

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: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Computer Needs:** Will DPHHS  
position be vacant longer than three  
months? ☐ Yes ☐ No

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: \_\_\_\_\_

DPHHS Security Officer: \_\_\_\_\_ Date: \_\_\_\_\_