Form: RALG-IS-A1

THE UNITED REPUBLIC OF TANZANIA

PRESIDENT'S OFFICE REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT



USER ACCESS REQUEST FORM (EMPLOYEE)

Institution Nam	e: Reg	gion	LGA		Facility									
Requested Actional Create New Uses		Block Existin	ng User [☐ Modify Exist	ing User □ Reset	Password □								
SECTION A: Pe	rsona	l Details (To	be filled	by Applicant)										
Check Number: Designation: Mobile Number:		Full Name: Department: Email:												
								Signature:		Date:				
								Select a system y	ou re	quest and role	e (*Roles	in the Appendix A		·
ASC		LGRCIS		MADENI MIS	MUSE	IFT MIS								
PLANREP		FFARS		SIS 🗆	SELECTION □	CHF IMIS □								
GOTHOMIS		GMS		MACHINGA MIS □	DOMAIN									
Full Name:														
Designation:	••••		• • • • • • • • • • • • • • • • • • • •	·· Departm	ent: ·····									
Signature:	••••	Date:												
	_		•		ped by Accounting to the system (bas	ng Officer) and on the requested								
Comments														
Full Name:														
Designation:														
Signature:	••••				Oate:									
SECTION D: He I confirm that the		•	-	· •	m Administrator)									
Full Name:														
Designation:	••••													
Signature:					Oate:									