



200 Howell Avenue
Riverhead, NY 11901

Personnel Notification of Employment to Information Technology

Employee Name: _____

Department: _____

Title: _____

Resolution: _____

Hire Date: _____

Email Address: _____

Work Related PC Access: YES NO PC Policy Notification: YES NO

IT Meeting: YES Date: _____

Received by Information Technology _____

Signature

Date

Change in status of Employment:

Resignation
Date _____ Forward Email 30 Days to _____
Suspend Windows Logon _____

Retirement
Date _____ Forward Email 30 Days to _____
Suspend Windows Logon _____

Discipline/LOA
Date _____ Forward Email 30 Days to _____
Suspend Email Forward to _____
Suspend Windows Logon _____

Interdepartmental Transfer
Date _____ Forward Email 30 Days to _____
Suspend Email Forward to _____
Dept. From: _____ Suspend Windows Logon _____
Dept. To: _____ New Windows Logon _____

Received by Information Technology _____

Signature

Date