

DIVISION OF INFORMATION TECHNOLOGY

### **VPN Request Form**

Employee Name: \_\_\_\_\_

Department / Division: \_\_\_\_\_

Justification for VPN:

ISP (dial-up Internet Account ) Needed? Yes  No

Supervisor Signature: \_\_\_\_\_ Approved: Yes  No

Date of Approval: \_\_\_\_\_

Comments:

Executive Director Signature: \_\_\_\_\_ Approved: Yes  No

Date of Approval: \_\_\_\_\_

Comments:

IT Approval: \_\_\_\_\_ Approved: Yes  No

Date of Approval: \_\_\_\_\_

VPN Policy Signed: Yes  No

IT Training Attended: Yes  No  Training Date: \_\_\_\_\_ Employee

Signature: \_\_\_\_\_