

USER ACCOUNT MANAGEMENT PROCEDURES

PROCEDURE ADOPTED BY COUNCIL ON 24 APRIL 2014
AT ITEM C.14.1

1. INTRODUCTION

This document will define user account management procedures for Windows Active Directory, SAMRAS/FlexGen FronTier and VIP.

2. PURPOSE

- 2.1 To ensure consistent implementation and enforcement of account management controls and processes.
- 2.2 To mitigate unauthorised activity for the aforementioned systems.

3. **RESPONSIBILITY**

- 3.1 Division: Information and Communication Technology
 - 3.1.1 The Systems Administrator will be responsible for the creation, deletion and amendment of user accounts for all identified systems.
 - 3.1.2 Support Technicians will be granted limited administrative rights to reset user account passwords for the SAMRAS/FlexGen FronTier system. Desktop Support Technicians will also assist the Systems Administrator with Active Directory account creation, deletion and amendments.

3.2 Employees

3.2.1 Employees of the Cape Winelands District Municipality (CWDM) must adhere to the procedures defined in paragraphs 4, 5 and 6 of this document.

4. USER ACCOUNT CREATION AND DELETION

- 4.1 All requests pertaining to account creation for new users must be communicated to the Division: Information and Communication Technology by the respective Head of Department or Line Manager. All such requests must be accompanied by the corresponding user account request form (included on page 4 of this document).
- 4.2 Requests for termination of an account must be communicated to the Division: Information and Communication Technology by the respective Head of Department or Line Manager, along with the corresponding request form (included on page 5 of this document).

5. USER ACCOUNT AMENDMENTS

All requests for user account amendments (access rights, menus, etc.) must be accompanied by the corresponding user authorization form (included on pages 6 - 7 of this document). All such requests must be authorized and approved by the respective Head of Department and Line Manager.

6. PASSWORD RESETS

All requests for password resets must be accompanied by the corresponding password reset form (included on page 8 of this document). All such requests must be approved by the respective Head of Department or Line Manager.

REQUEST FOR CREATION OF A NEW USER ACCOUNT

Name **Job Title Department Division User requirements:** E-mail YES NO Internet access YES NO VIP access YES NO SAMRAS access YES NO Collaborator access YES NO To be completed by Line Manager: Request Approved YES NO Name **Comments Signature** Date THIS DOCUMENT MUST BE SUBMITTED AS AN ORIGINAL HARD COPY To be completed by Administrator:

Date

NO

YES

Request Completed

Signature

F	REQUEST	FOR DE	LETIO	N OF A	USER ACCOU	NT
Name						
Job Title						
Department						
Division						
Account type to	be deleted	:				
Windows	YES	3	NO			
VIP	YES		NO			
SAMRAS	YES		NO			
Request Approve			NO			
Name						
Comments						
Signature					Date	
THIS DOCUM				TED /	AS AN ORIGIN	IAL HARD COPY
Request Comple	ted YES	3	NO			
Signature					Date	

USER AUTHORISATION FORM - SAMRAS

This document must be completed in all cases where officials must be supplied with a USER LOGIN and PASSWORD to fulfill specific job-related functions. An indication must be given of systems to be accessed and level of authority on that function.

Full Name					
Department				Extension	
ID Number				Pay Number	
E-mail address					
	Curre	ent User Name			
SAMRAS	Curre	ent Starting Menu			
	LI	ST MENUS AND SPE	ECIFIC FUNCTI	ONS	
l,	othor o	, ur official or person. At		eclare that I will	
		bindar of person. At benefit only and will			
Signature			Date		
Authorised: Line	Manag	jer			
Signature			Date		
Approved: Chief I	Financ	ial Officer			
Signature			Date		
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USER AUTHORISATION FORM - VIP

This document must be completed in all cases where officials must be supplied with a USER LOGIN and PASSWORD to fulfill specific job-related functions. An indication must be given of systems to be accessed and level of authority on that function.

Full Name						
Department					Extension	
ID Number					Pay Number	
E-mail address						
	Curre	ent User Name				
VIP	Curre	ent Starting Menu				
	LIS	T COMPANIES AND	REQU	JIRED AC	CESS	
		LIF	ndorto	ko and do	clare that I will	not give an
		official or person. At benefit only and will	all tim	nes I will e		nformation a
Signature				Date		
Authorised: Line	Manag	er	•		,	
Signature				Date		
Approved: Head o	of Depa	artment				
Signature				Date		
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REQUEST FOR RESETTING WINDOWS / VIP / SAMRAS PASSWORDS AND SAMRAS PROCESSES

			SAIVIF	KAS P	ROCE	33E3			
Name									
Job Title									
Department									
Division									
User Name									
I hereby request t	that my	passv	word n	nust b	e rese	t for:			
WINDOWS		V	/IP				SAMR	AS	
The reasons for n	ny reque	est ar	e the f	ollowi	ng:				
Signature						Date			
To be completed	by Line	Mana	ager:						
Request Approve	d Y	'ES		NO					
Name									
Comments									
Signature						Date			
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To be completed	by Adm	inistr	ator:						
To be completed Request Complet		inistra ES	ator:	NO					