



Indiana State
Department of Health

VPN Request

There are 3 sections of the VPN Request form please complete either Section 1 for state employees or Section 2 for contractor\other employees but not both. Everyone should review and complete section 3 (VPN Agreement). Once completed and signed by the appropriate supervisor/manager return the form to the ISDH Security Manager.

Section 1 for State Employees Only

Employee Name: _____
Contact telephone number(s): _____
E-mail address: _____
Manager/Direct Supervisor: _____
Program Area/Department: _____
Fund Number: _____
Project Number: _____

Section 2 Contractor\Intern Only

Name: _____
Telephone number where working: _____
Contracting Company; _____
Vendor Contact Person: _____
Vendor Contact Person's Telephone Number: _____
Fund Number: _____
Project Number: _____
Email address to be used to communicate with the contractor or intern:

Restrict to the following IP Address or Server names. (ONLY Authorized Access)

IP address restrictions are required for contractors.

Section 3

VPN Agreement

1. Do you have a state issued laptop or notebook? Yes ___ No ___ (If yes, skip to #7)
 2. Do you have a computer at home you can utilize to perform ISDH work? Yes ___ No ___
 - a. If yes, is the computer a:
 - a. Windows PC ___
 - b. Macintosh ___
 - c. (NOTE the State does NOT provide a VPN Client compatible with a Mac)
 - d. 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 ___
 7. For security reasons, individuals cannot access "Web Mail" to perform their e-mail functions. A VPN account will need to be set up for them. With a VPN account, individuals will be able to access their work desktop including software and e-mail functions.
 - a. Do you already have a VPN account? Yes ___ No ___
 - b. If no, what fund center will be charged for the VPN account? _____
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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 ISDH employee.
4. I agree not to maintain any State of Indiana data or information on my home PC 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 computer while telecommuting.

6. Violating any of the terms listed above may subject me to disciplinary action up to and including termination.

Any deviations from the intended use as outlined in the agreement must be documented in writing and approved by ISDH 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.

Employee Signature _____ Date _____

Supervisor/Manager _____ Date _____

To be completed by ISDH Security Manager.

Reviewed by: _____ **Date** _____ **Approved** _____ **Rejected** _____

Additional remediation steps required _____