

Sign In



Username

Password

Company

KAF Fund Management Sdn Bhd

▼

LOGIN



HOD Quick Case View

Pending Approval Form Case	2
Approved or Declined Case	3
Staff Clearance Case	1
Submitted App Access Right Amendment Case	1



HOD Quick Case View

Pending Approval Form Case						2		
Case Id	User/Actor	Date	Title Case	Status				
1	hr	xx-xx-xxxx	xxxx-approval-form	pending/NA	View	Approve	Decline	
1	hod	xx-xx-xxxx	xxxx-approval-form	pending/NA	View	Approve	Decline	

Approved or Declined Case						3		
---------------------------	--	--	--	--	--	---	--	--

Staff Clearance Case						1		
----------------------	--	--	--	--	--	---	--	--



HOD Quick Case View

Pending Approval Form Case

2

Approved or Declined Case

3

Case Id	Name	Date	Title Case	Status	
1	hr	xx-xx-xxxx	xxxx-approval-form	approved/declined/NA	View
2	hod	xx-xx-xxxx	xxxx-approval-form	approved/declined/NA	View

Staff Clearance Case

1



HOD Quick Case View

Pending Approval Form Case

2

Approved or Declined Case

3

Staff Clearance Case

1

Case Id	User/Actor	Date	Title Case	
1	hr	xx-xx-xxxx	xxxx-approval-form	View



NEW FORMS



REPORTS

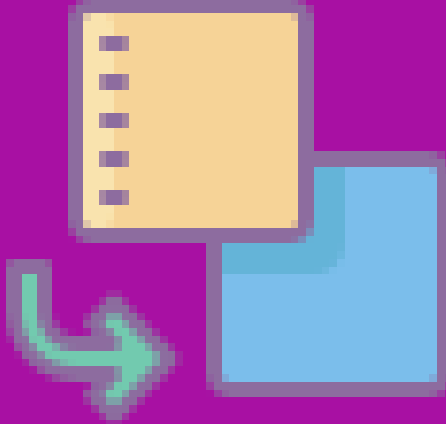


CREATE USER



SIGN OUT





NEW APPLICATION ACCESS RIGHT AMENDMENT REQUEST FORM



PENDING APPROVAL FORM CASE DETAIL

Case Id: XXXXX

User/Actor: XXXXX

Date: XXXXX

Title: New Staff Onboarding Form

Details:

Name: xxxxxxxx

Designation: xxxxxxxx

Department: xxxxxxxx

Head of Department: xxxxxxxx

Status: XXXXX

APPROVE

DECLINE



APPROVED OR DECLINED FORM CASE DETAIL

Case Id: XXXXX

User/Actor: XXXXX

Date: XX-XX-XXXX

Title: Application Access Right Request Form

Details:

Name: xxxxxxxx

Designation: xxxxxxxx

Department: xxxxxxxx

SERVICE REQUIRED

☒ App1 ☐ App2

☐ App3 ☐ App4

☒ App5 ☐ App6

☒ **HOD signature**

Date approved:

01/01/2019

ACTION

This form requires approval to proceed to next action of application access right creation.

APPROVE

DECLINE



APPROVED OR DECLINED FORM CASE DETAIL

Case Id: XXXXX

User/Actor: XXXXX

Date: XXXXX

Title: New Staff Onboarding Form

Details:

Name: xxxxxxxx

Designation: xxxxxxxx

Department: xxxxxxxx

Head of Department: xxxxxxxx

Status: APPROVED



APPROVED OR DECLINED FORM CASE DETAIL

Case Id: XXXXX

User/Actor: XXXXX

Date: XX-XX-XXXX

Title: Application Access Right Request Form

Details:

Name: xxxxxxxx

Designation: xxxxxxxx

Department: xxxxxxxx

SERVICE REQUIRED

☒ App1 ☐ App2

☐ App3 ☐ App4

☒ App5 ☐ App6

Date approved:

☒ **HOD signature**

01/01/2019

Status: APPROVED



STAFF CLEARANCE FORM CASE DETAIL

Case Id: XXXXX

User/Actor: XXXXX

Date: XXXXX

Title: Staff Clearance Form

Details:

Name: xxxxxxxx

Designation: xxxxxxxx

Department: xxxxxxxx

Date of resignation: xx-xx-xxxx

ACTION

This form requires approval to proceed to next action of application access right deactivation.

YES

No