

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:

Cellular Telephone (chargers, case, batteries, etc) Beeper (chargers, case, batteries, etc)

Radio (chargers, batteries, etc) Laptop (chargers, case, batteries, cables, etc)

PDA (chargers, batteries, cables etc) Office/Car Keys Camera (chargers, case, batteries, cables, etc)

Tools Department Charge Cards Key fob ID Card

Software

Collect if applicable:

Any software Any Manuals Drawings CDs DVDs Files

NOTES:
