

Terminated Employee Form

**Please enter the information in th	he blue boxes and attach this form to your helpdesk suppo	rt request. Thank You!
Company Name:		
Requested By:		
Date Requested:		
Terminated Employee Information	on	
Employee Name:		
Employee Email Address:		
	If employee has multiple alias's, please add to notes below.	
Date of Termination:		
Account Access - please choose c	one of the following options	
Disable:	NOTE: After 30 days, the account will be deleted. If account is disabled, no one will have access to it.	
Change Password To:	If password is changed, account can still be accessed.	
Remove Remote Access?	Romove Mobile Device Access?	
Yes		Yes
No		No
Email Options - please choose on	ne of the following options	
Forward Emails To:	- pi	rovide email address
Leave Account Active & Provide access to Account to:	- р	rovide email address
Archive Emails to this Folder:		
Notes:		