

IT FORM

First name	OYEWUSI SAMUEL AYOMIDE
Surname	OYEWUSI
Phone Number	08080046437
Date of Birth	24 - 06 - 1999
Job Title	
Department	
Location	
Default Password	Password123
Preferred First name	

For Official Use Only

Please tick as appropriate

S/N	LIST OF GROUPS	TICK
1	all alphamead staff	<input checked="" type="checkbox"/>
2	All Port Harcourt Staff	<input type="checkbox"/>
3	All Warri Staff	<input type="checkbox"/>
4	AMF Ghana	<input type="checkbox"/>
5	AMF Cluster Managers	<input type="checkbox"/>
6	AMF Clashes Team	<input type="checkbox"/>
7	AMAT	<input type="checkbox"/>
8	Bids	<input type="checkbox"/>
9	Commercial Department	<input type="checkbox"/>
10	Corporate Services Department	<input type="checkbox"/>
11	Head Office Staff	<input checked="" type="checkbox"/>
12	Site Managers	<input type="checkbox"/>
13	SMM	<input type="checkbox"/>
14	AMHS	<input type="checkbox"/>
15	Central Operations	<input type="checkbox"/>
16	Head of Department	<input type="checkbox"/>
17	HR	<input type="checkbox"/>

Staff Resumption Date: 04/09/2023HR Name: RIIA NWEKE Submission Date/Signature: 6/09/23 RIA

ICT Received Date: _____ Treated Date: _____