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**Temporary access to other User Account (Request)**

**Information:** In order to request access to another staff member’s mailbox, folder or system access for any period of time, all sections of this form must be completed (\*Denotes mandatory section). **This request must be authorised by a Senior Manager / HOD**.. All sections are mandatory.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **\*Requestor Details** | | | | | | | | **HSE  TUSLA** | | | | | | | | | **Agency / Contractor** | | | | | | |
| **First Name:** | | | | | **Middle Name:** | | | | | | | | | | | | **Last Name:** | | | | | | | |
| **Grade / Job Title:** | | | | | | | | | | | | | 2**HSE** **Personnel Number:** | | | | | | | | | | | |
| **Department Name and Address (Full):** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address:** | | | | | | | **HSE Landline / Mobile number:** | | | | | | | | | | | | | | | | | |
| **Logon User Name:** | | | | | | | ***Note: Name format used for logging onto a PC or laptop*** | | | | | | | | | | | | | | | | | |
| **2** | **\*Type of access required** | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Request**  **Please Tick** | | **Domain**  **(Network Password**  **reset required)** | | | | | | | | **Folder**  **Specify path name:** | | | | | | | | | | | | | | |
| **Mailbox**  **Specify Name:** | | | | | | | | | | **System**  **Specify System:** | | | | | | | | | | **Other**  **Specify:** | | |
| **Business reason for request:** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Access Dates required:** | | | **From:** | | | | | | | |  | | | | | | | | **1To:** | |  | | | |
| **3** | **\*Account Holder Details** | | | | | | | | | | | | | | | | | | | | | | | |
| **Account Holder name:** | | |  | | | | | | | | | | | | **Employee Number:** | | | | | | | | |  |
| **Email Address:** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Location & Department:** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **4** | **\*Authorisation (Requestors Line Manager)** | | | | | | | | | | | | | | | | | | | | | | | |
| **I authorise the specified requestor access to the nominated Account Holder’s account for the stated dates, in line with the business justification outlined. Please tick** | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | | | | | |
| **\*HOD or Senior Manager Name:**  **Must be authorised by Grade VIII or higher - IT Access Control Policy** [**Link**](https://www.hse.ie/eng/services/publications/pp/ict/) | | | | | | | | | | | | | | **\*Grade / Job Title:** | | | | | | | | | | |
| **\***HSE **Telephone or Mobile:** | | | | | | | | **\*Email Address:** | | | | | | | | | | | | | | | **\*Date:** | |
| **5** | **\*Human Resources authorisation** | | | | | | | | | | | | | | | | | | | | | | | |
| **This request has been checked and verified by the HR department on behalf of the original account holder. This access is approved and does not cause any HR issue between the account holder and manager. Please tick** | | | | | | | | | | | | | | | | | | | | | | | | |
| **HR Senior Manager’s Name:** | | | |  | | | | | | | | | | | | **Location:** | | | |  | | | | |
| **HR Senior Manager’s Signature:** | | | |  | | | | | | | | | | | | **Date:** | | | |  | | | | |
| **Please attach this form to a NSD Self Service request ticket –** [**Link**](https://nsdselfservice.healthirl.net/SelfService.BridgeIT#dashboard) | | | | | | | | | | | | | | | | | | | | | | | | |

[](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) is not required to be sent to ICT. 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.

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.

http://hsenet.hse.ie/Intranet/OoCIO/Service\_Management/PoliciesProcedures/Policies/Policies.html

Tick to denote agreement:

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