**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.**

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**Collection/Record Group:** Clinton Presidential Records

**Subgroup/Office of Origin:** National AIDS Policy Office

**Series/Staff Member:** Sandra Thurman

**Subseries:**

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**OA/ID Number:** 40015

**FolderID:**

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**Folder Title:**
Kimball, Melissa

| Stack: | Row: | Section: | Shelf: | Position: |
|---|---|---|---|---|
| S | 66 | 6 | 1 | 1 |

# COMPUTER SERVICES REQUEST
## OFFICE OF ADMINISTRATION
### INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING #

EQUEST SUBMITTED BY (Point Of Contact):
ase Print: ( Last , First M. Initial ) | DATE SUBMITTED: 1/28/00 | PHONE: ( )6-2959
Bauerle Cheryl S.

USTOMER, WORK TO BE PERFORMED FOR:
ase Print: ( Last , First M. Initial ) | TITLE/POSITION: Intern (As seen in the EOP Phone Book)
Kimball Melissa C

EPARTMENT: | BUILDING: | ROOM: | PHONE:
gy/PAD) (Div/DAD) (Sub-Div/Branch)
AIDS Policy Office | 736 Jackson | | ( )6-2437

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

X CTION 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 Network and Notes access same as David Williams)

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

CCESS 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)

*ll in the User Name, Server Name and IBM Mainframe ID ssigned 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,...)

QUIPMENT 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
C 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)
ager/Celluar ☐ Pager S/N#: _____ ☐ Celluar Phone S/N#: _____

Melissa C Kimball
gnature 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.)*

Date: 1/28/00

Cheryl S Bauerle
ignature of Supervisor or POC: (EOP Staff)
Print: Bauerle (Last , ) Cheryl (First) _____ (M. Init.)
Date: 1/28/00

ignature 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.

Melissa, Kimball E
Print Name (Last, First MI)

January 2[redacted], 2000
Date

Melissa E. Kimball
Signature

LogonID

OWAP
Organization

6-2437
Phone

OA FORM 62
Rev. September 1994