admin
SOUTH CAROLINA
DEPARTMENT of ADMINISTRATION

Remote Access Authorization

IT-3000H
(Rev. 03/2018)

Instructions: This form should be used for requesting remote access to the internal Department of Technology Operations (DTO) network for employees, affiliates, customers, contractors and vendors. Manager must provide requested information and submit completed and signed form to the South Carolina Department of Administration (Admin) Service Desk at servicedesk@admin.sc.gov. Form should be received at least three business days prior to requested effective date.

Requestor Information			
Agency / Division			Date 06/10/2026
Manager Name	Manager Phone	Manager Email	

User Information			
Name	Office Phone	Mobile Number (Work) [1]	SCNETID
Email		Effective Date	Termination Date

[1] *Mobile number is required for two-factor authentication*

Access Method *(Protocol)*						
☐ VPN	☐ Citrix	☐ Blast (RSD)	☐ SSH	☐ PPP/SLIP	☐ Other	

Business Justification

Acknowledgement

I assume full responsibility for protecting the security of the account and the confidentiality of information I encounter in the use of the account. I acknowledge and accept all Admin acceptable use and/or remote access policies. I understand that my account is for my use only in performance of my job duties and that it must not be shared or used by other individuals. I understand that I am responsible for all activity and transactions that occur under my account and I will immediately notify the Admin Service Desk of any suspect activity in my account. I understand that I am responsible for keeping passwords secure and confidential and recognize that passwords must be different between standard and elevated accounts. I will not attempt to use my assigned access, standard or elevated, to circumvent enterprise security systems or for any unethical, illegal, or criminal purposes. I understand my remote session may be actively monitored and an audit trail of activities will be created and reviewed by the Division of Information Security (DIS). I understand that any violation of account policy, security policy, Admin policy or law will result in the immediate suspension of account access and authorization. In addition, appropriate disciplinary action may be taken in accordance with state and Admin disciplinary policies and progressive disciplinary process.

I do hereby acknowledge and understand that all remote access to application and network resources requires the use of two-factor authentication and access using VPN must only be performed using South Carolina state-owned and managed devices.

By signing below, I acknowledge the responsibility and fully understand and accept the risk and responsibility associated with remote access usage.

Assigned User: _____ _____ _____
Signature *Print Name* *Date*

I authorize the above-named user to be granted remote access to DTO resources. I will ensure that the named individual is informed of any changes to Admin policies and procedures as related to remote access.

Manager / Supervisor: _____ _____ _____
Signature *Print Name* *Date*

Deputy CISO / Designee: _____ _____ _____
Signature *Print Name* *Date*

Deputy CIO / Designee: _____ _____ _____
Signature *Print Name* *Date*

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