

## Office of Information Technology Services Suspend / Delete User Request Form

		Reques	tor Informa	tion (required)		
Requestor:				Phone		#:
Agency Name:						
		Use	r Account I	nformation		
User Name:						
Mark appropriate account	(s): (UPN =	User Princi	pal Name)			
			Standard	User Account U	PN (example: johr	n.smith@oits.ks.gov)
			Ac	Iministrative Acc	ount UPN (exam	ple: jasmith@ks.loc)
Type of Action: Suspe	nd	Delete				
Effective Date:			Effective T	me:		
Immediate account suspens This form MUST be emailed	•					_
Is a copy of the home drive	needed?	Yes	No			
Is a copy of emails needed?	Yes	No				
Is a copy of OneDrive need	ed? Yes	No				
The agency may be asked t	o provide med	ia for files th	nat are extrem	nely large.		
User Device Information:						
Workstation Service	e Tag					
Laptop Service	_					
	<u> </u>	Syste	em Access	Information	_	
Does user have a network	access logon?	Yes	No	Web Authentica	ated Email Only?	Yes No
Place a check mark next to	any of the iter	ns the user	has access to	):		
VPN/RDP	FTP		Apptio (Billing System)		State Issued: Mobi	ile Phone or Other Mobile De Needs wiped
Mainframe	KIRMS		ServiceNow Assignment Group (IT Technical Staff only)		Personal Mobile Phone with State email on it  Needs email removed	
Sitefinity Website	IBARS					
FTP	SharePoir	nt				
			Chec	Klist		

Collect laptop and charger on employee last day

Remove from email group/distribution lists

Collect State cell phone and charger

Get Apple ID if applicable

Get 6 digit unlock code for State cell phone

Signature (required)							
Requesting Authority/Division Director:	Date:						
(Please provide signature or type in the name and send from requesting authority's email box)							
Send completed and authorized request to: EBITSM@ks.gov							
OITS - Suspend/Delete User Form (Revised 05/2022)							