FOIA Number: 2018-0764-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Sandra Thurman

Subseries:

OA/ID Number: 40014

FolderID:

Folder Title:
Admin - Forms - Computer Repair

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	11	3

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION

INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING #

:QUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial) | DATE SUBMITTED: | PHONE:

CUSTOMER, WORK TO BE PERFORMED FOR:

TITLE/POSITION:

Please Print: (Last , First M. Initial)

(As seen in the EOP Phone Book)

DEPARTMENT:

WH

(Agy/PAD) (Div/DAD) (Sub-Div/Branch) | BUILDING: | ROOM: | PHONE:

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ *(e.g.. Volunteer, Fellow, ...)*

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name | Contract # | Purchase Order # | ( ) - Co/Agy Phone #:

Company / Agency Address | Co/Agy City | Co/Agy State | Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Access *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☒ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Sig e of Customer _____ Date _____

Signature of Supervisor or POC: (EOP Staff) _____ Print: (Last , First M. Init.) _____ Date _____

Signature of AGY/PAD Admin. or COTR: _____ Print: (Last , First M. Init.) _____ Date _____

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION

INFORMATION SYSTEMS AND TECHNOLOGY

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CUSTOMER, WORK TO BE PERFORMED FOR:

TITLE/POSITION:

Please Print: (Last , First M. Initial)

(As seen in the EOP Phone Book)

DEPARTMENT:

WH

(Agy/PAD) (Div/DAD) (Sub-Div/Branch) | BUILDING: | ROOM: | PHONE:

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ *(e.g.. Volunteer, Fellow, ...)*

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name | Contract # | Purchase Order # | ( ) - Co/Agy Phone #:

Company / Agency Address | Co/Agy City | Co/Agy State | Co/Agy Zip:

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EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

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PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

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Signature of AGY/PAD Admin. or COTR: _____ Print: (Last , First M. Init.) _____ Date _____

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION

INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING #

:QUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial) | DATE SUBMITTED: | PHONE:

CUSTOMER, WORK TO BE PERFORMED FOR: | **TITLE/POSITION:**

Please Print: (Last , First M. Initial) | *(As seen in the EOP Phone Book)*

DEPARTMENT:

WH

(Agy/PAD) (Div/DAD) (Sub-Div/Branch) | BUILDING: | ROOM: | PHONE:

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ *(e.g., Volunteer, Fellow, ...)*

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name | Contract # | Purchase Order # | ( ) - Co/Agy Phone #:

Company / Agency Address | Co/Agy City | Co/Agy State | Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

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Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Sig e of Customer _____ Date _____

Signature of Supervisor or POC: (EOP Staff) _____ Print: (Last , First M. Init.) _____ Date _____

Signature of AGY/PAD Admin. or COTR: _____ Print: (Last , First M. Init.) _____ Date _____

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION

INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING #

:QUEST SUBMITTED BY (Point Of Contact):

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CUSTOMER, WORK TO BE PERFORMED FOR:

TITLE/POSITION:

Please Print: (Last , First M. Initial)

(As seen in the EOP Phone Book)

DEPARTMENT:

WH

(Agy/PAD) (Div/DAD) (Sub-Div/Branch) | BUILDING: | ROOM: | PHONE:

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ *(e.g., Volunteer, Fellow, ...)*

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name | Contract # | Purchase Order # | ( ) - Co/Agy Phone #:

Company / Agency Address | Co/Agy City | Co/Agy State | Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

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PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Cellular ☐ Pager S/N#: _____ ☐ Cellular Phone S/N#: _____

AUTHORIZED/APPROVED BY

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Sig e of Customer _____ Date _____

Signature of Supervisor or POC: (EOP Staff) _____ Print: (Last , First M. Init.) _____ Date _____

Signature of AGY/PAD Admin. or COTR: _____ Print: (Last , First M. Init.) _____ Date _____

COMPUTER SERVICES REQUEST

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lease Print: (Last , First M. Initial) | DATE SUBMITTED: | PHONE:

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lease Print: (Last , First M. Initial) | *(As seen in the EOP Phone Book)*

)EPARTMENT:

WH

Agy/PAD) (Div/DAD) (Sub-Div/Branch) | BUILDING: | ROOM: | PHONE:

:USTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ *(e.g., Volunteer, Fellow, ...)*

:ONTRACTOR & Non-EOP EMPLOYEES:

:ompany / Agency Name

:ompany / Agency Address

Contract # | Purchase Order # | ( ) - Co/Agy Phone #:

Co/Agy City | Co/Agy State | Co/Agy Zip:

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PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)*

CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

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Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other _____

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:ompany / Agency Address | Co/Agy City | Co/Agy State | Co/Agy Zip:

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PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

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WH

Agy/PAD) (Div/DAD) (Sub-Div/Branch) | BUILDING: | ROOM: | PHONE:

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COMPUTER SERVICES REQUEST

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Contract # | Purchase Order # | ( ) - Co/Agy Phone #:

Co/Agy City | Co/Agy State | Co/Agy Zip:

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PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

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AUTHORIZED/APPROVED BY

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Sig e of Customer _____ Date _____

Signature of Supervisor or POC: (EOP Staff) _____ Print: (Last , First M. Init.) _____ Date _____

Signature of AGY/PAD Admin. or COTR: _____ Print: (Last , First M. Init.) _____ Date _____

EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

INFORMATION SYSTEM & TECHNOLOGY DIVISION
LOGONID USER AGREEMENT

This agreement is issued under the authority of the Computer Security Act of 1987, Public Law 100-235; 101 Stat. 1724.

By signing this agreement, I signify my understanding and acceptance of the policies and practices of the Office of Administration (OA), Executive Office of the President (EOP), concerning access to the Executive Office of the President Data Center (EOPDC) computer systems.

