PayMate

User ID Management Form

Request Details (To be Filled by Requestor)	**Date** : / /

Requestor Name: _____ Designation: _____**intren**
_____

Contact No/ Email: _____ Requestor Sign: _____

Request Type:	☐ ID Creation	☐ ID Deletion	☐ Password Reset

ID Type	**Valid Up to: DD/MM/YYYY**	**Existing IDs**
☐ E-Mail		
☐ Domain		
☐ Application		
☐ Network Logon		
☐ Database		
☐ VPN Access		
☐ Firewall		
☐ Others		

Folder Name/Path and Access Rights

	Read	**Write**	**Full**
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

Business Justification	

Approved By

_____   _____   _____
HR & Admin   **IT Head**   **Authorize Signatory/HOD**

To be filled by Implementer

ID Assigned/Deleted: _____ Date: _____

Implementer's Name: _____ Sign of Implementer: _____