

Security Electronic Forms

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2021

Security Electronic Forms

Forms contained include

- Application & File Server Inventory¹
- Blog Policy Compliance Agreement
- BYOD Access and Use Agreement
- Company Asset Employee Control Log
- Email – Employee Acknowledgement
- Employee Termination Checklist
- Internet Access Request
- Internet & Electronic Communication Employee Acknowledgement
- Internet Access Request
- Internet Use Approval
- Mobile Device Access and Agreement
- Mobile Device Security and Compliance Checklist
- New Employee Security Acknowledgement and Release
- Outsourcing and Cloud Security Compliance Agreement
- Outsourcing Security Compliance Agreement
- Preliminary Security Audit Checklist
- Privacy Compliance Policy Acceptance Agreement
- Security Access Application
- Security Audit Report
- Security Violation
- Sensitive Information Policy Compliance Agreement
- Social Network Compliance Agreement
- Telecommuting Work Agreement
- Text Messaging Sensitive Information Agreement
- Threat and Vulnerability Assessment
- Work From Home Work Agreement

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¹ Partially electronic – Work in Process

Application & File Server Inventory

Host Name: _____		Completed by: _____		Date: _____
IP Address / Mask	User Types	Administrative Contact	Connectivity	Physical Location
_____ _____ (mask) IP Address Range _____ to _____	<input type="checkbox"/> Public <input type="checkbox"/> Customers <input type="checkbox"/> Employees <input type="checkbox"/> Groups Emp <input type="checkbox"/> Specific Emp <input type="checkbox"/> _____	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Internet <input type="checkbox"/> Intranet <input type="checkbox"/> Modem In Bound <input type="checkbox"/> Modem Out Bound <input type="checkbox"/> _____ <input type="checkbox"/> _____	Address: _____ Contact: _____ Phone: _____
	Operating System	OS Version / Reviewed	Application	App Version / Reviewed
	<input type="checkbox"/> Windows WS <input type="checkbox"/> Windows Server <input type="checkbox"/> Unix <input type="checkbox"/> Lynx. <input type="checkbox"/> Other _____	Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No Ver__ <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 20px auto; width: 80%;"> <p>This is a sample of the final product and these pages are for your review and are protected by Janco's copyright.</p> <p>https://www.e-janco.com</p> </div>				

Completed by:
Department:
Date: [Click here to enter a date.](#)

Blog Policy Compliance Agreement

Employee Name _____ ID Number _____

Job Title _____ Location _____

I hereby certify that I have reviewed ENTERPRISE’s Blog Policy and understand the policy, its standards, and procedures contained therein.

- I understand that if I violate this policy, its standards or procedures, I am subject to immediate termination without recourse.
- I understand that my employment with ENTERPRISE requires me to disclose any outside blogging efforts and any potential conflicts of interest that may arise from those efforts.
- I certify that all blogs to which I contribute or have contributed in the past are listed below.
- I agree to disclose any blog as an author or contributor.
- I understand that any disclosures on my blog must comply with the company’s policies and guidelines.

By signing this form, I affirm

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Signature _____ Date _____

Blog Name	Blog Address	User ID used

BYOD Access and Use Agreement

Employee Name	_____	ID Number	_____
Job Title	_____	Location	_____
Device Type	<input type="checkbox"/> Phone <input type="checkbox"/> Tablet <input type="checkbox"/> Other	Description	_____

Employee agrees to adhere to the BYOD and Mobile Device Access and Use Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ENTERPRISE concurs with employee participation and agrees to support the approved mobile devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of the ENTERPRISE BYOD and Mobile Device Access and Use Policy and the Record Management and Disposition policy have been given to and read by the employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Equipment/Expenses

- ✦ Employee agrees to protect such equipment per ENTERPRISE guidelines.
- ✦ Employee agrees to comply with the record management retention and disposal policy.
- ✦ The employee is responsible for servicing and maintaining personal equipment.
- ✦ ENTERPRISE will not be responsible for damage to or loss of personal property during the employee's residence.
- ✦ ENTERPRISE will not be responsible for any other incidental costs associated with connectivity or work or applications.
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Confidentiality/Security/Backup

