EAS - HR ACCESS RIGHTS - CREATION / DISABLING / CHANGE

Notes

- 1* Type of roles (a) HRO-N -> Normal HR Officers; (b) HRNO-S -> Shift Officers; (c) HR Roster -> Officers create Rosters (d) Supervisor -> Supervisors
- 2* Users having access in HRMIS should mention user names used in HRMIS
- 3* Usernames to be filled-in for Disable/Change of Access only
- 4* Organisation should be same as in HRMIS (for e.g of M/Education Zone 1, Organisation should read as MOE Zone 1)

5* Filling in of Par	5* Filling in of Part A.2 "List of physical posting(s)" is mandatory																	
PART A - To be filled in by officer from respective Organisation																		
Organisation		Work e	nvironment	Employees work on shift or ro						oster? Yes/ No								
Dept/Section	on																	
Surname	ırname		No.			•												
Other Name(s)			Username able)															
			ername (if															
A.1 Request related to User Account and Role																		
⊔	Grant User access as (specify role): Deactivate User (Specify reason)																	
		Ro	Reactivate User															
Reset Passwo		(Spe	ecify reason)										_	_	_			
	A.2 Request related to acco		nployees und	er p	hysic	al po	stin	ıg(s)			_							
T .	List of physical pos	sting(s)	ting(s)									Action to be taken						
1										-	Add			Remov				
2									+=	☐ Add ☐ Remove								
3									☐ Add ☐ Remove									
4									Add			Remove						
5								-	Add			Remove						
6									Add			Remove						
7	7											Add		⊔R	Remove			
A.3 APPROVAL BY OFFICER IN CHARGE, HR SECTION (Requesting Organisation)																		
Name		Grade																
Signature		Date																
PART B: To be filled in by MPSAIR EAS UNIT																		
Verified by		Date																
Signature		Remarks (If applicable)																
PART C: To be filled in by MPSAIR IT UNIT																		
EAS Username		Role ass	signed															
New Password		Password Reset □Yes □No																
Physical posting(s) added			Access to physical posting(s) removed															
1		1																
2		2																
3		3																
4		4																
5		5																
6		6																
7		7																
Any Remarks:																		
Name:		Grade:																
Signature:		Date:																

Note: Duly filled in form should be sent either by : email on eas@govmu.org
or by: fax on 212 4160