

**HHS WORKER CONNECT ACCESS
NETWORK ACCESS AUTHORIZATION REQUEST
SECTION I - REQUESTER INFORMATION**

1. REQUESTER, Print Last and First Name 2. Enter your Central Office Division or Network/Facility (above)

3. () - EXT Office Phone Number 4. Employee ID number

5. Employee Department Manager => 6. Office Phone:
Cell Phone:
E-mail:

SECTION II - ACCESS INFORMATION

7. Reason for Access: _____

HIGHLIGHT/CIRCLE THE NETWORK LISTED BELOW FOR WHICH ACCESS IS REQUESTED:

<u>NETWORK</u>	<u>FACILITY NAME/S WITHIN NETWORK</u>
a) Generations+ Northern Manhattan...	Metropolitan, Lincoln, Morrisania, Segundo Belvis, Harlem & Renaissance
b) South Manhattan.....	Bellevue, Coler/Goldwater & Gouverneur
c) North Bronx.....	Jacobi Medical Center & North Central Bronx
d) North Brooklyn.....	Woodhull & Cumberland
e) Queens.....	Elmhurst, Queens & Neponsit
f) Southern Brooklyn/Staten Island..	Coney Island, Sea View
g) Central Brooklyn Family Health...	Kings County, East New York & McKinney
h) Correctional Health Services.....	
i) Home and Health Care.....	
J) Central Office.....	160 Water St., 33 White Hall St., 346 Broadway, 125 Worth St.
k) All.....	All HHC Locations

SECTION IV - SVG/SIG/VPN POLICIES AND GUIDELINES

Employees granted secure remote access must abide by all HHC policies and guidelines. Prior to obtaining access, all requesters must first sign the Computer Security Access Policy Packet (SA999). The SVG/SIG/VPN must only be used by authorized individuals for the purpose of conducting HHC business. Users must stay within the confines of their authorized access, all other accesses are prohibited. SVG/SIG/VPN account information must not be shared with anyone. SVG/SIG/VPN user activity will be monitored.

SECTION V - RESIGNATION/TERMINATION POLICY

Upon resignation/termination of a SVG/SIG/VPN user who has been granted Network access, it will be the responsibility of the employees Department Manager to notify the IS Security Administrator immediately, specifying the last day the SVG/SIG/VPN account will be used. IS Control and Security reserves the right to deactivate the user's SVG/SIG/VPN account at anytime prior to that specified date. Re-certification of access authorization will be required on a regular basis.

REQUESTER ACKNOWLEDGMENT (Signature) _____ Date / /

SECTION VI - SIGNATURES OF AUTHORIZATION

	Office Phone	Date Signed
A. SENIOR V.P. or DESIGNEE (NETWORK):	() -	/ /
	Office Phone	Date Signed
B. Employee Department Manager:	() -	/ /
	Office Phone	Date Signed
C.SR. I.S. EXECUTIVE OR DESIGNEE:	() -	/ /

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