

LAN/MAINFRAME WORKORDER

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Todays Date: _____	Mail Stop	Route	To	Initial / Date
	07-0150	Security	X	
Date Required: _____	07-0150	Network Services	_____	_____
		DOA	_____	_____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____

Note: Orders will be processed in the order received and based on departmental priorities. **Allow a minimum of 5 working days.**

Print Clearly

Last Name	First Name	M.I.	Employee ID# - or for (SAM My Alaska ID)	Work Phone
Title (Please write out-do not abbreviate)		Division/Section	City	Mail Stop
Name of Supervisor (please print)		Work Phone (Supervisor's)	Supervisors Signature (Important)	
(Write in below if known)		LAN: <input type="checkbox"/> New <input type="checkbox"/> Change		SAM: <input type="checkbox"/> Reader <input type="checkbox"/> Inactivate
LOGONID: _____		Mainframe: <input type="checkbox"/> New <input type="checkbox"/> Change		<input type="checkbox"/> Auditor <input type="checkbox"/> Delegate
Claims Taker ID: _____		SOA email: _____		My Alaska email: _____
Are you a contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No			Special Requests, please describe b _____	
Business need for request? _____				

DESKTOP SETUP
<p>Do you need a Labor PC set up? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so what software do you require?</p> <p><input type="checkbox"/> Standard Desktop Suite (Word, Excel, Outlook, PowerPoint, etc.)</p> <p><input type="checkbox"/> Project (*License Req.) <input type="checkbox"/> Visio (*License Req.)</p> <p><input type="checkbox"/> Bluezone FTP <input type="checkbox"/> Publisher (*License Req.)</p> <p><input type="checkbox"/> Adobe Writer (*Lic. Req.) <input type="checkbox"/> Developers Suite (*Lic. Req.)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Other _____</p> <p>Do you need Labor E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have your own printer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Printer Model: _____</p> <p><small>*If replacing another employee--no license is required -- pre-existing licenses may need an upgrade purchase. You will need to purchase a licenses for all NEW positions.</small></p>

SYSTEM ACCESS																						
<p>Check Labor systems you require and have authority to use:</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> CICS (Production)</td> <td><input type="checkbox"/> CICS (Dev)</td> </tr> <tr> <td><input type="checkbox"/> CICS (Test)</td> <td><input type="checkbox"/> Barts</td> </tr> <tr> <td><input type="checkbox"/> Workers' Compensation (ICERS)</td> <td><input type="checkbox"/> Aware</td> </tr> <tr> <td><input type="checkbox"/> Proof of Coverage (POC)</td> <td><input type="checkbox"/> ALEXsys</td> </tr> <tr> <td><input type="checkbox"/> ICM System</td> <td><input type="checkbox"/> Tax Internal</td> </tr> <tr> <td><input type="checkbox"/> TAA</td> <td><input type="checkbox"/> Fish Fund</td> </tr> <tr> <td><input type="checkbox"/> Other(s) _____</td> <td></td> </tr> </table> <p>External Systems (setup time will vary):</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> XJU Time Share Option (TSO)</td> <td><input type="checkbox"/> H&SS CICS (Also Requires H&SS Forms)</td> </tr> <tr> <td><input type="checkbox"/> XJU Finance CICS (AKSAS)</td> <td><input type="checkbox"/> ACOMS (Corrections)</td> </tr> <tr> <td><input type="checkbox"/> XJU Payroll CICS (AKPAY)</td> <td><input type="checkbox"/> NCCI (Public Safety)</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> CICS (Production)	<input type="checkbox"/> CICS (Dev)	<input type="checkbox"/> CICS (Test)	<input type="checkbox"/> Barts	<input type="checkbox"/> Workers' Compensation (ICERS)	<input type="checkbox"/> Aware	<input type="checkbox"/> Proof of Coverage (POC)	<input type="checkbox"/> ALEXsys	<input type="checkbox"/> ICM System	<input type="checkbox"/> Tax Internal	<input type="checkbox"/> TAA	<input type="checkbox"/> Fish Fund	<input type="checkbox"/> Other(s) _____		<input type="checkbox"/> XJU Time Share Option (TSO)	<input type="checkbox"/> H&SS CICS (Also Requires H&SS Forms)	<input type="checkbox"/> XJU Finance CICS (AKSAS)	<input type="checkbox"/> ACOMS (Corrections)	<input type="checkbox"/> XJU Payroll CICS (AKPAY)	<input type="checkbox"/> NCCI (Public Safety)	<input type="checkbox"/> Other: _____	
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I have read the information on the next page of this form and acknowledge the policy regarding password confidentiality. I have also read and signed the department's Confidentiality Acknowledgement form.

