***Department of Medical Assistance Services***

**ENTERPRISE CONTENT MANAGEMENT (ECM)**

# APPLICATION ACCESS User Security Access Request Note: User/Approver must sign Acknowledgment (page 2).

 *Ticket Type:*  *[ ]* Change [ ]  HelpDesk Ticket Number(s) –

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| *TYPE OR PRINT ALL INFORMATION CLEARLY:* Incomplete, illegible, unclear requests will be rejected and returned to the requestor |
| 5 Business Day Notification Required |

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| **Type of Request (required)** *[ ]*  Development *[ ]*  Test *[x]*  Production |

[ ]  Create New Logon ID [ ]  Change / Transfer [ ]  Termination

[ ]  Modify Existing Logon (ID required): User ID (same as VAMMIS) ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **User Information (required)** |
| **LAST Name** | **FIRST Name** | **Middle Initial** |
| **User Type:** [ ]  FA Employee / Contractor / Temp [x]  Client Employee / Contractor / Wage [ ]  Vendor |
|  |
| **Phone No.:**  **(804) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Division/Dept Acronym****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Last 4-digits of SSN (identifier): \_\_\_\_\_\_\_\_\_**  |

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| **Access Request:****(check one only; if not known, leave blank and use Comments Area below to state “model after”)** |
| [ ]  Xerox Citrix required for the following applications (requires a FOB assignment) (User will receive separate ID/password)  |
|  | [ ]  SAS Server [x]  1 [ ]  2 [ ]  3 | [ ]  | Rational  | [ ]  |  |
|  | **FOB # ASSIGNED:**  | **CID # ASSIGNED: C** |
|  |
| [ ]  Other applications available (no FOB assignment required) (possible separate user ID/password) |
|  | [ ]  Remedy ISR | [ ]  | Cognos / Metrics | [ ]  | Sharepoint |
|  |  [x]  Floating Originator | [ ]  | Cognos / Pharmacy | [ ]  | Omni-Track  |
|  |  [ ]  Chg Mgt Coordinator | [ ]  | Cognos / ESS | [ ]  | File Transfer |
|  |  | [ ]  | Cyberformance | [ ]  | JSURS: ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  | [ ]  | Other? |
| **Enterprise Content Management (ECM) Access Request:****(check one only; if not known, leave blank and use Comments Area below to state “model after”)** |
| **DMAS** staff only (legacy content included) | **Other** State Agency or Contractor staff only |
| [ ]  FN\_VA\_L1\_def (default)\*  | [ ]  FN\_VA\_ACS-XEROX (State-CallCenter) | [ ]  FN\_VA\_MAGLN |
| [ ]  FN\_VA\_L1\_SSA-s | [ ]  FN\_VA\_CG (PHBV, Myers-Stauffer) | [ ]  FN\_VA\_MAXIMUS |
| [ ]  FN\_VA\_L2\_Clms-s | [ ]  FN\_VA\_DBHDS | [ ]  FN\_VA\_OAG\* |
| [ ]  FN\_VA\_L2\_SSA-s | [ ]  FN\_VA\_DSS | [ ]  FN\_VA\_VDH |
| [ ]  FN\_VA\_L3-C-s (Checks) |  |  |
| [ ]  FN\_VA\_L4-CT-s (TimeKeepers) |  |  |
| [ ]  FN\_DMAS\_PESMGR | \*includes HummingBird Legacy Reports |
| [ ]  Other (write in): |
| Comments Area (for use by user and/or authorizing supervisor as needed or attach separate sheet as needed) |
| Model After: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Signatures (required for request to be processed):** |

**Application User‘s Acknowledgement and Responsibilities:**

 Access has been granted to me by DMAS as a necessary privilege in order to perform authorized job functions. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as logon IDs, passwords, terminal IDs, user IDs, file protection keys or production read/write keys) for any purposes other than those required to perform my authorized employment functions;

 Each password provided is confidential to me as an individual and is not to be disclosed to any other person (including technical assistance). If any willful disclosure or access to data and privilege rights is detected, both the unauthorized user and I will be subject to disciplinary action, up to and including termination; passwords must not be kept in written format or in a manner that would enable access to it by another person. If a password is provided to me by technical assistance, it must be changed immediately. Logon scripts or macros that emulate a logon and passwords are prohibited and may not be used or created. Issued initial passwords must be changed immediately;

 I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so; I will not use any access mechanism which has not been expressly assigned to me;

 I agree to abide by all applicable Commonwealth of Virginia and DMAS agency policies, procedures, and standards which relate to the security of DMAS information systems and the data contained therein;

 By signing this acknowledgement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this acknowledgement will result in disciplinary action, including but not limited to, the termination of my access privileges.

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User’s Signature Date

The approver’s signature acknowledges approval for the new or modified user listed on this form and will notify the DMAS ISO of any status changes to the user’s employment or job function. The approver’s signature also acknowledges that they have familiarized the user named above with DMAS Security Policies.

Authorized Approver’s Signature (required) Printed Name/Phone No. Date

 Brenda Edwards, DMAS Security ISO

 or Theresa Fleming, DMAS Agency ISO/Mgr

Secondary Approver’s Signature (required) Printed Name Date

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| **Security Administrators Use Only – (if more space needed, please attach a separate sheet):** |
| Security Administrator’s Signature Date Logon ID Assigned |
|  |
| Comments: |
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