



DOMAIN/E-MAIL ACCOUNT REQUEST FORM

USER ACCOUNT INFORMATION				<i>File Copy</i>
NAME OF EMPLOYEE <i>(Last name, First Name, Middle Name)</i>		EMPLOYEE NO.	DATE OF BIRTH	
RESPONSIBILITY CENTER	OPERATING UNIT	DATE EMPLOYED	CONTACT NO.	
ADDRESS		POSITION		
TYPE OF ACCOUNT				
<input type="radio"/> Domain Account		<input type="radio"/> Office 365 Account		<input type="radio"/> SSL VPN Account
TYPE OF REQUEST				
<input type="radio"/> New User Account		<input type="radio"/> Change User Account		<input type="radio"/> Change Password
<input type="radio"/> Deactivate User Account				
REMARKS				
AUTHORIZATION				
REQUESTED BY:			APPROVED BY:	
EMPLOYEE'S SIGNATURE			ICTD AUTHORIZED SIGNATURE	DATE
FOR SYSTEM ADMINISTRATION PERSONNEL ONLY		IMPLEMENTATION		
<i>USER LOGIN DETAILS (as defined in the system)</i>		IMPLEMENTED BY:		
USER LOGIN NAME		SYSTEMS ADMINISTRATOR		DATE
INITIAL PASSWORD		NOTED BY:		
REMARKS		CENTRAL FACILITY OFFICER-IN-CHARGE		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.