

**User Account Termination Request Form**

*User accounts will be disabled at the end of the last day of employment. Maintaining account access beyond the last day of employment creates a security risk and is discouraged. Maintaining active accounts beyond the last day of employment requires written approval from either the AVC or VC of Human Resources.*

**Please provide the following information:**

1. Name: \_\_\_\_\_ Colleague ID: \_\_\_\_\_ WebAdvisor ID: \_\_\_\_\_
2. Position Title: \_\_\_\_\_ Location/Department: \_\_\_\_\_
3. Last day of employment: \_\_\_\_\_
4. If account access is needed for extended period, please provide the following:
  - a. Account expiration date (maximum 30 days): \_\_\_\_\_
5. If access is needed to one or more of the following system applications. Please check all that applies:
  - a.  Mailbox
  - b.  Personal H drive
  - c.  One Drive
  - d.  Voicemail
  - e.  Phone Extension

Access above to be granted to (employee name): \_\_\_\_\_

**Approvals:**

By: \_\_\_\_\_

Signature of Approving Manager

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources approval for requests including item #4

By: \_\_\_\_\_

Signature of AVC or VC of Human Resources

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Date: \_\_\_\_\_