

REMOTE ACCESS REQUEST FORM (VPN)

Section 1 End User Information:	State Employee	☐ Non-State Employee	Contractor
End User's Last Name		First Name	
Sponsor Agency/Division*			
Phone Number:	1	Email	
I acknowledge the applicable State procedures, sections 8280 Acceptable			
End User's Signatu	ure	Date	
Section 2 Agency Sponsor Section	- Remote Access Re	equest(s) and Authorization	
Please make your selection(s):			
	(For technical staff o	only, must also be approved b	y EIC staff)
PON: (Required) S	SubPON:		financial department if you don't know your encies do not have a SubPon)
Sponsor Agency Address:			
ADD VPN Account			
Token Type: Soft Token	Using OKTA (SMS, 0	OKTA Verify APP)	
The Okta soft token would utilize your sn	mart phone to receive an SN	/IS Code or the Okta Verify App to gener	rate a secure code.
DELETE VPN Account			
I acknowledge that I am respons another agency, terminates emplo agency, terminates employme acknowledge that, in the even	oyment, or no longer r nt, or no longer requ t of a VPN account b	equires the Remote Access acco uires the Remote Access acco eing deleted, I am responsible	ount(s).s to another ount(s). I also e for retrieving the Hard
Token from the User, or valida	iting that this User d	id not have a Hard Token to re	etrieve.
Authorizing Agency Sponsor Nam Sponsor Agency Address:	e Authorizing	Agency Sponsor Signature	Date
☐ Sponsor Agency - E-mail the co	empleted form to AZI	NET Support Desk at AZNetSu	ipportDesk@AZDOA.gov.

^{*}If your agency is not listed, contact the AZNet Support Desk at 602-364-4444 option 1 or AZNetSupportDesk@azdoa.gov.