



Terminated Employee IT Checklist

Terminated Employee Information

Date Requested: _____

Employee Name: _____ Emplid Number: _____

Title: _____ Office Room #: _____

Department: _____ Phone/Extension: _____

Supervisor Name: _____

Supervisor Signature: _____

**Please complete form and turn in to the IT department promptly after employee's last day.*

Department Supervisor Checklist

Select all that apply

Disable Email Account:

- Immediately**
- 30 days from Requested Day**
- 60 days from Requested Day**
- Other: _____
- Delegate email access to: _____
- Forward email to: _____
- Remove from Email Distribution Lists
- Set No Longer Employed message to: _____
- _____

-if they are also a student their email account cannot be disabled

Telephone Number

- Change name to: _____
- Forward to: _____
- Voicemail: _____
- Disable Long Distance Code

Instructions for Files & Devices

Computer

- Copy/Move files to user: _____
- Delete files
- Other: _____

Laptop

- Copy/Move files to user: _____
- Delete files
- Other: _____

H: Drive files

- Delete files
- Add access to file for user: _____
- Other: _____

Devices will be left in department until filled or reclaimed by the IT department if the position will not be filled. Reclamation of devices is supervisor responsibility.

IT Department Checklist

For Internal Use:

- Disable computer network AD login
- Label account NLH in AD
- Remove access codes from copiers
- Remove entirely from website
- Place email account hold after disable request day

Received Date: _____ Completed Date: _____

**an administrative hold will be placed on the email account, any email sent to the disabled account will not be received. The sender will receive an undeliverable message notice.