



REQUEST FOR CREATION, CANCELLATION OR MODIFICATION OF NETWORK ACCOUNT

Introduction

This document includes instructions for completing Part A – Request For Creation, Cancellation Or Modification Of Network Account and Part B - IT Systems Access And Control Authorization. For other account requests refer to the list below.

CSC National Applications User Account Forms

- [CSC/SCC 1139 - Request for access to IFMMS/IP/IMRS/SPS](#)
- [CSC/SCC 1231e - Secure Remote Access Request \(SRA\)](#)
- [CSC/SCC 1267 - Request for Internet access](#)
- [CSC/SCC 1268 - CJIL application request](#)
- [CSC/SCC 1268-02 - Offender Based Reports Application Request](#)
- [CSC/SCC 1270 - Request for access to HRMS/Peoplesoft](#)
- [CSC/SCC 1325 - Application for an OMS/RADAR account](#)

Steps To Follow

1: Complete Part A – Request For Creation, Cancellation Or Modification Of Network Account

- **REQUIRED** for
 - new accounts
 - generic accounts
 - cancellation
 - transfers to new sites
 - extended leave (deactivation and reactivation)
 - name change

2: Complete PART B – IT Systems Access And Control Authorization

- **REQUIRED** for
 - new accounts
 - generic accounts
 - transfers to new sites
 - extended leave (reactivation)
- **NOTE:** This form MUST be signed and received by local IMS before the password for a new account will be given to the user.
- **GENERIC ACCOUNTS MUST BE SIGNED OFF AT MANAGER LEVEL.** (MANAGER WILL ACCEPT ALL RESPONSIBILITIES AND ACCOUNTABILITIES WHEN SIGNING FOR GENERIC ACCOUNTS)

3: If the user requires access to any of the applications listed above complete the required form and submit to the appropriate area.

Guidelines: Any incomplete forms will be returned. Allow 48 hours to process the request.

Completing Part A – Request For Creation, Cancellation Or Modification Of Network Account

Part A should be submitted to your local IMS staff prior to a new user starting to allow for time to setup the user account.

Required Date

- Enter the date you wish the account to be activated or the change to take place.

Type Of Request

- **New account:** new network account on the Correctional Service of Canada electronic network.
- **Modification:** the user already has a network account but needs modification.
- **Generic Account:** shared accounts that maybe be needed but where it where it is not reasonable to arbitrate access utilizing individual accounts in combination with groups and/or permission assignment. Responsibility and accountability for the use of user-ID, passwords and access control items rest fully with the manager who signs off this document.
- **Cancellation:** user no longer requires a network account at Correctional Service Canada.
- **Transfer:** user is transferring from another site. All access to the previous site will be removed unless arrangements have been made with the previous manager and local IMS
- **Extended leave:** user is going to be away for an extended length of time. The user account and email will be de-activated while they are way.

User Information

- **Last name:** enter user's last name.
- **First name:** enter user's first name.
- **Middle name or initial:** enter user's middle name or initial, if there is none please enter N/A.
- **Work Telephone No:** enter the phone number that the user can be reached at
- **Job Title:** enter the job title
- **Department:** enter the department the user will be working for. Some examples are Human Resources, Finance, Security etc.
- **Institution or Office:** enter the name of the institution or office that the user is located at.
- Select the appropriate employment option from the list:
 - Indeterminate
 - Term
 - Casual
 - Contract or other
 - For terms, casual and contract or other please enter end date.

Name Change

If the request is for a name change, enter the original name and network account and the new name. The user is required to sign and date the request.

Applications

Please note that additional forms must be completed for several applications. Please submit the completed forms to the division responsible for each application.

Network Folders

List the network folders that the user should have access to and select the type of access they require.

Comments

Any other related information that your local IMS should be made aware of. For example access to a shared mailbox, the ability to update certain distribution lists.

Manager's Authorization

- Form 1224 must not be signed until the user receives proper security clearance.
- Contractors are not allowed to authorize network account creations.

Completing Part B - IT Systems Access And Control Authorization

User reads the form, signs the form, their manager signs the form, and then forwards it to the local IMS staff. A new user will not be given the password for their network account until Part B is submitted to local IMS.

Questions About This Form

Contact Correctional Service Canada Support Centre, 340 Laurier Avenue West, Ottawa, Ontario 1 (613) 943-0349 or 1 (877) 943-0349

Please forward any comments or changes needed on a form to appropriate OPI or FORMS MANAGEMENT

PART A - REQUEST FOR CREATION, CANCELLATION OR MODIFICATION OF NETWORK ACCOUNT

PUT AWAY ON FILE

► **Original** = Local IT Client Service

[Instructions, general information, and national application forms](#)

Required Date (YYYY-MM-DD)

If basic or other training is required, please contact your training coordinator (unless otherwise specified).

