

	<b>RESOURCE LIBRARY - IT TECHNOLOGY</b> <b>System Access Request</b>	<i>CODE:</i> 08.01.017
		<i>EDITION:</i> 1
		<i>PAGE</i> 1 OF 1

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: