



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF INDUSTRY AND TRADE
WEIGHTS AND MEASURES AGENCY (WMA)

System Access Request Form

Section A: Confidentiality Statement

Disclaimer: All system access is provided for official business of the Weights and Measures Agency. Unauthorized distribution, reproduction, modification or deletion of any applicant, employee or any information outside the intended and approved use is strictly prohibited. Illegal access or misuse of this account is punishable by the Laws, Rules, Regulation and Circular governed the Public Services. Further, the Agency computer systems are for the use of authorized users only. If one is suspected of unauthorized activities, computer center staff may monitor and record all session activities. Anyone using these systems expressly consents to such monitoring.

Section B: System Access:

- Requested Action:**
- Add /Create Account
 Modify Account Other specify
 Delete Account

Section C: System Access User Group:

- Requested Action:
- | | |
|---|---|
| <input type="checkbox"/> Admin | <input type="checkbox"/> HQ Finance & Account |
| <input type="checkbox"/> Head of Section | <input type="checkbox"/> Region Manager |
| <input type="checkbox"/> Surveillance Team | <input type="checkbox"/> Region Finance & Account |
| <input type="checkbox"/> Internal Audit Unit | <input type="checkbox"/> Inspection Officer |
| <input type="checkbox"/> Planning & Monitoring Unit | <input type="checkbox"/> Procurement Management Unit |
| <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Human Resource Management Unit |
| <input type="checkbox"/> Legal Service Unit | |

Request System access for:

- | | | |
|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Wma mis | <input type="checkbox"/> Muse | <input type="checkbox"/> GePG |
| <input type="checkbox"/> Dsms | <input type="checkbox"/> Emikutano | <input type="checkbox"/> Emirejesho |
| <input type="checkbox"/> E-Office | <input type="checkbox"/> mGov | <input type="checkbox"/> Gms |
| <input type="checkbox"/> Planrep | <input type="checkbox"/> Ess | |

Section D: User Information:

Requester Name: _____

User ID: _____

Department: _____

Position: _____

Email/Telephone Number: _____

Region: _____

Section E: Declaration/Sign Off

By signing this form, I certify that I have read and understand the statement of confidentiality of records. I understand that my ID and password are to be kept confidential. Should I share this information, my access will be revoked

Requestor Signature.....

Date.....

Section F: Supervisor's Approval

I approve/ don't approve the request for the above-named employee

Name..... Position..... Signature..... Date.....

Section G: ICT Unit

Access Granted by :

Position :.....

Signature :.....

Date :

Access Approved by:

Position :.....

Signature :.....

Date :.....