



Navajo Nation  
Department of Information Technology  
**Duo Hardware Token Request Form**

**NOTICE:**

Due to the need for a Multi-Factor Authentication implementation and data security, the Navajo Nation Department of Information Technology issues new hardware tokens for employees requiring access to secure systems. Employees are responsible for the safekeeping of their hardware tokens. They must immediately report any loss or theft to the Navajo Nation Department of Information Technology. Employees must return hardware token at the end of employment.

EMPLOYEE INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ AB#: \_\_\_\_\_ BU#: \_\_\_\_\_

DEPARTMENT INFORMATION

Branch: [ ] Executive [ ] Judicial [ ] Legislative

Division and Department or Program:

\_\_\_\_\_

Position/Title: \_\_\_\_\_ Business Phone No: \_\_\_\_\_ Business Fax No: \_\_\_\_\_

Business Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department/Program Site Location & Physical Address:

\_\_\_\_\_

Employee Email: \_\_\_\_\_

SUPERVISOR INFORMATION

Notice: By signing below, you agree to abide by the Navajo Nation policies regarding Duo hardware token usage. The supervisor listed on the application must have a navajo-nsn.gov e-mail account. All fields on the duo hardware request form must be filled out. If any fields are missing, the application will not be processed.

Supervisor Name: \_\_\_\_\_ Supervisor E-Mail: \_\_\_\_\_ Supervisor Phone No: \_\_\_\_\_

AUTHORIZATION

I acknowledge that I am responsible for the safekeeping of the Duo hardware token issued to me. I understand that I must immediately report any loss or theft to the Navajo Nation Department of Information Technology. The token must be returned to DIT before PAF is signed at the termination of employment. I understand that it is my responsibility for the safekeeping of their hardware tokens, and I must return the hardware token at the end of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIT OFFICE USE ONLY**

DIT HD#: \_\_\_\_\_ Date Ticket Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

Notes: