

**FWT HEALTH ROSTER BANK STAFF SYSTEM ACCESS REQUEST FORM**  
 (For areas not using E-Rostering)

<b>NAME OF PERSON REQUIRING ACCESS:</b>	
<b>ROLE OF PERSON:</b>	
<b>EMAIL ADDRESS:</b>	
<b>ACCESS REQUIRED (Please Indicate Yes):</b>	
VIEW SHIFTS	
ADD SHIFTS	
TIMESHEET SHIFTS (Confirm attendance)	
FINALISE SHIFTS*	
<small>* User must be an authorised signatory in order to finalise shifts</small>	
REPORTS	
<b>Service Areas required (Please List):</b>	
Team	Cost Code
Is access required on a (Please Tick):	
Temporary basis <input type="checkbox"/>	Or Permanent basis <input type="checkbox"/>
Name of requesting Manager:	
Signature of requesting Manager:	Date:
<b>Office Only:</b>	
Role given within System _____	
Date person added: _____ By Whom: _____	