



IT SYSTEM ACCESS FORM

Use this form to request a User ID and Password for **AAR INFORMATION SYSTEMS**; and any changes to user information. **CONFIDENTIAL** when completed.

Date:

1. Instructions

1. Please print all information using a ballpoint or felt-tip pen.
2. Fill all the details in Block letters.
3. Complete applicable sections.
4. Send the completed form to HOD, SITE HR, and IT for approval.
5. Please keep a copy of the form for your records.

2. User Information

Name: Personnel No:

Job Title:

Email:

Department:

Phone No:

3. User ID and Access Requirements to AAR Information Systems

a) User Status

☐ Permanent

Location:

☐ Locum / Temporary

Consulting Company:

Contract End Date:

b) User Requirements

☐ New User

☐ Renew User

☐ Suspend User

☐ Delete User

Reason for Suspend / Delete:

.....

c) List of Systems / Business Applications

☐ Domain / Network

☐ Email

☐ Internet Access

☐ ACCPAC

☐ eOxygen

☐ VPN

4. Confidentiality Statement and User Acceptance

I understand and agree that the information/data I have been authorized to access is considered CONFIDENTIAL. Under no circumstances will such information available to me be used, conveyed or discussed by me, unless required in the performance of my duties. Failure to comply with this requirement may result in denial of access and other disciplinary action.

COMPUTING SECURITY

- Keep your **PASSWORD** confidential.
- Never use someone else's **PASSWORD** or **User ID**.
- Never share your **PASSWORD** or **User ID** with someone else.
- You should not write down your **PASSWORD**.
- Do not install or use illegal copies of software on AIK computers.
- Do not make unauthorized copies of any data files or software.
- You should not leave your workstation unattended when you are logged on.
- If using a Laptop, ensure it is well secured with a Laptop-Lock at all times.

User's Signature:

5. Department Head Authorization and Approval

I confirm that the user **REQUIRES** / **DOES NOT REQUIRE** access to the selected IT systems.

Name: Signature: Date:

6. HR Manager / Representative Authorization and Approval

I confirm that the above user is in my location and is **AUTHORIZED** / **NOT AUTHORIZED** to access our IT systems.

Name: Signature: Date:

7. IT Manager / Representative Authorization and Approval

I confirm that the above details are correctly filled and approved for **ACCESS** / **DELETION** to our IT systems.

Name: Signature: Date:

8. Systems Administration (IT Department)

Request Completed By:

Name: Signature: Date:

9. Initial Credentials and Access Rights Assigned

| | | | |
|----------------------------|------------------------------------|--------------------------------|----------------------------|
| Domain / Network | Username: <input type="text"/> | Password: <input type="text"/> | Role: <input type="text"/> |
| Email | Username: <input type="text"/> | Password: <input type="text"/> | Role: <input type="text"/> |
| Internet Access (Yes / No) | | | Role: <input type="text"/> |
| eOxygen | Username: <input type="text"/> | Password: <input type="text"/> | Role: <input type="text"/> |
| ACCPAC | Username: <input type="text"/> | Password: <input type="text"/> | Role: <input type="text"/> |
| Telephone | Extension No: <input type="text"/> | | Role: <input type="text"/> |