

IT Systems Services Form  
PR-SSS-01-02

**Applicant Information**

Applicant Name:	_____	Date:	_____	Time:	_____
Applicant ID:	_____	Phone:	_____		
Department:	_____	QID:	_____		
		Location:	_____		
Full-time <input type="checkbox"/>	Contractor <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>		

**Access Accounts** (Please check all Services you require)

Domain Account	New <input type="checkbox"/>	Note:
E-mail Account	New <input type="checkbox"/> Rename <input type="checkbox"/>	Standard Format: <a href="#">&lt;First initial+Last name&gt;@mm.gov.qa</a> Option1: _____@mm.gov.qa      Option2: _____@mm.gov.qa
Application Account	New <input type="checkbox"/>	Note:
Other	New <input type="checkbox"/>	Note:

**System Services** (Please check all services you require)

Data Backup	<input type="checkbox"/>	Details:
Data Restoration	<input type="checkbox"/>	Details:
Password Change	<input type="checkbox"/>	Note:
Other	<input type="checkbox"/>	Details:

**Applicant's Signature**

(The applicant's signature is required.)

By signing this document, I signify that I have read, understood, and agreed to abide by IS Department User Agreement.

Applicant's Signature:	_____	Date:	_____
Manager's Signature	_____	Manager's signature & Department stamp is required for approval.	

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**Applicant Acceptance**

(The applicant's signature is required.)

By signing this document, I certify that I have successfully received all services I have requested from IS Department

Applicant's Signature:

Date:

**For Information Systems Use Only**

Domain Account created by		Date:		Time:	
Notification given by		Date:		Time:	
Email created/modified by		Date:		Time:	
Application Account by		Date:		Time:	
Other by		Date:		Time:	
Backup performed by		Date:		Time:	
Restoration performed by		Date:		Time:	
Password Change by		Date:		Time:	
Applicant's Acceptance by		Date:		Time:	

**For Information Systems Use Only - Closing Remarks**

	By:		Date	
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**Please return this form to IS Department**

Once created, all account information will be sent to the applicant. Please allow one business day for account creation. Direct any questions regarding your request to IS Department.

E-mail: [help@mm.gov.qa](mailto:help@mm.gov.qa)