

Remote Access Authorization

(Rev. 03/2018)

Instructions: This form should be used for requesting remote access to the internal Department of Technology Operations (DTO) network for employees, affiliates, customers, contractors and vendors. Manager must provide requested information and submit completed and signed form to the South Carolina Department of Administration (Admin) Service Desk at servicedesk@admin.sc.gov. Form should be received at least three business days prior to requested effective date.

Requestor Information							
Agency / Divisio	n				Date		
Manager Name			Manager Phone			Manager Email	
User Information	tion						
Name			Office Phone		Mobile Number (Work) 1		SCNETID
Email			-		Effective Date		Termination Date
¹ Mohile number is	required for tw	o-factor authentication	nn .				
	•						
Access Method (Protocol)							
VPN	Citrix	Blast (RSD)	SSH	PPP/SLIP	Otl	ner	
Business Justification							
Acknowledgement							
							ation I encounter in the use
of the account. I acknowledge and accept all Admin acceptable use and/or remote access policies. I understand that my account is for my use only in performance of my job duties and that it must not be shared or used by other individuals. I understand that							
I am responsible for all activity and transactions that occur under my account and I will immediately notify the Admin Service							
Desk of any suspect activity in my account. I understand that I am responsible for keeping passwords secure and confidential							
and recognize that passwords must be different between standard and elevated accounts. I will not attempt to use my assigned access, standard or elevated, to circumvent enterprise security systems or for any unethical, illegal, or criminal purposes. I							
							reated and reviewed by the
Division of Info	rmation Sec	urity (DIS). I und	erstand tha	at any violation of	accour	nt policy, security pol	icy, Admin policy or law will
Division of Information Security (DIS). I understand that any violation of account policy, security policy, Admin policy or law will result in the immediate suspension of account access and authorization. In addition, appropriate disciplinary action may be taken in accordance with state and Admin disciplinary policies and progressive disciplinary process.							
							ces requires the use of two- rned and managed devices.
		_	-	•	•		risk and responsibility
by signing	below, I ac			with remote ac			тэк ана теэропэюнцу
ASSIQ	gned User: _	Sig	gnature	·		Print Name	Date
I authorize the	above-nam	ed user to be gra	anted remo	ote access to DT	O resou	urces. I will ensure t	hat the named individual is
		Admin policies a					
Manager / S	upervisor:_	Sic	gnature			Print Name	Date
		O.E.	,				25.0
Deputy CISO /	Designee:_						
		Sig	gnature			Print Name	Date
Deputy CIO /	Designee:						

Print Name

Date

Signature