

TECHNOLOGY SERVICES DIVISION
Local Area Network Employee Checkout

Employee Name:	Office:
Room:	Telephone:

Please check the following computer services/accounts you used while at DOI.

- | | |
|--|---|
| <input type="checkbox"/> E-Mail
<input type="checkbox"/> HP Systems Account
<input type="checkbox"/> FFS
<input type="checkbox"/> Procurement Desktop
<input type="checkbox"/> Safe Talk | <input type="checkbox"/> Local Area Network (LAN)
<input type="checkbox"/> Webmaster Account
<input type="checkbox"/> FPPS
<input type="checkbox"/> Travel Manager |
|--|---|

Please check the appropriate statement as to the disposition of your computer files.

- I have transferred all computer files and e-mail in my possession which need to be retained to my supervisor. All remaining items in any of my Departmental computer system accounts may be deleted on _____.
(Provide Date)

- I have not transferred all computer files and e-mail in my possession, which need to be retained to my supervisor. I will transfer these files to my supervisor before leaving my work assignment. All remaining items in any of my Departmental computer system accounts may be deleted on _____.
(Provide Date)

- I have Indian Trust and/or Cobell computer files and e-mail in my possession which need to be retained.

Please provide any special instructions or requests below. Please include the name and phone number of your supervisor in case we have any questions.

Signature

Date