CDSS SYSTEM AND APPLICATION ACCESS FORM

The **CDSS System and Application Access Form *(GEN 1321)*** is used to authorize, change and terminate access to all systems and applications containing CDSS data. The information on this form must be kept current. It must be signed by the Supervisor and the appropriate System Administrator(s). It must also be signed by the user before he/she obtains access. ***(Note: the user's signature is not required to initiate the request.)*** When an employee separates from the Department, requests to terminate access must be submitted to the appropriate System Administrator(s) as soon as possible and no later than one business day after the employee's separation date. All completed forms are to be filed locally.

Step 1 REQUESTING ORGANIZATION:

1. Complete Sections 1 through 8 (complete only system and application names in Section 3).
2. Forward the **CDSS System and Application Access Form *(GEN 1321)*** to the Information Security Officer *(ISO)* for signature, only if necessary (See Section 9). The ISO will return the form to the requesting organization.
3. Forward the completed form to the appropriate System Administrator(s). If access is requested for more than one system or application, concurrently route copies of the form to all appropriate System Administrators.
4. Upon completion by the System Administrator(s), forward all completed forms to the user for signature.

Step 2 SYSTEM ADMINISTRATORS:

1. Complete Sections 3 and 10.
2. Return the completed form to the Supervisor.

Step 3 USERS:

1. Complete Section 11.
2. Return the completed form to the Supervisor.

SECTION 1 - Access Request Type *(to be completed by the requesting organization)*

Check (✔) Only One / Complete Unit Data:

☑ New Access (All Sections)
☐ Change Access (All Sections)
☐ Terminate Access (Sections 1, 2, 4, 7, 8, 10)
☐ Other

Current Bureau/Unit/Index _____ < > County

Receiving Bureau/Unit/Index _____

Effective Date _____

Information Systems Division Modifications:
(Not Applicable to RACF)

For Changes to Access:
Indicate Name or Location of Server/System
From _____ to _____

For New Server Access:
Indicate Name or Location of
System/Server _____

SECTION 2 - User Information *(to be completed by the requesting organization)*

USER NAME ☐ Check if name change	LAST	FIRST	MI
FORMER NAME [Complete if box above is checked]	LAST	FIRST	MI
COMPANY (FOR NON EMPLOYEES)			
ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

SECTION 3 - System and Application Information: The requesting organization must identify all systems and/or applications for which access should be authorized, changed, or terminated. **In addition, GEN 1321(a) must be completed for all TSO/RACF requests.**

(Completed by Requesting Organization) (Completed by System Administrator)

SYSTEM NAME(S)		LOGON ID(S)	DATE COMPLETED
☐ DSSnet/SUN	Groups:		
☐ NT	Groups: ISD/ Technical Services Branch		
☐ HWDC *(Specify)* Also complete GEN 1321(a)			
☐ TEALE *(Specify)* Also complete GEN 1321(a)			
☐ Other *(Specify)*			
☐ Other *(Specify)*			
APPLICATION(S)		**LOGON ID(S)**	**DATE COMPLETED**
☐ Exchange/Outlook Mailbox			
☑ Other *(Specify)* New User Request			
☐ Other *(Specify)*			

SECTION 4 - File Disposition:
To be completed by the requesting organization for **Changes and Terminations Only (Not Applicable for RACF).**

☐ Delete the files (attach a list)
☐ Move the files with user (attach a list)
☐ Move the files to another user's library *(specify Logon ID receiving files)* [_____]
☐ Other *(attach a list)*

NOTE: Files for the user/logon ID will be deleted if not specified.

SECTION 5 - Justification: The requesting organization must identify a business need for providing access to the above listed systems and/or applications. **Note**: It is not necessary to complete this section for DSSnet *(the CDSS network)* or Outlook *(CDSS e-mail requests)*.

Please create a new account to allow for the transmission and receipt of WIS data via O-Tech's Secure File Transport (SFT).

SECTION 6 - Comments *(optional)*

POC: Katharine Jordan (916) 657-1907

SECTION 7 - Personal Computer Administrator (PCA) Contact Information (Not Applicable for RACF):
The requesting organization must provide the name and phone number for the PCA or appropriate technical support staff.

PCA NAME *(PRINT)*	BUSINESS PHONE NUMBER	DATE CONTACTED
	( )	

SECTION 8 - Supervisor Verification Signature (all access action requires a supervisor signature)

NOTE: Confirmations 1 - 3 and attachments are required to process a request for a new / modified access.
Only Confirmation 4 is required for an access temination.

I confirm that:

☐ 1. The proposed permission and/or privileges for systems and/or applications have been authorized on a "need to know" basis (not needed for Outlook).

☐ 2. A copy of the specific permissions and/or privileges for each system and/or application is attached to this document (not applicable for Outlook).

☐ 3. A copy of the **Internet Consent Form and the CDSS E-Mail Retention Policy Acknowledgement Form** will be provided to the employee. The signed forms will be on file in the bureau/unit records within 10 working days of the employee start date.

☐ 4. Termination action has been taken to cancel the employee's account and, if applicable, Section 4 of this form has been completed.

SUPERVISOR NAME *(PRINT)*	SUPERVISOR SIGNATURE	DATE

SECTION 9 - Information Security Officer Signature

The CDSS Information Security Officer signature is needed if access is requested for a user who is not a State, county or federal employee or not working under contract *(e.g., a volunteer or other such individual).*

INFORMATION SECURITY OFFICER NAME *(PRINT)*	INFORMATION SECURITY OFFICER SIGNATURE	DATE

SECTION 10 - System Administrator Signature

After signing, each System Administrator is to send copies of the signed forms to the requesting organization.

☐ I certify that the above access request has been completed.

☐ I certify that the name change request has been completed.

SYSTEM ADMINISTRATOR NAME *(PRINT)*	SYSTEM ADMINISTRATOR SIGNATURE	DATE

SECTION 11 - User Acknowledgements and Signature

This section is to be read and completed by the user prior to receiving access to any CDSS system(s) and/or application(s).

I acknowledge that the Department has provided automation equipment for my use in performing my job duties. The Department will grant system and/or application access to me as specified in this document. I will use the automation equipment and system and/or application access for appropriate business purposes. I will take reasonable precautions to protect the confidential and sensitive data in these system(s) and application(s). This access will remain in force until it is changed and documented in a subsequent change request.

All Information Security policies may be viewed on the CDSS internal web page or obtained by contacting the Information Security and Management Systems Branch.

USER'S NAME *(PRINT)*	USER'S SIGNATURE	DATE