

Request for Remote Access Form # 101024

Date: _____

Requestor's Name: _____
Job Title: Transcriptionist - off site
Company/Employer: STS Transcription
Phone Number: _____
Email Address: _____

Location(s) where Remote Access is to be installed/utilized

Why do you need Remote Access (business case)

Exec Approval _____ CEO/President Signature

HR Approval _____ HR Signature

Info Sys Approval _____ Info Sys Signature

*** By signing this document I attest that I have read the Remote Access Policy and agree to abide by its terms.

Requestor _____ Requestor Name

Requestor Signature