



USER ACCESS APPLICATION & AUTHENTICATION

FULL NAME : _____

DEPARTMENT : _____

SKYSOFT PMS – FOS/POS	FBN/FAS – Back Office System
User Name: _____ Password : _____ <input type="checkbox"/> Group Coordinator <input type="checkbox"/> Night Manager <input type="checkbox"/> Night Auditor <input type="checkbox"/> FOS Supervisor group <input type="checkbox"/> Accounts group <input type="checkbox"/> Food & Beverage Access <input type="checkbox"/> Reservation Supervisor <input type="checkbox"/> Reservation Agent/Clerk <input type="checkbox"/> Housekeeping <input type="checkbox"/> Food & Beverage Cashier <input type="checkbox"/> Executive Office <input type="checkbox"/> Front Desk Receptionist <input type="checkbox"/> Floor Supervisor <input type="checkbox"/> Financial Controller <input type="checkbox"/> System Supervisor	User Name: _____ Password : _____ <input type="checkbox"/> Financial Controller <input type="checkbox"/> General Ledger <input type="checkbox"/> Accounts Payable <input type="checkbox"/> System Administrator <input type="checkbox"/> Inventory
CAS – Call Accounting System User Name: _____ Password : _____ <input type="checkbox"/> System User <input type="checkbox"/> System Supervisor Cashier number: _____ (for IT use)	الفردان العقارية
Banqueting – Sales & Catering System User Name: _____ Password : _____ <input type="checkbox"/> Sales Manager/Executive <input type="checkbox"/> Banqueting/Catering <input type="checkbox"/> System Supervisor	Inventory System User Name: _____ Password : _____ <input type="checkbox"/> Food and Beverage <input type="checkbox"/> General <input type="checkbox"/> Operation
OTHERS (Internet Connection) <input type="checkbox"/> If given access, please mark this box. <input type="checkbox"/> E-mail	QMS – Help desk User Name: _____ Password: _____ <input type="checkbox"/> Help desk coordinator <input type="checkbox"/> User <input type="checkbox"/> System Supervisor
Department Head Signature: _____ Date: _____ Financial Controller: _____ Date: _____ General Manager: _____ Date: _____	



USER ACKNOWLEDGEMENT:

The user ID allows the undersigned to access the system function(s) designed specifically based on his job requirement. It is clearly understood that disclosure of this access to other people is strictly prohibited and that any harm may caused by such is under the responsibility of the user concern.

By signing this form, I hereby acknowledge the responsibility and my obligation to hotel data and would abide to hotel policy thereby that any disclosure is subject to disciplinary action.

In case such access has been lost or forgotten by any circumstances or due to my long vacation; I understand that only the IT manager has to immediately be contacted or any authorized representative that would helped acquire such access.

I hereby confirmed that the above has clearly been understood by affixing my name and signature to the space provided below.



Name and signature of Employee:

الفردان العقارية

Alfardan Properties