Division of Information Technology Services - Department of Finance

User Access Request Form

CNMI Government Computer System

Shaded boxes for ITS use only Form ITS-UARF

Section A: User Information

1. Requestor's Name: Last Name First Name Middle Name		**2.** Access Unique Login ID *(ITS Use Only)*
3. Requestor's Job Title	**4.** Employment Status *(Checkmark box)* CNMI ☐ Federal ☐ Contractor ☐ WIA ☐ Independent (auditor) ☐	**5.** Employee No.
6. Contract Expiration Date	**7.** Type of user (see page 2) Select subsystem	**8.** Contact no.

9. User Responsibility Agreement Statement

I am responsible for logon/logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide update information for Section A whenever I change job positions. I agree that misuse of the CNMI Government computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the proper authorities.

Signature _____ Date _____

10. Manager's Responsibility Agreement Statement

I agree that modifications to existing service agreements will require additional Form ITS-UARF requests. I agree that this logon ID will be used for authorized work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Division of IT Services *(ITS)* Director or his/her designee in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

Manager's Name (please print) _____ Signature _____ Date _____ Telephone No. _____

Approved ☐ **Disapproved** ☐

Section B: Computer Access Requested

11. Describe Support Required (check appropriate box) Logon ID *(CHECK ONLY ONE)*: New ☐ Change ☐

☐ Access to the JD Edwards subsystem *(i.e. Payroll, Timekeeping, etc.)*

☐ Access to the Board of Election (BOE) subsystem

☐ Access to the CNMI Customs subsystem (i.e. cashier)

INSTALLATION REQUIREMENT: (Please check all that apply)

☐ Sonic Wall

☐ Client Access for Windows

Location Where Access Is Required

Department _____

Division _____

Branch or Section _____ Tel: _____

FOR HAWAII, GUAM, TINIAN AND ROTA OFFICE USE ONLY:

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Telephone no. ( ) _____

12. ***User Acknowledgement*** *(Users requesting system access must read, sign and date prior to submitting this form)*

- I have read and understand the Disclosure Statement, the CNMI Government Acceptance User Policy and the Rules of Behavior (see page 3)
- Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and policies and I am aware of my obligation to abide by them.
- I understand that systems require security to protect user and system files from unauthorized access.
- I have completed this form to the best of my abilities.

User signature _____ Print name _____ Date _____

Section D: Approval (Director of IT Services use only)

13. Director of IT Services

_____ Date _____ ☐ Approved ☐ Disapproved

Frank C. Celis

Section E: Division of IT Services use only

14. Has the computer security training been completed? ☐ Yes ☐ No	
15. Has the Department of Finance Acceptance User Policy been read and signed? ☐ Yes ☐ No	
16. User ID *(enter here and in box 2)*	
17. Person receiving request *(print name)*	Signature
18. Date of this request received	
19. Date completed	
20. Activation Date	
21. Comments/Special instructions for ITS use only	

Box 7 Type of user: This box is for the subsystem you are requesting to have access to. For example if you are requesting access to the JD Edwards subsystem - ***JD Edwards Subsystem***. For the Division of Customs - ***CNMI Customs Subsystem***. For the Board of Elections - ***Board of Elections Subsystem***.

IMPORTANT

Original Access Request Form is required by the Division of IT Services Incomplete or illegible application will not be considered for an exception

For off-island request (including Hawaii, Guam, Tinian and Rota)
Scanned application may be sent via ticketing system on the condition that the original document should be received by mail by the Division of IT Services within thirty (30) days after the electronic copy is received. Failure to do so may result in disabling the user access.

https://jitbit670.jitbit.com/helpdesk

Mailing address:
Division of Information Technology Services
Department of Finance
P.O. Box 5234 CHRB
Saipan MP 96950

ITS: A copy must be provided upon request to the requesting agency after this document and any attachment are completed and approved by the Director of IT Services.