

Instructions: This form should only be used for deactivation of a user's network account. Information must be provided for required fields (as indicated by *). Incomplete or unclear forms and data will cause delay in completing your request. Submit completed and signed form to the South Carolina Department of Administration (Admin) Service Desk at <u>servicedesk@admin.sc.gov</u>. For emergency or sensitive requests, or if you have questions, contact the Service Desk at (803) 896-0001 <u>prior</u> to submitting your request.

Agency / Requestor Information						
Agency *	Division *	Division *			Date of Request *	
Requestor Name *	Requestor Phone *		Requestor Email	*		
Request Type: *				Effective Da	te *	
Normal or Confidential (if confidenti	al, requestor will be	contacted pr	ior to action)			
User Information						
Last Name:	First Name:		MI:	Username	о .	
Last Name.	Thist Name.		wii.	Osemania	с.	
Email / Mailbox						
Email / Mailbox:	Delegate to Who	n?				
\Box Purge or \Box Archive or \Box Delegate to:						
Purge – User mailbox and emails are del				state data re	tention requirements	
including regulatory compliance. Divis Archive – User mailbox is exported to PS				drive (T)		
Delegate To – Mailbox access is delegate	ed to a specified, na	med user (m	ailbox change will	remain in eff	ect).	
State Issued Cell Phone (if applicab						
Provide the Cell Number:	Provide the Serial Number: Is it for Inventory or Surplus?					
			□ Inventory □	Surplus		
Workstation and User Data (only re-	<u> </u>			rs)		
Local Data:	Workstation / Virtual Machine Action:					
	 REDEPLOY – Reimage workstation and redeploy to new user. REIMAGE – Reimage workstation and return to inventory manager. RETIRE – Prepare workstation for surplus and return to inventory manager. 					
Network Data:						
Purge or Archive	TETINE - Frepare workstation for surplus and return to inventory manager.					
Delegee for archive and redeployed data:						
Purge – User files may be deleted. Agen				retention req	uirements including	
regulatory compliance. Division Direct Archive – User files are copied to agency				when the wor	kstation is recovered	
If data is to be archived, identify the po	erson to whom arcl	nived data s	hall be delegated	ł.		
Redeploy – Workstation is reimaged and		user (works	station change will	remain in eff	fect).	
Reimage – Workstation is reimaged and Retire – Workstation is data wiped and p						
Identify Type of Machine: *	🗆 Laptop 🗆 D		Virtual Machine			
	$\square 1 \square 2 \square 3 \text{ or more}$					
Number of Workstations: *	For each workstation, provide the model and serial number in the Additional Information					
		section at the end of this form				

See Next Page for Additional Information Section and Approval Signatures



Additional Information or Ir			
Provide any additional or helpful	information.		
Requestor:			
	Signature	Print Name	Date
Agency IT Director			

Agency IT Director / Liaison:			
_	Signature	Print Name	Date
Division Director			
	Signature	Print Name	Date