University Administration
Remote Computing Access Form

This approval is not required if remote access is limited to public web applications requiring user authentication (i.e. Outlook webmail, NESSIE).

Employee First Name: ______________________________ Last Name: ________________________________
UIN: ______________________ University Address: ________________________________________________
Department: ________________________________ UA Unit Director: ________________________________

I request permission to access the University network remotely by using (check all that apply):

☐ University owned equipment.

   Indicate University assets to be used at remote work location:

   Description: ___________________________________________ University Tag Number: ______________
   Description: ___________________________________________ University Tag Number: ______________
   Description: ___________________________________________ University Tag Number: ______________
   Description: ___________________________________________ University Tag Number: ______________
   Description: ___________________________________________ University Tag Number: ______________

☐ Personal equipment, which meets the following requirements:

   • Employs a logon password.
   • Employs screen saver with password protection that is activated after 30 minutes of inactivity.
   • Only connects using Virtual Private Network (VPN).
   • Runs firewall software.
   • Runs updated anti-virus software with auto-updates of virus definitions enabled in which updates are allowed to occur.
   • Does not store high risk or confidential data, as described in the University Administration Acceptable Use of Computing and Network Resources Policy. Temporary local storage of these types of data is acceptable if the data are needed for offline work and the files are encrypted. If other individuals have access to the computer, high risk or confidential data must be either immediately removed (end of session) or stored in encrypted form. In any event, data must be deleted or moved to a secure location as soon as practical.
   • IDs, passwords, or login information must not be kept in clear text form in any documents, repositories, scripts, or data files. The employee is responsible for all measures necessary to ensure that other users of the equipment cannot access University networks, databases, or applications via shared shortcuts and/or passwords.

List non-university equipment to be used at remote work location (full description required). Please include equipment name, if know, antivirus and firewall software:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
I have read the Securing of Equipment and Data and Remote Computing sections of the University Administration Acceptable Use of Computing and Network Resources Policy and agree to the obligations, responsibilities, and conditions described therein.

By entering your name below, you are agreeing to the terms described in this document. This electronic signature is the equivalent of a handwritten signature.

Employee Signature ______________________________________ Date: ______________________

University Administration Approval

UA Unit Director Signature ______________________________________ Date: ______________________

This employee has also been approved for VPN access.  ☐ Yes  ☐ No

After signing above, and indicating if VPN access should be granted, please forward to UARemoteComputingAccessForm@uillinois.edu for processing.

The following AITS approval is required only for individuals using personal equipment to access the University network:

The following requirements for personal equipment have been met:

☐ Firewall, version ________________________  ☐ ________________________

☐ Anti-Virus Software, version ________________________  ☐ ________________________

☐ ___________________________________________  ☐ ________________________

☐ ___________________________________________  ☐ ________________________

☐ ___________________________________________  ☐ ________________________

☐ ___________________________________________  ☐ ________________________

AITS Security Signature ______________________________________ Date: ______________________

This agreement must be completed annually. The original signed document should be printed and retained within the employee’s department. A copy should be provided to the UA employee.