

City of Richmond
Administrative Manual

**INFORMATION TECHNOLOGY
ACCESS CONTROL WORKSHEET**

DATE: _____

Access Request: 9
Removal Request: 9

TO: Information Technology Director

USER NAME: _____ NEW USER: Yes 9 No 9
(First) (Middle Initial) (Last)

Department: _____ Phone: _____
Workstation Type: Computer 9 Network 9 Terminal 9 Printer 9 Telephone 9

Date to be effective: _____

Reason for Request: (Please explain why you need access or removal and what type of access.)

If access removal, has access been authorized for special programs and/or software? Yes No

Prepared by: _____ Date: _____

Department Director: _____ Date: _____
(Signature required)

DSR Contact: _____ Phone: _____

Please return this form **to IT no later than 5 working days prior** to the effective date.

Systems are sensitive and may contain confidential information. To safeguard the systems against corruption and inappropriate distribution, the systems will verify your identity and password. You are responsible for password security. Notify your supervisor immediately of any breach.