KPJ KLANG
SPECIALIST HOSPITAL

INFORMATION TECHNOLOGY SERVICES

USER ID REQUISITION FORM

Type (Please Tick)

[ ] New User	[ ] Authorizer Access *Please attach memo from Finance/HOS*
[ ] Change Access / Services	[ ] Transfer from other KPJ Hospital _____
Please attach memo from TM / HOS/UM	[ ] Others _____

Staff Details

Name	
Staff ID	
Position	
Services	
Date Join	
Sign	
Date	

Verified by HOS/ UM

Name	
Chop	
Sign	
Date	

System to Access (Please Tick)

[ ] Active Directory	[ ] PACS
[ ] KCIS2	[ ] Access Door Server Room
[ ] HITS2	[ ] CCTV Server Room
[ ] Email	[ ] IT Helpdesk
[ ] Others	Remarks:

Received by IT

Name:

Date:

Sign:

Approval

Reviewed by HOS IT		Approved by CEO/ OM / Accountant		Status
Name		Name		**[ ]** Approved
Chop		Chop		**[ ]** Rejected Reason / Remarks:
Sign		Sign		
Date		Date		

To Be Fill Up By IT Staffs | ID Creation

Active Directory ID:	PACS ID:
KCIS2 ID:	Access Door Server Room: [ ] Create [ ] Review [ ] Revoke
HITS2 ID: HITS2 UAM:	CCTV Server Room : [ ] Create [ ] Review [ ] Revoke
Email : Email Group:	IT Helpdesk :
	Others: