**USER ACCOUNT REQUEST FORM**

Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize the Philippine Ports Authority to collect, use, process and retain my personal data in accordance with the PPA’s Privacy Statement and for purposes specified in this form.

|  |  |  |
| --- | --- | --- |
|  | **UAR No:** | **Date:** |
|  |  |  |  |  |  | **USER ACCOUNT INFORMATION** |  |  |  |  |  |  | ***File Copy*** |
| **NAME OF EMPLOYEE** *(Last name, First Name, Middle Name)* **\*** | **EMPLOYEE NO. \*** | **POSITION\*** |
| **DEPARTMENT\*** | **SITE NAME\*** | **CONTACT NUMBER\*** | **E-MAIL\*** |
| **DATE EMPLOYED\*** | **DATE OF BIRTH\*** | **ADDRESS\*** |
| **TYPE OF UPDATE** |
| [ ]  **New User** | [ ]  **Add Role** | [ ]  **Delete Role/s** | [ ]  **Change Site** | [ ]  **Change Role/Password** | [ ]  **Delete User** |
| **ROLE/S***Use this box to specify role other than those indicated in Roles box* | **NEW SITE NAME** | **MOTHER’S FULL MAIDEN NAME**For verification purposes |  **ROLE/PASSWORD** |
| **APPLICATION SYSTEM ROLES** |
|  **AFMS** **General Ledger**[ ] Journal Entry Group[ ] Journal Approver Group[ ] Journal Posting Group[ ] Reports and Inquiry Group* COA GL Inquiry Group
* PPA Tax User Validation Group
* PPA Tax Purchasing Preparer

**Fixed Assets*** FA Manager
* FA Custodian
* FA Inquiry
 | **Accounts Payable*** Invoice Entry Group
* Invoice Validation Group
* Invoice Accounting Entry Creation Group
* Payment Entry Group
* Payment Accounting Entry Group
* COA AP Inquiry Group

**For COA only:*** COA FA Inquiry Group
 | **Accounts Receivable*** AR Manager
* AR REMS Invoice Processor
* AR Manual Invoice Processor
* AR Manual Receipt Processor
* AR Inquiry
* COA AR Inquiry Group

**Budget Module*** Budget Super User
* Budget Approver
* Budget Preparer
* Budget Reviewer
 | **Purchasing*** PO Approver
* PO Preparer
* PR Approver
* PR Requestor
* PO Accounting Officer
* PO Receiver

**FIRST*** FIRST Accounting Officer
* FIRST Invoicing User
* FIRST Receipting User
 | **Cash Management*** CM Manager
* CM Processor
* CM Inquiry
* COA CM Inquiry Group

**PEMS*** Workplan Manager
* Invoice Processor
* Project Inquiry

**ePAYMENT*** Finance Officer
 |
|  **DMS*** DMS Administrator
* DMS Manager
* DMS Personnel

 **RMS*** RMS Administrator
* RMS Officer
 | **OREMS*** REMS AGMO Officer
* REMS CSD Officer
* REMS Approver
* REMS Supervisor
* REMS Officer
* REMS Operations Officer
* REMS Police Officer
* Engineering Officer
 |   **eAS/TAPPPS*** OGM Officer
* AGMO Officer
* PMO Manager
* POSD Officer
* OCBS Officer
* LSD Officer
* TD Officer
* PMO Officer
* PMO Port Police
 |  **iPORTS*** Terminal Manager
* Harbor Master
* Finance Officer
* Finance Manager
* Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **WEBCOMMSYS*** WebCommSys User
* WebCommSys RC/AU Manager
* WebCommSys Administrator
 |  **OPCE*** Admin
* PPA Approver
* Helpdesk

Port User |  **EPMS*** EPMS Approver
* EPMS Officer
* EPMS Port Police
 |  **PORT SAFETY SEAL** **CERTIFICATION*** POSD Officer
* PMO Officer
 |
| **REMARKS** |
| **AUTHORIZATION** |
| **REQUESTED BY:**  **EMPLOYEE’S SIGNATURE**  | **APPROVED BY: (RC HEAD)** (Signature over printed name) |  | **DATE** |
| **FOR SYSTEM ADMINISTRATION PERSONNEL ONLY** | **IMPLEMENTATION** |  |  |  |  |  |  |  |
| *USER LOGIN DETAILS (as defined in the system)* | **IMPLEMENTED BY:****SYSTEMS ADMINISTRATOR**  |  |  |
| **USER LOGIN NAME** |  | **DATE** |
| **INITIAL PASSWORD** |  **NOTED BY:****MANAGER** |  |  **DATE** |
| **REMARKS** |
|  OPERATION |  |  RESOURCES | SERVICES DIVISION |  |   |  |  |



**Important Reminder:**

The information contained herein should be kept confidential and should be used solely by the employee whose name appears above. Should you fail to comply or should the security of your login credentials be compromised, your account will be locked out until such time that security is restored.

Help us serve you better. Please take a moment to give us your feedback by scanning the QR code and submitting the accomplished form. Thank you.

**GENERAL INSTRUCTIONS:**

1. Indicate date of request for System Role
2. For the User Account Information, indicate the following:
* Name of employee
* Employee number
* Position
* Department
* Site name
* Contact number
* Email address
* Date employed in PPA
* Date of birth
* Address
1. Check type of update/role requested in the system
2. Indicate role/s to specify role other than those indicated in the Role box
3. Indicate new site name
4. Indicate mother’s full name
5. Indicate role/password
6. Place a check on following application system role/s requested:
* AFMS
* DMS
* RMS
* OREMS
* eAS/TAPPPS
* iPORTS
* WEBCOMMSYS
* OPCE
* EPMS
1. Indicate remarks if any
2. Indicate name of person who accomplished the form and affix signature and the

date when the form was accomplished

1. Indicate the name of PPA authorized representative who approved the request

and affix signature and date when the request was approved

1. For the system administration personnel, fill in the user log in name and initial

password

1. Fill in the name of the System Administrator and affix signature and date

implemented

1. Indicate the name of Central Facility Officer in Charge and affix signature and date

implemented

1. Indicate remarks if any