



REQUEST FOR SYSTEM ACCESS/ ACCESS REVOCATION

PRINT CLEARLY / PROVIDE COMPLETE INFORMATION

BIR Form No.

0044

Revised February, 2021

User / Requester (Please Print)**1. Last Name**

2. First Name

3. Middle Name

4. Office☐ BIR☐ Non-BIR
☐ NO ☐ RR
☐ RDC ☐ RDO

Specify Office / Division

Specify Section

5. Job Designation/Role

6. Log-in

7. Contact Number/s (Telephone / Mobile)
8. BIR E-Mail Address

9. Date (mm/dd/yyyy)
10. Type of Request**A. SYSTEM ACCESS****System / Purpose**

Group Supervisor

Complete Name

(Case Management System - IRIS) only

☐ **Regular**☐ **Special**

- ☐ New Account
- ☐ Replace Job Designation
- ☐ Add Job Designation
- ☐ Reactivation of Suspended Account
- ☐ Resetting of Password
- ☐ Extension of Access
- ☐ Others pls. specify _____

Validity of Special Access Request

m m / d d / y y y y

B. ACCESS REVOCATION**System / Purpose**

☐ **Deletion**☐ **Suspension**☐ Leave of Absence

<indicate period>

☐ Change of Office

<indicate RTAO No.>

☐ Resignation

<indicate effectivity date>

☐ Retirement

<indicate effectivity date>

☐ Others
Special Instructions prior to Deletion of Account:
 (USERS WITH OS ACCESS ONLY)

Move Files from User Home Directory

To Directory

11. USER / REQUESTER SIGNATURE

Signature over Printed Name

Date (mm/dd/yyyy)
12. AUTHORIZING OFFICIAL

Head of Office (ACIR/Reg'l Dir./Div. Chief/RDO) or Process Owner / Project Manager

Signature over Printed Name

Date (mm/dd/yyyy)
*Technical Users only***13. Application / System**☐ ITS☐ IRIS☐ eServices: _____☐ Others: _____**14. ITS Server**☐ CDF☐ Manila☐ QCY☐ RR7☐ Makati☐ Vis-Min☐ LTD**Type**☐ Production☐ Testing☐ Development☐ Training**15. Security Management Division / Revenue Data Center**☐ Existing Role/s☐ New Role/s

Implementation

☐ In-house

Requirements Submitted

☐ Acceptable Use Policy☐ Justification letter☐ Outsource☐ Non-Disclosure Agreement☐ Others**15. EVALUATED / VALIDATED BY**

Chief, Security Management Division / Head, Revenue Data Center

Signature over Printed Name

Date (mm/dd/yyyy)
16. IMPLEMENTED BY☐ Systems Administrator☐ Database Administrator

Signature over Printed Name

Date (mm/dd/yyyy)