Signature _____	Date _____
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CUSTOMER ACKNOWLEDGEMENT

As a computer user, I acknowledge that misuse of computing resources is a criminal activity, punishable under Alaska law (portions of which are reprinted below). I certify that I have read and understood my legal responsibility under the following:

"Sec. 22.46.484. **Criminal Mischief in the Third Degree.** (a) A person commits the crime of criminal mischief in the third degree if, having no right to do so or any reasonable ground to believe the person has such a right...(5) the person knowingly accesses a computer, computer system, computer program, computer network, or any part of a computer system or network..."

"Sec. 11.46.740. **Criminal Use of a Computer.** (a) A person commits the offense of criminal use of a computer if, having no right to do so or any reasonable ground to believe the person has such a right, the person knowingly accesses or causes to be accessed a computer, computer system, computer program, computer network, or any part of a computer system or network, as a result of that access (1) obtains information concerning a person; or (2) introduces false information into a computer, computer system, or computer network with the intent to damage or enhance the data record of a person. (b) Criminal use of a computer is a class C felony."

Statement of Policy of Password Confidentiality

By signing this request, I hereby agree that passwords allowing access to the Alaska Department of Labor's Data Processing Systems will be used solely for the performance of my authorized job functions. I also acknowledge that I will take necessary precautions to prevent its unauthorized disclosure to others, and that its use by anyone else is prohibited and will be reported to my supervisor immediately.

This form must be completed and signed by both the employee and the supervisor before access to the system will be granted. Please return the completed form to:

Alaska Department of Labor
Data Security -Room 114
P.O. Box 21149, Mail Stop 0150
Juneau, Alaska 99811-1149
Help Desk 907-465-4895
FAX 907-465-5788

(office use only)

LAN USER ID: _____ CICSID: _____ NAME: _____		Mail No.
PC Type	Serial No.	Tag No.
Terminal Type	Serial No.	Tag No.
Wire No. _____ Cable ID. _____	Date Connected _____ By: _____	

(office use only)

_____ Signature of Department's fiscally responsible person		_____ Date	
Printed Name & Title: Paul S. Hegg, Data Processing Manager			
Department/Division Department of LABOR/Administrative Services Division/Data Processing			
Mailing Address	P.O. Box 111149 Juneau, AK 99811-1149	Mail Stop 0700/0150	Telephone (907)465-4895

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
State of Alaska Computer User Information
and
CONFIDENTIALITY ACKNOWLEDGEMENT

You have been given the privilege of access to information contained in the State of Alaska computerized and paper files. Most of you need to have this access in order to do your jobs. The Alaska Legislature has passed several laws concerning that information, and concerning computer use in general. The Department has formulated computer security policies. You must know about them. Willful violation of these policies may result in severe penalties. If after reading this form you have further questions, ask your supervisor.

1. AS 23.20.110 says that the information gathered for administering the Employment Security Act is confidential. Department of Labor and Workforce Development, (DOL), employees must refer to ESD/AESCL 96-2 Disclosure of Information (or its successors) for the rules governing releasing this protected information. All others granted access must refer to the release of confidential information section of the cooperative agreements with DOL, and the laws governing release of information for their own agency. If in doubt, release DOL information to a person or agency outside your unit only with approval of your supervisor. AS 23.20.115 provides that a person who makes an inappropriate disclosure of information protected by AS 23.20.110 is guilty of a class B misdemeanor. **A Class B Misdemeanor is punishable by a fine of up to \$1,000 and up to 90 days in jail.**

2. AS 11.46.484 says that you commit a class A misdemeanor if you knowingly access a computer, computer system, computer program, computer network, or any part of a computer system or network when you are not specifically allowed to access it (i.e., just snooping around). **A Class A Misdemeanor is punishable by a fine of up to \$5,000 and up to 1 year in jail.**

3. AS 11.46.740 says that you commit a class C felony if you knowingly access a computer, computer system, computer program, computer network, or any part of a computer system or network when you are not specifically allowed to access it, and
 - a. you acquire information concerning a person, and/or
 - b. you alter a person's data records with the intent to damage or enhance the record of that individual.**A Class C Felony is punishable by a fine of up to \$50,000 and up to 5 years in jail for a first offense.**

THESE FOUR STATUTES MAY BE ACCESSED ON THE WEB BY THE URL'S AS LISTED BELOW:

AS 23.20.110 and AS 23.20.115 are found in Title 23 of the current Alaska Statutes at: <http://www.legis.state.ak.us/infolist.htm>
AS 11.46.484 and AS 11.46.740 are found in Title 11 of the current Alaska Statutes at: <http://www.legis.state.ak.us/infolist.htm>

4. Department of Labor and Workforce Development data security policy provides for unique, individual LOGONIDs that help control access to electronic records. Other State of Alaska applications are controlled by user IDs assigned to individuals. For your own protection and the protection of the State and its information, do not share any ID or password assigned to you with anyone.

STATEMENT OF RECEIPT

As a person with access to State of Alaska information, I acknowledge receipt of this reminder of my legal responsibility under those laws and policies as outlined above.

Signature

Date

LOGONID or SSN

Printed Name