

USER SECURITY AUTHORIZATION REQUEST

OA/OIT/I&O/LAN Management

Instructions:

I. TYPE OF REQUEST

☐ ADD ☐ DELETE ☐ CHANGE ☐ Other (specify)

II. USER INFORMATION (Please complete all information)

Employee Name _____ Employee ID # _____ Phone # _____
(Last, First, Middle Initial)
Agency / Dept. Name _____ Bureau Name _____
Division Name _____ Section Name _____
Unit Name _____ Building _____ Fl./Rm. # _____
Existing CWOPA user ID (if any) _____ Effective Date for Request _____

III. APPLICATION INFORMATION (Indicate the requested additions/deletions)

Add Delete

<input type="checkbox"/>	<input type="checkbox"/>	Docfinity
<input type="checkbox"/>	<input type="checkbox"/>	CRPS Role: User, Creator, Approver (circle the role being requested)
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

IV. USER CERTIFICATION (Please read carefully, sign and date this certification statement)

- (1) I certify that I have read the Commonwealth IT Resource User Agreement.
- (2) I have been given the opportunity to have any questions I have about the policy answered by my Site Security Coordinator.
- (3) I understand the policy contained in the Commonwealth IT Resource User Agreement and agree to adhere to it.
- (4) I agree to access / use all IT Resources in accordance with this policy and understand the consequences of failing to do so.
- (5) I understand my user ID and password, used in combination, represent my signature. I agree to keep passwords confidential.

Employee Signature _____

V. APPROVALS

Employee's Supervisor Signature _____ Date _____

Print Employee's Supervisor Name _____ Phone # _____

Brief justification or special instructions:

VI. INTERNAL USE ONLY

User Administration _____ Date _____