

Waycross College Computer Services

Computing Accounts Termination Notice

Please fill out this form completely and return to Computer Services when an employee resigns, retires, or is terminated.

Date: _____

Please be advised that as of _____
Date

Employee's Name (Please Print)

will no longer be employed in _____
Department

Employee's Computer Account Usernames (Please fill out all that apply)

Computer / Network: _____

E-mail: _____ @waycross.edu

Banner: _____

Peoplesoft: _____

Meeting Maker: _____

WC Web Page / FTP: _____

Other (_____): _____

Please remove all computer access provided to this employee as of the aforementioned date.

- Amicable Parting
- Possible Hostile Parting – Please remove accounts immediately.

Departing Employee or Supervisor: _____

DO NOT WRITE BELOW THIS LINE – COMPUTER SERVICES USE ONLY

Accounts Removed: _____ Date: _____ Initials: _____

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