Hospital Selayang

PERMISSION TO RESET PASSWORD
(Must Be Completed By User)

1. ☐ WINDOWS 2. ☐ CERNER Powerchart 3. ☐ EMAIL 1govUC 4. OTHERS:………………

Date of Application		Date Approved **(For Office use only)**	
Full Name (as in I/C)			
I.C. Number			
Phone No.	Mobile:	Office (ext.) :	

Position	☐ CONSULTANT
	☐ SPECIALIST
	☐ MEDICAL OFFICER
	☐ HOUSEMAN
	☐ PHARMACIST
	☐ PHARMACIST PRP
	OTHERS :…………………………..
	GRED JAWATAN : …………………….
Department / Ward	

REASON : _____

Signature : _____

_____

Fill in by IT Department
Date :   Name :
Signature :