

SYSTEMS ACCESS TERMINATION FORM

System:
Quality Management System

Reference No. Revision No:
Q-F-IT-F-05, Rev1

Originated by:
Systems Analyst

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16.01.2014

Page No:
Page 1 of 1

Authorized by:
IT Manager

SECTION 1: Employee (To be Terminated) Information

Employee Name:

PF Number #:

SECTION 2: Access Termination Information (Please tick)**System****Termination**

☐ **Ellipse System**

☐ YES ☐ NO

☐ **Eclipse (Prepaid)**

☐ YES ☐ NO

☐ **Credit Billing System (SPS)**

☐ YES ☐ NO

☐ **CRM**

☐ YES ☐ NO

☐ **Email and Internet**

☐ YES ☐ NO

☐ **Business Intelligence**

☐ YES ☐ NO

☐ **Retail & Voucher Admin**

☐ YES ☐ NO

☐ **Metrofiler**

☐ YES ☐ NO

☐ **Other Systems**

Access Level Profile

SECTION 3: Authorized Signatures (IT Manager)

Signature_____ **Date**_____

SECTION 4: Termination Confirmation (Implementer)

System Administrator: *I confirm that I have terminated access for the above indicated employee from the computer systems indicated above*

Signature_____ **Date**_____