Appointment Letter
For Designating Group Administrators for Wide Area Workflow e-Business Gateway

GAM Full Name: 
E-mail Address: 
Phone Number: 

1. You are hereby appointed as Group Administrator (GAM) for the Wide Area Workflow e-Business Gateway. Your span of control includes the following DoDAAC or (CAGE) codes:

   Location Codes

2. As a GAM, you are a critical part of maintaining system security because you have the ability to grant/deny access to users.

3. You accept the GAM role as a trusted agent for DISA DECC Ogden. You will comply with all DISA policies regarding security functions performed in support of DISA DECC Ogden.

4. You are responsible for the following activities:

   a. Establish organizational e-mail for each DoDAAC or CAGE code and submit these to Wide Area Workflow e-Business Gateway EB-SERVICE DESK DISA.OGDEN.ESD.MBX.CSCASSIG@MAIL.MIL or call 866-618-5988.
   
   b. Activate/Inactivate users in your group.
   
   c. Any GAM activating another GAM must maintain an appointment letter for the new GAM.
   
   d. Any GAM activating a Vendor as a GAM must validate Vendor's identity by verifying information the Vendor has entered during the registration process (i.e. security questions and answers).
   
   e. Ensure your GAM account stays active by logging into the system at least once (or more) per month so that your account does not get deactivated for inactive usage.

5. When determining privileges and profiles, you will comply with the principle of least privilege (Granting minimal access for that which the user needs).

6. As a GAM you will verify the identity of an individual by validating the online Access Approval for Government users and all required signatures prior to activating the individual.

7. All Government Users' Access Approvals are stored in the Wide Area Workflow e-Business Gateway database to be easily recalled if audited by the Wide Area Workflow e-Business Gateway PMO or third party.

   a. If user's information has changed (i.e. name, supervisor, clearance information, access rights, and organization) a new Access Approval will be generated.
8. You will review user accounts at least monthly and disable (archive) user accounts immediately upon notification for the following:
   a. When user account is no longer needed.
   b. When a user leaves the organization.
   c. When a user's access has been revoked or suspended for any reason.
   d. When a user has not accessed the system after 90 days.

9. You will immediately report any suspected or known security incidents/violations to the EB - SERVICE DESK at DISA.OGDEN.ESD.MBX.CSCASSIG@MAIL.MIL or call 866-618-5988.

10. You agree to have your first name, last name, phone number and email address as contact information for users under your administration listed on the Wide Area Workflow e-Business Gateway web site.

**ACKNOWLEDGEMENT OF APPOINTMENT**

I have read and understand my responsibilities and accountability as contained in this Appointment Letter.

I further understand this appointment will remain in effect until GAM privileges are revoked by a GAM within my organizational hierarchy.

By signing and dating below I acknowledge my appointment.

Signature of Appointee ___________________________ Date __________

POC Name (Print) ___________________________ Date __________

POC (Signature) ___________________________ Date __________