REQUEST FOR SYSTEM ACCESS/ ACCESS REVOCATION

PRINT CLEARLY / PROVIDE COMPLETE INFORMATION
QF-SA-001

BIR Form No.
0044
Revised February, 2025

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 / Section

TIN: *(if applicable)*

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 over Printed Name

Date (mm/dd/yyyy)

12. AUTHORIZING OFFICIAL
Head of Office (ACIR/Reg'l Dir./Div. Chief/RDO) or Project Manager

_____
Signature over Printed Name

Date (mm/dd/yyyy)

13. PROCESS OWNER:
☐ **APPROVED**   ☐ **DISAPPROVED**
(for Special Access)

_____
Signature over Printed Name

Date (mm/dd/yyyy)   **Remarks:**

Technical Users only

14. Application / System / Servers:
   ☐ ITS   ☐ IRIS   ☐ eServices: _____   ☐ Others: _____

15. Type   ☐ Production   ☐ Testing   ☐ Development   ☐ Training

16. Security Management Division / Revenue Data Center

☐ Existing Role/s
☐ New Role/s
Role/s

Remarks

Implementation   ☐ In-house   Requirements Submitted   ☐ Acceptable Use Policy   ☐ Justification letter
                 ☐ Outsource   ☐ Non-Disclosure Agreement   ☐ Others

17. EVALUATED / VALIDATED BY
Chief, Security Management Division / Head, Revenue Data Center

_____
Signature over Printed Name

Date (mm/dd/yyyy)

18. IMPLEMENTED BY   ☐ Systems Administrator   ☐ Database Administrator

_____
Signature over Printed Name

Date (mm/dd/yyyy)