



Suspend / Delete User Request Form

Requestor Information (required)

Requestor: _____ Phone #: _____
Office Name: _____

User Account Information

User Name: _____

Mark appropriate account(s): (UPN = User Principal Name)

Standard User Account UPN (example: john.smith@oits.ks.gov)

Administrative Account UPN (example: jasmith@ks.loc)

Type of Action: Suspend Delete

Effective Date: _____ Effective Time: _____

Immediate account suspensions require a phone call to the EBIT Service Desk or End User Services Director or Manager.
This form MUST be emailed immediately to EBITSM@ks.gov after calling the EBIT Service Desk at 785-296-4999.

Is a copy of the home drive needed? Yes No

Is a copy of emails needed? Yes No

Is a copy of OneDrive needed? Yes No

The agency may be asked to provide media for files that are extremely large.

User Device Information:

_____ Workstation Service Tag _____

_____ Laptop Service Tag _____

System Access Information

Does user have a network access logon? Yes No Web Authenticated Email Only? Yes No

Place a check mark next to any of the items the user has access to:

VPN/RDP	KIRMS	Apptio (Billing System)	State Issued: Mobile Phone or Other Mobile Device
Mainframe	IBARS	ServiceNow Assignment Group (IT Technical Staff only)	Turned in Needs wiped
Sitefinity Website	SharePoint		Personal Mobile Phone with State email on it
FTP			Needs email removed

Checklist

Collect laptop and charger on employee last day	Remove from email group/distribution lists
Collect State cell phone and charger	
Get Apple ID if applicable	
Get 6 digit unlock code for State cell phone	

Signature (required)

Requesting Authority/Division Director: _____ Date: _____

(Please provide signature or type in the name and send from requesting authority's email box)

Send completed and authorized request to: EBITSM@ks.gov