systems. (3.05.04.05.192.POL)

## 3. Authority

ISD Council is authorized to maintain and enforce the EUD Standards, but will *recommend* decisions to executive administrator(s).

## 4. Roles and Responsibilities

See Appendix A for the matrix containing roles and responsibilities.

## 5. Communication

ISD Council is responsible for disclosing and publishing changes to the EUD Standards.

## 6. ISD Council Waivers

ISD Council reserves the right to waive all or parts of the EUD Standards. Waivers are granted on an as-needed basis, conditional upon circumstances. ISD Council will communicate any waived EUD Standards to ISD Management.

## 7. Change Management

The EUD Change Management process is based on the EUD Change Request (CR) workflow implemented in ClearQuest. See Appendix B for the diagram describing the EUD Change Management.

## 8. End-User Development Standards

### 8.1. ISD Standards

For the most part, EUD projects should comply to existing ISD Standards. The ISD Council’s role is to review and validate that all EUD projects are in compliance with these Standards. For a list of the ISD Standards, see the PERS intranet at:

<K:\ISD Quality Assurance\Webpages\PERS IT Standards\PERS IT Standards HomePage.htm>

### 8.2. EUD Project Forms

Each EUD project requires end users to complete and submit the following forms for the ISD council review and approval. The other authorities identified on the form must also review and approve the forms. ISD council recommends that users complete the forms in the following chronological order:

1. EUD Project Initiation
2. EUD Project System and Design
3. EUD Project Test Plan
4. EUD Project Training Plan
5. EUD Project Support

### 8.3. EUD Forms Procedure

Step	Action	Description	Responsible	Approver
1	Submit an EUD CR in ClearQuest	Log on to ClearQuest and submit an EUD Change Request (CR). Describe the problem and, if known, how you are planning to solve it.	Business end-user	None
2	Describe the EUD Project	Complete the EUD Project Initiation form by identifying the services requested and obtaining both your Administrator’s and Manager’s authorization. Please attach completed EUD Project Initiation Form to the CR (see step 1) in ClearQuest.	Business end-user	ISD Council (PMO Rep)
3	Describe how the solution will be designed	Describe details of the solution in the EUD Project System and Design form. List out any known risks and constraints, along with any system requirements. Please attach completed EUD Project System and Design form to the CR (see step 1) in ClearQuest.	Business end-user	ISD Council (SES Rep)
4	Define how the solution should be tested	Identify test cases and record results in the EUD Test Plan form. Please attach completed EUD Test Plan form to the CR (see step 1) in ClearQuest.	Business end-user	ISD Council (QAS Rep)
5	Describe how you plan to train users to use the solution	Describe what type of training (desk-level or group) required for this solution, along with training session dates. Please attach completed EUD Training Plan form to the	Business end-user	Business Section’s Training Coordinator

Step	Action	Description	Responsible	Approver
		CR (see step 1) in ClearQuest.		(forward copy to PERS Training Manager)
6	Provide details of how the solution should be installed, configured, and secured.	Describe the type and location of file(s) associated with the solution, how it should be installed, and who can have access to the data and/or application. Please attach completed EUD Support Plan form to the CR (see step 1) in ClearQuest.	Business End-User	ISD Council (TOS Rep)
7	Deploy solution	Good job! You have completed the necessary steps to plan, design, develop, test, train, and support your solution. For future changes, please create a new EUD CR in ClearQuest.	Business End-User and TOS	None

## 9. Appendices

Appendix A – EUD Roles and Responsibilities

Appendix B – EUD Change Management



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Mailing Address – PO Box 23700, Tigard OR 97281-3700  
Phone – 503-598-7377 toll free 888-320-7377  
Fax - 503-598-0561 website – www.oregon.gov/pers

## EUD Project Initiation

### Section A: Contact information (Type or print clearly in dark ink.)

Name/Title	Date
Phone	E-mail
Division	Section

### Section B: Project information

Project name	Urgency <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
EUD CR#	
Project description (high level instructions should be filled in here)	
Business need (criteria instructions should be filled in here. (e.g. cost avoidance, service improvement, and mandate.)	

