



EPHRAIM MOGALE LOCAL MUNICIPALITY

REQUEST FOR NETWORK ACCESS

PERSONAL INFORMATION	
DEPARTMENT	
FULL NAME AND SURNAME	
ID. NUMBER	
IMMEDIATE SUPERVISOR	
EMPLOYMENT TYPE	Permanent Employee <input type="checkbox"/> Temporary employee <input type="checkbox"/> Internship <input type="checkbox"/> Period: _____ Volunteer <input type="checkbox"/> Period: _____ Service Provider <input type="checkbox"/>
DATE REQUESTED	
OFFICE INFORMATION	
OFFICE NUMBER	
COMPUTER AVAILABLE	
PRINTER AVAILABLE	
NETWORK POINT AVAILABLE	