Print Form

Justification for Acquisition and Use of RSA Soft Token Request Form

USER INFORMATION

Name: _____ Position Title & Grade: _____

Bldg/Room #: _____ Department/Branch or Section: _____

Office Phone Number: _____

USER JUSTIFICATION: I am submitting this request because my job responsibilities require me to (check all that apply):

- ☐ Have constant secure access to data sources, network resources and/or other systems to conduct official Government business when I am routinely out of the office (e.g. telecommuting, attending meetings, serving customers and patients, traveling, etc.)
- ☐ Provide technical assistance to customers and be immediately available to receive their requests
- ☐ Engage in extended communications and/or monitor projects to support the mission-related activities beyond the standard work day/work place
- ☐ Other (please specify):

SIGNATURES

_____ _____
Signature Date:

_____ _____
Immediate Supervisor Date

_____ _____
Department Head Date:

_____ _____
Department AO Date:

CAN_____

DECISION

☐ Approved	☐ Disapproved

Comments:

_____ _____
Chief, IT Budget and Capital Planning Date