

SOUTHERN PHILIPPINES MEDICAL CENTER  
J.P. Laurel Ave., Bajada, Davao City

USER’S ACCOUNT DEACTIVATION FORM

Date: \_\_\_\_\_

HRN : \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Biometric ID No. : \_\_\_\_\_

Job Function: \_\_\_\_\_

Employment Status: ( ) Job Order  
: ( ) Plantilla  
: ( ) Others: \_\_\_\_\_

Department /Ward: \_\_\_\_\_

Contract Started: \_\_\_\_\_

Purpose: ( ) Terminal Leave ( ) Resignation ( ) Others: \_\_\_\_\_

Contract End: \_\_\_\_\_

Deactivated by: \_\_\_\_\_  
(Name / Signature / Date)

Approved by: \_\_\_\_\_  
(Name /Signature/Date)

Time Started: \_\_\_\_\_ AM/PM

Remarks : ( ) Set Contract Exit (PHS)  
( ) Done Deactivation  
( ) Locked User Access  
☐ HIS ☐ PACS ☐ ENGAS  
☐ WRIS ☐ Manage Anywhere  
☐ DTR/Biometric  
( ) No Access

Time Ended: \_\_\_\_\_ AM/PM

Verified by: \_\_\_\_\_  
(Client’s Print Name / Signature / Date)

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