** IT Department**

**Color Printing Access Request Form**

IT-F-8

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Department: |  | | | | | |
| Type of Request: | Add |  | Change |  | Remove |  |

|  |  |
| --- | --- |
| List of Staff Requiring Access | |
| Employee Code | Employee Name |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |  | Approved By:  (Head of Department) |  |
|  |  | Signature: |  |
| Date: |  | Date: |  |

|  |  |
| --- | --- |
| **Approved By: (Dy. MD)** |  |
| Signature: |  |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **IT use only:** | | | |
| Remarks: | | Approved By: |  |
| Date & Signature: |  |
| Created By: |  | Applied By: |  |
| Date & Signature: |  | Date & Signature: |  |