

Access Rights Change Authorization Form

Date:

Requestor Name:

Department:

Employee ID:

Business Platform(s) Information

Platform	Current Access Level	Requested Change	Reason for Change
<input type="text" value="e.g., SAP, CRM, etc."/>	<input type="text" value="e.g., User, Admin"/>	<input style="width: 100px; height: 20px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px;" type="text" value="Select"/> ▼	<input type="text" value="e.g., Role change"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px; height: 20px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px;" type="text" value="Select"/> ▼	<input type="text"/>

Enter any additional notes or e

Additional Remarks:

Requested by:

Date: _____
Department Head/Manager
Approval:

Date: _____
IT/HR Authorization:

Date: _____