

## **Catholic Diocese of Rockford**

## **Employment Termination Electronic Data and Communications Form**\*

\*Required for Users with Email or Network Access

This form must be completed by a supervisor and submitted to the IT Department ONE week ahead of time for a planned exit and on the SAME DAY for an unscheduled termination.

Employee Name:	
Department:	First Termination Date:
Supervisor's Name:	Supervisor's Signature
Equipment:	
• Collect any equipment (if applicable):	
□ Completed	□ Software □ SecureID □ Tablet □ Other
Securing Computers and Electronic Data:  • Remove Computer Access: □ □ Completed	Start Date:
• Change Password: □ □ Completed	Start Date:
Forward E-mail to:  □ Completed	
	□ Start Date:
□ Completed	
<ul> <li>Personal Files:*   1. Grant Access to:</li></ul>	2. Move to:



## Website:

Please review any applicable information on the Diocesan website which may refer to this employee, including the Offices page: <a href="http://www.rockforddiocese.org/offices">http://www.rockforddiocese.org/offices</a> and any applicable forms on the Documents and Forms pages: <a href="http://www.rockforddiocese.org/documents">http://www.rockforddiocese.org/documents</a>.

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- Note: An additional form for school employees is required by the Catholic Eduation Office