

Remote Access Request Form

REQUESTER DETAILS		
Name:		County Employee
E-mail:		Vendor or Business Partner
ACCESS DETAILS:		
Access period: Permanent	Temporary (Time Needed)	То
Access Type: Mobile Phone	Laptop or Tablet Note: Rem	ote Access may require an initial
White Tag #	license pu	chase with annual renewal. Service Desk for associate costs.
Other	Contact II	Service Desk for associate costs.
REQUESTER:		
	CEPTABLE USE STATE	MENT
amount of inactivity upon which supported during the business halformation Technology Department response is not guaranteed until	onnected from the Marion County you can logon again to reconnect ours of 8:30 a.m. – 5:00 p.m., Mo nent. After hours support will be h	t. Connectivity issues will be onday-Friday by Marion County nandled by on-call personnel, but emote access and agree to
L	J L Signature	Date
REQUESTING DEPARTMENT N	MANAGEMENT:	
Manager or Supervisor Approva	al: Approved Rejected	
Name	Signature	Date
Department Head, Elected Office	cial, or Designee Approval: 🗌 A	approved Rejected
Name	Signature	