NBC Denver Computer Access Termination Form DEN-NBC-IT-04
Version Date 6/24/03 (Previous Versions Obsolete)

ENTIRE FORM MUST BE COMPLETED OR IT CANNOT BE ACCEPTED

Employee Name: _____   Effective Date: _____

                                                                                                    Mail Code: _____

☐ Leaving NBC   ☐ Transferring within NBC

☐ Federal Government Employee ☐ Contractor _____
                                                                 Contractor Company Name

List all systems for which you have a user ID assigned.

System Name (use blank spaces for additional systems not listed that for which you have a user ID assigned)	LAN	Main Frame	Local PC			
User ID (login name – list for each system)						
Were files deleted or OK to delete? (Y/N and initials)						
Where files transferred to another user? (Y/N)						
If transferred, name of recipient						
Recipient's User ID						
Recipient's telephone number						

☐ **Delete my E-mail messages and archive messages**
☐ **Move my E-mail and archive to new NBC Server**   _____
                                                                                New NBC Location

Did you user any of the following applications?   Check all that apply, add additional as appropriate.

☐ FFS   ☐ PPS (FPPS)   ☐ QuickTime   ☐ Payroll Applications   ☐ EFF Pay ☐ Oracle/Mainframe

☐ Oracle/Unix   ☐ WebSphere/Unix   ☐ Remote Access (Dial up/VPN)   ☐ Other _____

Employee's Statement:
I am aware that the authorization for my access to the Computers and/or Automated Information Systems listed above is terminated. I understand that any subsequent unauthorized access to, or use of those resources, shall constitute theft of U.S. Government property, which could result in prosecution under existing Federal Statutes.

_____   _____
                    Employee's Signature   Date

Supervisor's or Other Responsible Official's Statement:
I acknowledge that the above individual had access to the systems noted above and that the passwords will be revoked and the user account(s) deleted or disabled following the receipt of this Computer Access Termination Form by the ADP Services Division.

_____   _____
                    Authorized Signature   Date

When completed, handle as: *SENSITIVE BUT UNCLASSIFIED*