

## **MACHAKOS UNIVERSITY ENTERPRISE RESOURCE PROGRAMME (ERP)**

## **Access Rights Form**

The form should be completed and forwarded to the ICT Directorate, in person, or by scanning and sending to sysadmin@mksu.ac.ke

User Details						
First Name:						
Last Name:						
PF NO:						
University Department/school	l:					
Telephone number:						
Email Address:						
Position/Job Function:						
Nature of Access Request (tick)	:					
New or Additional Access			Disable Acce	sable Access (Access no longer required)		
Modify Existing Access			Other (pleas	Other (please specify below)		
Other:						
User training and satisfaction o	n use of the er	nterprise		gramme (ERP)		
User training and satisfaction	☐ poor		good	very good	excelle	ent
password are to be kept confide be revoked.	ential. Should I	share th	is informatior	n, without prior permis	ssion my acce	ss will
User Signature:			Date Signed:			
Head of Section/Department A By signing this form, I approve be granted via verbal confirma	this employee	for acce	ess requested	on the subsequent pa	ges, Access v	vill not
Approved by (Name)						
Approved by (sign)						
Date:						
Access Granted by						
Name:						
Signed:		-				
Date:						

Access Request—Check Requested Items

Access will only be granted if the proper access check box has been checked, courses have been completed, and the functionality is required to perform your job.

## ICT/REQUEST/F001

Timetabling	
Study Timetable Processing	Timetable Administrator
Exam Timetable Processing	
Study Scheduling	
Exam Scheduling	
Rooms	
Lecturers	
Study Timetable Reports	
Exam Timetable Reports	