Type Of Request

☐ New Account

☐ Modification

☐ Generic Account

☐ Account Cancellation

☐ Transfer

► From:

To:

☐ Extended Leave

► Start date:

Return Date:

User Information

Last name

First name

Middle name or initials

Work Telephone No.

Job Title

Department

Institution or Office:

☐ Indeterminate

☐ Term

☐ Casual

☐ Contract or other

For Term, Casual & Contract or other specify a time frame

► End Date:

Name Change

Indicate the original name

Last name

First name

Middle name or initials

Network Account Name

Indicate the new name

Last name

First name

Middle name or initials

Network Account Name

USER SIGNATURE

Signature

►

Date (YYYY-MM-DD)

National Applications

Please note that additional forms may need to be completed for access to various National Applications. A list can be found at [General Information](#). Several of these forms are sent to division other than IMS.

Network Folders

List all network folders the user requires access to and the type of access

If the network folder is not managed by the users' manager please get the appropriate approvals by having them sign by the type of access.

If there is not enough room on the form please attach a list.

Other Comments

Possible items to include in this area shared mailboxes and updating distribution lists.

If the resource is not managed by the users' manager please get the appropriate approvals confirming that access is approved.

If there is not enough room on the form please attach a list.

Folder Path & Name (example W:\Admin)

Type of access: (read or modify)

☐ Read

☐ Modify

☐ Read

☐ Modify

☐ Read

☐ Modify

☐ Read

☐ Modify

Manager's Authorization

I confirm that this person has a current and **VALID SECURITY CLEARANCE** on file AND has been briefed on the code of conduct, information access and sharing and privacy legislation, regulations and policy.

I have provided access to CD 226. I acknowledge that the user name password will not be given to a new user until local IMS has received Part B - IT SYSTEMS ACCESS AND CONTROL AUTHORIZATION.

Generic accounts must be signed off at manager level. The manager will accept all responsibilities and accountabilities identified in Part B - IT SYSTEMS ACCESS AND CONTROL AUTHORIZATION. when signing for generic accounts

Note: Contractors are not allowed to authorize network account creations.

Manager's name

Job Title

Work Telephone No

Signature

Date (YYYY-MM-DD)

►

For IMS Use Only

Axios Assyst Ticket Number

Network Account Name

Completed by

Date (YYYY-MM-DD)

CSC/SCC 1224E (R-2014-03) (Word Version) Page 3 of 4

Voir le formulaire CSC/SCC 1224F pour la version française



PART B - IT SYSTEMS ACCESS AND CONTROL AUTHORIZATION

PUT AWAY ON FILE

► Original = Local IT Client Service

Electronic information within the CSC contains client and personnel information whose confidentiality, integrity, value and availability should be preserved and protected at all times. As a user, you have been granted access to the computer resources on the understanding that you will observe the following rules:

1. System and data resources shall only be used to conduct, or directly support authorized projects and activities.
2. Responsibility and accountability for the use of user-ID, passwords and access control items rest fully with the assigned user. Passwords are personal and shall not be shared. (unless using a approved Generic account)
3. For Generic Accounts responsibility and accountability for the use of user-ID, passwords and access control items rest fully with the manager who signs off this document.
4. Addition, removal, or relocation of equipment shall be authorized by the Division Manager in consultation with local IMS.
5. Addition or removal of software shall only be completed by local IMS.
6. All copyright provisions of software shall be respected.
7. All security incidents related to IMS shall be immediately reported to the Regional Manager of IT Security, the local IMS staff and the designated Security Intelligence Officer (SIO).
8. All information on removable media shall be protected in accordance with the classification or designation of the information and labelled (for example, marked with "Protected B"). All correspondence shall be labelled unless it is unclassified or undesignated.
9. All corporate information will be saved to one of the network drive (examples: W, X, Y). The M drive ("My Documents") is for your personal files (examples leave forms, travel claims). Any information stored on the workstation is not backed up and is subject to loss.
10. I have read and understood the requirements as set out in [CD 225 - Information Technology Security](#) and in [CD 226 - Use of Electronic Resources](#).
11. Upon my departure from CSC ([CSC/SCC 0816 – Departure Clearance for Employee/Contractor And Other](#)), I shall be accorded the opportunity to remove files of a personal nature from my e-mail, network drive(s) and those electronic resources assigned to me. Remaining files will be the property of the Correctional Service Canada.
12. Use of departmental computer systems will be monitored for compliance with these requirements. Your signature certifies that you have read and understood these requirements and that you have agreed to abide by them.
13. The duly assigned users are liable for any violation of the intent of these requirements. Infractions can result in a loss of access, disciplinary action or criminal charges.

SIGNATURES

User Name (print) – Nom de l'utilisateur (en lettres moulées)	Signature ►	Date (YYYY-MM-DD)
Manager's name – Nom du gestionnaire	Signature ►	Date (YYYY-MM-DD)