

## IT Logon Form

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| Authorising Manager |  |
| First Name |  |
| Last Name |  |
| Site |  |
| Department |  |
| Line Manager |  |
| User Telephone Number |  |
| Email Required Y/N |  |
| Profile to be based on specific user or basic profile |  |
| Require access to extra 3rd tier applications |  |
| Require special access to any network files or folders |  |
| Perm or temp staff |  |
| If temp please advise duration |  |
| Start date |  |
| Extra NT requirements |  |
| SAP |  |
| SAP access required |  |
| Job Role |  |
| Profile based on an existing user |  |
| If yes, on whom? |  |
| If no explain job role |  |
| Will this user create inter company billings? |  |
| Other:  Extra SAP requirements |  |

Please ensure that this form is sent to the IT security administrator for your site for authorisation. If you do not know who that may be please contact the helpdesk who will advise you.