



DEPARTMENT OF HEALTH

PLEASE PRINT DETAILS CLEARLY

Where changes are the result of new employment a new **EACS User Access form** should be submitted.

USER	Last Name				First Name			
	User Id							
	Phone: Work				Phone: Mobile			
TYPE OF CHANGE REQUEST	Extend Access							
	Extension Date	From	/ /			To	/ /	
	Deactivate User Access?	<input type="checkbox"/>	Deactivate Date	/ /				
	Deactivate Web Access?	<input type="checkbox"/>	Deactivate Date	/ /				
	Change in Role?							
	Previous Designation							
	New Designation							
	If Acting	From	/ /			To	/ /	
AUTHORISATION	Manager Name				Date	/ /		
	Position				Signature			
	Phone							
<p>SEND COMPLETED FORM TO FAX: 08 8923 7603 or E-MAIL: eacshelpdesk@nt.gov.au <i>Allow five (5) working days for processing</i></p>								

For information regarding this application phone the EACS on (08) 8924 7173.