



REMOTE ACCESS SSLVPN CLIENT REQUEST FORM

Procedure Number: 2.1.1.2
 Procedure Title: REMOTE ACCESS SSLVPN CLIENT REQUEST FORM
 Department: IT/Network Infrastructure & Security Services
 Author: MoneySolver IT

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 Approved:
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Procedure for requesting Remote Access SSLVPN Account

Overview

MoneySolver (MS) IT Department requires that the following steps be taken by the requestor to request and set-up a new account for a Remote Access Virtual Private Network (VPN) to access the TDN's Information Resources (IR) remotely.

Purpose and Scope

The purpose of this document is two-fold: First, to gather information needed to complete the Remote Access VPN account creation. Completing the supplied form section in full is required and will speed up completion time and serve as a central location for configuration information for each requestor. Second, to outline the "Acceptable Use Policy" (AUP) or "Non-Disclosure Agreement" (NDA) of computer equipment and/or network access at *Company's* network and all its IRs. These rules are in place to protect the *Company's* network and all its users. Inappropriate use exposes the *Company* to risks including malicious attacks, compromise of network systems and services, and legal issues.

This document applies to all MS Departmental employees and authorized "Third-Party clients" such as; temporaries, consultants, contractors, vendors, affiliate partners, or outside organizations who conduct business with the MS corporation.

Instructions

- 1) This document, including the attached AUP documentation and NDA will be read and understood by the requestor before completing the request form to make certain that there are no misunderstandings during this process.
- 2) Please complete the following form and submit to MS IT Department, Network Services Group.
 - a) **Customer Configuration Information Survey form** – This form is used to gather the information required by the Network Services group to create the remote access account.
 - i) Please complete **ALL** required fields on the "*Customer Configuration Information Survey*" forms (**pages 3-4**).
 - ii) Also, please sign the applicable "Non-Disclosure Agreement" form.
 - For employees = "**Employee NDA**"
 - iii) The signed/completed form (**pages 3-4**) must be submitted either via email or fax. If sending via electronic, MS Word document is preferred, however PDF or scanned to JPG are acceptable. A service ticket will be assigned upon receipt of the form.
 - iv) Forward the completed form to the IT Department service desk contact listed below.
 - **Email to support@taxdefensenetwork.com** or
 - **Fax to 800.880.7701**
- 3) The IT Department will validate all information submitted by the requestor, before the account creation, that individual(s) requesting access is an employee of MS; or that the request from an authorized "Third-Party" client is being made on behalf of a sponsoring MS departmental group or business unit.
- 4) After review to assure that all information required has been provided, the IT Department's NISS group will implement the account creation. The NISS will contact the requestor to advise account activation, to forward their remote access account password, and SSLVPN installation instructions.



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Please allow 5-10 business days for creation and delivery of requested account after an approval has been granted.

Policy

All information, regardless of the form or format, which is created, acquired or used in the support of MS business activities and all participating agencies, must only be used for official business. All MS IRs contained within these applications and networks must be protected from the time of its creation, through its useful life, and to its authorized disposal. It must be maintained, in a secure, accurate, reliable manner, and be readily available for authorized use only.

Any MS employees or third party clients using this Remote Access SSLVPN to access any of the TDN's IRs shall adhere to the policy set forth within the AUP documentation and to all applicable Federal/State statutory and regulatory confidential requirements, and shall not store any MS IR proprietary and/or confidential information in any form of electronic media outside of the MS IR application being accessed.

All users are required to adhere to the policy set forth within the AUP and the NDA at consequent documentations.

For any questions or concerns, please contact the IT Department/NISS Group at the information below.

Enforcement

Any users found to have violated this policy may be subject to disciplinary action; to include the revocation of their account, termination of employment, and civil and/or criminal proceedings. The IT Department reserves the right to disconnect any user to prevent unauthorized activities.

Implementation Contacts

IT Department/Network Infrastructure & Security Services (NISS) Group

- 1) MoneySolver IT
 - 2) Email Address – support@taxdefensenetwork.com
 - 3) Phone number – 904.309.8205
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Customer Configuration Information Survey Form.

This is a protected MS Word document. The text form field locations are free to accept any amount and any type of data. **NOTE:** All fields are required unless noted otherwise. Any required fields that are not completed will result in a delay in the scheduling of the request. If a field is not applicable to your request, please enter N/A in that field.

