

**Employee IT Termination Form**

**Department:** \_\_\_\_\_

**Employee's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Termination Date:** \_\_\_\_\_ **Termination Time:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

No, DO NOT forward this employee's email (DEFAULT)

Yes, Please forward future emails to: \_\_\_\_\_

**Phone Extension:** \_\_\_\_\_

**Direct Line Phone Number:** \_\_\_\_\_

**Additional Details.**

This person has a dedicated desk phone

This person has a specialized printer setup

This person has a specialized scanning setup (e.g. scan-to-email or scan-to-folder)

This person has access to edit their department's webpage and SiteImprove

**Does this person work at other County Sites/Offices on a regular basis (i.e. a mobile employee)?**

Yes, this person is a mobile employee that moves between offices regularly or out in the field on a regular basis

No, this person primarily works from a single office

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IT Termination Authorized by:**

\_\_\_\_\_

Signature

Name

Date