



**Application Form for Remote Desktop Access Connection /
Using Email on Portable Electronic Devices (“PED”)**

Part I: Access Requested (to be completed by Applicant)					
Application for: (could apply both on the same Form)					
<input type="checkbox"/> Remote Desktop Access Connection					
<input type="checkbox"/> Using Email on Portable Electronic Devices					
Justifications					
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:	Signature:	Date:
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 Officer:	Post:	Signature:	Date:		
Part III: Approval (to be completed by HA1/ SHA1/ Comptroller)					
The application is approved by					
Name of HA1/ SHA1/ Comptroller*:	Signature:	Date:			
Part V: Discontinue the Remote Access Service (to be completed by IT Office)					
Remote Access Service is(are) removed by					
Name of Operator:	Post:	Signature:	Date:		

* Delete whichever is not applicable