- ✦ The employee will apply approved safeguards to protect ENTERPRISE records from unauthorized disclosure or damage and will comply with the privacy requirements outlined in the ENTERPRISE policy or procedure
- ✦ ENTERPRISE has the right to remotely wipe the contents of the device
- ✦ A PIN of at least 4 characters or numbers (or biometric scan i.e. fingerprint) will be utilized by the Employee and after 10 consecutive failed attempts ENTERPRISE has the right to automatically wipe the device
- ✦ All backups of the device will be to ENTERPRISE's network and remain the property of ENTERPRISE

By signing this form, I affirm my willingness to abide by the ENTERPRISE's BYOD access policies, procedures, and guidelines.

Employee Signature _____ Date _____

Supervisor _____ Date _____

Employee Termination Checklist

Employee Name _____	ID Number _____
Forwarding _____	Last Day _____
Address _____	Worked _____
Phone Number _____	
Supervisor _____	Department _____

Instructions: Place your initials and next to the action taken

Termination Type

Voluntary Termination

_____ Written Resignation Letter

Other : _____

_____ Supporting Documentation

Involuntary Termination

_____ Corrective Action Followed

_____ Employee explanation provided

_____ HR Reviewed Information

_____ Letter of termination included reasons

<p>Reviewed with</p> <p>_____ Ef</p> <p>_____ Fi</p> <p>_____ Be</p> <p>_____ H</p> <p>_____ Su</p> <p>_____ Re</p>	<p>This is a sample of the final product and these pages are for your review and are protected by Janco's copyright.</p> <p>https://www.e-janco.com</p>	<p>Employee</p> <p>_____ Building, desk, etc)</p> <p>_____ – Security Cards</p> <p>_____ Phones Pagers</p> <p>_____ al Computers</p> <p>_____ Cards</p> <p>_____ ny Manuals / Documents</p> <p>_____ Parking Cards</p> <p>_____ Time Card</p> <p>_____ Expense Reports</p> <p>_____ Other: _____</p> <p>Cancel</p> <p>_____ Computer/Network Access</p> <p>_____ Long Distance Authorization</p> <p>_____ Email account</p> <p>_____ Phone List</p> <p>_____ Cloud File Sharing Accounts</p> <p>_____ VPN Accounts</p> <p>_____ Credit Cards</p> <p>_____ Security Codes</p> <p>_____ Direct Deposit</p>
<p>Give to Employee (Optional)</p> <p>_____ Exit Interview</p> <p>_____ Benefits Book</p> <p>_____ Contact Information for HR</p> <p>_____ Contact Information for Department</p>		
<p>Other</p> <p>_____ Clean Work Area – Personal Belongings Removed</p> <p>_____ Process Electronic Termination From Systems</p> <p>_____ Clear BYOD and Personal PC</p> <p>_____ Clear Cloud and File Sharing Workspaces</p> <p>_____ Obtain list electronic access points & passwords</p>		
<p>Notes:</p>		

Signature _____

Date _____

Mobile Device Access and Agreement

Employee Name _____ ID Number _____

Job Title _____ Location _____

Employee agrees to adhere to the Mobile Device Access and Use Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ENTERPRISE concurs with employee participation and agrees to support the approved mobile devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of the ENTERPRISE Mobile Device Access and Use Policy and the Record Management Policy have been given to and read by the employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Equipment/Expenses

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protect such equipment will be serviced and maintained
 e for servicing and maintaining
 's personal or real property
 during the performance of work duties or while using enterprise equipment in the employee's residence.

- The ENTERPRISE is not responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) associated with the use of the employee's residence as an alternate work location.

Confidentiality/Security

- The employee will apply approved safeguards to protect ENTERPRISE records from unauthorized disclosure or damage and will comply with the privacy requirements outlined in the ENTERPRISE policy or procedure.

By signing this form, I affirm my willingness to abide by the ENTERPRISE's mobile device access and policies, procedures, and guidelines.