1. Access Requested by	Employee of MoneySolver	Specify Sponsoring Department for <u>MS Employee</u> or "<u>Third-Party Client</u>" (Contractor/Vendor)	
	<input type="checkbox"/> Third-Party Client (Contractor/Vendor)	(i.e. Sales, Servicing, Marketing, Finance, HR, IT, etc...) Dept. Name: _____ Dept. Manager: _____ Phone#: _____	
2. Request Type	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Defective
	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Expired	<input type="checkbox"/> Lost
3. User Information			
Last Name: Collins	First Name: David	Initial: _____	
Dept./Organization: _____	Position: _____	E-mail: david@dctax.us	
Office Phone: 423 482-9737	Street Address: 9301 Ocoee St 64 City/Town: _____	Postal Code: 37363	
Manager: _____	Phone: _____	E-Mail: _____	
4. Employee Information for Remote Access VPN. (For Temporary Accounts complete Start/End Dates)			
Employee Status: Permanent: <input checked="" type="checkbox"/> Temporary: <input type="checkbox"/> Contractor/Vendor: <input checked="" type="checkbox"/>	Start Date (m/d/y): 2/5/2024	End Date (m/d/y): April 1, 2030	
5. Purpose of Remote Access VPN (Please answer the following questions about the purpose and criticality of the remote access you have requested.)			
Please describe in general terms the purpose of this remote access and/or the activities to be performed.	Allows MS users to establish secure connections remotely to work from home.		
Does this activity support official business functions of your and/or sponsoring department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Explain: n/a		
Is this activity critical to your and/or sponsoring department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Explain: n/a		
Are there feasible alternatives to remote access to achieve the same goals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: n/a		
Are the functions to be performed part of the remote user's official job role?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Explain: n/a		
6. Service Access Requested			
<input checked="" type="checkbox"/> General Access – (i.e. Personal folders, Network folders, Remote Desktop, VM, Outlook, Application Server(s), etc.)			
<input type="checkbox"/> Specific Application or Service: (i.e. DICE, QuickBooks, Digium, etc.)	Manager of Application or Service		
Application or Service: n/a IP Address(es): n/a	Name: n/a	E-Mail: n/a	
Application or Service: n/a IP Address(es): n/a	Name: n/a	E-Mail: n/a	
Application or Service: n/a IP Address(es): n/a	Name: n/a	E-Mail: n/a	
Application or Service: n/a IP Address(es): n/a	Name: n/a	E-Mail: n/a	
Application or Service: n/a IP Address(es): n/a	Name: n/a	E-Mail: n/a	



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7. Specify Computer to be Used with Remote Access VPN

MS Authorized Computer

Computer Name:

NON MS Computer with a Signed Terms of Use Agreement AND Approved by the IT Department or Equivalent Authority

Computer/NetBios name (contact IT Dept.):

O/S Name and service pack:

Personal Firewall Installed/Active: Yes No

Antivirus software with automatic updates: Yes No

By requesting that an account on the TDN's computing facilities be established for your use, you agree to the following:

- 1) This account is an authorization to use facilities owned and operated by the MoneySolver, and therefore that usage of this account is subject to the rules, regulations, and policies of the MoneySolver, and all applicable State and Federal laws. This account is subject to all provisions in the MS Administration guide, as well as all IT directives govern by the IT Department to include the "**Acceptable Use Policy and Non-Disclosure Agreement**". It is only to be used in support of MS related activities appropriate to your status as an intern, assignee or designee.
- 2) I understand that Individual and group activities on the Network systems may be monitored to verify compliance with applicable policies. Individual rights of privacy will be preserved to the greatest extent possible, but evidence of illegal activity may result in disciplinary, civil and/or criminal proceedings.
- 3) I acknowledge that the submission of this remote access VPN request form signifies that the requestor to be granted the VPN access and acknowledges understanding of the MS AUP and the Non-Disclosure Agreement herein and agrees to be compliance with all MS IT policies. Furthermore, I understand I may be prosecuted if I use MS Network for fraudulent purposes. Sharing of an account is grounds for immediate and permanent termination of MS Network access privileges.
- 4) I agree that this agreement is intended to be as broad and inclusive as is permitted by Florida and Federal law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This document constitutes the entire agreement between the parties.

I HAVE READ THIS, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME.

David Collins

Authorized Requester Name

/ _____

/ Dept./Div./Agency

2/5/2024

Authorized Requester Signature (Required - ***Must Be Hand Signed***)

/ _____

/ Today's Date (Required)

IT Dept. / Network Infrastructure & Security Services (NISS) group, Internal Use Only	Service Desk Ticket #:	Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
	Name:	Processed Date:	
	Signature:	Date:	