

STANDARD OPERATING PROCEDURE	DBLGROUP IT DEPARTMENT South Avenue Tower (6th Floor), House-50, Road-3, Gulshan-1, Dhaka, Bangladesh	
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APPENDIX – A

USER ACCESS AUTHORIZATION FORM

Username:		Employee ID:	
Designation:		Department:	
Supervisor/Line Manager Name & Employee ID:			
Email ID:		Mobile:	
System/ Machine/Equipment/Hardware/Applications Name:			
ID Number of System/ Machine/Hardware/Equipment/Application:			
Request Type		Access Level	
<input type="checkbox"/> User Creation <input type="checkbox"/> User Modification <input type="checkbox"/> Password Change <input type="checkbox"/> Application Access <input type="checkbox"/> User Deactivation / Deletion	<input type="checkbox"/> Operator Level <input type="checkbox"/> Supervisor Level <input type="checkbox"/> Maintenance Level <input type="checkbox"/> System Administrator Level <input type="checkbox"/> Database Level:	<input type="checkbox"/> Admin <input type="checkbox"/> User <input type="checkbox"/> Power User <input type="checkbox"/> Others	
Existing User ID and Details:			
(fill up in case of user modification/ deactivation/ deletion/ password change)			

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Remarks/Justification:			
Training(s) details with attachment:			
Role Information		Add	Delete
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Requested by (User/Supervisor)	Recommended by (HOD/Deputy)	Agreed By Manager/HOD IT	Approved By HOD IT/Head SBO
Sign & Date	Sign & Date	Sign & Date	Sign & Date
For New user/Deactivation Only:			
Authorized by: Sign & Date			
To be filled by System Administrator (IT)			

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Issued User ID:	User ID issue Date:
Remarks (if any):	
Executed By (IT): (Name)	
Sign & Date	