DPHHS-OM-300C
(Rev. 08/2012)

STATE OF MONTANA
Department of Public Health and Human Services

FAX completed form, within three (3) working days, to TSD/NCB Network Security Unit at (406) 444-5924
If fax not available, please mail to: 111 N Sanders, Rm 204, Helena MT 59620 (Original form not required if faxed)

ACCESS DELETE REQUEST

Name of Individual Requiring Deletion of Access: *(Please Print)* _____
First *MI* *Last*

Logon ID: _____ **Phone:** _____

Department: _____

Division/Bureau: _____

Computer Needs: Will DPHHS position be vacant longer than three months? ☐ Yes ☐ No

Address: _____ **County:** _____

_____

_____

Transferring to another DPHHS Division? ☐ **If so, which Division/Bureau?** _____

New Supervisors Name: _____

ACCESS TO BE DELETED: ☐ **All - or -** ☐ **Specific Access to be removed**: imMTrax access

Reason for termination of access:

DATE / TIME DELETE TO BE EFFECTIVE: _____

Signature of Employee: _____ **Date:** _____

Print Name of Supervisor: _____ **Phone:** _____

Signature of Supervisor: _____ **Date:** _____

Data Owner: _____ **Date:** _____

DPHHS Security Officer: _____ **Date:** _____