

## Checklist for approving VPN access request

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VPN access privileges to the UCLA Health Sciences network requires an elevated level of approval and acceptance of potential liability for the **supervisor/project manager/PI**. Below is a checklist of items that you, **as an authorizer**, need to be aware of *and it is imperative to stay current with access permissions of the user*. By requesting and approving VPN access, you acknowledge and accept responsibility for the following items (**Please print form and initial. DO NOT check marks** inside each box):

- During leave of absence (LOA) or when user is no longer associated with the study/research project, **immediately** notify IT to disable/delete access.
- Hourly employees are legally eligible to claim regular or overtime pay for VPN sessions.
- A user's device may be infected with Ransomware, Virus, Malware or Spyware. If s/he uses the device to access a file server via VPN, then that file server may potentially get infected and corrupt all files.
- A user may save, download (often unknowingly), proprietary or confidential files to home/personal computer desktop/my document location. Anyone who shares the device will have access to these files. Those files could also be "hacked/stolen" even after the user leaves the research project/study (because they are saved in hard drive).
- User will not save/sync any data to unauthorized cloud services.
- Users should only use mobile devices and removable media that are **encrypted** and password-protected. These include: laptops, smartphones, tablets, USB flash drives and external hard drives.
- Provide proof of encryption if a device is lost/compromised and you may be summoned to facilitate investigation in determining the extent of damage due to the breach.**

**PLEASE PRINT LEGIBLY**

Reason for VPN privilege: \_\_\_\_\_

User/Employee Name: \_\_\_\_\_ ID: \_\_\_\_\_

Supervisor/Project Manager/PI name: \_\_\_\_\_

Supervisor/Project Manager/PI signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Project Manager/PI Contact Phone (O): \_\_\_\_\_ (M): \_\_\_\_\_

Timesheet approver name: **[Required – if non exempt]** \_\_\_\_\_

Timesheet approver signature: **[Required– if non exempt]** \_\_\_\_\_ Date: \_\_\_\_\_