

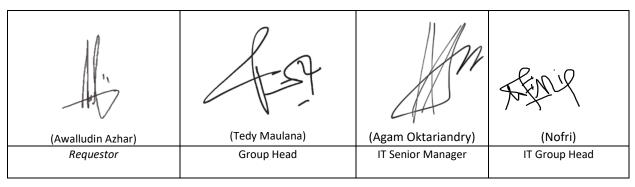
USER ACCESS REQUEST FORM

REQUESTOR INFORMATI	ON						
Document Number	:) N					
Date	: 24	: 24/10/2022					
Name		: Awalludin Azhar					
Role	: St	: Staff Mobile No. 0895376341823					
Department	: PI	: Planning, Project, & Policies Email : awalludinazhar06@gmail.com					
REQUEST INFORMATION [filled							
Account Need		Critical (1 hour)					
		Normal (4 Days)					
		Low (10 Days)					
Account Category							
		Network Devices					
		Desktop and peripherals					
		☐ Others, [: VPN]					
Account Type		☐ New Account/User ID [Account/User ID :]					
	\boxtimes						
		Reset Password ID					
		☐ Unlock Access Account					
		Revoke Account Access					
		□ Other, [:]					
Account Privileged		☐ Read-only					
	\boxtimes						
		☐ Other, [:]					
Access Period	\boxtimes						
		☐ Temporary, until:					
	-						
ACCESS INFORMATION [filled b]	y requ	estor]					
Host Name/Application Name	:						
	User VPN Awalludin Azhar agar ditambahkan akses ke						
	IP	IP 172.16.65.61 (prddwh02)					
IP Address	:	:					
Location		Data Centre		Branc	h Office		
	\boxtimes	Head Office		Other	[]		
Reason for request	:		1 <u>-</u> 1.				
(Business Justification)							
	1						

APPROVE BY



USER ACCESS REQUEST FORM



IMPLEMENTATION INFORMATION	[fille	d by implementer]	
If a test environment is not availab	le, ap	proval is required from the IT Operations Depar	tment Head before proceeding.
Test Environment Available		Yes	
		No	
Testing Procedure	:		
Ensure the new Access can run			
properly well and/or The Access			
deleted properly			
Testing Note	:		
Test Success/Fail			
Account Access create/mofify			
Date	:		
Time	:		
Access Authorization Note	:		
Access Privileged Note	:] ()
			Implementor
Final Note	:		