

Blocks 1 through 15 to be completed by the requesting APHIS Program Office

1. USER NAME (Last Name, First Name, Middle Initial)	2. DATE OF REQUEST
3. USER PHONE NUMBER (including area code)	4. USER E-MAIL ADDRESS
5. USER EMPLOYER (place an "X" next to only one) APHIS _____ CONTRACTOR _____ OTHER Specify: _____	6. ACTION REQUESTED (place an "X" next to only one) Establish new user account _____ Terminate user account _____ Modify user access _____ (use Block 9 to specify instructions)
7. SYSTEM(S) TO WHICH ACCESS IS REQUESTED (Server names and/or database names)	8. DURATION AND HOURS OF REQUESTED ACCESS (specify termination date and hours of requested access, e.g., business hours, evenings, weekends, etc.)
9. INSTRUCTIONS FOR ACCOUNT ACCESS MODIFICATION (if applicable)	10. USER COMPUTER SYSTEM Computer Name _____ Operating System _____ Anti-Virus Software (name and version) _____ Local Firewall Protection (name and version) _____
11. NAME AND ADDRESS OF USER'S EMPLOYER (Company, or Federal/State/Local Agency)	12. USER'S SUPERVISOR (Name, Title, Phone Number)
13. CONTRACT NUMBER (if applicable)	14. APHIS POINT OF CONTACT (e.g., Contracting Officer Representative)
15. REASON FOR ACCESS (Please describe the nature of the tasks being performed by the user through remote access)	

Block 16 to be completed by the User

16. Remote Access User Security Agreement

I understand I am being granted permission to remotely access unclassified APHIS systems as specified above, and that my use of this access may be monitored by APHIS for compliance with this standard. I hereby attest that I have read and understand the USDA and APHIS Security policies for remote access and password management. I agree to comply with these policies, and I understand that my failure to comply with these policies may result in termination of my remote access privileges and/or disciplinary action.

Protection of Data: I hereby affirm and acknowledge my responsibility to ensure the confidentiality, integrity, and availability of all forms of Government information in a manner consistent with its sensitivity.

Protection and Maintenance of Equipment: I will not alter the configuration of government equipment or systems unless authorized in writing to do so. I will protect APHIS-owned/furnished resources and submit the equipment for periodic maintenance as required by APHIS.

Computer incidents: I acknowledge the possibility, however small, that information on my computer system could potentially be viewed or downloaded by others than myself as a result of my remote access. I fully understand that it is my duty to exercise due care in protecting this information and to immediately report any unauthorized disclosure or compromise to my supervisor and the appropriate APHIS official so that incident response procedures may be initiated.

By signing this agreement, the requesting individual understands that access to Government facilities is only available to individuals who have been approved to obtain access to the APHIS network and systems. Access should only be used to perform tasks under the agreement or contracts for the work assignments

Print name and title _____

(Sign) _____ (Date) _____

Block 17 to be completed by User's Supervisor or Authorizing Official

17. USER'S SUPERVISOR OR AUTHORIZING OFFICIAL

Print name and title _____

(Sign) _____ (Date) _____

Block 18 to be completed by the APHIS Program Authorizing Official (Contracting Officer's Representative or other)

18. APHIS PROGRAM AUTHORIZING OFFICIAL

Print name and title _____

(Sign) _____ (Date) _____

Blocks 19 and 20 to be completed by the APHIS Telecommunications Manager

19. APHIS TELECOMMUNICATIONS MANAGER

Print name _____

(Sign) _____ (Date) _____

20. ACTION TAKEN

INSTRUCTIONS FOR COMPLETING REMOTE USER ACCOUNT CONTROL FORM

1. The APHIS program office requesting remote access must provide all the information identified in the Remote Access Account Control Form. This form may be submitted to the APHIS Telecommunications Manager through e-mail or general mail delivery.
2. The Remote Access Account Control Form is to be forwarded to the APHIS Telecommunications Manager for the following user events:
 - a. Work start date - form will be submitted 14 calendar days prior to work start date.
 - b. Modification of system access - form will be submitted within 14 calendar days following this event.
 - c. Termination - form will be submitted within 10 calendar days following remote user's termination or cessation of work for which access was required.
3. The user must be provided with a copy of the USDA and APHIS policies for remote access and password management. These policies may be obtained from the Chief Information Officer, Information Technology Division.
4. The Remote Access Account Control form must be completed for each user that requires remote access.
5. All required signatures must be provided before remote access approval can be granted.

Software Requirements

The user must use the APHIS remote access client. Direction on how to obtain the remote access client will be provided to the user upon approval of the remote access request.

Issuance of Remote Access Account

Once this form is completed and the request is approved, remote account usernames/passwords and connection information will be provided within 14 calendar days.