

Departing Employee Information Form
(To be completed by Manager/Dean)

Please Print Clearly

Departing Employee's Information:

LAST NAME: _____ FIRST _____ M.I. _____

SOU ID # (if known): _____

DEPT: _____

MANAGER/DEAN'S NAME: _____ TITLE: _____

LAST DAY OF EMPLOYMENT: _____

Faculty Emeriti Only:

Is the departing faculty member an emeritus? Yes No

Unless otherwise indicated, Faculty Emeriti will retain their network/email account indefinitely. If they wish to have their account deleted instead, please check this box and indicate a date for deletion: _____

All Other Accounts:

Accounts are disabled at the end of the work day on the departure date. Access to Banner is removed by the end of the day of the employee's departure. In no case will departing employees retain access to Banner. Accounts will be deleted seven (7) days after departure date unless otherwise indicated.

If the account needs to be retained beyond the seven day period, please complete the information below:

Retain Account? Yes No

Date to delete: _____

Reason: _____

Access to Departed Employee's Accounts and Files:

Occasionally it is necessary to retain a departing employee's account 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/Manager approval before granting exceptions to account deletion procedures.

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Access to Departed Employee's Accounts and Files (continued)

All authorizations requested below will be revoked in 30 days unless otherwise specified:

Authorize access of departing employee's personal drive to another employee?..... Yes No
Name of employee(s) who should be granted access:

Date when access should be revoked: _____

Authorize transfer of departing employee's Google Drive/Docs to another employee?..... Yes No
Name of employee who should be granted ownership:

Please note that Google Drive/Docs works differently than network drives. All contents of the departing employees' Google Drive and Docs will be transferred to the receiving account.

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

Please complete, sign, and send this form to the Information Technology department through your Computing Coordinator or the IT Help Desk.

Signature: _____ **Date:** _____

Name (please print): _____ **Title:** _____

Internal Use Only		
Routing Slip		
		Date/Initial
Ticket Number:		Date Received:
Account Name:		Banner Acct:
Banner Name:		Network Acct: