



**MACHAKOS UNIVERSITY**  
**ENTERPRISE RESOURCE PROGRAMME (ERP)**  
**Access Rights Form**

The form should be completed and forwarded to the ICT Directorate, in person, or by scanning and sending to [sysadmin@mksu.ac.ke](mailto:sysadmin@mksu.ac.ke)

**User Details**

First Name:	
Last Name:	
PF NO:	
University Department/school:	
Telephone number:	
Email Address:	
Position/Job Function:	

**Nature of Access Request (tick):**

<input type="checkbox"/> New or Additional Access	<input type="checkbox"/> Disable Access (Access no longer required)
<input type="checkbox"/> Modify Existing Access	<input type="checkbox"/> Other (please specify below)
Other:	

**User training and satisfaction on use of the enterprise resource programme (ERP)**

<b>User training and satisfaction</b>	<input type="checkbox"/> poor	<input type="checkbox"/> good	<input type="checkbox"/> very good	<input type="checkbox"/> excellent
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**User Agreement**

By signing this form, I certify that I have read and understood the statement and that my username and password are to be kept confidential. Should I share this information, without prior permission my access will be revoked.

User Signature:	Date Signed:
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**Head of Section/Department Approval**

By signing this form, I approve this employee for access requested on the subsequent pages, Access will not be granted via verbal confirmation

Approved by (Name)	
Approved by (sign)	
Date:	

**Access Granted by**

Name:	
Signed:	
Date:	

**Access Request—Check Requested Items**

Access will only be granted if the proper access check box has been checked, courses have been completed, and the functionality is required to perform your job.

**Health Management** Patient Details *Health Administrator* Patient Visits & Appointments Drugs Disbursement and Management Order Tests Enter Test Results Patient Diagnosis and Referral Patient Prescription Health Reports