



Remote Access Request Form

REQUESTER DETAILS

Name:

E-mail:

- County Employee
- Vendor or Business Partner

ACCESS DETAILS:

Access period: Permanent Temporary (Time Needed) To

Access Type: Mobile Phone Laptop or Tablet

White Tag #

Other

Note: Remote Access may require an initial license purchase with annual renewal. Contact IT Service Desk for associate costs.

REQUESTER:

ACCEPTABLE USE STATEMENT

It is the responsibility of the user to ensure that unauthorized access to Marion County resources is not permitted. Remote access is authorized by username and password authentication which must not be shared. All remote services to any Marion County network must comply with Marion County Administrative Policies and Procedures found on the county's website. Failure to comply will result in loss of remote access privileges. To maintain security, remote services will be terminated immediately if any suspicious activity is found.

Users will be automatically disconnected from the Marion County network after a predetermined amount of inactivity upon which you can logon again to reconnect. Connectivity issues will be supported during the business hours of 8:30 a.m. – 5:00 p.m., Monday-Friday by Marion County Information Technology Department. After hours support will be handled by on-call personnel, but response is not guaranteed until the next business day.

I have read the above definition of acceptable use for remote access and agree to comply with these requirements as demonstrated by my signature below:

Name (Printed)

Signature

Date

REQUESTING DEPARTMENT MANAGEMENT:

Manager or Supervisor Approval: Approved Rejected

Name

Signature

Date

Department Head, Elected Official, or Designee Approval: Approved Rejected

Name

Signature

Date

Send the completed and signed form to: [IT Service Desk](#)
or email to ITRemoteAccessForms@co.marion.or.us