



I.T. Employee Termination Checklist

Employee Information

(This form must be completed by the Supervisor and submitted to IT Department ONE week ahead of time for a planned exit and same day for unscheduled leave.)

Name: _____

Location: _____ Department: _____

Employment Status Information

Employee Termination Date: _____

Network

Cancel:

Computer access Cancel email Preserve Email Files YES NO Forward Email To: _____

Back-up desktop computer information **I.T. Staff Note: When canceling e-mail, notify backups administrator**

User Name: _____ Computer Name: _____

Equipment

(Please check all equipment employee has been issued for personal use)

Collect if applicable:

Key Fob ID Card Department Credit Card Office Keys

iPAD Serial Number: _____

Laptop Serial Number: _____

Software/Cloud Based Access

311/QAlert DocuWare ESRI -GIS Social Media Fin. Edge A.P. Web Admin PD
Mobile/CAD/RMS SportsMan/Golf Utilize CUBS/LCW Ecopy VPN

Approved by Supervisor: _____ **Date:** _____