

Instructions for completing the J-125 (External Users)

Section I. USER INFORMATION - Check applicable box for DES VOLUNTEER or NON-DES EMPLOYEE.

Name – enter the full name (last name first) of the user requesting access to the DES computer system.

Preferred Name - enter the nickname/preferred name of the user; should only be used if different from the first name.

EIN – enter the 9-digit pseudo EIN from AZGU (issued when taking the Data Security Training CBT) or leave box blank and a number will be assigned.

Site Code – enter the organization’s mail drop here if there is one. Otherwise, enter N/A

Phone No. – enter the area code and phone number of the user requesting access to the DES computer system.

Cost Center – N/A

Physical Work Location – enter the address of the user requesting access to the DES computer system.

Position # - N/A.

Title/Job Description – enter the title or job description of the user requesting access to the DES computer system. **(No acronyms)**

DES Division/Administration or Organization Name - enter the name of user’s company or entity. **(Be descriptive and do not use abbreviations or acronyms)**

District – N/A

Section – enter the name of the user’s section. **(Be descriptive and do not use abbreviations or acronyms)**

Unit - enter the name of the user’s unit. **(Be descriptive and do not use abbreviations or acronyms)**

User’s E-Mail Address – enter the e-mail address of the user requesting access to the DES computer system.

Section II. ACCESS

Add New User - check this box to request a user be added who is not currently a user of the DES computer system.

Reinstate User - check this box to request reinstatement of a user who has previously had a DES logonid and DES access.

Transfer From - check this box when user is transferring from a DES program to another DES program. This should be the program the user is leaving.

Transfer To - check this box when a user is transferring to another DES program from a DES program. This should be the program the user is moving to.

Additional Access - check this box to request additional access for a user who currently has access to the DES computer system.

Modify Access - check this box to request access modification (such as a name change) for a user who currently has access to the DES computer system.

Disable Access - check this box to temporarily inactivate a user’s access from the DES computer system for up to 180 days. **(Please provide reason for this request and anticipated length of time the account will be inactive in the “OTHER” section of this form.)**

Delete Access - check this box to request a user be completely removed from the DES computer system.

Keep or Transfer Contents of E-Mail For The User – the DES program is the owner of all e-mail connected to DES mail accounts. Dissemination of DES e-mail contents due to transfer or termination is determined by the program.

Current/Past Logonid - enter the existing or known previous logonid/userid of the user.

Start Date - for a new user or reinstatement request, enter the requested start date of access.

End Date - for a termination, enter the last date user will need access.

CICS - check this box and on the line next to the box fill in the name of the application system(s) in which the user is requesting access. (Example GUIDE, AZTECS, ATLAS, etc.)

TSO - check this box and enter data set names and/or transaction ids and the required permissions (i.e., read/write/alloc).

LAN/WAN - check this box and enter the name of LAN/WAN in which the user is requesting access (if applicable).

INTERNET - check this box to request Internet access. Confirm the user is aware of related DES policies as described on the J-129.

OTHER - this line is used to enter any non-standard access request.

Section III. CERTIFICATION

Data Sharing Agreement Number – required for external entities.

Supervisor’s E-mail Address - enter the e-mail address of the person **authorizing** the request for access to the DES computer system. **(Must be the user’s supervisor or supervisor’s designee.)**

DES Agency/Division or Organization Name - enter the name of the requesting supervisor’s company or entity. **(Be descriptive and do not use abbreviations or acronyms)**

Date - enter the date of the request.

Supervisor’s Name - enter the name of the user’s supervisor or his/her designee.

Site Code – N/A

Phone No. - enter the area code and phone number of the user’s supervisor or his/her designee.

Supervisor’s Signature - only electronic forms are accepted. The routing of the form must include transmission from the supervisor or the supervisor’s designee’s e-mail address to validate authorization of the access in lieu of a signature.

Address - enter the complete address of the user’s supervisor or his/her designee.

Section IV. Reserved for DES Security Analysts.

After completing the form, e-mail to ISAAdmin@azdes.gov . This document available in alternative *formats* by contacting 602-771-2670.

Incomplete forms can cause a delay in processing this request.