



State of Oklahoma
Department of Corrections

IT Services and Systems
Authorization Access
Request Form

Attachment X
OP-110110

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Correction (DOC) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.

ROUTINE USES: Security/Access Authorization communication.

DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

New/Current Staff Name:

DOC Team/Unit: Location/Region:

DOC Human Resources:

☒ Initial Request ☐ Modification ☐ Deactivation ☒ Contractor ☐ Uniformed ☐ Other

If other, please explain:

Justification for access:

Supervisor's Name: Supervisor's Phone #:

Ex. 4054252500

Approving Authority: Approver's Phone #:

Ex. 4054252500

Employee Manager/Supervisor:

Please select from the following (See Instructions for Description on SharePoint portal):

- | | | |
|--|--|---|
| <input type="checkbox"/> Email Access | <input type="checkbox"/> PeopleSoft Access - Time Entry | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> PeopleSoft Access Budget | <input type="checkbox"/> PeopleSoft Access - Procurement | <input type="checkbox"/> CSI/Infoshare |
| <input type="checkbox"/> Offender Management System | <input type="checkbox"/> Desktop Computer | <input type="checkbox"/> Commit |
| <input type="checkbox"/> Laptop/Tablet Computer | <input type="checkbox"/> Network Remote Access | <input type="checkbox"/> Fieldware |
| <input type="checkbox"/> Internet Access | <input type="checkbox"/> Document Imaging Services | <input type="checkbox"/> Aztec |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Inventory Access | <input type="checkbox"/> Education Essentials |
| <input type="checkbox"/> Radio Communication Equipment | <input type="checkbox"/> Crime Statistical Data | <input type="checkbox"/> Offender Banking |
| <input type="checkbox"/> Active Directory account | <input type="checkbox"/> Other Agency Specific | |

If other provide details (Please print):

IT Actions:

☐ Access Need Verified ☐ Accounts Created ☐ Deactivation Completed ☐ Asset/Inventory Updated

IT Resource Name: Date:

Submit by Email