## CONFIGURATION OF PERSONAL DEVICE TO STATE NETWORK



State Form 55610 (R3/1-20) Indiana State Department of Health

**Purpose:** For agency workforce members that do not have state-issued equipment but would like to utilize their private mobile devices to receive their state-issued email, calendar, contacts, and applications. IOT provides alternative access for individuals who have obtained approval from both their director and assistant commissioner to synchronize their state credentials with their personal devices. <u>IOT, in collaboration with ISDH, reserves the right to enforce all conditions for all devices connected to the state network as outlined in the Information Resource User Agreement (IRUA).</u>

**Directions:** Use blue or black ink to complete steps 1, 2, and 3. Next, return this form to ISDH Security Manager to complete step 4. Once steps 1-4 has been completed, your appointment will be scheduled to configure your personal device to the state network.

1 Print the required information of the individual who will be receiving the device below.

	End-User Information			
Name:				
E-mail Address:				
Contact Number:				
Program Area:				
Supervisor / Manager:				
Personal Cellular Number:				
Personal Cellular Provider:				
Personal Device Make and Model:				
	Employment Status			
Are you a state-employee? □ Yes □ No	If no, who is your vendor?			
User Agreement  By initialing below, I acknowledge that I have read each statement carefully. I also agree that IOT reserves the right to electronically monitor and access data, contacts and applications.				
I understand this is co Resources Use of Agreement (IF	nsidered an Information Resource as explained in the Information RUA) agreement.			
All mobile devices requirevery six (6) months.	re a passcode, which cannot be shared, and changed at least once			
After five (5) minutes of i	nactivity, devices should be programmed to lock with users being ode.			
Users must keep all firmware updated as prompted by the Telecommunications Manager or IOT.				
	tolen, a notification should be submitted to the Information Security Manager in writing, <u>immediately</u> .			
contacts, and applications. IOT is	es remote management services to install and remove data, s not responsible for any lost data, contacts, or applications. ssued devices for advanced technical support.			

2 Obtain the signature of your program area's director.						
	Director A					
personal device to the netw	grant permission to the afore ork to conduct state business ompliance of any changes in	s. I am awar	e it is my responsib	oility to notify the		
Director Signature		Da	te (mm/dd/yy)			
<b>3</b> Obtain approval of your p	rogram area's assistant com Assistant Commissio		al			
By signing below, I agree to device.	allow the requesting user to			on their personal		
Director Signature			Date (mm/dd/yy)			
Reviewed On (mm/dd/yy)	OH Security Manager or designation  Security Mana  Reviewed By		al  Approved	□ Rejected		
Comments:			Пррготов	Trejected		
5 Once your appointment ha			ervices, and your d	evice has been		
	Signature of					
Signature of Staff			Date (mm/dd/yy)			
For Internal Use Or ISSUED BY:	lly – Office of Technology a		ance – Communic te <i>(mm/dd/yy)</i>	cations Manager		