



# Technology Services Employee Departure Form

## Administrative System, Network, or E-mail Access

Effective: 05-04-2022  
Supersedes: All

Today's Date: \_\_\_\_\_

Date of Deletion: \_\_\_\_\_

### Supervisor's Information

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### Departing Employee's Information

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Generational Qualifier (Sr. Jr, etc.) \_\_\_\_\_

Title \_\_\_\_\_

Location \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_

**Employee type:**     Faculty     Staff  
                                  Full Time     Part Time

---

### Account Information

Please check which kind of accounts the employee had:

- E-Procurement
- Datatel
- Faculty WebAdvisor
- Network Login
- E-Mail
- Print Management (PaperCut)

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Information below to be completed by Network Services

Network ID: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Datatel ID: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Department of Technology Services