



State of Florida
Department of Juvenile Justice
NETWORK USER ACCOUNT DELETION FORM

To Be Completed by Authorizing Supervisor: (Please **PRINT** Legibly and Complete Sections 1 -4)

1. USER INFORMATION:		
Last Name:	First Name:	Middle Initial:
User's Work Location:	Region (i.e. HQ, North, Central, South):	Circuit:
Title:	Section/Unit/Department:	
2. AUTHORIZING SUPERVISOR INFORMATION:		
Supervisor's Name:	Title:	Area Code & Phone:
3. TERMINATION INFORMATION:		
The above user's account will be disabled immediately upon Supervisor's notification of termination. The account will remain disabled for 30 days (<i>from the Date of Termination as indicated below</i>) at which time, Bureau of Information Technology staff will permanently delete the account unless otherwise indicated.		
Date of Termination: (Month, Day, Year)		
Should IT transfer any of the above user's files? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" indicate the name, county and phone number of the person receiving the files in the space(s) below. (e.g. Jane Doe, Clay Co, 904-876-5309)		
Hard drive (C: Drive) files should be transferred to:	Userdata (K: Drive) files should be transferred to:	
E-mail and archive messages should be transferred to: (e.g. Joe Doe, Brandon Co, 813-777-9311)		
Additional Instructions for Information Technology personnel:		
4. AUTHORIZING SUPERVISOR'S SIGNATURE: (Submit Completed Forms to Designated Bureau of Information Technology Personnel)		
Signature:		Date:

To Be Completed by Information Technology Personnel: (Please **PRINT** and Complete All Blocks in Section 5)

5. BUREAU OF INFORMATION TECHNOLOGY USE ONLY:		
Last Name:	First Name:	
Disable Date:	Delete Date:	Were files transferred & additional Instructions followed as indicated above? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If "NO" please provide explanation.
Explanation:		
Signature:		Date:

After Deleting the Account, Bureau of Information Technology Personnel will submit completed forms to the Information Security Manager.