AGENDA ITEM FOR ADMINISTRATIVE MEETING   ( ) Discussion only

(X) Action

FROM (DEPT/ DIVISION): Dan Lonai, Administrative Services

PROGRAM: IT

SUBJECT: Multi Factor Authentication MFA Policy

IT is requesting the approval and the adoption of the attached Multi Factor Authentication MFA Policy. A policy needs to be in place before MFA devices can be issued to staff.	ACTION REQUESTED: Adopt Administrative Services Policy No. AS-13.0

ATTACHMENTS: Proposed Policy

Date:11/3/2023   Submitted By: (Dan Lonai)

Umatilla County Administrative Services Policies

POLICY #:   AS-13.0

EFFECTIVE DATE: October 31, 2023

DEPARTMENT: Administrative Services Department

TITLE: Multi Factor Authentication

POLICY:

All county staff, departments, agencies and individuals requiring access to county computers and other smart devices must comply with the following procedures. These procedures are to improve the security and the safety of county data and systems.

DEFINITIONS:

- Multi Factor Authentication (MFA): Multi-factor authentication is an electronic authentication method in which a user is granted access to a website, application, or device only after successfully presenting two or more pieces of evidence to an authentication mechanism. This is achieved by using something a user has, such as a hardware authentication device, and something a user knows, such as a password.
- Hardware Authentication Device (HAD): A physical device held by an authorized user that is used in conjunction with a password or pin number to grant access to computer resources.

REQUIREMENTS:

- All electronic devices accessing the county secure network, accessing county online systems, or any third party applications used for county business must use multi factor authentication.

PROCEDURES:

1. HADs will be issued by Administrative Services to individuals cleared for access to County computer systems. Only one HAD will be issued per individual. Employees shall not loan a HAD to another person. All HADs must be issued through the control process. Employee's shall not possess any HAD for which they have not been authorized. All HADs issued to employees remain the property of the County.

2. Individuals will be responsible for the security of their HAD and are required to sign for receipt of it.

3. Extra unassigned HADs will not be given out to departments or any individual.

4. Administrative Services will maintain a database of all HADs and to whom they are assigned. The following data will be entered into the database:
   4.1. First name
   4.2. Last name
   4.3. Email address
   4.4. Photo
   4.5. Department or Agency
   4.6. Division
   4.7. HAD identification number

5. Upon leave of employment or completion of assigned task, individuals must turn in their HAD and Administrative Services is to be notified so that the HAD can be deactivated.

6. It is the responsibility of the individual issued the HAD to immediately notify the Umatilla County IT Department of a lost, stolen, or broken HAD. In the event that a HAD is lost or stolen, it will be immediately disabled and can be reactivated if it is found.

7. Failure to return a HAD may result in an individual being charged $100.00 for a replacement HAD with the exception of failure due to normal wear and tear.

HAD CONTROL RECORDS
Umatilla County IT Department will maintain documentation for the accounting and security of all HADs. HAD control measures will be documented by the IT Department and the records retained in accordance with the established records retention schedule.

Adopted
Umatilla County Board of Commissioners

_____
Daniel N. Dorran, Chair

Umatilla County Administrative Service
Acknowledgement of Receipt

Please fill out and return to Administrative Services when being issued county equipment.

First name	
Last name	
Email	
Department / Agency	
Division	

By signing you signify you have read the MFA policy, understand and are responsible for the HAD _____ .

_____   _____/_____/_____
Signature   Date

By signing you signify you have read the Controlled Access policy, understand and are responsible for the FOB _____ .

_____   _____/_____/_____
Signature   Date

By signing you signify you have read the Key policy, understand and are responsible for the key(s)_____ .

_____   _____/_____/_____
Signature   Date

By signing you signify you acknowledge responsible for the following IT equipment:

_____
_____
_____
_____ .

_____   _____/_____/_____
Signature   Date