

## PERMISSION ASSIGNMENT

Employee Name	Department	Job Title	Level	
Requested permission for			Status (Granted / Not granted)	
Document Access Permission <input type="checkbox"/> DD.01 <input type="checkbox"/> DD.02 <input type="checkbox"/> DD.03 <input type="checkbox"/> DD.04 <input type="checkbox"/> DD.05 <input type="checkbox"/> Folder <input type="checkbox"/> Cabinet <input type="checkbox"/> Record Cab.1		Unique key #	User ID assigned	Effective Date
		Reason Assigned / Not Assigned		
System Administrator		Department Head		
Additional Access Permission Requested				
Date of Request: _____ Request Received By: _____				
Further Action Granted <input type="checkbox"/> DD.01 <input type="checkbox"/> DD.02 <input type="checkbox"/> DD.03 <input type="checkbox"/> DD.04 <input type="checkbox"/> DD.05		Reason for Further Grants		
		Granted by	Approved by	