DPHHS-OM-300C STATE OF MONTANA

(Rev. 08/2012) Department of Public Health and Human Services

**FAX completed form, within three (3) working days, to TSD/NCB Network Security Unit at (406) 444-5924**

**If fax not available, please mail to: 111 N Sanders, Rm 204, Helena MT 59620 (Original form not required if faxed)**

**ACCESS DELETE REQUEST**

|  |  |  |
| --- | --- | --- |
| **Name of Individual Requiring Deletion of Access:***(Please Print)*  *First MI Last* | | |
| **Logon ID:**       **Phone:**  **Department:**  **Division/Bureau:** | **Computer Needs:** Will DPHHS position be vacant longer than three months?  Yes  No |  |
| **Address:**       **County:** | | |
| **Transferring to another DPHHS Division?**  **If so, which Division/Bureau?**  **New Supervisors Name:** | | |
| **ACCESS TO BE DELETED:**  **All** - **or -**  **Specific Access to be removed**: | | |
| **Reason for termination of access:** | | |
| **DATE / TIME DELETE TO BE EFFECTIVE**: | | |
| **Signature of Employee:** **Date:**  **Print Name of Supervisor:**       **Phone:**  **Signature of Supervisor:**   **Date:**  **Data Owner:** **Date:**  **Security Officer:** **Date:** | | |