

VPN Access List Approval Form

(For CABQ Personnel Requesting VPN Access only)

Name Requesting Access (First, Middle, Last)

Work Phone #

Employee number

Date requesting access

Department Name

Department Number

Purpose of access:

I, _____ have read and agree to the terms and conditions outlined in the VPN terms and conditions policy. I agree that if I abuse these terms and conditions that I will lose privileges to VPN access and possible discipline actions may result.

Signature:

Date:

(Supervisor)

Name

Title

Phone #:

Employee number:

Department Name and Number:

Host(s) employee needs access to:

I have read the terms and conditions for VPN access and agree that the above employee requires VPN access for the reasons stated above.

Signature:

Date:

===== *ITSD Network Manager or authorizing personnel:*

Signature:

Title:

Date:

Approved ___ Deny ___ access to the VPN.

(For Contractor/Vendor Requesting VPN Access)

Person requesting access: (First, Middle, Last) _____ Employee telephone #: _____

Company Name _____ Phone #: _____

Location (Address of Company) _____

Supervisors Name _____ Title _____ Phone #: _____

I, (_____) have read and agree to the Terms and Conditions outlined in the VPN terms and conditions policy. I agree that if I abuse these terms and conditions that I will lose privileges to VPN access and possible discipline actions may result.

Name: _____ Signature: _____ Date: _____

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To be filled out by CABQ sponsor (Access will not be granted without City Sponsor signature)

How long will access be required _____

Purpose for requesting access

List Resource(s) needing access to:

I, _____ approve of VPN access.

CABQ Personnel Authorizing this access / Phone #:

=====

ITSD Network Manager or authorizing personnel:

Signature: _____ Title: _____ Date: _____

Approved ___ Deny ___ access to the VPN.