

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: _____
Last *First*

Department: _____ **Termination Date:** _____

Supervisor's Name: _____ **Supervisor's Signature** _____

Equipment:

- Collect any equipment (*if applicable*): Computer Laptop Monitor Printer
 Software SecureID Tablet Other _____
- Completed*

Securing Computers and Electronic Data:

- Remove Computer Access: Start Date: _____
 Completed
- Change Password: Start Date: _____
 Completed
- Forward E-mail to: _____ Start Date: _____
 Completed
- Add auto-reply message to e-mail: Start Date: _____
 1. Internal: _____

 2. External: _____

 _____ *Completed*
- Personal Files:*
 1. Grant Access to: _____
 2. Move to: _____ *Completed*

* P: Drive Network Files

