|  |
| --- |
| **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.* |

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

 |

|  |
| --- |
| **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 so that exception can be removed.
 |
|

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

 |