For the purposes of this agreement, the term "exceeds authorized access" is taken directly from 18 U.S.C. § 1030, "Fraud and Related Activity in Connection with Computers", and means to access a computer with authorization and to use such access to obtain or alter information in the computer that the accesser is not entitled to obtain or alter.

I hereby acknowledge that I have received a copy of 18 U.S.C. § 1030 which in general terms provides criminal punishment for the following conduct:

a. Anyone who intentionally accesses an EOPDC computer without authorization and such conduct affects the use of the government's operation of such computer.

b. Anyone who knowingly with intent to defraud, accesses an EOPDC computer without authorization, or exceeds authorized access, and by means of such conduct obtains anything of value.

c. Anyone who intentionally accesses an EOPDC computer without authorization, and by means of such conduct alters, damages, or destroys information in such computer or prevents authorized use of such computers or information and thereby causes loss of a value aggregating $1,000 or more during any one period.

d. Anyone who knowingly and with intent to defraud, traffics in any password or similar information through which an EOPDC computer may be accessed without authorization.

I acknowledge that I may be held accountable for any unauthorized use of my LogonID for the purposes of accessing EOPDC computer systems. Any such unauthorized access may subject me to a violation of 18 U.S.C. § 1030. The first violation of this and related statutes could subject me to termination of my employment, a fine, and/or imprisonment (ranging from one to five years).

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

Print Name (Last, First MI)	Date
Signature	LogonID
Organization	Phone

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION

INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING #

:QUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
Bauerle Cheryl S.	3/9/00	6-2959

CUSTOMER, WORK TO BE PERFORMED FOR: (Please Print: (Last , First M. Initial))	TITLE/POSITION: (As seen in the EOP Phone Book)
Above	Associate Director

DEPARTMENT: (Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
WH AIDS Policy	736 JP		above

CUSTOMER INFORMATION:

Pass Type: [X] Permanent [ ] Temporary [ ] Access List [ ] Other _____

Emp Type: [ ] EOP Staff [ ] Detailee [ ] Intern/Student [ ] Other _____ (e.g. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: [ ] Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

1. Exchange 2 computers on 3rd fl (w/each other)
2. Move scanner from office on 3rd floor to Sarah Holewinski's computer.

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: ASAP (by Tues. if possible)

ACCESS REQUEST:

[ ] Create *(New Account)* [ ] Modify *(Update existing ID)* [ ] Delete/Disable *(Departing Staff)* [ ] Transfer *(Transfer Ownership)* [ ] Dial-In Access *(Justify above)* [ ] External Access *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

[ ] IBM Mainframe: _____ *(7 Char. ID)*

[X] User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

[ ] New Install [ ] Upgrade [ ] Re-Assign [ ] Re-Allocate [ ] Return to Inv. [ ] Site Survey

PC Load Type: [ ] US-2000 [ ] OASIS 5.0 [ ] Stand Alone [ ] Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar [ ] Pager S/N#: _____ [ ] Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer	Print: (Last , First M. Init.)	Date
Cheryl Bauerle	Bauerle Cheryl S.	3/9/00
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.)	Date
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION

INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING #

REQUEST SUBMITTED BY (Point Of Contact):
Please Print: (Last , First M. Initial) Bauerle Cheryl S.
DATE SUBMITTED: 3/30/00
PHONE: 6-2959

CUSTOMER, WORK TO BE PERFORMED FOR:
Please Print: (Last , First M. Initial) Kennedy May
TITLE/POSITION: Agency Representative (As seen in the EOP Phone Book)

DEPARTMENT: WH (Agy/PAD) AIDS (Div/DAD) Policy (Sub-Div/Branch)
BUILDING: 736JP
ROOM:
PHONE: 202-456-2959

CUSTOMER INFORMATION:
Pass Type: ☐ Permanent ☑ Temporary ☐ Access List ☐ Other
Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☑ Other Agency Rep. (e.g. Volunteer, Fellow, ..)

CONTRACTOR & Non-EOP EMPLOYEES:
Company / Agency Name
Company / Agency Address
Contract # | Purchase Order # | ( ) - Co/Agy Phone #:
Co/Agy City | Co/Agy State | Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Create new NT + Notes Account per user
Daniel Montoya

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE:

ACCESS REQUEST:
☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Access *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: *(7 Char. ID)*

☒ User Name: *(12 Char ID.{ALL-IN-1 &.or LAN})*

Novell Server Name: *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other

CPU Bar Code #: *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#:

Previous or current OWNER of Equipment if not Customer:
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: ☐ Celluar Phone S/N#:

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer: Cheryl Bauerle Date
Signature of Supervisor or POC: (EOP Staff) Print: (Last , First M. Init.) Bauerle Cheryl S. Date 3/30/00

Signature of AGY/PAD Admin. or COTR: Print: (Last , First M. Init.) Date

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

Kennedy, Mary G.
Print Name (Last, First MI)

3/30/00
Date

Mary G. Kennedy
Signature

LogonID

ONAP
Organization

51448
Phone

OA FORM 62
Rev. September 1994

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.	6/15/99	( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last ,	First	M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
Gaist,	Paul	A.	Agency Representative

DEPARTMENT: (Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy			736 Jackson		( ) -

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☑ Access List ☐ Other

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☑ Other Agency Rep. (e.g.: Volunteer, Fellow,...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	**Co/Agy City**	**Co/Agy State**	**Co/Agy Zip:**

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Create new user and Notes accounts.

