

Privileged Account Activation / Change Request

Managed Customer IT-3000D (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 Administr	ation Service Desk at <u>servicede</u>	<u>sk@admin.sc.gov</u> .	
Agency Information*			
Agency / Division *			Date *
Requested Action		Effective Date	Termination Date
New Renewal	☐ Termination ☐ Role Cha	ange	
User Information			
Name*	Office Phone*	Mobile Number (Work)* 1	SCNETID*
		, ,	
Email*			
L ¹ Mobile number is required for two-fa	nctor authentication		
Privileged Roles (Select req	uested privileged roles)		
Local Administrator	Desktop Administrator	Group Manager	unt Manager
Server Administrator Application Administrator (Please specify)			
Other (Please specify)			
Justification for Request / Additional Information			
in the use of the account. I un that it must not be shared or a occur under my account and account. I understand that I a privileged passwords must be level access to circumvent en activities and must not be use actively monitored and an account understand that any violation privileged account access and and Agency disciplinary policion.	derstand that my assigned privilegused by other individuals. I under a will immediately notify Department for the privilegused different from my standard account for accessing resources located for accessing resources located trail of activities will be created for account policy, security policy, a authorization. In addition, appropers and progressive disciplinary probled once one of the following occities.	curs; (1) the time frame for request	performance of job duties and activity and transactions that of any suspect activity in my onfidential and recognize that o use my assigned privileged must not be used for daily use my privileged account will be not Information Security. If the immediate termination of oken in accordance with State and privileged access expires,
(2) the job tasks have been of request for privileged access		d account was created, or (3) on	e year has passed since the
June 30 will be the universal r	enewal date for all managed cust	omer privileged accounts.	
By signing below, I ackn		fully understand and accept the	e risk and responsibility
	associated with priv	ileged level access.	
Assigned User:			
, 1001g.100 00011	Signature	Print Name	Date
Manager / Supervisor:	Signature	Duint Noves	
	Signature	Print Name	Date
IT Director / Liaison:			

Print Name

Date

Signature