Employee Signature _____ Date _____

Supervisor _____ Date _____

Mobile Device Security and Compliance Checklist

Employee Name	_____	ID Number	_____
Job Title	_____	Location	_____
Device Type	<input type="checkbox"/> Phone <input type="checkbox"/> Tablet <input type="checkbox"/> Other	Description	_____

Security Controls

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	256 bit AES encryption per file at rest, a 30-day rotating encryption key
<input type="checkbox"/>	<input type="checkbox"/>	256 bit SSL encrypted data transfer
<input type="checkbox"/>	<input type="checkbox"/>	SSAE 16 Type II compliant, redundant data centers and DR policy
<input type="checkbox"/>	<input type="checkbox"/>	99.9% SLA Uptime Guarantee

Remote Device Management

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Auto-timed screen log out on mobile devices
<input type="checkbox"/>	<input type="checkbox"/>	Custom 4-digit passcode
<input type="checkbox"/>	<input type="checkbox"/>	Immediate access restriction on device

Acce

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admin console

Compliance Disaster Recovery – Business Continuity

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has the user of this device completed all of the acknowledgment and use forms
<input type="checkbox"/>	<input type="checkbox"/>	Is this device and all of its data backed up
<input type="checkbox"/>	<input type="checkbox"/>	Is this device included in the Disaster Recovery Business Continuity Plan
<input type="checkbox"/>	<input type="checkbox"/>	Does this device meet the compliance requirements for the record management process
<input type="checkbox"/>	<input type="checkbox"/>	Has the user of this device completed all necessary training

Audit Trail

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	All global files can be accessed directly from the central admin console
<input type="checkbox"/>	<input type="checkbox"/>	Usage statistics tracked for files, individual users, and groups
<input type="checkbox"/>	<input type="checkbox"/>	Complies with record management policy
<input type="checkbox"/>	<input type="checkbox"/>	Downloads, uploads, previews
<input type="checkbox"/>	<input type="checkbox"/>	Tracked by IP Address

Employee Signature

Date



JANCO ASSOCIATES, INC.

Risk Assessment Matrix

Location _____ Function _____
 Department _____ Manager _____

	High = 5	4	3	2	Low = 1	Score
Organizational Uncertainty	The business unit has no plan. Management is uncertain about responsibility there is no business sponsor	The business unit has no specific and has designated, but not committed, resources to the initiative	The business unit has a plan but has not committed resources	The business unit has no specific plan but has committed resources	The business unit has a plan and has committed resources	
Technical Uncertainty	No knowledge or experience	Emerging area	Some experience	Understood in a different area	Understood	
Skills Required	Extensive new skills for both staff & management	Extensive new skills for staff; some new skills for management	Some new skills required for both staff & management	Some new skills for staff; none for management	No new skills for staff & management	
Hardware Dependencies	Hardware is immature; just emerging from vendor labs	This is a sample of the final product and these pages are for your review and are protected by Janco's copyright. https://www.e-janco.com				Similar options
Software Dependencies	Non-standard software with complex interfaces					Software; customized
Application Software	No package or solution exists. Complex design and development is required	Programs available commercially, but highly complex. Complex design and development	OR Programs can be developed in-house with moderate complexity	OR Programs can be developed in-house with minimal complexity	Programs exist & need minimal modification	
Total Technical Uncertainty Score						
Infrastructure Uncertainty	Major changes to the existing infrastructure are needed	Significant changes to the existing infrastructure are needed	Moderate changes to the existing infrastructure are needed	Small changes are required to the existing infrastructure. Investment is needed	The solution will use existing infrastructure and services no investment is required	
Total Risk Score						



Threat and Vulnerability Assessment Physical and Electronic Sites - Page 1

Prepared by _____

Date

Location Type Company Residence Multi-Tenant Public Access

Address

Main Phone Facility Manager

Assets at facility Head count at Facility Primary Functions Performed

Power Grid Distribution Point

Telephone CO Location

Backup Power Yes No Length of Support Hrs

Safety Program Yes No Date of Last Review

DRP/BCP Yes No

Internet Access Yes No

Category I - Extreme Financial Impact

Category II - High Financial Impact Any Cat II in Facility Yes No

Category III - Medium Financial Impact Any Cat III in Facility Yes No

Category IV - Low Financial Impact Any Cat IV in Facility Yes No

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Public Access Yes No Security Badges Yes No

