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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROXY EXCEPTION INFORMATION** | | | | | |
|  | | | | | |
| TYPE OF ACCESS: | |  |  |  |  | | --- | --- | --- | --- | |  | Permanent |  | Temporary | | | | IF TEMPORARY, SPECIFY DURATION: | to |
|  | | | | | |
| NEED ACCESS TO THE FOLLOWING URL: | |  | | | |
|  | | | | | |
| NAME OF WEB CATEGORY CURRENTLY BLOCKING SITE: | | |  | | |
|  | | |  | | |
| **BUSINESS JUSTIFICATION / ADDITIONAL COMMENTS** | | | | | |
| *Provide business justification for access request. Appropriate business justification and management/agency authorization is necessary before request will be reviewed by ASET SPR for processing.* | | | | | |

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| **END USER RESPONSIBILITY AGREEMENT** |
|  |
| By signing below, I affirm that   * I have read, understand, and agree to abide by the *“Acceptable Use Policy”* **(**[**P8280**](https://aset.az.gov/sites/default/files/STATEWIDE%20POLICY%20P8280%20%20Acceptable%20Use_1.pdf)**)**. * 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 on-going requests are subject to recertification at the beginning of each calendar year.  |  |  |  |  | | --- | --- | --- | --- | | END USER SIGNATURE: |  | DATE: |  | |

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| **ASSISTANT DIRECTOR OR DESIGNEE AUTHORIZATION** |
|  |
| By signing below, in authorizing access I affirm that   * I agree that upon termination or status change of the user, I will advise ADOA ASET Service Desk at [servicedesk@azdoa.gov](mailto:servicedesk@azdoa.gov) so that exception can be removed. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ASSISTANT DIRECTOR/DESIGNEE’S NAME: |  | ASSISTANT DIRECTOR/DESIGNEE’S SIGNATURE: |  | DATE: |  | |  | *Please Print* |  |  |  |  | |