



City of Bothell

CITY OF BOTHELL EMPLOYEE REMOTE ACCESS REQUEST PACKET

Instructions

This packet contains three documents to be completed as follows.

- Information Services Conditions of Use – To be completed by the CITY OF BOTHELL Information Services staff person initiating remote access process.
- Application and Agreement – To be completed by the person who will be accessing the system remotely.
- Department Directory Approval for employee remote access – To be completed by the appropriate CITY OF BOTHELL Department Director.

Incorrectly completed documents will be rejected and must be resubmitted. All pages documents must be included for approval.



City of Bothell

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Information Services Conditions of Use

To be completed by: CITY OF BOTHELL INFORMATION SERVICES STAFF

Conditions of Use – DO NOT COMPLETE - INTERNAL I.S. OFFICE USE ONLY

Days and Hours of Operation

The Applicant shall be able to access the City of Bothell network

- During normal business hours only
- Approval must be obtained before each Access attempt.
- 7 days a week, 24 hours a day except during scheduled backup periods (Weeknights from 11:55 p.m. to 4:30 a.m.), and during periods of maintenance.

Installation/Software

It will be the

- City's
- User's

responsibility to provide software required for remote access. The software required will be: _____

Business Relationship Requirements Met

- Professional Services Contract
- Liability Insurance Certificate

Request Process Requirements Met

- Department Director Approval

Documentation Requirements

- User has read an acknowledged Security Administrative Order
- Supervisor has read an acknowledged Security Administrative Order



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Employee Application and Agreement

To be completed by: PERSON REQUESTING REMOTE ACCESS

Employee Information

First Name: _____ Last Name: _____

Department: _____

Title: _____ Extension: _____

Please check one:

Regular Full-Time Staff Temporary Other: _____

Please check one:

New Remote Access User Change to Existing Remote Access

Purpose of Remote Access

Briefly describe purpose of or need for remote access to the City of Bothell network.

Continued

User Agreement

1. I understand that I am not to share Remote Access addresses, logins and password with anyone; even if I believe the individual requesting the information has already been approved for Remote Access. It is my responsibility, as a Remote User to safeguard the security of my Remote Access Login and password information.

User Initials: _____

2. I understand that I am responsible for ensuring that no unauthorized personnel obtain access to an open remote session from my workstation. Unauthorized personnel are defined as any person or entity other than myself.

User Initials: _____

3. I understand that I am responsible for ensuring that Remote Access using my account is conducted in a proper and legal manner.

User Initials: _____

4. I understand that any and all Information accessed, via Remote Access, is intended for City Business only and is to not be done via any public location network.

User Initials: _____

5. I understand that I am required to have current virus software and windows or personal firewall active on any workstation I use to remotely access the City of Bothell network.

User Initials: _____

6. I understand that any remote access to the City of Bothell network after normal working hours that may result in overtime must be authorized by my supervisor each time.

User Initials: _____

Termination

This agreement may be terminated without cause by the City of Bothell and without notice to User.

I, _____, accept and understand the terms of this agreement.

Signature of User

Dated



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CITY OF BOTHELL REMOTE ACCESS REQUEST PACKET

Department Director Approval for Employee Remote Access

To be completed by: DEPARTMENT DIRECTOR

Director Agreement

As Director of the _____ department, I authorize _____ to remotely access the City of Bothell's network.

I understand that it is my responsibility to notify Information Services when this employee's need to remotely access the City network is no longer required or employment is terminated.

Signature of Director

Dated

