

**PAS User ID and Role Request Form**

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| **AGENCY INFORMATION** | |
| Agency |  |
| Contact name |  |
| Contact No. | Fixed: Mobile: Fax: |
| E-mail address |  |

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| **USER INFORMATION** | |
| Employee First Name |  |
| Employee Last Name |  |
| Employment Record No  (will be used as the USER ID ) |  |
| Function (only for new user) |  |
| Department  (only for new user ) |  |
| Room No.  (only for new user) |  |
| Floor  (only for new user) |  |
| Building  (only for new user) |  |
| Telephone No.  (only for new user) |  |
| E-mail address  (only for new user) |  |

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| **AUTHORIZATION BY THE AGENCY** | | |
| NAME |  | Office Stamp |
| DESIGNATION |  |
| SIGNATURE |  |
| DATE |  |