DHRM FTP Access Request Form

User Employee ID		Received		Request ID	

Notice of Restricted Access

This form is for users to request FTP access to restricted DHRM HuRMan files. Justification is **required** below.

FTP ALLOWS ACCESS TO <u>ALL</u> FILES IN THE AGENCY FOLDER
FTP ACCESS IS INTENDED FOR USE BY <u>AUTOMATED</u> PROCESSES ONLY

If the justification is accepted the user will be contacted with their personal login information. The requesting agency is responsible for any software or connection setup. All FTP accounts will self-expire within one year. A new FTP Access Request Form is required each year at least a month before the account expiration date to avoid a lapse in access. If the user access is denied, **standard web access can be requested by submitting an "Access to DHRM computer applications request form".**

User Information

Last Name		First		MI	
Work Phone		Email		Agency	

Access Justification

Access Authorization

Access to Agency(s)		Access Type Requested
		☐ Upload ☐ Download

Requested Access Start Date		Requested Access Expiration Date	

I, the "user", accept responsibility for the use of this FTP access account, all information accessed therewith, and the responsibility to keep retrieved information secure pursuant to applicable COV policy and local, state and federal laws. I further agree not to upload files that are not requested by DHRM personnel. I understand that if I abuse my access or compromise security, my access will be terminated without prior notification, and access will not be restored unless I submit a new access request form and DHRM approves this request.

User Signature	Date

I (PSO/AHRD) am approving this user for FTP access consistent with the intent of the *Notice of Restricted* Access above. I understand this user will have access to <u>ALL</u> agency files and that file level restrictions can not be imposed by DHRM. I also understand that DHRM intends FTP access only for automated systems and processes and the preferred method of accessing agency files is through the web. I have verified that the user understands and accepts their responsibilities for security of data received using this account.

PMIS Security Officer (PSO) Approval / Signature	Date
Agency HR Director (AHRD) Approval / Signature	Date

*Submit to: DHRM Security Officer **Fax:** (804) 371-7401 **Address:** 101 N 14th, 12 FL, Richmond, VA 23219*

For DHRM Use ONLY

		☐	☐
DHRM Security Officer	*DHRM IT Officer*	*Approve*	*Reject*
User ID	*Groups*	*Expiration*	*Created By*	*Completed*