

Bath JEDMICS User Account Request

USER INFORMATION **New Request** ___ **Update Info** ___ **Account Deletion** ___

Name (Print): Last: _____ First: _____ MI: _____

Command/Company: _____

Dept. or Code: _____ Phone Number: _____

Address: _____

Mail Stop: _____

E-Mail Address: _____

Access Justification: _____

U. S. Citizen (Check One): ___Yes ___No

Signature indicates agreement with restrictions listed on page 2.

User Signature

Date

Government Sponsor: Last: _____ First: _____

Command: _____

Dept. or Code: _____ Phone Number: (_____) _____

E-Mail Address: _____

Supervisor's Approving Signature

Date

LOCAL ISSO APPROVAL AUTHORITY

Bath JEDMICS SYSTEM ADMINISTRATOR

Name: Diane Brooks
Phone Number: (207) 442-4652
FAX: (207) 442-1962
Email Address: brooksd@supship.navy.mil

Name: Bob Childers
Phone Number: (207) 442-1683
FAX: (207) 442-1912
Email Address: rchilder@csc.com

Bath ISSO Signature

Date

Please FAX to Bath ISSO

ATTN: Bath Information Systems Security Officer

Diane Brooks (207) 442-1962

USER AGREEMENT FOR BATH JEDMICS ACCESS

As a user of the Bath JEDMICS, located at Bath SSSC, I agree to adhere to the following restrictions:

1. I will not enter, retrieve, process or transmit classified information.
2. I will protect my password and refrain from disclosing it for any reason.
3. I will not access the system under a false name or password.
4. I will not circumvent the security features designed into the system.
5. I will not attempt to access files for which I have no access privilege.
6. I will not program function keys or use other capabilities to provide an automatic log-on from my device.
7. I will properly mark, safeguard and/or destroy all Level II, sensitive unclassified, printouts and magnetic media.
8. I will use the system only for official government business.
9. I will notify the BATH ISSO or the system administrator, when I no longer need my account, and advise them regarding disposition or disposal of databases, software packages, scheduled processes, and software or functional accounts.
10. I will notify the BATH ISSO & system administrator in case of any security incident.
11. I consent to the monitoring of my data and processes by the BATH ISSO or the system administrator.
12. After termination I agree not to disclose any Level II, sensitive unclassified data.