



School of Computer Science
Science Centre 303
Level 4, Building 303
38 Princes Street
Auckland, New Zealand
T +64 9 373 7453
E office@cs.auckland.ac.nz
W www.cs.auckland.ac.nz

The University of Auckland
Private Bag 92019
Auckland 1142
New Zealand

April 15, 2024

EMPLOYER CONSENT FORM

This form will be held for a period of 6 years

Project Title: Requirements Technical Debt Quantification

Name of Principal Investigator/Supervisor (PI): Assoc. Prof. Kelly Blincoe

Name of Co-investigator(s): Assoc. Prof. Ewan Tempero, Dr. Yu-Cheng Tu, Professor Matthias Galster

PhD Researcher(s): Judith Perera

Research Assistant: Faith Culas

I have read the Employer Information Sheet, understood the nature of the research, and why my organisation has been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction.

I give consent to access my organisation's employees for this research.

- I understand that the research team needs my organisation's assistance to recruit the participants.
- I understand that the time needed from an interviewee is 90 minutes (60 minutes for the interview, 30 minutes for potential technical issues and extended discussions).
- I understand that the participation of my employees in this study is confidential and that no material that could identify my employee or the employer will be used in any reports of this study.
- I understand that my employee is free to choose to participate or withdraw their participation at any time and to withdraw any data up to two weeks after receiving the interview transcript.
- I understand that my organisation cannot access the list of individuals who choose to participate.
- I understand that my organisation cannot review, edit, or withdraw any participant's data at any stage.



SCIENCE
SCHOOL OF COMPUTER SCIENCE

I assure that participation or non-participation will not affect the participant's relationship with my organisation, their employment status or access to our services.

I know who to contact if I have any questions about the study in general.

Name: _____

Organization: _____

If you wish to receive the summary of findings, please provide your email address.

Email: _____

Signature: _____ Date: _____

Approved by the University of Auckland Human Participants Ethics Committee on 14/06/2024 for three years. Reference Number: UAHPEC27696.