

EFFECTIVE DATE _____

LA Department of Children and Family Services – Information Technology
DELETION FORM

SECTION 1 - USER INFORMATION

Name (Printed) Last: _____ First: _____ MI: _____

Job Title: _____

Driver's License - State: _ Number: _____ OR SSN: - -

Telephone No. : () - Extension: _____

Office Name & Address: _____

DCFS Contact/Sponsor: Name: _____ Telephone No. : ()

- ES (OFS)– Parish No. _____ Region No. _____ CSE (SES) – District No. _____ SSA
 Other: _____
 CW (OCS) – Parish No. _____ Region No. _____ DMF (OMF) ED (OS)
 District Attorneys – JDC No. _____
 LWC DDS

SECTION 2 – REASON FOR DELETION – NOVELL (LAN)

Current Novell (LAN) User ID: _____

- Termination
 Delete User's Files and/or Directories
 Transfer User's Files and/or Directories to (designated user):
 Proxy access needed to (designated user): (provide justification below):

Justification for Outlook proxy: _____

SECTION 3 – REASON FOR DELETION -MAINFRAME

Current Mainframe User ID: _____ TIPS Worker Number: _____

- Termination

Delete: IDEC LAVNS CAJUN KidStar The Work Number

SECTION 4 – REQUIRED SIGNATURE

Supervisor (printed) name: _____ Phone Number: () - ext

Supervisor Signature: _____ Date: _____

****FOR USE BY ** IT SECURITY ONLY****

- | | | | | | | |
|--|---|--|--|--|--|--|
| <input type="checkbox"/> Disabled
Date: _____ | <input type="checkbox"/> Moved H
Date: _____ | <input type="checkbox"/> Copied H
Date: _____ | <input type="checkbox"/> Del WF
Date: _____ | <input type="checkbox"/> Del FQ
Date: _____ | <input type="checkbox"/> GW Proxy
Date: _____ | <input type="checkbox"/> Del GW
Date: _____ |
|--|---|--|--|--|--|--|

Security Officer: _____ Date: _____