IT Access Request Form

System and Equipment Access Request

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Section 1: Request Type

Type of request:

- [ ] New employee setup
- [ ] Role change / promotion
- [ ] Additional access required
- [ ] Access modification
- [ ] Equipment request
- [ ] Contractor / temporary access
- [ ] Termination / access removal

Date access required by:

Section 2: Requestor Details

Requestor Name (person making this request):

Requestor Position:

Requestor Email:

Request Date:

Section 3: User Details (Person Requiring Access)

Full Name *

Employee ID

Position / Job Title *

Department / Team *

Manager / Supervisor Name *

Start Date

End Date (if temporary)

Work Location / Site *

Employment type:

- [ ] Full-time employee
- [ ] Part-time employee
- [ ] Casual employee
- [ ] Contractor
- [ ] Temporary staff
- [ ] Volunteer

Section 4: Account and System Access Required

Standard Accounts

- [ ] Email account (Microsoft 365 / Google Workspace)
- [ ] Network login / Active Directory
- [ ] Intranet access
- [ ] Wi-Fi access
- [ ] VPN access (remote working)

Business Applications

- [ ] Accounting / finance system
- [ ] Customer Relationship Management (CRM)
- [ ] Human Resources Information System (HRIS)
- [ ] Project management software
- [ ] Document management system
- [ ] Rostering / scheduling system
- [ ] Time and attendance system
- [ ] Inventory management system
- [ ] Point of Sale (POS) system
- [ ] Other (specify below):

Other systems required:

Access Level Required

System/Application Name:

- [ ] Read only
- [ ] Standard user
- [ ] Power user
- [ ] Administrator

Specific access permissions or restrictions:

Section 5: Copy Access From Existing User (if applicable)

To simplify setup, access can be copied from an existing user with a similar role.

Copy access from (name):

Position of person to copy from:

- [ ] Copy exact same access
- [ ] Copy access with modifications (specify below)

Modifications required:

Section 6: Equipment Required

Hardware

- [ ] Desktop computer
- [ ] Laptop computer
- [ ] Monitor(s) - quantity:

Monitor quantity:

- [ ] Keyboard and mouse
- [ ] Headset
- [ ] Webcam

- [ ] Mobile phone
- [ ] Tablet
- [ ] Printer access
- [ ] Other hardware (specify below):

Other hardware required:

Software

- [ ] Microsoft Office / Microsoft 365
- [ ] Adobe Creative Suite
- [ ] Accounting software
- [ ] Industry-specific software (specify):
- [ ] Other software (specify):

Specific software requirements:

Section 7: Physical Access

- [ ] Building access card / fob
- [ ] Key(s) required
- [ ] Parking access
- [ ] Server room access
- [ ] Secure storage / safe access
- [ ] Other physical access:

Specific physical access requirements:

Access hours (if restricted):

Section 8: Business Justification

Why is this access required? (Explain business need):

Section 9: Security Considerations

Does this user require access to sensitive data?

- [ ] No
- [ ] Yes - personal information
- [ ] Yes - financial data
- [ ] Yes - health records
- [ ] Yes - commercial in confidence
- [ ] Yes - other sensitive data

If yes, describe the sensitive data:

Has the user completed required training?

- [ ] IT security awareness training
- [ ] Privacy training
- [ ] Data protection training
- [ ] Training to be scheduled

Section 10: Manager Approval

I confirm that:

- This access is required for the user to perform their role
- The access level requested is appropriate
- The user has been informed of IT security policies

Manager Name: _____

Signature: _____ Date: _____

Section 11: User Acknowledgement

I acknowledge that:

- I have read and understood the IT Acceptable Use Policy
- I will use these systems and equipment only for authorised purposes
- I will keep my passwords secure and not share them
- I will report any security concerns to IT immediately

- I understand that IT systems may be monitored

User Signature: _____ Date: _____

Section 12: IT Department Use Only

Request received by:

Date received:

Ticket/Reference number:

Setup Completed

- [ ] User account created
- [ ] Email configured
- [ ] System access granted
- [ ] Equipment issued
- [ ] Physical access arranged
- [ ] User notified

Username:

Email address:

Equipment asset numbers:

Setup completed by:

Date completed:

IT Sign-Off

IT Signature: _____ Date: _____

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