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)														
	PART A - To be filled in by officer from respective Organisation														
Organisation			Work environment Employees work			ork o	on shift or roster? Yes/ No								
Dept/Section			NID												
Surname			Phone N	hone No.		<u> </u>			1	<u> </u>	II	<u> </u>			
Other Name(s) Grade			_	Username											
			(if application of the control of th	ername (if											
				applicable)											
A.1 Request related to User Account and Role Grant User access as Deactivate User															
(specify role):				(Specify reason)											
□ F	Reset Passwo	ord													
	(Specify reason) A.2 Request related to access to employees under physical posting(s)														
		List of physical po									Action to be taken				
1										☐ Add ☐ Remove					
2													Remov		
3	_									☐ Add ☐ Remove					
4												Remov			
5													Remov		
6													Remov		
7													Remov		
,		A.3 APPROVAL BY OFFICER IN C	HARGE	HR SECTION (F	Spanie	sting ()rgan	icati	on)				TTETTTO		
Name			Grade	TIK SECTION (I	leque	July 6	Ji Buii	isaci	011,						
Signature			Date												
		PART B: To be	filled ir	by MCSAR I	EAS (JNIT									
Verified by			Date												
Signature			Remark												
PART C: To be filled in by MCSAR IT UNIT															
EAS Username			Role assigned												
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	5												
6			6												
7			7												
Any R	emarks:		·												
Name:			Grade:												
Signature:			Date:												

email on eas@govmu.org Note: Duly filled in form should be sent either by : or by: fax on 211 5047