

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
FDOT COMPUTER SECURITY ACCESS REQUEST

325-060-05
INFORMATION SYSTEMS
05/07

User Information: Name: _____
Existing Userid (If applicable): _____ Contact Phone (Required): _____
Cost Center #/Name: _____ / _____
User's Email: _____ User's Phone: _____

User's Acceptance of Conditions:

By signing below, I signify that I have read and understand that I am subject to all the provisions of:

- Executive Office of the Governor Memorandum – 1998-01, Information Resource Security Policy
- Chapter 119, Florida Statutes, Public Records
- Section 281.301, Florida Statutes – Safety and Security Services
- Chapter 282, Florida Statutes – Communications and Data Processing
- Section 282.318, Florida Statutes – Security of Data and Information Technology Resources
- Chapter 815, Florida Statutes – Computer Related Crimes
- Procedure 050-020-026 – Distribution of Exempt Public Documents Concerning Department Structures and Security System Plans

I understand that every employee is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password.

I also understand that signing below indicates that I have read and completed the following:

FDOT Security's New Employee Required Reading:

<http://www.dot.state.fl.us/computersecurity/ITpolicies.shtm>

Computer Security Awareness for New Employees – Course and Quiz

<http://www.dot.state.fl.us/ComputerSecurity/swf/new-user-2004-08/csa-newuser.shtm>

Macromedia Flash player required for coursework and quiz:

<http://get.adobe.com/flashplayer/>

User's Signature: _____ **Date:** _____

Request Type: New User Name Change Access Change Termination Transfer

(If Termination or Transfer, please enter the information requested below)

Effective Date: _____ Effective Time: _____

Person Responsible for cleaning up employee's Mainframe Catalog: _____

Name: _____ Userid: _____ Phone: _____

New Account Type: *(If New User/Transfer was selected above, please indicate the type of account being requested.)*

Employee/OPS Consultant/Contractor Generic/Service Outside Agency FTP Only

Other (Please explain): _____

Type of Computer Access Requested:

Mainframe *(Required for New User)*

EDMS *(Must complete the EDMS Addendum)*

Email

FTP *(Must complete the FTP Addendum)*

Dial-In (RAS)

FTA *(Must complete the FTA Addendum)*

CITS

SUNPASS *(Must complete the Sunpass Addendum)*

Metaframe/Citrix _____

VPN/Wireless VPN *(Must complete the FTP/Wireless VPN Addendum)*

(Please Specify)

DOMAIN AND/OR LAN ACCESS: _____ OU: _____

AD Groups: *(Please provide details)* _____

Other Security Access (Please provide details): _____