|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | |  | | |
|  | | | | |

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| **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**: |

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| **ADDITIONAL COMMENTS** |
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| **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: |  | |  |  |  |  | |

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| **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* |  |  |  |  | |

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