

# Computer Account Request form for County Feedlot Program

Doc Type: User IDS/Profiles/Authorizations/Passwords

#### Instructions:

County Feedlot Officers and additional primary users (one form per person) complete the "Authorized Associate" portions of

this request form. Scan and email signed form to David Malakowsky at David.malakowsky@state.mn.us. I, Randall G. Hukriede, Manager, Feedlot Section, MPCA Watershed Division, would like to request that a computer account be activated for: Print name: County name: (hereinafter to be identified as Authorized Associate) Email address: Telephone number: City, State and Zip: Mailing address: MN.IT Services Accommodations Needed Access to: Unless specifically requested access will be equivalent to a new MPCA employee. **Applications:** □ Other (specify): Remote access needed: 

Citrix Account/MPCA RSA Token (See reverse side) November 15, 2010 Termination date: TBD by Feedlot Program Staff Activation date: (All Authorized Accounts expire one year from activation date, unless otherwise specified.) All Parties Must Read Before Signing I understand that MN.IT Services only creates the computer accounts, and that, in order to gain access to particular Information Systems (DELTA, TALES, email) for this Authorized Associate, it may be necessary for me to contact the department Database Champion) to which authority has been given over said Information System. I further understand that, after a new account has been assigned to the Authorized Associate account name and the initial password will be distributed at MPCA held trainings. County staff is responsible to ensure that MN.IT Services is notified when the user for whom this account is created leaves their company/agency or no longer requires access to the MPCA network. **Computer Account Use Requirements** Computer accounts are created for individual users. Each user must use only those computer accounts that have been created for his/her use. The negligence of an account owner in revealing an account name and password is not considered authorization for use. Account owners are responsible for all use of their accounts. Account owners must make appropriate use of the system protection features (such as regularly changing passwords and maintaining confidentiality of passwords) and must take precautions against others obtaining access to their computer resources. MPCA Information Systems and System Resources are intended only for use in conducting MPCA business. Usage not related to MPCA business is strictly prohibited. Use of assigned accounts is limited to the assigned user and to those computer processes, data, systems, and resources expressly made available through the account.

Account owners are responsible for compliance with all Agency/State computer use policies and procedures. (See attached policies.) Data practices. Any not public data shall be handled in a confidential manner, will not be distributed or copied from state systems without appropriate signed authorization. MPCA is required to be notified of any known data breach of its systems and in accordance to State Statute 13.055. As an Authorized Associate owner, I agree to abide by the above requirements, which I have read and fully understand. By my signature below, I also acknowledge that I have read this form and understand the process by which I will receive my account. Authorized Associate (required) MPCA Section Manager (required) Print name: Randall G. Hukriede Print name: Signature: Signature:

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Authorized Associate (i.e., County staff Supervisor) responsible for notifying the MPCA of any changes to the account

(i.e., termination date): Print name:

### **Token Acquisition**

For computer connectivity from outside of the agency.

Important: Users must attend MPCA training prior to the distribution of the assigned token.

Type of Token Requested (only select one):

| IOS System (Apple Product) on your mobile device\*
| Android System Soft Token on your mobile device\*
| On-Demand Link – Hyperlink on your computer

\*The token is programmed to expire on a scheduled date listed in the app information icon. It is recommended you contact the service desk at least 30 days in advance to coordinate the delivery of a replacement token.

Authorized Associate (required)

Print name: Randall G. Hukriede

Signature: Signature: Signature: Date:

### **Token Usage Guidelines**

**Business use restrictions.** Equipment and software furnished by state agencies remains the property of the state and are subject to the same business use restrictions as in-office property. Employee-owned software shall not be installed on state-owned equipment.

**Notice to MN.IT Services and Supervisor.** For security purposes users are responsible for promptly notifying MN.IT Services (Help Desk 651-297-1111) and their supervisor of lost or stolen equipment (i.e., token). Also, notify MN.IT Services of any equipment malfunction or failure of either state-owned or employee-owned equipment. If the malfunction prevents the user from performing assigned tasks, the user must notify the user's supervisor immediately.

**Return of equipment.** The equipment must be returned in good physical condition, and proper operating condition, other than instances when the equipment experiences normal malfunction.

**Personal use prohibited.** Equipment, software, data, supplies, and furniture provided by the State for use at the user's home work location are for the purposes of conducting state business and may not be used for personal purposes by the employee or non-employees of the state.

**Policy compliance.** Users are responsible for reading, understanding, and following all applicable agency and state policies related to the use of state-owned electronic equipment and technology. Violations of policy may subject the user to disciplinary action up to and including discharge.

Violation of the above practices may result in refusal of service and disciplinary action.

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# Data Privacy Acknowledgement form for County Feedlot Program

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Minn. Stat. § 13.01, subd. 1 states, "All government entities shall be governed by this chapter."

\* Minnesota Government Data Practices Act, Minn. Stat. ch. 13 https://www.revisor.mn.gov/pubs/.

Minn. Stat. § 13.01, subd. 2 states, "This chapter may be cited as the 'Minnesota Government Data Practices Act."

Minn. Stat. § 13.03, subd. 4(c) states, "To the extent that government data is disseminated to a government entity by another government entity, the data disseminated shall have the same classification in the hands of the entity receiving it as it had in the hands of the entity providing it."

Minn. Stat. § 13.08, subd. 1 states a "government entity which violates any provisions of this chapter is liable to a person...who suffers any damage as a result of the violation."

Minn. Stat. § 13.09 states, "Any person who willfully violates the provisions of this chapter or any rules adopted under this chapter is guilty of a misdemeanor. Willful violation of this chapter by any public employee constitutes just cause for suspension without pay or dismissal of the public employee."

#### Acknowledgment

As an employee of a county governmental office and in partnering with the Minnesota Pollution Control Agency (MPCA), I understand that I am bound by the laws concerning data as described in Chapter 13 of Minnesota statutes, known as the Minnesota Government Data Practices Act (MGDPA).\*

To the extent necessary to fully execute work for the MPCA, the undersigned may have access to data that are classified as not public. Any not public data collected, created, stored, maintained, disseminated, used or overheard in the course of the performance of this work may be disclosed or disseminated only to those county employees whose work assignments reasonably require access in fulfilling the county employee's obligations to the MPCA and these data must be managed according to their proper classification. I understand that I am responsible for protecting the logon and password privileges I am requesting.

I understand that my employer and/or I could suffer penalties for violating the MGDPA (or any rules adopted under this chapter).

Email: Date: Signature: