

## 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.

UAR No:		Date:	
USER ACCOUNT INFORMATION <span style="float: right;">File Copy</span>			
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			
<input type="checkbox"/> New User	<input type="checkbox"/> Add Role	<input type="checkbox"/> Delete Role/s	<input type="checkbox"/> Change Site
<input type="checkbox"/> Change Role/Password		<input type="checkbox"/> Delete User	
ROLE/S <i>Use this box to specify role other than those indicated in Roles box</i>		NEW SITE NAME	MOTHER'S FULL MAIDEN NAME <small>For verification purposes</small>
APPLICATION SYSTEM ROLES			
<b>AFMS</b> <u>General Ledger</u> <input type="checkbox"/> Journal Entry Group <input type="checkbox"/> Journal Approver Group <input type="checkbox"/> Journal Posting Group <input type="checkbox"/> Reports and Inquiry Group <input type="checkbox"/> COA GL Inquiry Group <input type="checkbox"/> PPA Tax User Validation Group <input type="checkbox"/> PPA Tax Purchasing Preparer  <u>Fixed Assets</u> <input type="checkbox"/> FA Manager <input type="checkbox"/> FA Custodian <input type="checkbox"/> FA Inquiry	<u>Accounts Payable</u> <input type="checkbox"/> Invoice Entry Group <input type="checkbox"/> Invoice Validation Group <input type="checkbox"/> Invoice Accounting Entry Creation Group <input type="checkbox"/> Payment Entry Group <input type="checkbox"/> Payment Accounting Entry Group <input type="checkbox"/> COA AP Inquiry Group  <u>For COA only:</u> <input type="checkbox"/> COA FA Inquiry Group	<u>Accounts Receivable</u> <input type="checkbox"/> AR Manager <input type="checkbox"/> AR REMS Invoice Processor <input type="checkbox"/> AR Manual Invoice Processor <input type="checkbox"/> AR Manual Receipt Processor <input type="checkbox"/> AR Inquiry <input type="checkbox"/> COA AR Inquiry Group  <u>Budget Module</u> <input type="checkbox"/> Budget Super User <input type="checkbox"/> Budget Approver <input type="checkbox"/> Budget Preparer <input type="checkbox"/> Budget Reviewer	<u>Purchasing</u> <input type="checkbox"/> PO Approver <input type="checkbox"/> PO Preparer <input type="checkbox"/> PR Approver <input type="checkbox"/> PR Requestor <input type="checkbox"/> PO Accounting Officer <input type="checkbox"/> PO Receiver  <u>FIRST</u> <input type="checkbox"/> FIRST Accounting Officer <input type="checkbox"/> FIRST Invoicing User <input type="checkbox"/> FIRST Receiving User
<u>DMS</u> <input type="checkbox"/> DMS Administrator <input type="checkbox"/> DMS Manager <input type="checkbox"/> DMS Personnel  <u>RMS</u> <input type="checkbox"/> RMS Administrator <input type="checkbox"/> RMS Officer	<u>OREMS</u> <input type="checkbox"/> REMS AGMO Officer <input type="checkbox"/> REMS CSD Officer <input type="checkbox"/> REMS Approver <input type="checkbox"/> REMS Supervisor <input type="checkbox"/> REMS Officer <input type="checkbox"/> REMS Operations Officer <input type="checkbox"/> REMS Police Officer <input type="checkbox"/> Engineering Officer	<u>eAS/TAPPPS</u> <input type="checkbox"/> OGM Officer <input type="checkbox"/> AGMO Officer <input type="checkbox"/> PMO Manager <input type="checkbox"/> POSD Officer <input type="checkbox"/> OCBS Officer <input type="checkbox"/> LSD Officer <input type="checkbox"/> TD Officer <input type="checkbox"/> PMO Officer <input type="checkbox"/> PMO Port Police	<u>iPORTS</u> <input type="checkbox"/> Terminal Manager <input type="checkbox"/> Harbor Master <input type="checkbox"/> Finance Officer <input type="checkbox"/> Finance Manager <input type="checkbox"/> Others _____
<u>WEBCOMMSYS</u> <input type="checkbox"/> WebCommSys User <input type="checkbox"/> WebCommSys RC/AU Manager <input type="checkbox"/> WebCommSys Administrator	<u>OPCE</u> <input type="checkbox"/> Admin <input type="checkbox"/> PPA Approver <input type="checkbox"/> Helpdesk <input type="checkbox"/> Port User	<u>EPMS</u> <input type="checkbox"/> EPMS Approver <input type="checkbox"/> EPMS Officer <input type="checkbox"/> EPMS Port Police	<u>PORT SAFETY SEAL CERTIFICATION</u> <input type="checkbox"/> POSD Officer <input type="checkbox"/> PMO Officer
REMARKS			
AUTHORIZATION			
REQUESTED BY:  EMPLOYEE'S SIGNATURE		APPROVED BY: (RC HEAD)  _____ <small>(Signature over printed name)</small>	
		DATE	
FOR SYSTEM ADMINISTRATION PERSONNEL ONLY		IMPLEMENTATION	
USER LOGIN DETAILS (as defined in the system)		IMPLEMENTED BY:	
USER LOGIN NAME		SYSTEMS ADMINISTRATOR	
		DATE	
INITIAL PASSWORD		NOTED BY:	
REMARKS		MANAGER OPERATION RESOURCES SERVICES DIVISION	
		DATE	

**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. 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
  - DMS
  - RMS
  - OREMS
  - eAS/TAPPPS
  - iPORTS
  - WEBCOMMSYS
  - OPCE
  - EPMS
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