Per user Daniel Montoya

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☒ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

Signature of Customer		Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A	Date 6/15/99
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

GAIST, Paul A
Print Name (Last, First MI)

6/15/99
Date

Signature

LogonID

AIDS Policy
Organization

6-2437
Phone

OA FORM 62
Rev September 1994

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.		(202) 632-1090

CUSTOMER, WORK TO BE PERFORMED FOR: AUSTIN, BRAD

TITLE/POSITION: Agency Representative

Please Print: (Last , First M. Initial) (As seen in the EOP Phone Book)

DEPARTMENT:

(Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy / EOP	808 17th St	820	(202) 632-1090

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☑ Other Agency Representative (e.g., Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Create new NT and Notes account.

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: BAUSTIN *(12 Char ID.{ALL-IN-1 &.or LAN})*

Novell Server Name: ONAPC *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer			Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , SUMMERS,	First TODD	M. Init.) A.
			Date 12/16/97
Signature of AGY/PAD Admin. or COTR:	Print: (Last ,	First	M. Init.)
			Date

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

AUSTIN, BRAD L.
Print Name (Last, First MI)

Dec. 16 1997
Date

Brad L. Austin
Signature

baustin
LogonID

NIDS Rlcy / EOP
Organization

(202) 632-1090
Phone

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.	9/22/97	( )632-1090

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last ,	First	M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
Above			Deputy Director

DEPARTMENT: (Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
EOP	AIDS Policy		808 17th, #820		above ( ) -

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☑ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

1) Please add Sandra Thurman, Daniel Montoya, Todd Summers, and Sarah Holewinski to Lexus/Nexus service

2) Add N: Drive access to start-up routine for Sandra Thurman and Sarah Holewinski (same as Todd Summers)

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.{ALL-IN-1 &.or LAN})* Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

	Print: (Last , First M. Init.)	Date
Signature of Customer		
Signature of Supervisor or POC: (EOP Staff)	SUMMERS TODD A.	9/22/97
Signature of AGY/PAD Admin. or COTR:		

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS TODD A.	6/30/99	( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last , First M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
Wilson Alyssa	Intern

DEPARTMENT:

(Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy Office	736 Jackson		(202)395-1452

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☑ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☑ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Setup Network and Notes access
same as Franklin_J (Jason Franklin)

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ CPU S/N#: _____
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

Alyssa Wilson
Signature of Customer

AUTHORIZED/APPROVED BY
(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

6/30/99
Date

Signature of Supervisor or POC: (EOP Staff)

SUMMERS, TODD A.
Print: (Last , First M. Init.)

6/30/99
Date

Signature of AGY/PAD Admin. or COTR:

Print: (Last , First M. Init.)

Date

EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

INFORMATION SYSTEM & TECHNOLOGY DIVISION
LOGONID USER AGREEMENT

This agreement is issued under the authority of the Computer Security Act of 1987, Public Law 100-235; 101 Stat. 1724.

By signing this agreement, I signify my understanding and acceptance of the policies and practices of the Office of Administration (OA), Executive Office of the President (EOP), concerning access to the Executive Office of the President Data Center (EOPDC) computer systems.

For the purposes of this agreement, the term "exceeds authorized access" is taken directly from 18 U.S.C. § 1030, "Fraud and Related Activity in Connection with Computers", and means to access a computer with authorization and to use such access to obtain or alter information in the computer that the accesser is not entitled to obtain or alter.

I hereby acknowledge that I have received a copy of 18 U.S.C. § 1030 which in general terms provides criminal punishment for the following conduct:

a. Anyone who intentionally accesses an EOPDC computer without authorization and such conduct affects the use of the government's operation of such computer.

b. Anyone who knowingly with intent to defraud, accesses an EOPDC computer without authorization, or exceeds authorized access, and by means of such conduct obtains anything of value.

c. Anyone who intentionally accesses an EOPDC computer without authorization, and by means of such conduct alters, damages, or destroys information in such computer or prevents authorized use of such computers or information and thereby causes loss of a value aggregating $1,000 or more during any one period.

d. Anyone who knowingly and with intent to defraud, traffics in any password or similar information through which an EOPDC computer may be accessed without authorization.

I acknowledge that I may be held accountable for any unauthorized use of my LogonID for the purposes of accessing EOPDC computer systems. Any such unauthorized access may subject me to a violation of 18 U.S.C. § 1030. The first violation of this and related statutes could subject me to termination of my employment, a fine, and/or imprisonment (ranging from one to five years).

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

Wilson, Alyssa
Print Name (Last, First MI)

6/30/94
Date

Alyssa Wilson
Signature

LogonID

AIDS Policy Office
Organization

202-395-1452
Phone

OA FORM 62
Rev. September 1994

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS TODD A.	6/30/99	( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last , First M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
KIEHL JOHANNA	Intern

DEPARTMENT:

(Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy Office	736 Jackson		(202)395-1497

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☑ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☑ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Setup Network and Notes configuration
same as Franklin_J (Jason Franklin)

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.{ALL-IN-1 &.or LAN})*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ CPU S/N#: _____
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☑ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY
(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer		Date: 6/30/99
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A.	Date: 6/30/99
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

KIEHL, JOHANNA
Print Name (Last, First MI)

6/30/94
Date

Signature

LogonID

AIDS Policy Office
Organization

202-395-1447
Phone

OA FORM 62
Rev. September 1994

EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

INFORMATION SYSTEM & TECHNOLOGY DIVISION
LOGONID USER AGREEMENT

This agreement is issued under the authority of the Computer Security Act of 1987, Public Law 100-235; 101 Stat. 1724.

By signing this agreement, I signify my understanding and acceptance of the policies and practices of the Office of Administration (OA), Executive Office of the President (EOP), concerning access to the Executive Office of the President Data Center (EOPDC) computer systems.

