Privilege Requisition Form

1. Contact Information of the person requesting:	
Name: Atul Gusain	Department / Project: BU1 Software Engineer
ECN: 4224	Email ID: atul.gusain@espire.com
Reporting Manager: Mr. Kapil Tyagi	Department Head: Mr.Kapil Tyagi

2. Type of Privilege(s) *(check all that apply)***:**

☐ Internet Access related ☐ <mark>Laptop related</mark> ☐ Teleworking ☐ Use of Messenger ☐ Access rights related	☐ Head Phone ☐ VSS Account related ☐ USB Drive related ☐ Digital camera/ mobile attachment with computer ☐ Others_____

3. Privilege(s) Description *(attach any screen shot, if required)***:**

VPN access

4. Business Requirement / Reason for Privilege(s):

Windows Updates

5. Duration of Privilege(s):

Start Date(DD/MM/YY):07/10/2021	End Date(DD/MM/YY):
Start Time(HH:MM):12:00 pm	End Time(HH:MM):

5. Approval Details:

Reporting Manager Comments:	
Reporting Manager Signature (*if submitted in hard copy*):	
Departmental Head Comments:	
Departmental Head Signature (*if submitted in hard copy*):	