

BOARD OF COUNTY COMMISSIONERS  
COUNTY OF KITTITAS  
STATE OF WASHINGTON

RESOLUTION

NO.: 2009- 127

TO ADOPT THE KITTITAS COUNTY REQUEST FOR ACCESS TO  
NETWORK RECORDS FORM

WHEREAS: The IT Committee has recommended the changes reflected on the Kittitas County Request for Access to Network Records form; and

WHEREAS: Information Services has reviewed and updated form to align with Information Services Policies; and

WHEREAS: The Human Resource Director has reviewed and approved the form and has recommended the board adopt the form;

NOW, THEREFORE BE IT RESOLVED: That the Kittitas County Board of Commissioners hereby adopts the attached Request for Access to Network Records form and directs Information Services to replace the form on CAMAS, Kittitas County's intranet, with the attached form.

ADOPTED this 6<sup>th</sup> day of October 2009.

BOARD OF COUNTY  
COMMISSIONERS  
KITTITAS COUNTY, WASHINGTON

  
\_\_\_\_\_  
Alan Crankovich, Chairman

  
\_\_\_\_\_  
Paul Jewell, Vice-Chairman

  
\_\_\_\_\_  
Mark McClain, Commissioner



  
Julie A. Kjorsvik

# Kittitas County Request for Access to Network Records

Per the authority of the Kittitas County Board of County Commissioners, the Information Services Department is directed to complete these actions.\*

<b>Access Requested</b>
Name on network account: _____ <i>A separate form is required for each employee if the request involves multiple people.</i>
Person to be granted access: _____
Nature of request: <input type="checkbox"/> Email – <i>view employee's email mailbox</i> <input type="checkbox"/> Computer files – <i>access to files maintained on the employee's H drive or C drive</i> <input type="checkbox"/> Web browsing from _____ to _____ – <i>a report of sites accessed by the employee's network account</i>
Length of access: <input type="checkbox"/> 2 weeks <input type="checkbox"/> Other: _____ <i>Access will be removed automatically 2 weeks following date access is provided unless a longer period is specified.</i>
Employee access: <input type="checkbox"/> Employee may have continued access, OR Restrict: <input type="checkbox"/> Email access <input type="checkbox"/> External web access <input type="checkbox"/> Network access
Other factors: _____
Reason for access: <input type="checkbox"/> Investigation <input type="checkbox"/> Public Disclosure <input type="checkbox"/> Other: _____

<b>Authorization</b> (See IS policy)	
Elected official over the employee	Date
<b>Supporting Authorization (One)**</b>	
Commissioner	Date
Prosecutor	Date
Human Resource Director	Date

<b>IS Staff Processing</b>	
Access expiration date	
IS staff processing the request	Date
IS staff closing the request	Date

\* Authority behind this form is the Information Services Policies and the Personnel Policies Manual. For more information refer to these policies on CAMAS.

\*\* May not be the same person who signed the Authorization. Only one of the three Supporting Authorization signatures is needed.

**Original forms will be returned to the Human Resource Department for archival.**