For the purposes of this agreement, the term "exceeds authorized access" is taken directly from 18 U.S.C. § 1030, "Fraud and Related Activity in Connection with Computers", and means to access a computer with authorization and to use such access to obtain or alter information in the computer that the accesser is not entitled to obtain or alter.

I hereby acknowledge that I have received a copy of 18 U.S.C. § 1030 which in general terms provides criminal punishment for the following conduct:

a. Anyone who intentionally accesses an EOPDC computer without authorization and such conduct affects the use of the government's operation of such computer.

b. Anyone who knowingly with intent to defraud, accesses an EOPDC computer without authorization, or exceeds authorized access, and by means of such conduct obtains anything of value.

c. Anyone who intentionally accesses an EOPDC computer without authorization, and by means of such conduct alters, damages, or destroys information in such computer or prevents authorized use of such computers or information and thereby causes loss of a value aggregating $1,000 or more during any one period.

d. Anyone who knowingly and with intent to defraud, traffics in any password or similar information through which an EOPDC computer may be accessed without authorization.

I acknowledge that I may be held accountable for any unauthorized use of my LogonID for the purposes of accessing EOPDC computer systems. Any such unauthorized access may subject me to a violation of 18 U.S.C. § 1030. The first violation of this and related statutes could subject me to termination of my employment, a fine, and/or imprisonment (ranging from one to five years).

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.	6/30/99	( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last ,	First	M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
Van Saanen	Marisa		Intern

DEPARTMENT:

(Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS	Policy	Office	736 Jackson		(202) 395-1442

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☑ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☑ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Setup Network and Notes access
same as Franklin_J (Jason Franklin)

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ CPU S/N#: _____
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Marisa B. Vanstaanen Signature of Customer		6/30/99 Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A.	6/30/99 Date
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

INFORMATION SYSTEM & TECHNOLOGY DIVISION
LOGONID USER AGREEMENT

This agreement is issued under the authority of the Computer Security Act of 1987, Public Law 100-235; 101 Stat. 1724.

By signing this agreement, I signify my understanding and acceptance of the policies and practices of the Office of Administration (OA), Executive Office of the President (EOP), concerning access to the Executive Office of the President Data Center (EOPDC) computer systems.

For the purposes of this agreement, the term "exceeds authorized access" is taken directly from 18 U.S.C. § 1030, "Fraud and Related Activity in Connection with Computers", and means to access a computer with authorization and to use such access to obtain or alter information in the computer that the accesser is not entitled to obtain or alter.

I hereby acknowledge that I have received a copy of 18 U.S.C. § 1030 which in general terms provides criminal punishment for the following conduct:

a. Anyone who intentionally accesses an EOPDC computer without authorization and such conduct affects the use of the government's operation of such computer.

b. Anyone who knowingly with intent to defraud, accesses an EOPDC computer without authorization, or exceeds authorized access, and by means of such conduct obtains anything of value.

c. Anyone who intentionally accesses an EOPDC computer without authorization, and by means of such conduct alters, damages, or destroys information in such computer or prevents authorized use of such computers or information and thereby causes loss of a value aggregating $1,000 or more during any one period.

d. Anyone who knowingly and with intent to defraud, traffics in any password or similar information through which an EOPDC computer may be accessed without authorization.

I acknowledge that I may be held accountable for any unauthorized use of my LogonID for the purposes of accessing EOPDC computer systems. Any such unauthorized access may subject me to a violation of 18 U.S.C. § 1030. The first violation of this and related statutes could subject me to termination of my employment, a fine, and/or imprisonment (ranging from one to five years).

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

VanSaanen, Marisa B
Print Name (Last, First MI)

6/30/99
Date

Marisa B. VanSaanen
Signature

LogonID

AIOS Policy Office
Organization

202-395-1442
Phone

OA FORM 62
Rev. September 1994

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS TODD A.	6/11/99	( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR:

TITLE/POSITION:

Please Print: (Last , First M. Initial)	(As seen in the EOP Phone Book)
abore	Deputy Director

DEPARTMENT: (Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS	Policy		736 Jackson		( ) 6-2437

CUSTOMER INFORMATION:

Pass Type: ☒ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☒ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ *(e.g.. Volunteer, Fellow, ...)*

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Restore h:\potus\Africa briefing memo\Africa11.doc

Corrupted by virus.

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: ASAP

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.{ALL-IN-1 &.or LAN})*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer		Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A.	Date
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS TODD A.	5/5/99	( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last , First M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
Bennett, Russell L.	Agency Representative

DEPARTMENT: (Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy Resp.	736 Jackson		( ) -

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☑ Other Agency Rep. (e.g., Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Please create user account and notes account

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

Signature of Customer _____ Date _____

Signature of Supervisor or POC: (EOP Staff) _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

Print: (Last , First M. Init.) SUMMERS, TODD A Date 5/5/99

Signature of AGY/PAD Admin. or COTR: _____

Print: (Last , First M. Init.) _____ Date _____

EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF ADMINISTRATION
WASHINGTON, D.C. 20503

INFORMATION SYSTEM & TECHNOLOGY DIVISION
LOGONID USER AGREEMENT

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a. Anyone who intentionally accesses an EOPDC computer without authorization and such conduct affects the use of the government's operation of such computer.

b. Anyone who knowingly with intent to defraud, accesses an EOPDC computer without authorization, or exceeds authorized access, and by means of such conduct obtains anything of value.

c. Anyone who intentionally accesses an EOPDC computer without authorization, and by means of such conduct alters, damages, or destroys information in such computer or prevents authorized use of such computers or information and thereby causes loss of a value aggregating $1,000 or more during any one period.

d. Anyone who knowingly and with intent to defraud, traffics in any password or similar information through which an EOPDC computer may be accessed without authorization.

