Windows OS: Request for Local Administrative Access

This request form enables local administrative access to a Windows computer connected via the HSS maintained network, to work with, and/or support applications that are not managed by HSS. Users are encouraged to discuss requirements with their local HSS ICT support team in the first instance, to determine if tasks can be completed without local administrative privileges.

Staff requesting local administrative access are assigned separate user identification ('a' account). This account is different from the standard HE number account used for regular business activities. Regular business activities should not be performed when using a highly privileged 'a' account. Please see policies under the DoH ICT Policy Framework.

•   Administrative access will be granted for the user's nominated computer only

•   Local administrative access will be granted for a maximum of 12 months. A new request, including the training pre-requisite, will be required for a further period

•   This form must be fully completed, including all approvals, and submitted with a Request for Support via the ICT Service Portal.

Applicant's Details:

☐ WA Health Employee   ☐ Contractor:

Organisation: _____

Name: _____

Position: _____

Phone No: _____   HE No: _____

Department _____

Division: _____

Site _____   Device Tag No: _____

Access Requirement:

☐ 48 hours   or   ☐ from _____ to _____ (date range cannot exceed 12 months)

Please note that local administrative accounts automatically expire on the end date.

Business Case:

Software supported / maintained: *Please provide a list of the software which will be supported / maintained:*

_____

Task List: *Please provide a list of the tasks to be completed and the frequency of tasks:*

Justification: *Please explain why HSS ICT cannot complete these tasks on your behalf:*

Terms of Use:

Applicants are required to abide by the following terms and conditions.

- You agree to comply with the [MP0067/17 - Information Security Policy under the DoH ICT Policy Framework](#).

- You agree to ensure that all software installed on your Health-owned computer is properly licensed.

- You recognise that some freeware is only free for private or non-commercial use and agree to review licensing terms and conditions before downloading and installing free software.

- You agree administrative accounts must:

  o never be used for email or web browsing,

  o have a password of 10+ characters as per the HSS User Access and Pasword Standard,

  o never be shared or transferred - even for short periods of leave or cover,

  o only be used when local administrative access is required and standard access will be used for all other business activities.

- You agree to take all reasonable precautions to keep your computer secure and free from malicious software (viruses, malware, trojans etc.).

- You agree to comply with the [MP0152/21 - Information Management Governance Policy](#) under the [Information Management Policy Framework](#) for all files, data, and applications on the computer.

- You agree to ensure that all corporate data is stored on a secure network location where it is accessible by others and included in standard backup processes.

- You agree to ensure that adequate steps are taken to protect data from loss, theft or damage.

- You agree to contact HSS ICT immediately if installed non-standard software is causing operating issues with hardware or other applications.

- You agree to undertake the online Essential Cyber Security Training (available via [MyLearning](#) or via [HSS Hub here](#)) and/or any other training requested by HSS ICT. This training is a pre-requisite for administrative access. Once you have completed the course, attach your Certificate of Completion together with this form.

- For HSS staff, the Privileged Access eLearning course is also mandatory (available via MyLearning). Once you have completed the course, attach your Certificate of Completion together with this form.

- You agree to notify HSS immediately when local administration access is no longer required for any reason, including role changes which do not require elevated privileges.

- You accept that your device will be regularly monitored by HSS Security and Risk Management.

- You will be accountable for the workstation configuration settings. Under the HSS ICT Service Level Agreement, HSS supports a managed operating environment and may not be able to assist with non-standard configurations. While reasonable effort will be invested to assist you to resolve operating issues it may be necessary to restore the device to the managed operating environment base image.

- You understand that your local administrative privileges will be revoked in the event that:

  o Software on your computer is found to be unlicensed,

  o Malicious software is found to be installed on your computer,

  o Corporate data is not being saved to network storage and appropriately backed up, or

  o Local administrative rights are being misused, for example, an enterprise application has been uninstalled or settings have been changed which could compromise the security of the computer.

- You agree to contact your ICT Director/Manager, HSS Service Operations or HSS Security and Risk Management for advice for guidance on any concerns you may have around the responsible use of privileged administrative access.

User Declaration:

I agree to abide by the Terms detailed above and acknowledge my device will be regularly monitored:

Name: _____

Position: _____   HE No: _____

Signature: _____   Date: _____

Supervisor Authorisation:

☐ Supported   ☐ Not supported

Name: _____

Position: _____   HE No: _____

Signature: _____   Date: _____

Director / Executive Director:

☐ Approved   ☐ Not approved

Name: _____

Position: _____   HE No: _____

Signature: _____   Date: _____

WA Health entity ICT Director/ Manager Authorisation:

☐ Approved   ☐ Not approved

Name: _____

Position: _____   HE No: _____

Signature: _____   Date: _____

Comment:

HSS USE ONLY

HSS ICT Service Operations Director or Manager:

Evidence of HSS ICT Security training provided ☐ Yes   ☐ No

Date Completed _____

☐ Application accepted   ☐ Application not accepted

Name: _____

Position: _____   HE No: _____

Signature: _____   Date: _____

Comment: