



Employee Termination Request Form

Please fill out the Employee Termination Request Form and send it to help@ecsoffice.com.

Employee Information –

First Name: _____

Last Name: _____

Title: _____

Department: _____

Office/Direct Phone Number: _____

Cellular Phone Number: _____

Employee Reports To: _____

Termination Date/ Time: _____

Employee Computer Information –

What is the computer's PC name? _____

What is the employee's user name? _____

Cancel Computer Access? ☐ YES ☐ NO

Back-up Desktop Computer Info? ☐ YES ☐ NO

Cancel Email Access? ☐ YES ☐ NO

Preserve Email Files? ☐ YES ☐ NO

Forward Email To? ☐ YES ☐ NO If yes, whom: _____

Additional Notes/Comments:

Authorization:

Please sign and date below to authorize the Employee Termination Request.

Name and Title

Date