|  |
| --- |
| **EVENT INFORMATION** |
|  |
| SYSTEM/SERVICE AFFECTED: |  | CALL TRACKING TICKET # |  |
|  |
| EVENT START DATE/TIME: | **1/1/1995 12:00 PM** | EVENT END DATE/TIME: | **1/1/1995 12:00 PM** |
|  |
| **EVENT DESCRIPTION (from customer perspective)** |
|  |
|  |
|  |
| **EVENT DESCRIPTION (from ADOA perspective)** |
|  |
|  |
|  |
| **ADOA GROUP(S) INVOLVED IN EVENT** |
|  |
| **GROUP NAME** | **GROUP REPRESENTATIVE(S)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **AGENCIES AND/OR DEPARTMENTS AFFECTED** |
|  |
| **AGENCY OR DEPARTMENT NAME** | **AGENCY OR DEPARTMENT REPRESENTATIVE(S)** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
|  |
|  |
| TYPE OF ACCESS: |

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

 | IF TEMPORARY, SPECIFY DRUATION: | 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 review 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 of ADOA Information Resources”* **(**[**A800-M3-S02**](http://aset.azdoa.gov/sites/default/files/u130/A800-M3-S02%20Acceptable%20Use%20of%20ADOA%20Information%20Resources%20Rev%201.pdf)**)** standards 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 on-going requests are subject to recertification at the beginning of each calendar year.

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

 |

|  |
| --- |
| **MANAGEMENT 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 SPR at secadm@azdoa.gov so that exception can be removed.
 |
|

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

 |