

TARLAC STATE UNIVERSITY MANAGEMENT INFORMATION SYSTEMS OFFICE

REQUEST TO CREATE / RESET DOMAIN USER ACCOUNT FORM

To be duly filled up by the requesting user.

TYPE OF REQU	UEST: Create	Reset	DATE	
		University will collect your personal information only f confidential and secured in compliance with the Data		e indicated in the
EMPLOYEE'S U	JSER INFORMAT	TION		
FULL NAME		EMPLOYEE NO.		Ю.
COLLEGE / DE	PARTMENT		POSITION	
I hereby affirm	my compliance wit	th the TSU IT POLICY and other applicable policies set	by the TSU A	dministration.
		Employee's Signature		
		Signature over printed name of immediate supervisor		
		(Supervisor Only)		
TO BE FILLED	JP BY MIS TECH	NICAL STAFF		
Domain Accou	nt Username		Password	
Attending MIS	Techical Staff N	ame and Signature		

Form No.:TSU-MIS-SF-73	Revision No.:00	Effectivity Date: August 19, 2021	Page <u>1</u> of <u>1</u>
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