**Section B: Project information (continued)**

Planned deliverables	
<input type="checkbox"/> EUD Project initiation document (this form)	<input type="checkbox"/> EUD Project design document
<input type="checkbox"/> EUD Project test document	<input type="checkbox"/> EUD Project training document
<input type="checkbox"/> EUD Project support document	<input type="checkbox"/> Other (please list below)
Target start date	Target end date
Cost estimate available <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost estimate breakdown SW _____ HW _____ Dev. hrs. _____ Business hrs. _____ Prof svcs. _____
	Cost estimate total

**Section C: Services requested**

<input type="checkbox"/> Data reporting and/or queries	<input type="checkbox"/> Project estimate services
<input type="checkbox"/> Feasibility study and/or review	<input type="checkbox"/> Project risk assessment
<input type="checkbox"/> Project planning services	<input type="checkbox"/> Oversight/auditing services
<input type="checkbox"/> Procurement services (SOW contracting)	<input type="checkbox"/> Testing services
<input type="checkbox"/> Training services	<input type="checkbox"/> Documentation services
<input type="checkbox"/> Development services	<input type="checkbox"/> Deployment services
<input type="checkbox"/> Other services (please list below)	

**Section D: Internal use only/Authorization for services**

Executive administrator
Section manager
Business process owner notified <input type="checkbox"/> Yes <input type="checkbox"/> No

## EUD Project System Design

### Section A: Contact information (Type or print clearly in dark ink.)

Name/Title	Date
Phone	E-mail
Division	Section

### Section B: Project information

Project name	Project initiation form approved <input type="checkbox"/> Yes <input type="checkbox"/> No
EUD CR#	

**System/solution description**

**Risks, issues, and constraints**

## Section C: Project specs

### System design

System platform

Data design

System interface design

User interface design

Programming language

### Non-functional requirements

Performance

Security

Licenses

Other

## Section D: Internal use only/authorization for services

Section manager

ISD Council

Business process owner notified

Yes     No

Records manager notified

Yes     No

## EUD Project Test Plan

### Section A: Contact information (Type or print clearly in dark ink.)

Name/Title	Date
Phone	E-mail
Division	Section

### Section B: Project information

Project name	System design approved <input type="checkbox"/> Yes <input type="checkbox"/> No
EUD CR#	

**Supporting documentation**  
 EUD Project System Design form located at: <document title, document location (path)>  
  
 Other documentation: <document title, document location (path)>

### Section C: Test scenarios/results (attach additional sheets if necessary)

ID#	Pass/fail	Test scenarios (What are you trying to verify?)	Expected results (What do you expect the test scenerio results to be?)	Comments/defects (List results of test execution, notes, and issues.)
1				
2				
3				
4				
5				
6				
7				
8				
9				

### Section D: Internal use only/authorization for services

Section manager
ISD Council
Business process owner notified <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Test entry criteria (put instructions here)</b> Are the requirements clearly defined? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> Has the developer completed and tested the development? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> Have the code and EUD System Design forms been checked into ClearCase? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> Have the test plan and test cases been reviewed and approved by ISD Council? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
<b>Test exit checklist (put instructions here)</b> Have the test case results been reviewed and accepted by ISD Council? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> Have the test case results been reviewed and accepted by the business section manager? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> Have the test plan and test results been checked into ClearCase? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>

## EUD Training Plan

### Section A: Project information (Type or print clearly in dark ink.)

Project name	Test plan approved <input type="checkbox"/> Yes <input type="checkbox"/> No
EUD CR#	

### Section B: Training plan

1) Indicate how many people will be using this EUD tool.	<input type="checkbox"/> <b>Training is not required for this project.</b> (If this option is selected, HR Training staff must initial at right.)	HR training staff initials
2) Indicate whether or not the appropriate training materials (depending on number of users) have been submitted to HR.  (All training forms noted are available at <a href="http://internal.pers.state.or.us/.....">http://internal.pers.state.or.us/.....</a> )	<input type="checkbox"/> <b>Desk level training (one to three users)</b> Have you submitted a desk level training outline to HR? If “no,” when will training outline be submitted?  <input type="checkbox"/> <b>Group training (four or more users)</b> Have you submitted a training planning sheet to HR? If “no,” when will training planning sheet be submitted?  Have you submitted a training PowerPoint to HR? If “no,” when will training PowerPoint be submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ (date)  <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (date)  <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (date)

List the date(s) of any training sessions you have offered/will offer for this EUD project. For training that has already been offered, please indicate whether or not you submitted a training attendance sheet to HR. (Attach additional sheets, if necessary.)

Session date	Attendance sheet submitted
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section C: Section training coordinator

I have reviewed and approved the training plan for this EUD project.

\_\_\_\_\_  
 Section training coordinator signature (do not print)      Date

### Section D: ISD Council use only

Business process owner notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Forwarded to HR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## EUD Project Support

### Section A: Developer information (Type or print clearly in dark ink.)

Division
Section
Name of application (common identifiers)
Developer (contact name)

### Section B: Configuration

Location and type of database(s)
Location and file names of executables
Database connection and settings configuration

### Section C: Installation requirements (i.e. JRE, UB runtime, etc.)

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### Section D: Troubleshooting document

Error log location
Support log (if applicable)
Program description (function, how it works)
Development language and version

### Section E: New user authorization (indicate the name of section or user name)

Full access
R/W
Read only