



Employee IT Offboarding Request

Complete all fields. Delays or missing information may result in continued access.

Employee Information

Full Legal Name: _____

Job Title: _____

Department: _____

Manager/Supervisor: _____

Termination Date: _____

Last Working Day (if different): _____

Access Handling

When should access be disabled?

Immediately End of Day Specific Time: _____

Email Retention (who should receive mailbox access):

Forwarding Required (email address if applicable): _____

Device & Asset Return

Company Device Returned?

Yes No Pending

Devices Assigned (laptop, phone, etc.): _____

Accessories Returned (charger, keys, badge, etc.): _____

Access & Data Transfer

File Ownership Transfer (OneDrive / Shares): _____

Teams / Channels Ownership Changes: _____



Applications requiring reassignment: _____

Special Instructions

Only include critical details. Avoid vague requests.

Requestor Information

Submitted By: _____

Department: _____

Email: _____

Manager Approval (Name): _____

Backup Failed Solutions - Internal Use Only