



EPHRAIM MOGALE LOCAL MUNICIPALITY

REQUEST FOR NETWORK ACCESS

PERSONAL INFORMATION	
DEPARTMENT	
FULL NAME AND SURNAME	
ID. NUMBER	
IMMEDIATE SUPERVISOR	
EMPLOYMENT TYPE	<div style="display: flex; justify-content: space-between;"> <div>Permanent Employee</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Temporary employee</div> <div><input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Internship</div> <div><input type="checkbox"/> Period: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Volunteer</div> <div><input type="checkbox"/> Period: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Service Provider</div> <div><input type="checkbox"/></div> </div>
DATE REQUESTED	
OFFICE INFORMATION	
OFFICE NUMBER	
COMPUTER AVAILABLE	
PRINTER AVAILABLE	
NETWORK POINT AVAILABLE	