



AUTHORISATION FOR ACCESS TO ITRENT SYSTEM

(To be completed by line managers for new users and amendments to current user's access)

Name:	Employee Reference Number:	
Email address:		
Designation:	Service:	
Lagrander or the above employee access	to be	
If user requires the same access as another use	er, please give details of said user below:	
Name:	Employee Number:	
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Access Required:		
Please complete for all employees:		
	se provide as much detail as possible below)	
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Please notify Systems Admin of any change to an employee's access requirements e.g. Change of role, long term sickness, maternity leave etc

Employee Signature:	Date: