Form: RALG-IS-A2

THE UNITED REPUBLIC OF TANZANIA

PRESIDENT'S OFFICE REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT



USER ACCESS REQUEST FORM (EMPLOYEE)

Institution Nam	e: Reg	;ion		LGA		Fa	acilit	y	
Requested Actio	n:								
Create New User \square Block Existing User \square Modify Existing User \square Reset Password \square									
SECTION A: Pe	rsonal	Details							
Check Number: Full Name:									
Designation: Department:									
Mobile Number: Email:									
Signature: Date:									
SECTION B: System and Roles Requested (To be filled by the Head of Department) Select a system you request and role (*Roles in the Appendix A attached)									
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PLANREP		FFARS		SIS		SELECTION		CHF IMIS	
GOTHOMIS		GMS		10% MIS		DOMAIN		TAUSI	
Other, specify Comments Full Name: Designation: Department: Signature: Date: SECTION C: Management Approval (To be filled by Accounting Officer) I hereby approve/disapprove the above named applicant access to the system based on the requested									
Comments								72	
Full Name:					•••••				
Designation:									
Signature:					Γ	Oate:			
SECTION D: He I confirm that the Full Name:	e requ		has been	performed		******			
Designation:				•					
Signature:					I	Oate:			