**Server Administration Access Request Form**

This form is used to request Local Admin **access to a Server on the HSE Network**.

All requests for Server Access must be approved by the HSE Staff Member [Business Owner].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **\*User Details** | **HSE**  **Tusla** | **Or Agency / Contractor**  **Please specify service provider name:** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*2 HSE Personnel or Agency Number:** | | | | | | | | **2 If your Personnel number is unavailable, please specify ‘TBA’ in this field. Please update the National Service Desk once your Personnel number has been advised.** | | | |
| **\*First Name :** | | | | **Middle Name:** | | | | | | **\*Last Name:** | |
| **\*Grade \ Job Title:** | | | | | | | **\*Phone / Ext. No / Mobile:**  **Please provide a direct number in order for us to contact the employee** | | | | |
| **\* Department:** | | | | | | | | | | | |
| **\*Department Telephone number :** | | | | | | | | **\*Email address:** | | | |
| **2** | **\*Account & Server Details: [Full Server Name]** | | | | | | | | | | |
| **Full Server(s) Name(s):** | | |  | | | | | | | | |
| **Elevated account name(s):** | | |  | | | | | | | | |
| **Please Tick the following:** | | | **Do NOT Reboot Server without HSE Change Management**  **Do NOT add other AD accounts to the Local Server Administrator Group**  **Do NOT Delete a Disk via Computer Management**  **Do NOT Install unauthorised software on the server without authorisation** | | | | | | | | |
| **3** | **\*Business Case for Local Server Admin Access [Detailed]:** | | | | | | | | | | |
| **Reason for Request :** | | |  | | | | | | | | |
| **4** | | **\*Business Owner [HSE National IT Security Policy Declaration]**  **Note: HSE Staff member needs to complete this section.** | | | | | | | | | |
| **I confirm that the HSE National IT Security Policies will be provided to the specified account holder.** | | | | | **I confirm that I will get the specified account holder to sign the** [**User Declaration**](#User_Declaration) **form (page 2 of this document). I will retain a copy of the signed declaration for audit purposes.** **The User Declaration form is not required to be sent to ICT.** | | | | | | |
| **HSE National IT Security Policies link**  [HSE ICT Policies](http://hsenet.hse.ie/Intranet/OoCIO/Service_Management/PoliciesProcedures/Policies/Policies.html) | | | | | **These policies cover the correct and appropriate use of the Health Service Executive’s information Technology (I.T.) resources.** | | | | | | |
| **\*Business Owner:**  **Business Owner Email must be completed - IT Access Control Policy** [**Link**](https://www.hse.ie/eng/services/publications/pp/ict/) | | | | | | | | | **\*Grade / Job Title:** | | |
| **\*Telephone or Mobile:** | | | | | | **\*Email Address:** | | | | | **\*Date:** |
| **Once completed and authorised, please attach to a NSD Self Service request ticket –** [**Link**](https://nsdselfservice.healthirl.net/SelfService.BridgeIT#dashboard)  **If you do not have access to the NSD Self Service facility, please attach and send to OoCIO.** [**NationalServiceDesk@hse.ie**](mailto:NationalServiceDesk@hse.ie) | | | | | | | | | | | |
| **Please attach this form to a NSD Self Service request ticket –** [**Link**](https://nsdselfservice.healthirl.net/SelfService.BridgeIT#dashboard) | | | | | | | | | | | |

**Incomplete forms will not be processed and returned to the Requestor or Sender**

[](https://www.google.ie/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiZ05eTvZ3iAhXJSBUIHWIBCLUQjRx6BAgBEAU&url=https://www.hse.ie/eng/&psig=AOvVaw3P64EMEKfce2bGqHsdPsDv&ust=1558007700657446)

This form (page 2) can be included with page 1 and submitted with your ticket request. You are required to retain a copy of this form including page one for audit purposes.

The following relates to Line Manager’s responsibilities when new or amended access is requested and should be completed, signed and filed by your department.

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User Declaration

I have read and understood the Health Service Executive’s policies governing the use of its ICT resources.

I agree to be bound by the terms therein.

I understand that I may be subject to the HSE’s disciplinary procedures should I fail to comply with said policies.

<https://www.hse.ie/eng/services/publications/pp/ict/>

Tick to denote agreement:

**Name:**

**Date:**

**Note: This form must also be retained by the user’s Line Manager for audit and control purposes**