



## RESOURCE LIBRARY - IT TECHNOLOGY System Access Request

CODE: 08.01.017

EDITION: 1

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The Systems Department should be given 3 working days notice, for all System Access Request forms to be processed. Please Note. Incomplete forms may lead to a delay in processing. Should have any queries or require assistance, please contact the Systems Manager

Request Date: / /

### EMPLOYEE DETAILS (BLOCK CAPITALS)

Surname:	Division:
First name/s:	Department:
Date of Birth:	Job Title:
Start / End Date:	Term:

### MANAGEMENT APPROVAL (must be signed)

Managers Name:	
Title:	
Managers Signature:	Ext. No:

### Micros Authorization Level:

Manager	<input type="checkbox"/>	Mini Bar	<input type="checkbox"/>	Banquet	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	Room Service	<input type="checkbox"/>	Room Service Supervisor	<input type="checkbox"/>
Waiter	<input type="checkbox"/>	Cost Controller	<input type="checkbox"/>	Income Audit	<input type="checkbox"/>
Retail Shop	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		

### Outlets:

<input type="checkbox"/> All Day Dining	<input type="checkbox"/> Sushi	<input type="checkbox"/> Cigar Bar	<input type="checkbox"/> Lobby Bar
<input type="checkbox"/> Mezzanine Bar	<input type="checkbox"/> Room Service	<input type="checkbox"/> Pool Bar	<input type="checkbox"/> Gift Shop
<input type="checkbox"/> Banqueting			

Date Created: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Personnel's Micros Number:

Created By: