



City and Borough of Sitka User Termination Request

SUPERVISOR: PLEASE COMPLETE THIS FORM AND SUBMIT TO HUMAN RESOURCES

Employee Name: _____	Phone Ext _____	Termination Date: _____
Username: _____		Turn off date: _____
Email Address: _____	Shared Mailbox: Yes _____ No _____	
Position Title: _____	Department: _____	
Requested by: _____	Title: _____	

- Disable Active Directory Account (leave in City-Users if email account will be converted to a shared mailbox)
- Retain E-Mails/Forward emails to _____
- Remove Microsoft License
- Convert to Shared Mailbox, schedule a time to turn off
- If no Shared Mailbox or turn off time reached, move username to Disabled Users in Active Directory

Other Accounts:

- Inactivate New World ERP
- Inactivate Caselle
- Inactivate MARS
- Inactivate Dude Solutions
- Other _____

Supervisor signature/Date sent

To: helpdesk@cityofsitka.org

IT Representative signature/Complete Date

To: hr@cityofsitka.org