



THE PRINCE PHILIP DENTAL HOSPITAL
Application Form for Network/ Email Account

Serial No.: _____
 (Office Use Only)

Part I: Access Requested (to be completed by Applicant)

This is a request to:

- Create a new account Change an existing account

Services Requested: (Please check all that apply)

- Windows account
 Email account (_____ @ppdh.org.hk) #
 Network share access

Please include network share drive name and requested access level (read-only or read/write):

I have read the Regulations Governing Use of Computers and Portable Electronic Storage Devices (i.e. Section E6 of the Hospital Human Resources Manual), and agree to abide by the policies outlined therein and its subsequent revised versions issued by the Hospital from time to time.

Name:	Post:	Employee No.:	Unit/Clinic:	Ext. No.:	Signature:	Date:
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Part II: Recommendation (to be completed by Reporting/ Countersigning Officer of the Applicant)

I recommend that the above application be approved for the above named to discharge his/ her duties in the Hospital.

Name of Reporting/ Countersigning Officer:	Post:	Signature:	Date:
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Part III: Approval (to be completed by HA1/ SHA1/ Comptroller)

The application is approved by

Name of HA1/ SHA1/ Comptroller*:	Signature:	Date:
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Part IV: Creation of Network/ Email Account(s) [to be completed by Information Technology Office (ITO)]

Windows/ Email Account(s)/ Network share access is(are) opened by

Name of Operator:	Post:	Signature:	Date:
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Part V: Removal of Network/ Email Account(s) (to be completed by ITO)

Windows/ Email Account(s)/ Network share access is(are) removed by

Name of Operator:	Post:	Signature:	Date:
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* Delete whichever is not applicable

Exact email address name to be assigned by ITO