

Requestor Information:

Name: _____

Job Title: _____

Location: _____

Email Address: _____

Justification for Override:

Current Lock Out Period: _____ minutes

Requested Lock Out Period: _____ minutes

Reason for Request:

- Please provide a detailed explanation of why an extended lock out period is necessary for your role:

Impact on Workflows:

- Explain how the current lock out period impacts your workflow and the potential benefits of the requested extension:

Mitigating Control:

- Describe the security measures you will implement to protect sensitive information during the extended lock out period:

Approval Signatures:

Doctor Partner/Responsible Party:

Name: _____

Signature: _____

Date: _____

IT Leadership:

Name: _____

Signature: _____

Date: _____

Chief Operating Officer (COO):

Name: _____

Signature: _____

Date: _____

Acknowledgment of Responsibilities:

By signing below, I acknowledge that I have read and understand the Secure Screen Lock Out Policy. I agree to comply with all security measures outlined and understand that failure to adhere to these measures may result in disciplinary action, up to and including termination of employment.

Requestor:

Name: _____

Signature: _____

Date: _____

Instructions for Submission

1. Complete all sections of this form.
 2. Obtain the necessary approval signatures.
 3. Submit the completed form to the IT Help Desk (help@pepperpointe.com) for final review.
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Internal Use Only

Date Received: _____

Review Notes:

Approval Status:

[] Approved

[] Denied