

Request for Access Form

User Information

User Name: _____ Employee No: _____
Position: _____ Phone: _____ Date: _____
Department: _____ Dept. Head Sign. : _____
Reason of requested Access: _____

User Access:

	System Name	Related Dept. Approval	Created By
	LAS (Lab Access Enquiry System) GL General Lab Histo. PFT ECHO		
	Eligibility Fax System		
	Medical Report		
	e-Prescription		
	Car-Parking		
	Purchase Request Enquiry (PR-E)		
	Employee Leave Management Sys. (ELMS) for College of Medicine staff		
	Employee Leave Management Sys. (ELMS) for Hospital staff		
	PRO-Mobile Update		
	Emtiaz Students		
	Laser fish		
	Business Center		
	PACS (web Browsing)		
	Others: _____		

IT Director Signature: _____