



ACCOUNT DEACTIVATION FORM

EMPLOYEE NAME: _____ EMPLOYEE NUMBER: _____
NETWORK USERNAME: _____
DEPARTMENT: _____ DIVISION: _____
SUPERVISION: _____
DE-ACTIVATION DATE: _____

CURRENT ACCOUNTS

EMAIL _____	Yes	No
KRONOS _____	Yes	No
FIN MUNIS _____	Yes	No
HCM MUNIS _____	Yes	No
ENERGOV _____	Yes	No
JD EDWARDS _____	Yes	No
VPN ACCESS _____	Yes	No
H.T.E _____	Yes	No
BUILDING ACCESS: _____		
SHARE DRIVES _____	Yes	No
Name of Drives:		
Additional Information:		

Supervisor: _____ Signature: _____
PLEASE PRINT NAME

Department Director: _____ Signature: _____
PLEASE PRINT NAME

ITT USE ONLY

Received by: _____ On: _____ Signature: _____
PRINT NAME DATE

Completed by: _____ On: _____ Signature: _____
PRINT NAME DATE