

REQUEST FOR ACCESS ONLY ID

EMPLOYEE DETAILS (MANDATORY)

ALL DETAILS MUST BE COMPLETED BELOW, IF NOT, THE FORM WILL BE RETURNED UNPROCESSED. FORMS MAY ALSO BE RETURNED IF ALTERATIONS HAVE BEEN MADE TO THE ORIGINAL DOCUMENT.

Surname: _____ Given Name(s) _____

Address _____ Title _____

_____ D.O.B: _____

Postcode: _____ Phone No. _____ Mobile: _____

Email Address: _____

Access Start Date: _____ Access End Date: _____
(maximum 12months from start date)

Reason for Access _____

Project	Cost Centre	Account	Activity	Loc	Comp.
-	-	-	-	-	0 1

Faculty/Centre: _____ School/Business Unit: _____

Name of Supervisor: (please print full name): _____

Email Staff ID Number to: _____

Authorised: _____ / ____ / ____
Signature of Faculty/Centre Nominee

PLEASE SCAN COMPLETED FORM TO:

payroll@ecu.edu.au

please allow 24hours for processing

When you have received the Staff ID Number - if Access is required for Computer System Accounts, please complete the Application Form at the link below and fax to the IT Service Desk on (08) 6304 2220.

http://it.ecu.edu.au/assets/documents/IT001_Application_for_Computer_System_Account.pdf

TO BE COMPLETED BY PAYROLL SERVICES

STAFF ID NUMBER : _____ Job #: _____ Email sent: YES / NO

Entered on Alesco by:

Payroll Officer to stamp and initial