|  |
| --- |
| **END USER INFORMATION** |
| TYPE OF USER: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]   | State Employee / Paid Intern | [ ]   | State Contractor / Unpaid Intern | [ ]  | Vendor | [ ]   | Customer(Non-State Entity) |

 | EIN: |  |
|  |  |  |  | *If applicable* |
| FULL NAME: |  |  |  | TITLE/POSITION: |  |
|  | Last | First | M.I. |  |  |
| PHONE #: |  | EMAIL ADDRESS: |  | STATE AGENCY: |  |
|  |  |  |  |  |  |
| DEPT/DIVISION: |  | COMPANY: |  |
|  |  |  | *If applicable* |
| OFFICE LOCATION: |  |  |  |  |
|  | Street Address | City | State | Zip |

|  |
| --- |
| **PRIVILEGE LEVEL** |
| TYPE OF ACCESS: |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Domain Administrator | [ ]  | Local Administrator | [ ]  | Schema Administrator | [ ]  | Enterprise Administrator | [ ]  | Other |  |  |

 |
|  |
| DURATION OF ACCESS: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Permanent | [ ]  | Temporary |  |  |

 | IF TEMPORARY, PROVIDE DURATION PERIOD: | thru |
|  |
| IF LOCAL ADMINISTRATOR, PROVIDE COMPUTER NAME: |  |
|  |

|  |
| --- |
| **BUSINESS JUSTIFICATION** |
| PROVIDE BUSINESS JUSTIFICATION FOR REQUESTED ELEVATED ACCESS. APPROPRIATE BUSINESS JUSTIFICATION AND MANAGEMENT/AGENCY AUTHORIZATION IS NECESSARY BEFORE REQUEST WILL BE REVIEWED BY ASET SECURITY FOR APPROVAL. **FOR PERMANENT ACCESS REQUESTS, JUSTIFICATION MUST INCLUDE REASON FOR PERMANENT DURATION**: |

|  |
| --- |
| **ADDITIONAL COMMENTS** |
|  |

|  |
| --- |
| **END USER RESPONSIBILITY AGREEMENT** |
| By signing below, I affirm that* I have accessed and reviewed standard “**A800-M3-S02** – Acceptable Use of ADOA Information Resources” from the ADOA Policy, Standards and Procedures.
* I agree that this access shall only be used for authorized work within the scope, and on behalf, of my organization.
* For non-compliance, all ADOA employees shall be subject to Human Resource progressive discipline up to and including dismissal.
* I understand that access is subject to recertification on a periodic basis.

|  |  |  |  |
| --- | --- | --- | --- |
| END USER SIGNATURE: |  | DATE: |  |
|  |  |  |  |

 |

|  |
| --- |
| **MANAGEMENT APPROVAL** |
| By signing below, in authorizing access I affirm that* I understand that the request must still be reviewed and approved by the ASET Security Manager before it can be processed.
* I agree that upon termination or status change of the user, I will advise ADOA ASET Security Provisioning at (602) 542-0257 so that access can be removed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| MANAGER’S NAME: |  | MANAGER’S SIGNATURE: |  | DATE: |  |
|  | *Please Print* |  |  |  |  |
| ASSISTANT DIRECTOR/DESIGNEE NAME: |  | ASSISTANT DIRECTOR/DESIGNEE SIGNATURE: |  | DATE: |  |
|  | *Please Print* |  |  |  |  |

 |

|  |
| --- |
| **SECURITY APPROVAL** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| INFO. SEC. MANAGER’S NAME: |  | INFO. SEC. MANAGER’S SIGNATURE: |  | DATE: |  |
|  | *Please Print* |  |  |  |  |

 |