I acknowledge that I may be held accountable for any unauthorized use of my LogonID for the purposes of accessing EOPDC computer systems. Any such unauthorized access may subject me to a violation of 18 U.S.C. § 1030. The first violation of this and related statutes could subject me to termination of my employment, a fine, and/or imprisonment (ranging from one to five years).

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

~~Russell~~ Bennett, Russell L.
Print Name (Last, First MI)

5/5/99
Date

Russell L Bennett
Signature

LogonID

AIDS Policy
Organization

6-2437
Phone

OA FORM 62
Rev. September 1994

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS TODD A.	4/22/99	( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last , First M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
Bauerle, Cheryl	Associate Director

DEPARTMENT:

(Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy	736 Jackson		( ) 6-2437

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other Pending Permanent

Emp Type: ☑ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	**Co/Agy City**	**Co/Agy State**	**Co/Agy Zip:**

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Create new user account – same as user Daniel Montoya

Create new NT account

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.{ALL-IN-1 &.or LAN})*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ CPU S/N#: _____
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

	Print (Last , First M. Init.)	Date
Signature of Customer		
Signature of Supervisor or POC: (EOP Staff)	SUMMERS, TODD A	4/22/99
Signature of AGY/PAD Admin. or COTR:		

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

Bauerle, Cheryl S.
Print Name (Last, First MI)

4/19/99
Date

Cheryl S. Bauerle
Signature

LogonID

AIDS Policy
Organization

6-2437
Phone

OA FORM 62
Rev. September 1994

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS TODD A.		( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last , First M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
Abore	Dep Director

DEPARTMENT:

(Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy	736 Jackson		( )6 2444

CUSTOMER INFORMATION:

Pass Type: [X] Permanent [ ] Temporary [ ] Access List [ ] Other _____

Emp Type: [X] EOP Staff [ ] Detailee [ ] Intern/Student [ ] Other _____ *(e.g., Volunteer, Fellow, ...)*

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: [ ] Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Replace OPD00000161 with new 3.51 load; return to Jackson Place
Install MS Outlook 98 on OPD00000819

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

[ ] Create *(New Account)* [ ] Modify *(Update existing ID)* [ ] Delete/Disable *(Departing Staff)* [ ] Transfer *(Transfer Ownership)* [ ] Dial-In Access *(Justify above)* [ ] External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

[ ] IBM Mainframe: _____ *(7 Char. ID)*

[ ] User Name: _____ *(12 Char ID.{ALL-IN-1 &.or LAN})*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

[ ] New Install [ ] Upgrade [ ] Re-Assign [ ] Re-Allocate [ ] Return to Inv. [ ] Site Survey

PC Load Type: [ ] US-2000 [ ] OASIS 5.0 [ ] Stand Alone [ ] Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar [ ] Pager S/N#: _____ [ ] Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

Signature of Customer		Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A.	Date 3/1/99
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION

INFORMATION SYSTEMS AND TECHNOLOGY

6-1655

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS TODD A.		( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR: | **TITLE/POSITION:**

Please Print: (Last , First M. Initial) | (As seen in the EOP Phone Book)

DEPARTMENT:

(Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
	736 Jackson		( ) -

CUSTOMER INFORMATION:

Pass Type: ☒ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☒ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Restore network folder for Jane Sanville (Ursulla Sanville). Need WordPerfect files that were stored on the network drive at the time of her departure from AIDS Policy office (2/97). (this would be her "F" drive)

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.{ALL-IN-1 &.or LAN})* Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ CPU S/N#: _____
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

Signature of Customer		Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A.	Date 2/23/99
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS TODD A.		( ) 6-2437

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last , First M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
above	Deputy Director

DEPARTMENT:

(Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy	736 Jackson		( ) -

CUSTOMER INFORMATION:

Pass Type: [X] Permanent [ ] Temporary [ ] Access List [ ] Other _____

Emp Type: [X] EOP Staff [ ] Detailee [ ] Intern/Student [ ] Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: [ ] Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Delete NT and Notes accounts for users: Jonathan T. Weber
Robert Soliz
Brad Austin

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

[ ] Create *(New Account)* [ ] Modify *(Update existing ID)* [X] Delete/Disable *(Departing Staff)* [ ] Transfer *(Transfer Ownership)* [ ] Dial-In Access *(Justify above)* [ ] External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

[ ] IBM Mainframe: _____ *(7 Char. ID)*

[ ] User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

[ ] New Install [ ] Upgrade [ ] Re-Assign [ ] Re-Allocate [ ] Return to Inv. [ ] Site Survey

PC Load Type: [ ] US-2000 [ ] OASIS 5.0 [ ] Stand Alone [ ] Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar [ ] Pager S/N#: _____ [ ] Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

	Print (Last , First M. Init.)	Date
Signature of Customer		
Signature of Supervisor or POC: (EOP Staff)	SUMMERS, TODD A.	6/22/98
Signature of AGY/PAD Admin. or COTR:		

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.	6/2/98	6-2437 ~~(202) 638-1090~~

CUSTOMER, WORK TO BE PERFORMED FOR:

TITLE/POSITION: Deputy / AIDS Policy

Please Print: (Last ,	First	M. Initial)	(As seen in the EOP Phone Book)
Soliz	Bob		

DEPARTMENT: (Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
OPD/	ONAP		736 Jackson	6-2437	~~(202) 638-1090~~

CUSTOMER INFORMATION:

Pass Type: ☒ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☒ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

. Restore file - N:\shared\directiv\youthdir.mdb

from 6/2/98 (from server ONAPE) as of 6/1/98

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ CPU S/N#: _____
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

