

## Account / Workstation Deactivation Request IT-3000B

(Rev. 10/2022)

**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 <a href="mailto:servicedesk@admin.sc.gov">servicedesk@admin.sc.gov</a>. For emergency or sensitive requests, or if you have questions, contact the Service Desk at (803) 896-0001 <a href="mailto:prior">prior</a> to submitting your request.

Agency / Requestor Information							
Agency *	Division *					Date of Request *	
Requestor Name *	Requestor Phone *		Requestor Email *				
Request Type: *				E	ffective Da	te *	
$\square$ Normal or $\square$ Confidential (if confidenti	al, reques	tor will be contacted pr	or to acti	on)			
User Information	le:	Nieman		MI:	1		
Last Name:	First	First Name:			Username	<b>e</b> :	
Email / Mailbox							
Email / Mailbox:	Delega	ate to Whom?					
☐ Purge or ☐ Archive or ☐ Delegate to:							
Purge – User mailbox and emails are del including regulatory compliance. Divis Archive – User mailbox is exported to PS Delegate To – Mailbox access is delegate	sion Direct T file and	ctor approval / signate placed under the agen	i <mark>re requi</mark> cy archiv	<mark>red</mark> . e service d	rive (T).	·	
State Issued Cell Phone (if applicab	le)						
Provide the Cell Number:							
Workstation and User Data (only re-				ustomers	)		
Local Data:	Worksta	Workstation / Virtual Machine Action:					
☐ Purge or ☐ Archive	☐ <b>REDEPLOY</b> – Reimage workstation and redeploy to new user.						
Network Data:	<ul> <li>□ REIMAGE – Reimage workstation and return to inventory manager.</li> <li>□ RETIRE – Prepare workstation for surplus and return to inventory manager.</li> </ul>						
☐ Purge or ☐ Archive							
Delegee for archive and redeployed data:							
Purge – User files may be deleted. Agen regulatory compliance. Division Direct Archive – User files are copied to agency If data is to be archived, identify the pt Redeploy – Workstation is reimaged and Reimage – Workstation is reimaged and Retire – Workstation is data wiped and present the state of the	tor approduced to a control to the c	val / signature require service drive. Local data whom archived data s ed to a new user (works o liaison.	e <mark>d</mark> . a will be a <b>hall be d</b>	archived wh	en the wor	kstation is recovered.	
Identify Type of Machine: *		☐ Laptop ☐ Desktop ☐ Virtual Machine					
Number of Workstations: *	□ 1 □ 2 □ 3 or more						
	l l	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



## Account / Workstation Deactivation Request IT-3000B

(Rev. 10/2022)

Additional Information or I	nstructions		
Provide any additional or helpful	information.		
Requestor:			
Requestor.	Signature	Print Name	Date
	, and the second		
Agency IT Director			
/ Liaison:	Signature	Print Name	Date
B B	2.3		
Division Director	Signature	Print Name	Date
	Signalure	FIIIIL INAIIIE	Date