|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |
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| **REQUEST INFORMATION** | | | | |
| REQUEST TYPE: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | New Account |  | Change/Modify |  | Transfer |  | Delete | | | USER ID: |  |
|  | | | | If available |
| ACCOUNT TYPE: | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | TSO |  | AIMS |  | APPLE | |  | HR CONTROL D |  | FTP |  |  | | **For AIMS User**: If transferring, state from which facility. |  | |
|  | | | | |
| **BUSINESS JUSTIFICATION** | | | | |
| *Provide business justification for request. Appropriate business justification and management/agency authorization is necessary before request will be review by ASET SPR for processing.* | | | | |
| **VERIFICATION WORD** | | | | |
| *Provide a verification word which will be used by the ADOA Support Desk to confirm your identity in the event that you need them to reset your password.* | | | | |

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| **ARIZONA DEPARTMENT OF ADMINISTRATION DATA SHARING NON-DISCLOSURE AGREEMENT** |
| I have been made aware and understand that applicable laws, rules and ADOA directives bind all ADOA and non-ADOA personnel who have access. I agree to abide by all applicable laws, rules and ADOA directives, and pledge to refrain from any and all of the following:   1. Revealing data to any person or persons outside or within the agency who have not been specifically authorized to receive such data. 2. Attempting or achieving access to data not germane to my mandated job duties. 3. Entering/altering/erasing data for direct or indirect personal gain or advantage. 4. Entering/altering/erasing data maliciously or in retribution for real or imagined abuse or for personal amusement. 5. Using terminals, printers, and/or other equipment for other than work related purposes. 6. Using another person’s personal data access control identifier (USERID) and password. 7. Revealing my personal data access control identifier and/or password to another person. 8. Asking another user to reveal his/her personal data access control identifier and/or password.   Appropriate action will be taken to ensure that applicable federal and state laws, regulations and directives governing confidentiality and security are enforced. A breech of procedures occurs pursuant to this policy or misuse of department property including computer programs, equipment and/or data, may result in disciplinary action including dismissal, and/or prosecution in accordance with any applicable provision of law including Arizona Revised Statutes, Section 13-2316. |

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| **END USER RESPONSIBILITY AGREEMENT** |
| By signing below, I affirm that   * I have read and agree to comply with the ADOA Data Sharing Non-Disclosure Agreement. * I accept responsibility for adhering to all applicable laws, rules and ADOA directives. Failure to sign this agreement will mean I will not be permitted access to ADOA produced media, computer equipment and software.  |  |  |  |  | | --- | --- | --- | --- | | END USER SIGNATURE: |  | DATE: |  | |  |  |  |  | |

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| --- | --- |
| **AGENCY APPROVAL** | |
| APPROVAL LEVEL: | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Manager (direct report) |  | Upper Management |  | Delegated Authority | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | MANAGER / DELEGATE NAME: |  | MANAGER / DELEGATE SIGNATURE: |  | DATE: |  | |  | *Please Print* |  |  |  |  | | |