

Privileged Account Activation / Change Request

Enterprise Systems IT-3000C (Rev. 6/2017)

Instructions: This form should be used only for requesting, renewing, terminating or updating a privileged network (SCPRIVID) account. Information must be provided for all required fields (as indicated by *). Submit completed form to the Department of Administration Service Desk at servicedesk@admin.sc.gov.

the Department of Administration	Service Desk at servicedesk@a	dmin.sc.gov.	
General Information			
Agency / Division *			Date *
Requested Action New Renewal T	ermination Role Update	Effective Date	Termination Date
User Information			
Name*	Office Phone*	Mobile Number (Work)*1	SCNETID*
Email*	,		
¹ Mobile number is required for two-factor au	thentication		
Privileged Roles			
☐ Enterprise ☐ Domain ☐ Group Policy ☐ Group ☐ Other (Please specify)	☐ Identity (SCNETID) ☐ Ide	ntity (SCPRIVID)	☐ Desktop Support
Justification for Request / Addit	ional Information		
·			
Acknowledgement I assume full responsibility for protein the use of the account. I understate that it must not be shared or used be occur under my account and I will in account. I understand that I am resprivileged passwords must be differ level access to circumvent enterprise activities and must not be used for actively monitored and an audit trail of that any violation of account policy, account access and authorization. In disciplinary policies and progressive Privileged Access will be disabled of (2) the job tasks have been complete for privileged access was submitted. By signing below, I acknowled.	and that my assigned privileged ac by other individuals. I understand mmediately notify Department of a sponsible for keeping privileged usent from my standard account pare security systems. I understand accessing resources located on of activities will be created and revi- security policy, agency policy or a addition, appropriate disciplinary of disciplinary process. Ince one of the following occurs; (and approved. adde the responsibility and fully	count is for my use only in per that I am responsible for all act Administration Service Desk of se passwords secure and contassword. I will not attempt to ut that my privileged account must the Internet. I understand my iewed by the Division of Information action may be taken in accordance of the time frame for requested was created, or (3) one year harmonic and accept the result and accept the result in the immedial action may be taken in accordance.	formance of job duties and ctivity and transactions that any suspect activity in my fidential and recognize that use my assigned privileged at not be used for daily use or privileged account will be ation Security. I understand the termination of privileged ance with State and Agency of privileged access expires, as passed since the request
	associated with privileged		
Assigned User:	Signature	Print Name	Date
Manager / Supervisor:	Signature	Print Name	Date
Deputy CISO / Designee:	Signature	Print Name	Date
Deputy CIO / Designee:	Signature	Print Name	Date

Data Classification: Internal Use