UNIVERSITY OF THE EAST
Information Technology Department
REQUEST for ACCESS RIGHTS

ITDept. Form No. 11.0.s2012

RARF NO. [   ]

Name:	ID No.:
Position:	College/ Department:

□ Regular	□ Probationary	□ Sem-to-Sem	□ Casual	□ Others

Primary Job Responsibilities:

Access to UE System/ Modules

ACADEMIC

□ Admissions	□ All □ Selected
□ DRRM	□ All □ Selected
□ College Module	□ All □ Selected
□ Elem/HS	□ All □ Selected
□ ID Printing	□ All □ Selected
□ Faculty Performance Evaluation	□ All □ Selected
□ Faculty Attendance Monitoring	□ All □ Selected
□ Moodle	□ All □ Selected

List Specific Tasks/ Modules to be Given & Corresponding Rights
(Attach separate paper when needed)   *(please use this Access Table Code)*

□ RO - View
□ A – Add record
□ M – Modify record
□ D – Delete record
□ P - Print

FINANCIAL

□ Table of Fees	□ All □ Selected
□ Cash Receipts	□ All □ Selected
□ Student Accounts	□ All □ Selected
□ General Ledger	□ All □ Selected
□ Payroll	□ All □ Selected
□ Time Keeping	□ All □ Selected
□ Inventory	□ All □ Selected
□ Business Enterprise	□ All □ Selected
□ Personnel Management Info	□ All □ Selected

By signing this form, you are certifying that all information provided is true and correct and likewise authorizing ITD to process the information for the purpose of granting access to UE System/Modules. This form will be kept secured and disposed of properly after the prescribed holding period.

IT Utilities
□ Internet Access
□ Access Code Management
□ Printing of RC

I, the undersigned, authorize the above employee to access the specified Modules and assign specific rights thereof valid only from _____ to _____.

Signature over Printed Name: _____   Date:
(College Dean/Head of Office)

APPROVED for Implementation by: _____
(Chancellor/ITD Director)

For IT Department Use only		Date Received:
Account Name/ID:	Date Created:	Validity:
Default Password:		User Acceptance (Signature over Name & Date):
Remarks:		
Database Admin *(Date)*	Techsupport Verification *(Date)*	Internal Audit *(Date)*