



## Electronic Information Request

Name: \_\_\_\_\_ Employee No: \_\_\_\_\_ Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date Joined: \_\_\_\_\_ Phone/Mobile No: \_\_\_\_\_

### Network Accounts

<input type="checkbox"/> Email	_____	<input type="checkbox"/> New	<input type="checkbox"/> Termination
<input type="checkbox"/> Domain	_____	<input type="checkbox"/> New	<input type="checkbox"/> Termination
<input type="checkbox"/> FTP	_____	<input type="checkbox"/> New	<input type="checkbox"/> Termination
<input type="checkbox"/> InternetConnection	_____	<input type="checkbox"/> New	<input type="checkbox"/> Termination

### File Server

<input type="checkbox"/> Server Name	_____		
<input type="checkbox"/> Server Directory	_____	(Server Folder Name)	
<input type="checkbox"/> Create/Delete Directory	_____		
<input type="checkbox"/> Grant/Revoke Access Rights	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Modify

Remarks \_\_\_\_\_  
\_\_\_\_\_

\*I, \_\_\_\_\_ have read and understood  
TSPI Guidelines to Appropriate Use of Network Resources.

\_\_\_\_\_  
\*Signature/Date

### Approvals

Immediate Supervisor \_\_\_\_\_ (Name/Signature/Date)

Department Head \_\_\_\_\_ (Name/Signature/Date)

### To be completed by MIS (Management Information System)

Actions Taken ☐ As above ☐ Others

\_\_\_\_\_  
MIS Personnel \_\_\_\_\_ (Name/Signature/Date)