DPHHS-OM-300C STATE OF MONTANA

(Rev. 08/2012) 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**

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| --- |
| **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**:       |
| **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:**       **Security Officer:** **Date:**        |