ITREQ1-ECAS	IT SERVICES REQUEST FORM: WCG (Version 1.0)

WCG/SIZWE EMPLOYEE PERSONAL DETAILS (COMPULSORY)

Employee Number					ID No.								
Surname					E-mail Addre	ess							
First Names					Display Nam	ne					Title)	
Directorate					Chief Directo	orat	е						
Department					Telephone N	No.							

WCG/SIZWE EMPLOYEE LOCATION DETAILS (COMPULSORY)

Work Address	Unit/Floor No,		Con	nplex/Building				
	Street Number ar	nd name				Suburb		
	City					Postal Co	ode	
I certify that the	above information	Signa	ature of Employe	ъ <u>е</u>		Date		
			a truc.		ture or Employe			Date

SERVICES REQUIRED

Please indicate the service(s) required by ticking the relevant block(s) below

Create a new Active Directory user account:	
Deactivate an Active Directory user account:	
Move an existing Active Directory user account:	
* VPNra Access: Schools VPN:	

SUPERVISOR APPROVAL (NOT LOWER THAN DIRECTOR - SALARY LEVEL 13)

• I hereby certify that the above-mentioned employee requires the services as requested above.

Signature of Supervisor							D	ate:		
Name and Surname of Supervisor										
Supervisor Rank (not lower than Director)							Те	elephoi	ne no.	
Supervisor PERSAL										
E-mail address of Supervisor			•	•				•		

Please submit form to Schools Service Desk via e-mail at SchoolsIT.ServiceDesk@westerncape.gov.za.

By signing the above, the employee agrees to be bound by the conditions of use set out in the IT acceptable use policy.

^{*} Please note that for VPNra access an online application <u>must</u> be completed on <u>http://www.osis.gov.za/main/service.htm</u>.