

Departing Employee IT Information Form

Departing employee needs to fill out this form and have it signed by their supervisor as soon as the employee gives his/her notice. Supervisors should use this form if the employee has departed already or the situation is such that the supervisor needs to take action to disable access to the employee's accounts. Please return the completed form to Computing Services.

Employee Name: _____

Department Head's Name: _____

Department: _____

Office Number: _____

Phone Number: _____

Last day of Employment at SOU: _____

Phone Number we can reach you at after you leave SOU: _____

E-mail address we can reach you at after you leave SOU: _____

On which systems do you have an account? Provide the account name if you know it.

- Campus Network account User Name: _____
- GroupWise e-mail User Name: _____
- Blackboard User Name: _____
- Banner Student Information System (SIS) User Name: _____
- Banner Finance Information System (FIS) User Name: _____
- Banner Human Resource System (HRIS) User Name: _____
- VMS User Name: _____
- Data warehouse SIS User Name: _____
- Data warehouse HRIS User Name: _____
- Data warehouse FIS User Name: _____
- Grafiti (Sun UNIX System) User Name: _____
- Power Park User Name: _____
- Power Faids User Name: _____
- Raisers Edge User Name: _____
- Medpro User Name: _____
- Kronos User Name: _____
- Phone Extension: _____
- Long Distance Calling Card Number: _____
- Long Distance Authorization Code Number: _____
- Others (please list) _____ User Name: _____

Do you have a cell phone?

- Yes Disable Re-assign To whom: _____
 No

RETIRED FACULTY/STAFF ONLY:

- Would you like to keep your Campus Network and e-mail account? Yes No
- Do you want your name on a list of former SOU employees to receive relevant campus announcements? Yes No
- Would you like e-mail forwarding?

Please note that it is not possible to keep your e-mail account and have forwarding. In order to set up e-mail forwarding, all your current e-mail will be deleted on the day of your departure. We will forward future e-mail to the address you've provided below for one month.

Yes E-mail address to forward messages to: _____
 No

EMPLOYEE SIGNATURE: _____ **DATE:** _____

DEAN/DEPARTMENT HEAD ONLY:

Occasionally it is necessary to retain a departing employee's accounts to allow for business continuation beyond the employee's departure. To preserve privacy, and ensure that access is not granted to unauthorized individuals, IT requires Dean/Department Head approval before granting exceptions to account deletion policies. All authorizations requested below will be revoked in 30 days unless otherwise specified:

Authorize shared folder (G: drive or other shared drive) access for retiring faculty/staff? Yes No
Date when access should be revoked: _____

Authorize access of departing employee's F: drive to another employee? Yes No
Name of employee who should be granted access:

Date when access should be revoked: _____

Authorize access of departing employee's E-mail to another employee? Yes No
Name of employee who should be granted access:

Date when access should be revoked: _____
Should departing employee's name remain visible in GroupWise address book? Yes No

If you have a special request or need not covered above, please explain below:

Dean/Department Head Name: _____
Dean/Department Head Signature: _____
Date: _____