

**O365 Administrative Rights Request  
Reference Procedure IT-048**

**User Information**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Initial:** \_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**User ID:** \_\_\_\_\_ **How Long Required:** \_\_\_\_\_

**Justification:** *(Use separate sheet if necessary)*

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**Identify the level of administrative rights needed:**

**User Administrator**

**Exchange Administrator**

**Billing Administrator**   
(IT Only)

**Global Administrator**

**Security Statement**

1. I understand that all City of Hampton (COH) computer systems, O365 licenses, Internet connections and associated equipment, software, and data are to be used in conjunction with the City's Acceptable Use and Security policies.
2. I have read and understand the City's AUP and Security policy, and agree to abide by the Least Privilege principle and requirements and all other requirements identified within this document.
3. I have read and understand the O365 procedures, and agree and abide by the documentation requirements identified within this document.
4. I will use only authorized City O365 licenses in my role as an administrator for the City. Purchases of licenses will only be made in accordance with IT and City procurement processes.

**Administrative Rights Request**

- 5. I will update the use of O365 licenses as employees are hired and terminated and manage employee data in accordance with City and State regulations, laws, policies and procedures. I will periodically review user lists for accuracy.
- 6. I will use strong passwords and will not share them. I will not set my password to automatically save.
- 7. I will handle sensitive information stored on COH computers appropriately, and will protect the security and integrity of COH data.
- 8. If I become aware of a security violation, breach or incident, I will immediately notify the IT Helpdesk and then my supervisor, department head, and the Director of IT. I understand that this agreement may be terminated by my department head or by the IT Director at any time, for any reason.

**User Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**IT Director Printed Name:** \_\_\_\_\_

**Approve**  **Disapprove**

**IT Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Police Chief Printed Name:** (for HPD Requests Only) \_\_\_\_\_

**Approve**  **Disapprove**

**Police Chief Signature:** (for HPD Requests Only) \_\_\_\_\_ **Date:** \_\_\_\_\_