**ARCHIBUS ACCESS REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | |
| Staff Number |  | Title |  |
| Given Name |  | Surname |  |
| Position Title |  | School/Section |  |
| Campus |  | UQ User Name |  |
| Contact Phone |  | Email Address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACCESS REQUIREMENTS** | | | | |
| Please detail the organisational units for which access is required. | | | | |
| Organisational Unit Name |  | | | |
|  |  | | | |
|  |  | | | |
| Space Module Access Level | Edit |  | View only  (approval not required) |  |
| Personnel and Occupancy | Edit |  | | |
| Create Service Requests | Edit |  | | |
| Emergency Contact | Edit |  | | |
| Emergency Chief Warden | Edit |  | Emergency Deputy Warden |  |
| Hazardous Rooms | Edit |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature of Applicant | |  | | | Date |  |
|  | | | | | | |
| **APPROVAL** (approval required for Space Editor and Service FM) | | | | | | |
| Authorised Officer to Complete (Head of applicant’s School/Section). | | | | | | |
| Name |  | | Email |  | | |
| Position |  | | Phone |  | | |
| Signature |  | | Date |  | | |

**Please return completed form to:**

Archibus System Administrator, email: [archibus@uq.edu.au](mailto:archibus@uq.edu.au)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ARCHIBUS SYSTEM ADMINISTRATOR USE ONLY** | | | | |
| Processed by |  | | Date |  |
| Confirmation Email sent to Applicant | |  | | |

For more information visit: [www.pf.uq.edu.au/archibus](http://www.pf.uq.edu.au/archibus)