



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:** _____