	Print: (Last , First M. Init.)	Date
Signature of Customer		
Signature of Supervisor or POC: (EOP Staff)	SUMMERS, TODD A.	6/2/98
Signature of AGY/PAD Admin. or COTR:	Raines Ashley L.	6/2/98

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):				
SUMMERS	TODD	A.	4/14/98	6-2437 ~~(202)~~ ~~632-1098~~
Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:

CUSTOMER, WORK TO BE PERFORMED FOR:			TITLE/POSITION:
			Deputy / AIDS Policy
Please Print: (Last ,	First	M. Initial)	(As seen in the EOP Phone Book)

DEPARTMENT:				
AIDS Policy		736 Jackson		6-2437 ~~(202) 632-1090~~
(Agy/PAD)	(Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:

CUSTOMER INFORMATION:

Pass Type: ☒ ~~Permanent~~ ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☒ ~~EOP Staff~~ ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Establish printer queue and connect all ~~PC~~ AIDS policy users to HP Color LaserJet 5M

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))* Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ CPU S/N#: _____
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer			Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last ,	First M. Init.)	Date: 4/14/98
Signature of AGY/PAD Admin. or COTR:	Print: (Last ,	First M. Init.)	Date

Form OA65 Revised 12/04/95

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.		6-2437

CUSTOMER, WORK TO BE PERFORMED FOR: | **TITLE/POSITION:** Deputy

Please Print: (Last , First M. Initial) (As seen in the EOP Phone Book)

DEPARTMENT: (Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
	AIDS Policy				6-2437

CUSTOMER INFORMATION:

Pass Type: ☑ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☑ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Activate Secure IDs for Avidx use: Todd Summers
Sandra Thurman #554592
Daniel Montoya # 221547

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.{ALL-IN-1 &.or LAN})* Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

Signature of Customer		Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A.	Date
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION

INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.	4/1/98	(202) 632-1090

CUSTOMER, WORK TO BE PERFORMED FOR:

TITLE/POSITION:

Please Print: (Last ,	First	M. Initial)	(As seen in the EOP Phone Book)
CHUN,	SAMUEL	T.	Intern

DEPARTMENT: (Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy			808 17th St.	820	(202) 632-1090

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☑ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☑ Intern/Student ☐ Other _____ *(e.g.. Volunteer, Fellow, ...)*

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Please establish user account, pw with same network access as other ONAP staff

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☑ User Name: schun *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: ONAPC *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

	Print: (Last , First M. Init.)	Date
Signature of Customer		
Signature of Supervisor or POC: (EOP Staff)	SUMMERS, TODD A.	4/1/98
Signature of AGY/PAD Admin. or COTR:		

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

Chun, Samuel T.
Print Name (Last, First MI)

4/1/98
Date


Signature

schung
LogonID

AIDS Policy (ONAP)
Organization

(202) 632-1096
Phone

OA FORM 62
Rev. September 1994

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):				
SUMMERS, TODD A.			3/5/98	(202) 632-1090
Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:

CUSTOMER, WORK TO BE PERFORMED FOR:			TITLE/POSITION: Deputy Director	
Please Print: (Last ,	First	M. Initial)	(As seen in the EOP Phone Book)	
DEPARTMENT: AIDS Policy		808 17th St.	820	(202) 632-1090
(Agy/PAD)	(Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:

CUSTOMER INFORMATION:

Pass Type: ☒ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☒ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Install MS Access on all local hard drives.

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)*

CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer		Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , SUMMERS, First TODD M. Init. A.)	Date 3/5/98
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

Form OA65 Revised 12/04/95

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.	12/15/97	(202) 632-1090

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last ,	First	M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
SIMMONS	GLENDA		INTERN

DEPARTMENT: (Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy	/EOP		808 17th St	820	( ) -

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☑ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☑ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Delete User account.

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: 12/19/97

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☑ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: GSIMMONS *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: ONAPC *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

Signature of Customer		Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A.	Date 12/15/97
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last , First M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS, TODD A.	12/15/97	(202) 632-1090

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last , First M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
SONI, ANIL	Intern

DEPARTMENT: (Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy / EOP	808 17th	820	( ) -

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☐ Other _____

Emp Type: ☐ EOP Staff ☐ Detailee ☑ Intern/Student ☐ Other _____ (e.g., Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Delete User, and Notes Accounts

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: 12/19/97

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☑ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: ASONI *(12 Char ID.{ALL-IN-1 &.or LAN})*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

	Print: (Last , First M. Init.)	Date
Signature of Customer	SUMMERS, TODD A.	12/15/97
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.)	Date
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.	11/20/97	(202) 632-1096

CUSTOMER, WORK TO BE PERFORMED FOR: above

TITLE/POSITION: Deputy Director

Please Print: (Last , First M. Initial) *(As seen in the EOP Phone Book)*

DEPARTMENT:

(Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS	Policy	/ EOP	808 17th	820	above ( ) -

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☒ Temporary ☐ Access List ☐ Other _____

Emp Type: ☒ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ *(e.g.. Volunteer, Fellow, ...)*

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Configure all computers on site to access network printer (at front desk) - OPD999999329

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ CPU S/N#: _____
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

	Print: (Last , First M. Init.)	Date
Signature of Customer		
Signature of Supervisor or POC: (EOP Staff)	SUMMERS, TODD A.	11/20/97
Signature of AGY/PAD Admin. or COTR:		

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.	11/17/97	(202) 632-1090

CUSTOMER, WORK TO BE PERFORMED FOR:

TITLE/POSITION: Deputy Director

Please Print: (Last , First M. Initial) — (As seen in the EOP Phone Book)

DEPARTMENT: (Agy/PAD) (Div/DAD) (Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy / EOP	808 17th St NW	820	(202) 632-1090

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☑ Temporary ☐ Access List ☐ Other _____

Emp Type: ☑ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Surplus list of attached computer equipment, except that surplusing of any item still functional and with estimated value greater than $10 be cleared by Ashley Raines.

