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| **EVENT INFORMATION** | | | | | |
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| 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)** | | | | | |
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| **EVENT DESCRIPTION (from ADOA perspective)** | | | | | |
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| **ADOA GROUP(S) INVOLVED IN EVENT** | | | | | |
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| **GROUP NAME** | | **GROUP REPRESENTATIVE(S)** | | | |
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| **AGENCIES AND/OR DEPARTMENTS AFFECTED** | | | | | |
|  | | | | | |
| **AGENCY OR DEPARTMENT NAME** | | **AGENCY OR DEPARTMENT REPRESENTATIVE(S)** | | | |
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| 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.* | | | | | |

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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 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: |  | |

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| **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](mailto:secadm@azdoa.gov) so that exception can be removed. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | MANAGER’S NAME: |  | MANAGER’S SIGNATURE: |  | DATE: |  | |  | *Please Print* |  |  |  |  | |