



Client Name:

FORM: Employee Leaves

Employees typically come and go in any organization. Please use this fillable form to help us **make sure your employee leaves with minimal impact.**

Employee leaving the organization:

Full name of employee:

End date and time:

Computer/ID employee:

Communication Disconnect:

Email password change? Yes No

Forward email to:

Removal from Distribution lists? Yes No

Phone extension:

Delete voicemails? Yes No

Change extension name? Yes No

Software Disconnect:

Network access? Yes No

Filemaker database access? Yes No

VPN access? Yes No

Creative software:

Special Instructions:

Additional Information:

Approved by:

Employee Leaves Form version 1.2