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☐ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☑ Return to Inv. ☑ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ CPU S/N#: _____
(EOP BAR-CODE is located on Right Side of CPU)

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

Signature of Customer		Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A.	Date 11/17/97
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

Form OA65 Revised 12/04/95

OFFICE OF AIDs POLICY
EXCESS COMPUTER INVENTORY LIST

November 6, 1997

Location: Riggs Bank Buiiding
808 17th Street
Suite 820

Contact: Todd Summers
Phone: 632-1090

Item Description	BarCode #	Serial # (if available)
Serial Mouse DexxA mdl 71005	—	1012004
Cardinal Modem	OA 06 0587	GOE0156
Z-NIX MOUSE	—	902377
400 DPI Bus mouse	—	KAM 0032344
HAYES 24 B. MODEM	—	012586
Model M Keyboard	—	395254
IBM Model M Keyboard	—	3840748
NEC Multisinc Monitor	OPD00000378	08N05097M
AST 386 SX/16 CPU AST	OPD00000377	500760-003
NEC Multisinc Monitor	OPD00000370	021350
WIN MODEL SK-00A2-1U Keyboard	OPD00000379	K9111114284
WIN 386 CPU	OPD00000387	027298
AST MODEL ASTK B101 Kybd	OPD00000389	588985
IBM MODEL M KEYBOARD	OPD00000363	3894660
IBM monitor 8513	OPD00000365	23-V0435
IBM monitor 8513	OPD00000361	0464212
IBM monitor 8513	OPD00000385	23-HN957
IBM 502 CPU	OPD00000364	72-7040283
IBM 502 CPU	OPD00000384	72-7163087
IBM 502 CPU	OPD00000362	72-7098759
MICROSOFT Serial MOUSE	—	0469277

Item Description	BarCode #	Serial # (if available)
COMPAQ 32-Bit Manager BOARD	—	125711-003
CP CIARE LX200B00 BOARD	—	256872
6 NETWORK BOARDS	—	—
Intel Network BOARD	—	004400
3 SONIX 87 BOARDS	—	—
ETHERNET 802.3 TRANSCEIVER	—	C04910605 90
ETHERNET 802.3 TRANSCEIVER	—	C04910605 97

ADC Kentrox®
The Network Access Company™

KENTROX INDUSTRIES, INC.
14375 N.W. Science Park Drive
Portland, OR 97229-5418
503/643-1681
FAX 503/626-3628

SHIPPING LABEL

DATE 4/07/97 PAGE 1
TIME 11:15:48

SHIP-TO ADDRESS

OFC OF NAT AIDS/POLICY
*
800 18TH ST STE 820
WASHINGTON DC 20006

SCHEDULE DATE 4/07/97
REQUEST DATE 4/03/97

** ACCEPTS BACKORDER	ORDER NO.	REFERENCE	DATE	TYPE
** ACCEPTS PARTIAL SHIP	C201129	970613-01	4/03/97	S

SHIP INSTRUCTIONS - UPS ALD 752

ORDER COMMENTS -BELL ATL

ORDER COMMENTS -ME;PO# 970613-01

DATE SHIPPED	
4/7/97	
CARRIER	SHIPPED BY
ups Ground	
WEIGHT	NO. OF CARTONS
LBS.	1
KGS	
FREIGHT CHARGES	
PULL	CHECK / PACK
WM	md / JA

ACK ODE	WHS	LOCATION	ITEM NUMBER	QUANTITY ORDERED	U/M	QUANTITY SHIPPED	U/M
1	ALS		01-78620015	1.000	EA	1	
DATASMART S/A SP V.35 -48V 131							
1	C32		01-77094001	1.000	EA	1	
PWR SPLY, PLUG-IN, 24V 0.5A							
1	C11		01-95010047	1.000	EA	1	
CABLE,H-D V35,DB25P/DA26P							
1	I12		01-77891001	1.000	EA	1	
DA15S GROS MODJACK ADPTR,SHLDD							

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS	TODD	A.	11/5/97	(202)632-1090

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last ,	First	M. Initial)	TITLE/POSITION: (As seen in the EOP Phone Book)
SOLIZ,	ROBERT		Agency Representative

DEPARTMENT: (Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy	/ EOP		808 17th St.	Suite 820	(202)632-1090

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☑ Other Agency Rep

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☑ Other Agency Rep (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
Agency Rep. from HRSA (HHS)			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Establish new NT Account with network drive access the same as user Todd Summers (including N: drive access to ONAPC)
Establish Notes account

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☑ User Name: SOLIZ_R *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: ONAPC *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)-

	Print: (Last , First M. Init.)	Date
Signature of Customer: [signature]	SUMMERS, TODD A.	11/5/97
Signature of Supervisor or POC: (EOP Staff)		
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

SOLIZ, ROBERT Print Name (Last, First MI)	11/5/97 Date
Robert Soliz Signature	SOLIZ_R LogonID
White House Office of National AIDS Policy Organization	(202)632-1090 Phone

OA FORM 62
Rev. September 1994

COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION

INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last ,	First	M. Initial)	DATE SUBMITTED:	PHONE:
SUMMERS,	TODD	A.	10/15/97	(202)632-1090

CUSTOMER, WORK TO BE PERFORMED FOR:

TITLE/POSITION:

Please Print: (Last ,	First	M. Initial)	(As seen in the EOP Phone Book)
MURGUIA,	MATTHEW		

DEPARTMENT: (Agy/PAD)	(Div/DAD)	(Sub-Div/Branch)	BUILDING:	ROOM:	PHONE:
AIDS Policy / EOP			808 17th	Suite 820	(202)632-1090

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☑ Other Agency Rep.

