

DEPARTMENT OF REVENUE SERVICES

VPN REQUEST FORM

PURPOSE

The purpose of this form is to request remote access to the Department of Revenue Services Network.

INSTRUCTIONS

Employee:

1. Fill out the form. All sections must be filled out completely.
2. Digitally sign the form (this is a certified digital signature*). You will be prompted to save the document as you apply your digital signature.
3. Email the digitally signed form to your Supervisor, either by clicking the "SUBMIT" button or attaching the PDF document to an email.

Supervisor:

1. Review the form for accuracy.
2. Digitally sign the form*. You will be prompted to save the document as you apply your digital signature.
3. Email the digitally signed form to the Policy Compliance Officer (PCO), either by clicking the "SUBMIT" button or attaching the PDF document to an email.

EMPLOYEE INFORMATION

Today's Date	Division
Last Name	Supervisor
First Name	Date Required
Title	Personal Email
Telephone	Cell Phone No.
Work Unit	Internet Provider

REQUESTED ACCESS

Please provide a full description of the systems that you require access to using VPN (ex. DRS internal email, ITAS, Image Retrieval, specific network files, etc.)

BUSINESS JUSTIFICATION

Please provide a full description of the functions of your job which require the requested services. General statements such as "VPN Access is required to perform daily work" will not be accepted.

By signing this form, I state that I have read and understand the DoIT Information Security Policy

Employee's Signature

Policy Compliance Officer's Signature

Supervisor's Signature

* - If you are having difficulty or do not know how to set up your digital signature, contact the ISD Help Desk for assistance.