

EMAIL REQUISITION FORM

Date:

Emp. Name:		ID No:	
Designation		Department:	
Contact Number:		Unit Head:	
Location		Cost Center	

Details for the New Email Account	
Preferred Email Address: (if applicable) e.g <u>firstname.lastname@company.com</u>	

Additional Information			
New Employee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Role/Department Change	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Others			
Business Justification			

Business Head Approval	
Name	
Designation	
Signature	
Date	

IT Department Use Only:

Technical Details	
Email Platform	
Storage Quota	
Account Type	
Multi-factor Authentication	Must Enable

IT Admin Name	
Signature With Date	