

**DOMAIN/EMAIL ACCOUNT REQUEST FORM**

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|  | | USER ACCOUNT INFORMATION | | | | *File Copy* | | |
| NAME OF EMPLOYEE *(Last name, First Name, Middle Name)* | | | | | EMPLOYEE NO. | | DATE OF BIRTH | |
| RESPONSIBILITY CENTER | OPERATING UNIT | | | | DATE EMPLOYED | | CONTACT NO. | |
| ADDRESS | | | | | POSITION | | | |
| TYPE OF ACCOUNT | | | | | | | | |
| Domain Account | | | | | Office 365 Account | | | |
| TYPE OF REQUEST | | | | | | | | |
| **New User Account** | Change User Account | | | | Change Password | | | Deactivate User Account |
| REMARKS | | | | | | | | |
| AUTHORIZATION | | | | | | | | |
| REQUESTED BY:EMPLOYEE’S SIGNATURE | | | **DATE** | | **APPROVED BY:** RC AUTHORIZED SIGNATORY (Signature over printed name) | | | DATE |
| FOR SYSTEM ADMINISTRATION PERSONNEL ONLY | | | | IMPLEMENTATION | | | | |
| *USER LOGIN DETAILS (as defined in the system)* | | | | | IMPLEMENTED BY:SYSTEMS ADMINISTRATOR | | | DATE |
| USER LOGIN NAME | | | | |
| INITIAL PASSWORD | | | | | NOTED BY:MANAGER OPERATION RESOURCES SERVICES DIVISION | | | DATE |
| REMARKS | | | | |

Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize the Philippine Ports Authority to collect, use, process and retain my personal data in accordance with the PPA’s Privacy Statement and for purposes specified in this form.

**Important Reminder:**

The information contained herein should be kept confidential and should be used solely by the employee whose name appears above. Should you fail to comply or should the security of your login credentials be compromised, your account will be locked out until such time that security is restored.

Help us serve you better. Please take a moment to give us your feedback by scanning the QR code and submitting the accomplished form. Thank you.



**GENERAL INSTRUCTIONS:**

1. For the User Account Information, indicate the following:

- Name of employee

- Employee number

- Date of Birth

- Responsibility Center

- Operating Unit

- Date employed in PPA

- Contact Number

- Address

- Position

3. Check type of account requested in the system

4. Indicate type of request role/s to specify role other than those indicated in the Role box

5. Indicate remarks, if any

6. Indicate name of person who accomplished the form and affix signature and the date when the form was accomplished

7. Indicate the name of PPA authorized representative who approved the request and affix signature and date when the request was approved

8.For the system administration personnel, fill in the user log in name and initial password

9. Fill in the name of the System Administrator and affix signature and date Implemented

10. Indicate the name of Central Facility Officer in Charge and affix signature and date implemented

11. Indicate remarks, if any