



Department of Corrections
Network Access
 PERSONNEL SECURITY REQUEST & UPDATE FORM

Check Appropriate Box: **NEW** **CHANGE** **Transfer** **DELETE**

USER ID *IF NEW USER, LEAVE BLANK DOC IT WILL FILL IN.*

APPLICANT PLEASE COMPLETE INFORMATION BELOW

LAST NAME FIRST NAME MI
 TITLE Phone Date
 FACILITY if Transfer: TRANSFERRING TO Effective Date

**By signing below you have read and understand State Security Policy "ISP-172 Business Use/Acceptable Use"
<https://intranet.state.ak.us/admin/SecurityPolicies/ISP172BusinessUseAcceptableUse.pdf>**

APPLICANT SIGNATURE _____ DATE _____

YOU AND YOUR SUPERVISOR MUST CHECK THE APPLICATIONS YOU REQUIRE

<input type="checkbox"/> File Server	GROUP FOLDERS ACCESS REQ	<input type="text"/>
<input type="checkbox"/> ACOMS	<input type="checkbox"/> BOOKING <input type="checkbox"/> IPO\Case Mgr <input type="checkbox"/> INMATE BANKING <input type="checkbox"/> _____ <input type="checkbox"/> FACILITIES <input type="checkbox"/> PROBATION <input type="checkbox"/> TELLER <input type="checkbox"/> _____	
<input type="checkbox"/> EMAIL	Note: For New Employees Email is setup when user information has been added to HR System, Typically 1 - 2 Weeks once packet submitted.	
<input type="checkbox"/> STATE MAINFRAME	ADDITIONAL PAPERWORK REQUIRED: http://doa.alaska.gov/ets/Guide/Forms/logonid.pdf	

SPECIAL

SUPERVISOR PHONE

SUPERVISOR SIGNATURE _____ DATE _____

DOC IT USE ONLY:

DOC IT PERSONNEL UPDATE COMPLETED:

File Server USER ID SUPERUSER NOTIFIED DATE:

EMAIL USER ID EMAIL PHONE

ACOMS USER ID



SEND COMPLETED FORM TO: doc.networkhelp@alaska.gov or FAX: (907) 269-7345