

**USER ACCOUNT REQUEST FORM**

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.

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|  | | | | | | | | | | | **UAR No:** | | | | | | | **Date:** | | | |
|  |  |  |  |  |  | **USER ACCOUNT INFORMATION** | | | |  | |  |  | | |  |  | | |  | ***File Copy*** | |
| **NAME OF EMPLOYEE** *(Last name, First Name, Middle Name)* | | | | | | | | | **EMPLOYEE NO.** | | | | | | **POSITION** | | | | | | |
| **DEPARTMENT** | | | **SITE NAME** | | | | | | **CONTACT NUMBER** | | | | | | **E-MAIL** | | | | | | |
| **DATE EMPLOYED\*** | | | **DATE OF BIRTH\*** | | | | | | **ADDRESS\*** | | | | | | | | | | | | |
| **TYPE OF UPDATE** | | | | | | | | | | | | | | | | | | | | | |
| ** New User\*** | ** Add Role** | | | | ** Delete Role/s** | | | ** Change Site** | | ** Change Role/Password** | | | | | | | | | ** Delete User** | | |
| **ROLE/S**  *Use this box to specify role other than those indicated in Roles box* | | | | | | | | **NEW SITE NAME** | | **MOTHER’S FULL MAIDEN NAME**  For verification purposes | | | | | | | | | **ROLE/PASSWORD** | | |
| **APPLICATION SYSTEM ROLES** | | | | | | | | | | | | | | | | | | | | | |
| **AFMS**  **General Ledger**   * Journal Entry Group * Journal Approver Group * Journal Posting Group * Reports and Inquiry Group * Budget Definition Group * Budget Entry Group * Budget Posting Group * COA GL Inquiry Group   **Fixed Assets**   * FA Manager * FA Custodian * FA Inquiry | | **Accounts Payable**   * Invoice Entry Group * Invoice Validation Group * Invoice Accounting Entry Creation Group * Payment Entry Group * Payment Accounting Entry Group * COA AP Inquiry Group   **For COA only:**   * COA FA Inquiry Group | | | | | **Accounts Receivable**   * AR Manager * AR REMS Invoice Processor * AR Manual Invoice Processor * AR Manual Receipt Processor * AR Inquiry * COA AR Inquiry Group   **Budget Module**   * Budget Super User * Budget Approver * Budget Preparer * Budget Reviewer | | | | | **Purchasing**   * PO Approver * PO Preparer * PR Approver * PR Requestor * PO Accounting Officer * PO Receiver   **FIRST**   * FIRST Accounting Officer * FIRST Invoicing User * FIRST Receipting User | | | | | | **Cash Management**   * CM Manager * CM Processor * CM Inquiry * COA CM Inquiry Group   **PEMS**   * Workplan Manager * Invoice Processor * Project Inquiry | | | |
| **POMS**   * Transaction Monitoring Officer * HO  PMO * Port Safety Officer * Safety Clerk * First TOO * Data Encoder * Terminal Supervisor * Terminal Officer * Harbor Officer * Statistician | | | | **REMS**   * REM Recommending Officer * REM Supervisor * Engineering Officer * REM Approver * REM Officer * HO Transaction Monitoring Officer | | | | | **RMS**   * RMS Administrator * RMS Officer | | | | | **NOA/ABA**   Terminal Manager | | | | | | | |
| **EPMS**   * EPMS Approver * EPMS Officer * EPMS Port Police | | | | | **ePAYMENT**   Finance Officer | | | | | | | |
| **EBlotter**   * PMO Port Police * HO Port Police | | | | | | | |
| **WEBCOMMSYS**   * WebCommSys User * WebCommSys RC/AU Manager * WebCommSys Administrator | | | | |
| **eAS**   * PMO Officer * PMO Manager * LSD Officer * TD Officer * POSD Officer * AGMO Officer * GM Officer | | | | | | | |
| **iPORTS**   * Terminal Manager * Harbor Master * Finance Officer   o Others | | | | |
| **DMS**   * DMS Administrator * DMS Manager * DMS Personnel | | | | **OPCE**   * Admin * PPA Approver * Helpdesk * Port User | | | | |
| **REMARKS** | | | | | | | | | | | | | | | | | | | | | |
| **AUTHORIZATION** | | | | | | | | | | | | | | | | | | | | | |
| **REQUESTED BY:**  **EMPLOYEE’S SIGNATURE** | | | | | | | | | **APPROVED BY:**  **PPA AUTHORIZED SIGNATURE** | | | | | | | | |  | **DATE** | | |
| **FOR SYSTEM ADMINISTRATION PERSONNEL ONLY** | | | | | | **IMPLEMENTATION** | | | |  | |  |  | | |  |  | | |  |  | |
| *USER LOGIN DETAILS (as defined in the system)* | | | | | | | | | **IMPLEMENTED BY:**  **SYSTEMS ADMINISTRATOR** | | | | | | | | |  |  | | |
| **USER LOGIN NAME** | | | | | | | | |  | **DATE** | | |
| **INITIAL PASSWORD** | | | | | | | | | **NOTED BY:**  **CENTRAL FACILITY OFFICER-IN-CHARGE** | | | | | | | | |  |  | | |
| **REMARKS** | | | | | | | | |
|  |  | |  |  | | |  |  | | |  | **DATE** | |

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**Important Reminder:**

Text, letter

Description automatically generatedThe 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.

**GENRAL INSTRUCTIONS:**

1. Indicate date of request for System Role

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

- Name of employee

- Employee number

- Position

- Department

- Site name

- Contact number

- Email address

- Date employed in PPA

- Date of birth

- Address

3. Check type of update/role requested in the system

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

5. Indicate new site name

6. Indicate mother’s full name

7. Indicate role/password

8. Place a check on following application system role/s requested:

- AFMS

- POMS

- REMS

- RMS

- RMS

- NOA/ABA

- WEBCOMMSYS

- EPMS

- ePAYMENT

- EBLOTTER

- DMS

- OPCE

- iPORTS

- eAs

9. Indicate remarks, if any

10. Indicate name of person who accomplished the form and affix signature and the

date when the form was accomplished

11. Indicate the name of PPA authorized representative who approved the request

and affix signature and date when the request was approved

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

password

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

Implemented

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

implemented

15. Indicate remarks, if any