



VIRGINIA STATE UNIVERSITY

ACCOUNT TRANSFER/TERMINATION FORM

EMPLOYEE INFORMATION (PRINT CLEARLY)

Full Name (Last, First, Middle Initial)	VSU Banner V# (if unknown leave blank)
Department	Last Day Worked (Date)

TRANSFER/TERMINATION OF ACCOUNTS

Accounts	Remove Access	Department Transfer	Effective Date (if not Last Day Worked)	Comments
Email	<input type="checkbox"/>	<input type="checkbox"/>		All email accounts will be archived for separated employees.
Network	<input type="checkbox"/>	<input type="checkbox"/>		All network data will be archived for separated employees.
Banner	<input type="checkbox"/>	<input type="checkbox"/>		
Remote Access	<input type="checkbox"/>	<input type="checkbox"/>		
All Other Access	<input type="checkbox"/>	<input type="checkbox"/>		

SUSPENSION OF ACCOUNTS

IN ACCORDANCE WITH COV ITRM STANDARD SEC501-01, ACCOUNTS MUST BE SUSPENDED:

In the event of leave, disability or other authorized purposes in excess of 30 days because employee is not working;

Access rights must be temporarily disabled upon suspension of personnel for greater than 1 day for disciplinary purposes.

Start Date: _____ End Date: _____

AUTHORIZATION

By signing this form, you authorize the Office of Information Technology (OIT) to remove or suspend all access to IT accounts held by the departing employee or guest.

Signature of VP, Dean, Director, Chair, or HR personnel _____ Date _____ Telephone Number _____

Completed form may be faxed to 524-5228 or hand-delivered to OIT in Johnston Memorial Library, Room B46.