

SYSTEM ACCESS AUTHORIZATION PMS REQUEST FORM

General Information

Name: _____ Date request: _____ Email: _____
 Position: _____ Department: _____ Mobile Phone: _____

Action Requested

- Create Account
- Modify Account
- Suspend Account
- Delete Account

PMS / VHP User ID: _____ Password: (will send to staff directly)

Access Modification

<input type="checkbox"/> Front Office	<input type="checkbox"/> Sales Marketing	<input type="checkbox"/> Account Receivable
<input type="checkbox"/> F/O Cashier	<input type="checkbox"/> Night Audit	<input type="checkbox"/> General Cashier
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Account Receivable	<input type="checkbox"/> Inventory/Cost Control
<input type="checkbox"/> Income Audit	<input type="checkbox"/> POS	<input type="checkbox"/> General Ledger
<input type="checkbox"/> Operator	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Banquet

Others (Please write 3 digit access code needed): _____

Stated the reason why you need this access: _____

Requested by,	Approved by Dept. Head	Approved by Finance Leader	Approved by Hotel/General Manager	Verified and Create by IT

Please keep this information confidential. Always using the strong password (min. 8 characters and alphanumeric combination with some uppercase). Change your password every 6 months. If you have any questions please do not hesitate to contact IT

Date & time created on PMS:

SYSTEM ACCESS AUTHORIZATION EMAIL REQUEST FORM

General Information

Name: _____ Date request: _____ Email: _____
 Position: _____ Department: _____ Mobile Phone: _____

Action Requested

- Create Account
- Modify Account
- Suspend Account
- Delete Account

Email Account: _____ Password: (will send to staff)

Access Modification

<input type="checkbox"/> Add Storage	<input type="checkbox"/> Disable TFA	<input type="checkbox"/> Group - Add Member
<input type="checkbox"/> Group - Create Group	<input type="checkbox"/> Group - Delete Group	<input type="checkbox"/> Group - Remove Member
<input type="checkbox"/> Rename Account	<input type="checkbox"/> Reset Password	<input type="checkbox"/> Rename Owner Name

Stated the reason why you need to do this: _____

Requested by,	Approved by Dept. Head	Approved by Hotel/General Manager	Verified by IT

Please keep this information confidential. Always using the strong password (min. 8 characters and alphanumeric combination with some uppercase). Change your password every 6 months. If you have any questions please do not hesitate to contact IT Helpdesk Ticket number:

SYSTEM ACCESS AUTHORIZATION

USER DOMAIN REQUEST FORM

General Information

Name: _____ Date request: _____ Email: _____
 Position: _____ Department: _____ Mobile Phone: _____

Action Requested

- Create Account
- Modify Account
- Delete Account

Domain Logon Name: _____ Password: (will send to staff)

Access Modification

Rename Account Reset Password Rename Display Name

Stated the reason why you need to do this: _____

Requested by,	Approved by Dept. Head	Approved by Hotel/General Manager	Verified by IT

- *Should be using our Google Apps Webmail from our official domain name, not Outlook or anything else. At no point are Gmail, Yahoo, Hotmail or any other personal email services allowed for business use.*
- *Check your email quota every month and delete emails if they are over 90%.*
- *Recognize suspicious email attachment and not to open files from people you don't know.*
- *All users should be running as "Standard User" – this means you cannot install anything without IT approval.*
- *Should be using Google Chrome as your default browser.*
- *Illegal software is not allowed.*
- *Lock your computer (Windows Key + L) or log off when leaving your computer.*
- *Turn off your monitor when leaving your desk and turn off your computer at the end of the day.*
- *You are financially responsible for any damage you do to your computer, such as spilling a drink.*
- *Not store sensitive information on your computer; like credit card information.*
- *If accessing sensitive data through your email, then you should use https.*
- *Storing music, movies, games, personal photos and the like are not allowed on work related computers*

Helpdesk ticket number: _____

SYSTEM ACCESS AUTHORIZATION

ACCESS CARD REQUEST FORM

General Information

Name: _____ Date request: _____ Email: _____
 Position: _____ Department: _____ Mobile Phone: _____

Action Requested

- New Card
- Replace Card
- Modify Card

Card Number/ID: _____

Authorised Request

<input type="checkbox"/> All Rooms	<input type="checkbox"/> Floor _____	<input type="checkbox"/> Elevator Only
<input type="checkbox"/> Override Double Lock	<input type="checkbox"/> Building _____	<input type="checkbox"/> All Building
<input type="checkbox"/> Unlimited days & Hour	<input type="checkbox"/> Period _____ to _____	
<input type="checkbox"/> Deactivate Card		

Please choose a reason for deactivation:

<input type="checkbox"/> Lost	<input type="checkbox"/> Broken/ Not working	<input type="checkbox"/> Employee Terminated
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The Front Office leader must be notified immediately if the Master/Access Card is lost or stolen or if the employee is no longer authorised for access to the rooms/ floor.

Requested by,	Approved by Front Office Leader	Approved by Hotel/General Manager	Verified by IT