



Division of Electronic Data Processing - Department of Finance

User Access Request Form

CNMI Government Computer System

Shaded boxes for EDP use only

Form EDP-UARF

Section A: User Information

1. Requestor's Name: Last Name _____ First Name _____ Middle Name _____			2. Access Unique Login ID (EDP Use Only) _____	
3. Requestor's Job Title _____		4. Employment Status (Checkmark box) CNMI <input type="checkbox"/> Federal <input type="checkbox"/> Contractor <input type="checkbox"/> WIA <input type="checkbox"/> Independent (auditor) <input type="checkbox"/>		5. Employee No. _____
6. Contract Expiration Date _____	7. Type of user (see page 2) _____		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 EDP-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 Electronic Data Processing (EDP) 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 Electronic Data Processing use only)

13. Director of Electronic Data Processing

_____ Date _____ Approved Disapproved
Frank C. Celis

Section E: Division of Electronic Data Processing 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 EDP 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 Electronic Data Processing
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 email on the condition that the original document should be received by mail by the Division of Electronic Data Processing within thirty (30) days after the electronic copy is received. Failure to do so may result in disabling the user access.

Email address:

Kina B. Bermudes
kbbermudes@dof.gov.mp

Roxie Teregeyo
rteregeyo@dof.gov.mp

EDP: A copy must be provided to the requesting agency after this document and any attachment are completed and approved by the Director of Electronic Data Processing.

Mailing address:

Division of Electronic Data Processing
Department of Finance
P.O. Box 5234 CHRB
Saipan MP 96950