

# Off Boarding Form

Please disable/term the following user:

Company (required)

Name (required)

Title (required)

Term Date (required)

Manager (required)

Location

## Email Options

Deactivate account and no further action needed

Have email forwarded to:

Grant access of mailbox to:

Other (Please Specify)

## Phone Options

Only reset voicemail password and forward password to Manager

Have voicemail forwarded to:

Forward extension to:

## Software Requirements

Transfer Software License to: (Specify)

**\*\*Please return equipment to IT**

Requestor Email (required)