APPENDIX 11

ITDept. Form No.11.0.s2026

RARF NO.[_____]

UNIVERSITY OF THE EAST

Information Technology Department

REQUEST for ACCESS RIGHTS

Name:	ID No.:
	Campus: □ Manila □ Caloocan
Position:	College/ Department:
□ Regular □ Probationary □ Sem-to-Sem □ Casual	□ Others
Primary Job Responsibilities:	**Access to UE System/ Modules**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

List specific tasks/modules to be given and 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

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
□ Others _____	□ All □ Selected
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 Systems/Modules. This form will be kept secured and disposed of properly after the prescribed holding period.

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
(College Dean/Head of Office)

Date

To be filled out by IAD

Internal Audit _____ Date _____

APPROVED For Implementation _____ Date _____

(SVP/Chancellor)

To be filled out by ITD

ITD Personnel _____ Date _____

ITD Director _____ Date _____