USAS ACCESS TERMINATION REQUEST FORM

Employee Name: _____   **Employee Number: T** _____

Today's Date: _____   **Department/ College:** _____ **Org#**_____

Reason for Separation (check one): ☐ Resignation/Termination ☐ Departmental Transfer ☐ Other _____

Date of Separation: _____

Authorizations

1. **DEPARTMENT HEAD/ IMMEDIATE SUPERVISOR**

   (Print)

   Sign X_____

   Date: _____

2. **DIVISION CABINET MEMBER**

   (Print)

   Sign X_____

   Date: _____

3. **BUSINESS AFFAIRS**
   Delete user log-in ID and user rights
   USAS ID to be disabled

   _____
   (Print)

   Sign X_____

   Date: _____

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FIELDS BELOW TO BE COMPLETED BY THE AGENCY SECURITY COORDINATOR ONLY!

Date Request Received by Agency Security Coordinator: _____

Date Agency Security Coordinator Terminated Access: _____

Date Access Termination Confirmed by State: _____