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g., Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
HHS			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Please establish new account (include access to shared N:\ drive as user Todd Summers)

Please establish new Notes account

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☒ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: MURGUIA_M *(12 Char ID.(ALL-IN-1 &.or LAN))*

Novell Server Name: CNAPC *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____ *(Owner is normally set as Default Login User Name)*

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer		Date
Signature of Supervisor or POC: (EOP Staff)	Print: (Last , First M. Init.) SUMMERS, TODD A.	Date 10/15/97
Signature of AGY/PAD Admin. or COTR:	Print: (Last , First M. Init.)	Date

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

MURGUIA, MATTHEW	10/15/97
Print Name (Last, First MI)	Date
[signature]	MURGUIA_M
Signature	LogonID
AIDS Policy / EOP	202-632-1090
Organization	Phone

OA FORM 62
Rev. September 1994

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact): SUMMERS, TODD A. | 10/2/97 | ( ) 632-1090
Please Print: (Last , First M. Initial) | DATE SUBMITTED: | PHONE:

CUSTOMER, WORK TO BE PERFORMED FOR: Kamen, Jeff | **TITLE/POSITION:** Contractor ~~Employee~~
Please Print: (Last , First M. Initial) | *(As seen in the EOP Phone Book)*

DEPARTMENT: AIDS POLICY / EOP | 808 17th | | (632-1090
(Agy/PAD) (Div/DAD) (Sub-Div/Branch) | BUILDING: | ROOM: | PHONE:

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☑ Other Contractor

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ *(e.g., Volunteer, Fellow, ...)*

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	Co/Agy Phone #:
Jeff Kamen Production, Ltd.			( ) -
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Set up NT account with (1) access to N: drive
(2) Notes account

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: Kamen_J *(12 Char ID.(ALL-IN-1 &.or LAN))* Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer _____ Date _____

Signature of Supervisor or POC: (EOP Staff) _____ Print: (Last , First M. Init.) SUMMERS, TODD A. Date 10/2/97

Signature of AGY/PAD Admin. or COTR: _____ Print: (Last , First M. Init.) _____ Date _____

Form OA65 Revised 12/04/95

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

Kamen, Jeff
Print Name ~~(Last, First MI)~~

10/2/97
Date

Signature

Kamen_J
LogonID

AIDS Policy
Organization

632-1090
Phone

OA FORM 62
Rev. September 1994

COMPUTER SERVICES REQUEST
OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING

REQUEST SUBMITTED BY (Point Of Contact): SUMMERS, TODD A. | 10/2/97 | (632 1090

Please Print: (Last , First M. Initial) | DATE SUBMITTED: | PHONE:

CUSTOMER, WORK TO BE PERFORMED FOR: Iskowitz, Michael E. | **TITLE/POSITION:** ~~Dept~~ Contractor

Please Print: (Last , First M. Initial) | (As seen in the EOP Phone Book)

DEPARTMENT: AIDS Policy / EOP | 808 17th | | (632_1090

(Agy/PAD) (Div/DAD) (Sub-Div/Branch) | BUILDING: | ROOM: | PHONE:

CUSTOMER INFORMATION:

Pass Type: ☐ Permanent ☐ Temporary ☐ Access List ☒ Other Contractor

Emp Type: ☐ EOP Staff ☐ Detailee ☐ Intern/Student ☐ Other _____ (e.g.. Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name	Contract #	Purchase Order #	( ) - Co/Agy Phone #:
Company / Agency Address	Co/Agy City	Co/Agy State	Co/Agy Zip:

ACTION REQUESTED: ☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name. If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

Set up NT account with (1) access to N: drive
(2) Notes account

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT). REQUIRED DATE: _____

ACCESS REQUEST:

☑ Create *(New Account)* ☐ Modify *(Update existing ID)* ☐ Delete/Disable *(Departing Staff)* ☐ Transfer *(Transfer Ownership)* ☐ Dial-In Access *(Justify above)* ☐ External Acces *(Internet & X.400 Mail)*

(Fill in the User Name, Server Name and IBM Mainframe ID assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe: _____ *(7 Char. ID)*

☐ User Name: _____ *(12 Char ID.{ALL-IN-1 &.or LAN})* Novell Server Name: _____ *(E.G.: WHADMIN, OMB_A, IRMD,...)*

EQUIPMENT REQUEST: *(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)*

☐ New Install ☐ Upgrade ☐ Re-Assign ☐ Re-Allocate ☐ Return to Inv. ☐ Site Survey

PC Load Type: ☐ US-2000 ☐ OASIS 5.0 ☐ Stand Alone ☐ Other _____

CPU Bar Code #: _____ *(EOP BAR-CODE is located on Right Side of CPU)* CPU S/N#: _____

Previous or current OWNER of Equipment if not Customer: _____
(Owner is normally set as Default Login User Name)

Pager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request the PRINTED names of all other signatures for effective identification.)

Signature of Customer _____ Date _____

Signature of Supervisor or POC: (EOP Staff) | Print: (Last , First M. Init.) SUMMERS, TODD A. | Date 10/2/97

Signature of AGY/PAD Admin. or COTR: | Print: (Last , First M. Init.) | Date

Form OA65 Revised 12/04/95

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.

2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.

3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.

4. I will logoff my terminal or personal computer when it is unattended.

5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.

6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
   - Suspected or actual unauthorized use of my LogonID; and
   - A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

Iskowitz, Michael E.	10/2/97
Print Name (Last, First MI)	Date
X [signature]	Iskowitz_M
Signature	LogonID
AIDS Policy	632-1090
Organization	Phone

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Rev. September 1994