



SOUTH EASTERN KENYA UNIVERSITY

DIRECTORATE OF INFORMATION COMMUNICATION AND TECHNOLOGY

USER ACCESS MANAGEMENT FORM

User Details

Full Names _____ Date _____
PF No: _____ Department/Section _____
Email _____ Mobile No: _____
Terms of Employment _____ Permanent Contract Other If other specify _____

TYPE OF REQUEST

New Email Account New ERP Account Change System Rights
Close /Suspend Account
Other Specify: _____

HEAD OF SECTION

Specify the rights to be assigned or withdrawn from the user.

	Specify System Rights to be assigned
1.	
2.	
3.	
4.	

If on contract, specify the period of access: _____

Other comments: _____

Approved Declined

Names: _____

Signature, Date
& Stamp: _____

FOR DIRECTORATE'S USE ONLY

New Email
Account _____

New ERP
Account _____

System
Administrator _____

Director ICT _____

Names/Sign/Date

Names/Sign/Date