

VPN Request Form Instructions for STATE owned computers ONLY

DO NOT USE THIS FORM TO REQUEST SSLVPN ACCESS

- (A) **Agency Name:** Enter Agency Name (example – ACCORD, Albany County)
 - (B) **Agency Code:** Three digit code that has been assigned to the agency (example – P10, A01)
 - (C) **Site Name:** Name of site where user works (example – Belfast 44 Main St., Albany 112 State St.)
 - (D) **Site ID:** Three digit code that has been assigned to the site where the user works - (ex.– 5A5, 9H5)
 - (E) **Date of Request:** Enter date request is submitted.
 - (F) **Requestor Last Name:** Enter last name of individual submitting request.
 - (G) **Requestor's First Name:** Enter first name of individual submitting request.
 - (H) **Requestor's User Id:** Enter user ID of individual submitting request.
 - (I) **Requestor's Email Address:** Enter the email address of individual submitting request.
 - (J) **Employee's user name and ID requiring access or deletion:** Enter name(s) of employee and ID for each employee that access or deletion is being requested.
 - (K) **Access is to be: Added or Deleted:** Place a check mark in the box for added or deleted. Use the form for adding or deleting access. Do not combine addition and deletion requests on the same form.
 - (L) **Authorizing Organization/Agency has determined the employee's job duties require remote access to the HSEN and all Agency permissions have been satisfied:** Read and Check the box if the request is to ADD VPN access.
 - (M) **Authorizing Organization/Agency has determined the employee is a NYS agency Technical user and requires IT Users Special Access for Disaster Recovery support purposes.** Check the box if the request is for a user who requires the special access that was set up for Information Technology Users.
 - (N) **Computer is:** The computer that will be used by the employee to access VPN. Select CIAB (Connections In A Box) for Connections desktops, Other Workstation for all other state owned desktops, and Notebook (laptop) for any state owned laptop.
 - (O) **Site Contact:** Enter name of individual at the location where the computer will be used in case it is necessary to contact them with questions or issues.
 - (P) **Site Phone Number:** Enter phone number of person to contact regarding this computer..
 - (Q) **Computer Serial Number/Service Tag:** Enter Serial Number of computer that will be used for VPN access.
 - (R) **Site Address:** Enter the address where the computer accessing VPN will be located.
 - (S) **Justification:** Enter reason why it is necessary to use VPN to access HSEN resources from outside networks. Include the resource being accessed and a brief description of why this needs to be accessed from outside.
 - (T) **Organizational Submitter:** Enter the name of the person requesting remote access for the user. (This is usually the person's supervisor or the site LSA (Local Security Administrator))
 - (U) **Authorizing Individual:** Enter the name of the person responsible for ensuring the individual requires VPN access to perform their job duties and is authorized to request remote access.
-  **Form Submission:** Read the method of transmitting request and how the request is processed. Please note that ONLY the Information Security Officer (ISO) should email this form to the OFTSEC mailbox (oftsec@cio.ny.gov). All others should follow the submission procedures on the form.

