GLENN COUNTY
EMPLOYEE INFORMATION TECHNOLOGY (IT) TERMINATION FORM

DEPARTMENT: _____ **EMPLOYEE'S NAME:** _____

JOB TITLE: _____ **TERMINATION DATE**: _____**TIME:** _____

DIRECT SUPERVISOR NAME: _____ **SUPERVISOR PHONE:** _____

Does the employee have a countyofglenn.net email address? ☐ Yes ☐ No

Email Address: _____

Does anyone in your Department need access to this employee's email mailbox? ☐ Yes ☐ No

If yes, who will need access? _____

Until what date will they need access? _____

TERMINATED EMPLOYEE'S ROLE:

This employee needs permissions **revoked** for which programs:

☐ OpenGov   ☐ GovDelivery   ☐ Granicus Peak   ☐ Laserfiche   ☐ FileMaker

☐ Website   ☐ SiteImprove   ☐ Purchasing Accounts   ☐ CAMS   ☐ OneSolution

☐ Other: _____

Terminated Employee Phone Extension: _____ Direct Line Phone Number: _____

Phone MAC Address (located on bottom of the device): _____

ADDITIONAL DETAILS:

Did this employee scan documents? ☐ Yes ☐ No   Did this employee print documents? ☐ Yes ☐ No

Example: scan-to-email or scan-to-folder.   Identify Printer(s)_____

LOCATION:

Will this employee need badge access revoked?   ☐ Yes ☐ No

Address(s) for building they will need badge access revoked: _____

Address(s) for building they will need badge access revoked: _____

ADDITIONAL NOTES:

_____

_____

_____

INFORMATION TECHNOLOGY (IT) TERMINATION AUTHORIZED BY:

_____

Signature   Name   Date