VIRTUAL PRIVATE NETWORK (VPN) REQUEST
State Form 55278 (R2 / 9-24)
INDIANA DEPARTMENT OF HEALTH

Date *(month, day, year)*

INSTRUCTIONS:
1. *Please type or print clearly.*
2. *There are six (6) sections of the Virtual Private Network (VPN) Request form. Choose and complete the correct sections listed below.*
   - *Section 1 – State Employees*
   - *Section 2 – Contractor / Other employees*
   - *Section 3 – Manager / Supervisor to complete funding information*
   - *Section 4 – Finance to complete the Customer Information Management System (CIMS) information*
   - *Section 5 – Virtual Private Network (VPN) Agreement*
   - *Section 6 - Complete, sign, and return the form to the Office of Technology and Compliance (OTC) Secretary on the third floor.*

Section 1 – For State Employees Only

Name of employee

Contact telephone number(s)	E-mail address

Name of manager / direct supervisor	Name of program area

Section 2 – For Contractor / Intern Only

Name of non-State employee

Telephone number where working	E-mail address

Name of contracting company	Name of vendor contact person

Telephone number of vendor contact person	E-mail address of vendor contact person

The Indiana Office of Technology (IOT) restricts access for non-State employees.
IOT will only grant limited access to servers. Names of servers must be provided for access to be granted by IOT. This can generally be provided by listing the servers to which your drives are mapped and the servers where your applications reside.

Section 3 – For Manager / Supervisor Only

Fund number	Department number	Program number	Project number

PeopleSoft identification number of employee or non-State employee

Section 4 – For Finance Only

Customer Information Management System (CIMS) code

Section 5 – Virtual Private Network (VPN) Agreement

1. Do you have a state issued laptop or notebook? ☐ Yes ☐ No *(If yes, skip questions 2 through 6.)*

2. Do you have a computer at home you can utilize to perform IDOH work? ☐ Yes ☐ No

   a. If yes, is the computer a:

   ☐ Windows PC

   ☐ Macintosh or Apple device

   ☐ Other, please describe: _____

3. Is anti-virus software installed on the computer? ☐ Yes ☐ No

   a. If yes, what is the name of the software? _____

   b. What is the version number? _____

   c. Are (virus patterns) up to date? ☐ Yes ☐ No

4. What is the current operating system that is installed on computer? _____

5. What is the latest version of the Service Pack Installed? _____

6. If Windows based PC, is Microsoft Automatic Updates turned on? ☐ Yes ☐ No

By signing this document you acknowledge the following statements:
1. All of the items in the above Checklist are accurate.
2. I agree to and will abide by all policies as outlined in the Information Resources User Agreement while connected to the state network. The current IRUA can be found at http://www.in.gov/iot/IRUA.htm.
3. I accept the responsibility of utilizing my personal equipment and personal workspace to perform the functions as an IDOH employee.
4. I agree not to maintain any State of Indiana data or information on my home/personal computer or transmit it to another computer or data storage device.
5. I agree to maintain up to date antivirus patterns and apply all software patches on my home/personal computer while telecommuting.
6. Violating any of the terms listed above may subject me to disciplinary action up to and including termination.

Section 6 – Signatures to be completed by Requester and Supervisor/Manager

Any deviations from the intended use as outlined in the agreement must be documented in writing and approved by IDOH Management prior to any changes. Misuse of the VPN by the named individual or any unauthorized person who might gain access to the home computer while authenticated to the State VPN will be held accountable according to State personnel guidelines up to and including dismissal.

Signature of employee / contractor / intern	Date *(month, day, year)*
Printed name of employee / contractor / intern	
Signature of director / supervisor / manager	Date *(month, day, year)*
Printed name of director / supervisor / manager	

This section to be completed by the IDOH security manager.

Reviewed by:	Date *(month, day, year)*	☐ Approved ☐ Rejected
Additional remediation steps required:		