Reception Desk Yes No Card Key Yes No

Guards Yes No Fenced Yes No

Armed Yes No Guard Gate Yes No

Guest Escorted Yes No Gate Manned Yes No

Cameras Yes No 24/7 Security Yes No

RT Monitoring Yes No After Hours Contact

Threat and Vulnerability Assessment Physical and IT / Electronic Sites

Risk Ranking

Impact of Loss	Vulnerability (Probability of Threat)				
	Will Occur over 90%	Extreme 90% < >75%	High 75% < >25%	Moderate 25% < >10%	Low Under 10%
<i>Catastrophic</i>					
<i>Very High</i>					
<i>Noticeable to ENTERPRISE</i>					
<i>Minor</i>					
<i>None</i>					

Impact of Loss	Risk Point Value				
	Will Occur over 90%	Extreme 90% < >75%	High 75% < >25%	Moderate 25% < >10%	Low Under 10%
<i>Catastrophic</i>	8	7	6	5	4
<i>Very High</i>	7	6	5	4	3
<i>Noticeable to ENTERPRISE</i>	6	5	4	3	2
<i>Minor</i>	5	4	3	2	1
<i>None</i>	0	0	0	0	0

	<p>This is a sample of the final product and these pages are for your review and are protected by Janco's copyright.</p> <p>https://www.e-janco.com</p>	Countermeasure actions identified
		Countermeasure actions identified as
3 to 4		These risks are moderate. Countermeasure actions to mitigate these risks should be implemented in the near term.
1 to 2		These risks are low. Countermeasure actions to mitigate these risks should be implemented as convenient as they will enhance security overall.
0		These currently pose no risk but should continue to be monitored.

Work From Home Work Agreement

The following constitutes an agreement on the terms and conditions of telecommuting on (Date) between:

Employee Signature _____	Date _____
Supervisor _____	Date _____

Employee agrees to participate in telecommuting and to adhere to applicable guidelines and policies. This is not a guarantee of continued employment.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Employee agrees to participate in telecommuting for an initial period not to exceed one year, beginning _____ and ending _____. This agreement may be extended beyond the initial one year period, if agreeable to the ENTERPRISE and the employee. If extended, the terms of this agreement should be reviewed and updated as necessary. This agreement can be terminated at any time by ENTERPRISE without notice.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ENTERPRISE concurs with employee participation and agrees to adhere to applicable guidelines and policies.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Copies of the ENTERPRISE Telecommuting Policy and Record Management have been given to and read by the employee.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Work Location – Schedule

Employee’s central workplace is:

Employee’s Work From Home location is

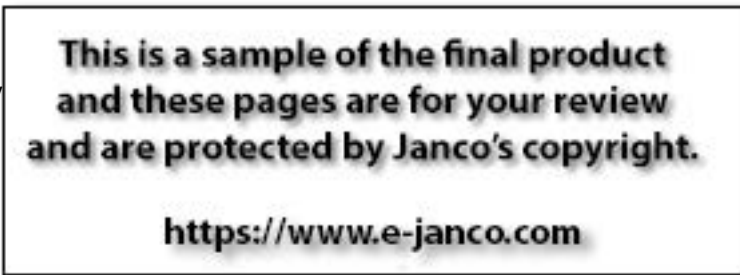
Describe in detail the designated

At the central workplace, employ

on the following days:

At the WFH location, employee’s

on the following days:



Employee’s time and attendance will be recorded the same as performing official duties at the central workplace.

Supervisors will maintain a copy of the employee’s work schedule, and the employee’s time and attendance will be recorded the same as if performing official duties at the central workplace.

Approval Process	
Dept. Head _____ <input type="checkbox"/> Approved	IT Department _____ <input type="checkbox"/> Approved
Signature _____ 	User Level <input type="checkbox"/> Basic user <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager <input type="checkbox"/> Administrator
Comments	
Date:	