S Air Niugini

	Corporate Systems Access Request Form						
To:	APPLICATIONS TEAM (POMXNPX)			Date:	/	_/20	
From:	Surname [SITA CODE]	_ Designation: _					
Locatio	on:	Extn:	_Email:		_@ainiugin	i.com.pg	

I have read the PX Information Technology Policy documents (*Section 11.3-5 and Section 11.7*) and agree to abide by them of which forms an important part of the Air Niugini Policy.

Staff Name:______ Staff ID:_____ Signature: _____

No	System Name	User ID **	Modules/ Screen IDs	Access Level	System Mg Name *	r's Approval Signature	User sign if Actioned	
1								
2								
3								
4								
5								
6								

* Must be signed by Manager responsible for the system and who reports directly to a General Manager.
** To be filled in by Information Technology Department Technical Support Personnel.

If you have any questions then please contact any of the people listed below.

Contact details:

Helpdesk	POMXVPX	327 3315	it.helpdesk@airniugini.com.pg
IT Programming	POMVSPX	327 3473	it.programming@airniugini.com.pg
IT Manager	POMVZPX	327 3590	it.manager@airniugini.com.pg

OFFICE USE ONLY							
Manager concerned			Helpdesk Case #				ł
(Infor Tech)							
Technical Suport to sign & put date of	1		2		3		
completion	4		5		6		
Please keep a photocopy for your records and send the original to POMVZPX (TAUKURO ANH2 327 3590)							

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