

USER	User Name (Printed)	<input type="text"/>	User ID	<input type="text"/>
	Current Work Unit	<input type="text"/>	Telephone	<input type="text"/>
TYPE OF CHANGE REQUEST	Extend Access?			
	Extension Date	From	<input type="text"/>	To <input type="text"/>
	Deactivate User Access?	<input type="checkbox"/>	Deactivate Date	<input type="text"/>
	Deactivate Query Group Access?	<input type="checkbox"/>	Deactivate Date	<input type="text"/>
	Deactivate Web Access?	<input type="checkbox"/>	Deactivate Date	<input type="text"/>
	Change in Work Unit?*			
	New Work Unit	<input type="text"/>		
TYPE OF CHANGE REQUEST	Change in Role?*			
	Previous Designation	<input type="text"/>		
	New Designation	<input type="text"/>	Work Unit	<input type="text"/>
	If Acting	From	<input type="text"/>	To <input type="text"/>
	Additional Functionality Required	<input type="checkbox"/> Default Messaging Provider <input type="checkbox"/> Reports – Primary Health Care Manager <input type="checkbox"/> Reports – Query Group Search Please complete a Query Group Access Form		
AUTHORISATION	Manager Name (Printed)	<input type="text"/>	Signature	<input type="text"/>
	Position	<input type="text"/>	Work Unit	<input type="text"/>
	Telephone	<input type="text"/>	Date	<input type="text"/>
PCIS	PCIS HELPDESK USE ONLY			
	Date Actioned	<input type="text"/>	Signed	<input type="text"/>

* Note: Where changes are the result of new employment a new [PCIS User Access application](#) form should be utilised.